



WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 2
Updated: 02/06/2007
Printed: 03/08/2007
WFI Printed For: On-Demand
Submission Reason: Annual Update

ONE FORM PER SYSTEM

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

1. SYSTEM ID NO. 31593 N	2. SYSTEM NAME HAT ISLAND COMMUNITY INC	3. COUNTY SNOHOMISH	4. GROUP A	5. TYPE Comm
-----------------------------	--	------------------------	---------------	-----------------

6. PRIMARY CONTACT NAME & MAILING ADDRESS CHARLES E. MOTSON, III [ISLAND MANAGER] 3616 COLBY AVE BOX 335 EVERETT, WA 98201	7. OWNER NAME & MAILING ADDRESS HAT ISLAND COMMUNITY INC CHARLES E. MOTSON, III 3616 COLBY AVE BOX 335 EVERETT, WA 98201	8. Owner Number 002458 TITLE: OWNER ORG - PRIMAR
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	

9. 24 HOUR PRIMARY CONTACT INFORMATION Primary Contact Daytime Phone: (360) 444-6611 Primary Contact Mobile/Cell Phone: (425) 508-0880 Primary Contact Evening Phone: (360) 444-6703 Fax: (360) 444-6614 E-mail: hioffice@hatisland.com	10. OWNER CONTACT INFORMATION Owner Daytime Phone: (360) 444-6611 Owner Mobile/Cell Phone: Owner Evening Phone: 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: DONOVAN SHEPPARD SMA Number: _____
 Managed Only
 Owned Only

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)

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

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Investor <input checked="" type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	318,000

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

MAR 14 2007

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 31593 N	2. SYSTEM NAME HAT ISLAND COMMUNITY INC	3. COUNTY SNOHOMISH	4. GROUP A	5. TYPE Comm
-----------------------------	--	------------------------	---------------	-----------------

15 Source Number	16 SOURCE NAME 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	17 INTERTIE INTERTIE SYSTEM ID NUMBER	18 SOURCE CATEGORY										19 USE	20 TREATMENT					22 DEPTH	23 CAPACITY (GALLONS PER MINUTE)	24 SOURCE LOCATION							
			WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RAINNEY / INF. GALLERY	OTHER		PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE			CHLORINATION	FILTRATION	FLORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	1/4, 1/4 SECTION	SECTION NUMBER
S01	AAA923 WELL 1				X								X		Y			X			X	162	63	SE NW	08	29N	04E	
S02	AAA923 WELL 2			X									X		Y			X			X	182	45	SE NW	08	29N	04E	
S03	AAA928 WELL 3			X									X		Y			X			X	231	30	NW SE	08	29N	04E	
S04	AAA926 WELL 4			X									X		Y			X			X	225	15	NW SE	08	29N	04E	
S05	AAA924 WELL 5			X									X		Y			X				158	8	SE NW	16	29N	04E	
S06	AAA925 WELL 6			X									X		Y			X				158	8	SE NW	16	29N	04E	
S07	WELLS 1,2,3,4,5,& 6			X									X		Y			X		X		158	154	SE NW	16	29N	04E	
S08	RO PLANT SEAWATER / WELL									X			X		Y			X		X			28		NW NE	08	29N	04E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 31593 N	2. SYSTEM NAME HAT ISLAND COMMUNITY INC	3. COUNTY SNOHOMISH	4. GROUP A	5. TYPE Comm
------------------------------------	---	-------------------------------	----------------------	------------------------

<i>Lines 25, 29, 35 and 36 are required to be completed (other lines are optional).</i>	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	390	461
A. Full Time Single Family Residences (Occupied 180 days or more per year)	40		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	350		
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/year	0		
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 (Campsites, RV Sites, Spigots, etc.)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		390	461

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 40

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?	150	150	150	160	375	400	400	450	400	175	150	150
B. How many days per month is water accessible to the public?	31	28	31	30	31	30	31	31	30	31	30	31

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 * Requirement is exception from WAC 246-290	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

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: _____