



WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 1
Updated: 10/22/2013
Printed: 6/30/2014

WFI Printed For: On-Demand
Submission Reason: Annual Update

RETURN TO: Northwest Regional Office, 20425 72nd Ave S STE 310, Kent, WA, 98032

| 1. SYSTEM ID NO. | 2. SYSTEM NAME | 3. COUNTY | 4. GROUP | 5. TYPE |
|------------------|------------------------------|-----------|----------|---------|
| 83650 H | STANWOOD WATER DEPT, CITY OF | SNOHOMISH | A | Comm |

| 6. PRIMARY CONTACT NAME & MAILING ADDRESS | 7. OWNER NAME & MAILING ADDRESS | 8. Owner Number 005635 |
|---|---|------------------------|
| GINA N. MELANDER [MANAGER] 10220 270TH ST NW STANWOOD, WA 98292 | STANWOOD, CITY OF KEVIN J. HUSHAGEN 10220 270TH ST NW STANWOOD, WA 98292 | TITLE: OWNER CONTACT |
| STREET ADDRESS IF DIFFERENT FROM ABOVE | STREET ADDRESS IF DIFFERENT FROM | |
| ATTN ADDRESS CITY STATE ZIP | ATTN ADDRESS CITY STATE ZIP | |

| 9. 24 HOUR PRIMARY CONTACT INFORMATION | 10. OWNER CONTACT INFORMATION |
|---|---|
| Primary Contact Daytime Phone: (425) 508-7829 | Owner Daytime Phone: (360) 629-9782 |
| Primary Contact Mobile/Cell Phone: (425) 508-7829 | Owner Mobile/Cell Phone: (425) 754-4880 |
| Primary Contact Evening Phone: (xxx) xxx-xxxx | Owner Evening Phone: (xxx) xxx-xxxx |
| Fax: (360) 629-0867 E-mail: XXXXXX | Owner Fax Phone: E-mail: XXXXXX |

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

| 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) |
|--|
| <input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed SMA NAME: _____ SMA Number: _____ <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only |

| 12. WATER SYSTEM CHARACTERISTICS (mark all that apply) |
|--|
| <input checked="" type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Commercial / Business <input checked="" type="checkbox"/> Day Care <input checked="" type="checkbox"/> Food Service/Food Permit <input checked="" type="checkbox"/> 1,000 or more person event for 2 or more days per year <input checked="" type="checkbox"/> Hospital/Clinic <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input checked="" type="checkbox"/> Other (church, fire station, etc.): _____ |

| 13. WATER SYSTEM OWNERSHIP (mark only one) | 14. STORAGE CAPACITY (gallons) |
|--|--------------------------------|
| <input type="checkbox"/> Association <input checked="" type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State | 2,000,000 |

- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES -

WATER FACILITIES INVENTORY (WFI) FORM - Continued

| 1. SYSTEM ID NO. | | 2. SYSTEM NAME | | | | | 3. COUNTY | | | | 4. GROUP | | 5. TYPE | | | | | | | | | | | | | |
|---------------------|---|------------------------------|-----------------------|------------|----------------|--------|------------------------|-----------|---------------|---------------|-----------------|-----------|----------|-----------|----------------|-----------------------|--------------|------------|--------------|------------------|-------|--------------------------------------|-------------------------------|------------------|----------------|----------|
| 83650 H | | STANWOOD WATER DEPT, CITY OF | | | | | SNOHOMISH | | | | A | | Comm | | | | | | | | | | | | | |
| 15 Source Number | 16 SOURCE NAME | 17 INTERTIE | 18 SOURCE CATEGORY | | | | | | | 19 USE | 20 TREATMENT | | | | 22 DEPTH | 23 SOURCE LOCATION | | | | | | | | | | |
| | LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SFATTI F | INTERTIE SYSTEM ID NUMBER | WELL | WELL FIELD | WELL IN A WELL | SPRING | SPRING IN SPRING FIELD | SEA WATER | SURFACE WATER | RANNEY / INF. | OTHER | PERMANENT | SEASONAL | EMERGENCY | SOURCE METERED | NONE | CHLORINATION | FILTRATION | FLUORIDATION | IRRADIATION (UV) | OTHER | DEPTH TO FIRST OPEN INTERVAL IN FEET | CAPACITY (GALLONS PER MINUTE) | 1/4, 1/4 SECTION | SECTION NUMBER | TOWNSHIP |
| S01 | HATT SLOUGH SPRINGS | | | | X | | | | | | X | | | Y | | X | | | | | | 260 | SE NW | 05 | 31N | 04E |
| S02 | AGB783 BRYANT 1 | | X | | | | | | | | X | | | Y | | X | X | | | X | 50 | 1300 | NW NE | 29 | 32N | 04E |
| S03 | AGB784 BRYANT 2 | | X | | | | | | | | | | X | Y | X | | | | | | 170 | 1250 | NW NE | 29 | 32N | 04E |
| S04 | AGB785 FURE WELL | | X | | | | | | | | | | X | Y | X | | | | | | 150 | 100 | NW SE | 20 | 32N | 04E |
| S05 | AGB786 SILL WELL | | X | | | | | | | | | | X | | X | | | | | | 231 | 0 | SE NE | 20 | 32N | 04E |
| S06 | InAct 09/23/2004 BRYANT #1 & #2 | | | X | | | | | | | X | | | Y | X | | | | | | 50 | 0 | NW NE | 29 | 32N | 04E |
| S07 | Cedarhome Well (PW-4) | | X | | | | | | | | X | | | Y | | X | | | | | 365 | 600 | SW NE | 20 | 32N | 04E |

WATER FACILITIES INVENTORY (WFI) FORM - Continued

| | | | | |
|--------------------------------|---|-------------------------------|----------------------|------------------------|
| 1. SYSTEM ID 83650 H | 2. SYSTEM NAME STANWOOD WATER DEPT, CITY OF | 3. COUNTY SNOHOMISH | 4. GROUP A | 5. TYPE Comm |
|--------------------------------|---|-------------------------------|----------------------|------------------------|

| | ACTIVE SERVICE CONNECTIONS | DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS | DOH USE ONLY! APPROVED CONNECTIONS |
|---|----------------------------|--|---------------------------------------|
| 25. SINGLE FAMILY RESIDENCES (How many of the following do you have?) | 0 | 2717 | Unspecified |
| A. Full Time Single Family Residences (Occupied 180 days or more per year) | 2037 | | |
| B. Part Time Single Family Residences (Occupied less than 180 days per year) | 0 | | |
| 26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?) | | | |
| A. Apartment Buildings, condos, duplexes, barracks, dorms | 69 | | |
| B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year | 680 | | |
| C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year | 0 | | |
| 27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?) | | | |
| A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units) | 0 | 0 | |
| B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc. | 329 | 329 | |
| 28. TOTAL SERVICE CONNECTIONS | | 3046 | |

| |
|--|
| 29. FULL-TIME RESIDENTIAL POPULATION |
| A. How many residents are served by this system 180 or more days per _____ <u>7017</u> |

| 30. PART-TIME RESIDENTIAL POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| A. How many part-time residents are present each month? | | | | | | | | | | | | |
| B. How many days per month are they present? | | | | | | | | | | | | |

| 31. TEMPORARY & TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month? | | | | | | | | | | | | |
| B. How many days per month is water accessible to the public? | | | | | | | | | | | | |

| 32. REGULAR NON-RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|------|------|------|------|------|------|-----|-----|------|------|------|------|
| A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month? | 4800 | 4800 | 4800 | 4800 | 4800 | 4800 | | | 4800 | 4800 | 4800 | 4800 |
| B. How many days per month are they present? | 31 | 28 | 31 | 30 | 31 | 30 | | | 30 | 31 | 30 | 31 |

| 33. ROUTINE COLIFORM SCHEDULE | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|-------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 10 | 10 | 10 | 10 | 10 | 10 | 8 | 8 | 10 | 10 | 10 | 10 |

35. Reason for Submitting WFI:

- Update - Change
 Update - No Change
 Inactivate
 Re-Activate
 Name Change
 New System
 Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

TITLE: _____

| <u>WS ID</u> | <u>WS Name</u> |
|--------------|------------------------------|
| 83650 | STANWOOD WATER DEPT, CITY OF |

Total WFI Printed: 1