APPENDIX 2-1

Water Facilities Inventory (WFI) Form
WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 2. SYSTEM NAME 3. COUNTY 4. GROUP 5. TYPE
02200 C ANACORTES, CITY OF SKAGIT A Comm

6. PRIMARY CONTACT NAME & MAILING ADDRESS
JAMIE M. LEBLANC [WTP MANAGER] ANACORTES WATER TREATMENT PLANT 14489 RIVERBEND RD MOUNT VERNON, WA 98273

7. OWNER NAME & MAILING ADDRESS
ANACORTES, CITY OF PO BOX 547 ANACORTES, WA 98221

STREET ADDRESS IF DIFFERENT FROM ABOVE
ATTN ADDRESS CITY STATE ZIP

8. Owner Number 000141 TITLE: MAYOR

STREET ADDRESS IF DIFFERENT FROM ABOVE
ATTN ADDRESS CITY ANACORTES STATE WA ZIP 98221

9. 24 HOUR PRIMARY CONTACT INFORMATION
Primary Contact Daytime Phone: (360) 428-1598
Primary Contact Mobile/Cell Phone: (360) 661-3582
Primary Contact Evening Phone: (xxx) xxx-xxxx
Fax: (360) 428-1574 | E-mail: jamiel@cityofananacortes.org

10. OWNER CONTACT INFORMATION
Owner Daytime Phone: (360) 299-1950
Owner Mobile/Cell Phone:
Owner Evening Phone: (xxx) xxx-xxxx
Owner Fax Phone: | E-mail:

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: ___________ SMA Number:
☐ Managed Only
☐ Owned Only

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

13. WATER SYSTEM OWNERSHIP (mark only one)
☐ Association
☐ County
☐ Federal
☐ City / Town
☐ Investor
☐ Private
☐ Special District
☐ State

14. STORAGE CAPACITY (gall)
☐ 7,028,000

15. SOURCE NAME

16 SOURCE NAME
LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.
Example: WELL #1 XYZ456
IF SOURCE IS PURCHASED OR INTERTED, LIST SELLER'S NAME

17 INTERIE
WELL
INTERTIE SYSTEM ID NUMBER

18 SOURCE CATEGORY
WELL FIELD

19 USE

20 TREATMENT

21 DEPTH

22 INTERVAL IN FEET

23 PER MINUTE

24 SOURCE LOCATION

S01 SKAGIT RIVER

DOH 331-011 (Rev. 06/03) Page: 1
## WATER FACILITIES INVENTORY (WFI) FORM - Continued

<table>
<thead>
<tr>
<th>1. SYSTEM ID</th>
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<th>3. COUNTY</th>
<th>4. GROUP</th>
<th>5. TYPE</th>
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<tr>
<td>02200 C</td>
<td>ANACORTES, CITY OF</td>
<td>SKAGIT</td>
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### 25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)
- A. Full Time Single Family Residences (Occupied 160 days or more per year) 6517
- B. Part Time Single Family Residences (Occupied less than 160 days per year) 0

### 26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)
- A. Apartment Buildings, condos, duplexes, barracks, dorms 0
- B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/ 0
- C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/ 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. 0 0

### 28. TOTAL SERVICE CONNECTIONS 6517

### 29. FULL-TIME RESIDENTIAL POPULATION
- A. How many residents are served by this system 180 or more days per 15734

### 30. PART-TIME RESIDENTIAL POPULATION
- A. How many part-time residents are present each month?  
- B. How many days per month are they present?

### 31. TEMPORARY & TRANSIENT USERS
- 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
- 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

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<tr>
<th>JAN</th>
<th>FEB</th>
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### 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:**

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DOH 331-011 (Rev. 06/03)