

APPENDIX B

WATER FACILITIES INVENTORY FORM



WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 1
Updated: 01/15/2013
Printed: 03/20/2013
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. 79500 E	2. SYSTEM NAME SKAGIT COUNTY PUD 1 JUDY RES	3. COUNTY SKAGIT	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS DALE C. WARDELL [MANAGER] PO BOX 1436 MT VERNON, WA 98273-1436	7. OWNER NAME & MAILING ADDRESS SKAGIT COUNTY PUD 1 MICHAEL R. FOX PO BOX 1436 MT VERNON, WA 98273-1436 TITLE: MANAGER	8. Owner Number 005410
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STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 1415 FREEWAY DR CITY MOUNT VERNON STATE WA ZIP 98273	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 1415 FREEWAY DR CITY MOUNT VERNON STATE WA ZIP 98273
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9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (360) 848-2132	Owner Daytime Phone: (360) 848-4457
Primary Contact Mobile/Cell Phone: (360) 610-3757	Owner Mobile/Cell Phone: (360) 661-4032
Primary Contact Evening Phone: (360) 856-1808	Owner Evening Phone: (360) 661-5630
Fax: E-mail: wardell@skagitpud.org	Fax: (360) 424-5440 E-mail: fox@skagitpud.org

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

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)

Not applicable (Skip to #12)

Owned and Managed SMA NAME: SKAGIT COUNTY PUD 1 SMA Number: 103

Managed Only

Owned Only

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)

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

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> County <input type="checkbox"/> Investor <input checked="" type="checkbox"/> Special District <input type="checkbox"/> City / Town <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State	24,120,000

--- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES ---

WATER FACILITIES INVENTORY (WFI) FORM - Continued

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15	16	17	18											19				20	21						22	23	24		
			SOURCE NAME											SOURCE CATEGORY					USE				TREATMENT						SOURCE LOCATION
Source Number	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: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY /INF. GALLERY	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	RANGE	
S01	JUDY RESERVOIR									X		X				Y			X				X		18900	NW NE	05	34N	05E
S02	RANNEY WELL									X					X	Y		X					X		2800	NW NE	07	34N	04E
S03	TOWNSHIP STREET		X												X	Y		X					X	55	600	NW NW	30	35N	05E
S04	02200C/ANACORTES	02200 C										X				Y	X								2000	NW SW	09	34N	03E
S05	InAct 06/03/1991 02200C/ANACORTES	02200 C											X				X								1500	NW SE	03	34N	02E
S06	InAct 06/03/1991 WHITMARSH 1		X										X				X							190	35	NW SE	03	34N	02E
S07	InAct 06/03/1991 WHITMARSH 2		X										X				X							18	35	NW SE	03	34N	02E
S08	02200C/ANACORTES	02200 C											X			Y	X								1000	SW SW	12	34N	03E
S09	02200C/ANACORTES	02200 C											X			Y	X								3250	SE NW	13	34N	03E
S10	02200C/ANACORTES(BEAVER MARSH	02200 C										X				Y	X								6900	SE SW	10	34N	03E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 79500 E	2. SYSTEM NAME SKAGIT COUNTY PUD 1 JUDY RES	3. COUNTY SKAGIT	4. GROUP A	5. TYPE Comm	
			ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)			0	27600	Unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)			20134		
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			1258		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year			7466		
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.			2293	2293	
28. TOTAL SERVICE CONNECTIONS				29893	

29. FULL-TIME RESIDENTIAL POPULATION	
A. How many residents are served by this system 180 or more days per year?	65000

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?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	70	70	70	70	70	70	70	70	70	70	70	70

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:** _____