



WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 2
Updated: 10/28/2019

ONE FORM PER SYSTEM

Printed: 2/2/2021
WFI Printed For: On-Demand
Submission Reason: Contact Update

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822

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 KIM GLEASON [ISLAND MANAGER] 3616 COLBY AVE PMB 335 EVERETT, WA 98201		7. OWNER NAME & MAILING ADDRESS HAT ISLAND COMMUNITY INC ISLAND MANAGER KIM GLEASON 3616 COLBY AVE PMB 335 EVERETT, WA 98201		
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		10. OWNER CONTACT INFORMATION		
Primary Contact Daytime Phone: (360) 444-6611		Owner Daytime Phone: (360) 444-6611		
Primary Contact Mobile/Cell Phone:		Owner Mobile/Cell Phone:		
Primary Contact Evening Phone:		Owner Evening Phone:		
Fax: (360) 444-6614	E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax: (360) 444-6614	E-mail: xxxxxxxxxxxxxxxxxxxxxx	
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 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"/> County <input type="checkbox"/> Investor <input type="checkbox"/> Special District <input type="checkbox"/> City / Town <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Private <input type="checkbox"/> State				318,000

- 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
31593 N	HAT ISLAND COMMUNITY INC	SNOHOMISH	A	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?)		281	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)	241		
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 and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		281	461

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 58

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?	150	150	150	160	375	400	400	450	400	175	150	150
B. How many days per month are they present?	8	8	8	8	12	20	20	20	12	8	8	8

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
	1	1	1	1	1	1	1	1	1	1	1	1

34. NITRATE SCHEDULE	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
(One Sample per source by time period)			

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:** _____

Intentionally left blank

<u>WS ID</u>	<u>WS Name</u>
31593	HAT ISLAND COMMUNITY INC

Total WFI Printed: 1



Water Facilities Inventory (WFI)

Report Create Date: 2/2/2021
Water System Id(s): 31593
Print Data on Distribution Page: ALL
Print Copies For: DOH Copy
Water System Name: ALL
County: -- Any --
Region: ALL
Group: ALL
Type: ALL
Permit Renewal Quarter: ALL
Water System Is New: ALL
Water System Status: ALL
Water Status Date From: ALL **To** ALL
Water System Update Date ALL **To** ALL
Owner Number: ALL
SMA Number: ALL
SMA Name: ALL
Active Connection Count From: ALL **To:** ALL
Approved Connection Count ALL **To:** ALL
Full-Time Population From: ALL **To:** ALL
Water System Expanding ALL
Source Type: ALL
Source Use: ALL
WFI Printed For: On-Demand