

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 1
Updated: 10/23/2007
Printed: 11/06/2008
WFI Printed For: On-Demand
Submission Reason: Annual Update

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

1. SYSTEM ID NO. 51900 C	2. SYSTEM NAME MARYSVILLE UTILITIES	3. COUNTY SNOHOMISH	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS TERRY HAWLEY [PUB WORKS OP MGR] 80 COLUMBIA AVE MARYSVILLE, WA 98270	7. OWNER NAME & MAILING ADDRESS MARYSVILLE UTILITIES CITY OF MARYSVILLE 80 COLUMBIA AVE MARYSVILLE, WA 98270 TITLE:	8. Owner Number 003633
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STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP
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9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (360) 363-8100	Owner Daytime Phone: (360) 363-8100
Primary Contact Mobile/Cell Phone: (425) 754-8284	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (360) 363-8300	Owner Evening Phone:
Fax: (360) 651-5524 E-mail: thawley@ci.marysville.wa.us	Fax: 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)

<input 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 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 type="checkbox"/> Special District <input checked="" type="checkbox"/> City / Town <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State	21,000,000

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

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15	16	17	18												19	20	21					22	23	24														
			SOURCE NAME														SOURCE CATEGORY												TREATMENT									
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	GWI Edward Springs				X							X			Y	X								1000	SW SW	24	31N	04E										
S03	Sunnyside Well #2		X										X		Y	X							328	800	NE NW	02	29N	05E										
S04	GWI Stilli Well									X		X			Y	X					X		2200	NE NE	03	31N	05E											
S05	Lake Goodwin		X									X			Y	X							150	450	SE SW	22	31N	04E										
S06	AGB918 Edward Spr Well 2		X									X			Y	X							150	225	SW SW	24	31N	04E										
S07	24050L/Everett	24050 L										X			Y	X							8328			00N	00E											
S08	AGB920 Highway Well 9		X											X	Y	X							270	1000	SW SW	25	30N	05E										
S09	AGB919 Edward Spr Well 3		X									X			Y	X							158	300	SW SW	24	31N	04E										
S10	InAct 12/03/1981 AGB917 Edward Spr Well		X									X			Y	X							173	300	SW SW	24	31N	04E										
S11	Pre-Active 09/11/2007 AKG831 Edward Spr		X									X			Y	X							104	300	SW SW	24	31N	07E										

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			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	18349	Unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)			17500		
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			849		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year			849		
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.			885	885	
28. TOTAL SERVICE CONNECTIONS				19234	

29. FULL-TIME RESIDENTIAL POPULATION	
A. How many residents are served by this system 180 or more days per year?	51000

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
	60	60	60	60	60	60	60	60	60	60	60	60

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:** _____