



Instructions for Completing the WFI

331-621 • 5/15/2024

When and How to Update your WFI

General Information

The Water Facilities Inventory (WFI) is an overview of your water system that includes details about contact information, connections, population, storage, treatment, and more. To ensure that we have accurate system information, we require water systems to submit a signed WFI annually, per [WAC 246-290](#), even if there are no changes.

Required Contact Information for Owners and Primary Contacts:

This information is critical, please ensure ALL contact information in fields 6, 7, 9, and 10 is accurate!

Please include the following.

- Full name including middle initials—no nicknames or initials.
- Mailing address—if mailing address is a PO Box; street address is also required.
- Daytime, evening, and cell phone numbers.
- Email address—most communication is sent to systems via email.

Transfer of Ownership

We require the owner who transfers ownership to a new purveyor to submit documentation showing the current legal owner of the water system, an updated WFI, and all necessary contact information for the legal entity. If you are transferring ownership, email wfi@doh.wa.gov with all details.

When to Update your WFI

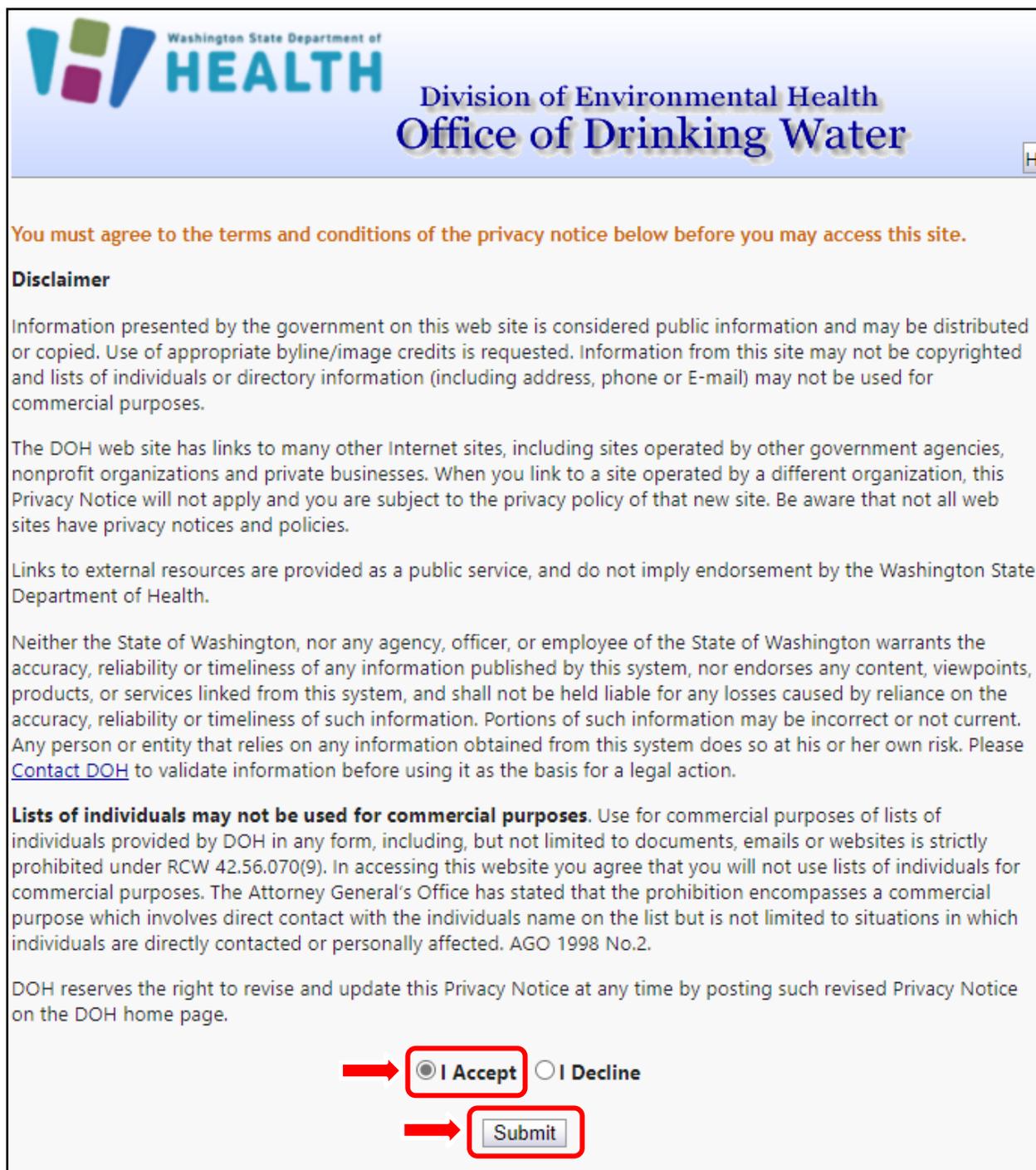
- Purveyors and managers are responsible for downloading, updating, and returning their WFI **annually** (see schedule below) and **within 30 days of any change of WFI information**.
- When completing a Sanitary Survey.
- When updating your Water System Plan.

Annual WFI Update Schedule

Type of System	Quarter	Reminder sent to Purveyors	Submit to DOH by
Group A—Community systems with 500 or more connections and SMA-owned systems	1	October 25	December 15
Group A—Community systems with less than 500 connections	2	January 25	March 15
Group A—TNC and NTNC Systems	3	April 25	June 15
Special Groups—State Parks, National Parks, Forest Services, etc.	4	July 25	September 15

How to Download your WFI

1. Click on the [WFI Search page](#) link. This takes you to Sentry Internet.
2. Read the Disclaimer, select "I Accept," and click "Submit."



Washington State Department of
HEALTH
Division of Environmental Health
Office of Drinking Water

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DOH reserves the right to revise and update this Privacy Notice at any time by posting such revised Privacy Notice on the DOH home page.

I Accept I Decline

3. Enter the water system ID# or copy and paste the list of Water System ID number(s) if you received a reminder email. If there is more than one ID#, be sure there are commas separating them with no spaces in between. (Example: AB999,AC395,54321)
4. Click "Submit". Please be patient while your WFI downloads, it can be slow sometimes.

Water Facilities Inventory (WFI)

Report Explanation: This report generates a Water Facilities Inventory (WFI) for all Water Systems selected in the input parameter.

Report Filters: Enter or select at least one filter to generate the report.

Water System Id (Comma Separated) *Enter your water system ID# or copy and paste the ID# numbers from the email.*

Water System Name

County

-- Any --
ADAMS
ASOTIN
BENTON

Water System Group

-- Any --

Water System Type

-- Any --
Community
Non-Transient, Non-Community
Transient Non-Community

Water System Status

-- Any --
Active
Inactive
No Longer Exists

From WS Last Update Date

To WS Last Update Date

Owner Number (6-Digits)

SMA Number (3-Digits)

Full-Time Residential Population From

Full-Time Residential Population To

Source Type

-- Any --

Source Use

-- Any --

Display Report In PDF Format

Click

Submit

Clear

5. The WFI form(s) will pop up on your screen.



WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 1
Updated: 03/01/2024

Printed: 4/23/2024
WFI Printed For: On-Demand
Submission Reason: Pop/Connect Update

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822 or email wfi@doh.wa.gov

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
63450 6	OLYMPIA CITY OF	THURSTON	A	Comm
6. PRIMARY CONTACT NAME & MAILING ADDRESS		7. OWNER NAME & MAILING ADDRESS		
CHERI L. REIMERS [MANAGER] PO BOX 1967 OLYMPIA, WA 98507-1967		OLYMPIA, CITY OF MARK RUSSELL PO BOX 1967 OLYMPIA, WA 98507-1967 PUBLIC WORKS DIRECTOR		

6. Print, download, or save a copy of the WFI.
7. Now that your WFI is downloaded, see the instructions below on how to update and submit the form.

How to Update your WFI

- ◆ Review each field to ensure the information on the WFI is correct.
- ◆ If a field needs to be updated, cross out the wrong information on the WFI, then write or type the correct information next to it. Use **red ink** or a **red font** so that the changes are easy to see.
- ◆ If all the information is correct and there are no changes to make, mark box 35, "Update - No Change".
- ◆ Add your Signature, Printed Name, Title, and the Date.
- ◆ Detailed instructions for each field are listed on the next page (see below).

How to Submit your WFI Update

- ◆ If you are in the [Northwest](#) or [Southwest](#) region, email the updated WFI to wfi@doh.wa.gov.
- ◆ If you are in the [Eastern](#) region, email the updated WFI to wfi.ero@doh.wa.gov.
- ◆ For all regions, you can mail a paper copy to Central Services WFI, PO Box 47822, Olympia, WA 98504-7822.

Additional Online Assistance

- ◆ For more information, visit our [Water Facilities Inventory](#) webpage.

Contact Us

If you have any questions, contact us directly.
[Program Coordinator](#) 360-236-3042
[Eastern Regional Office](#) 509-329-2100
[Northwest Regional Office](#) 253-395-6750
[Southwest Regional Office](#) 360-236-3030

References

[WAC 246-294-030](#)
[WAC 246-294-060](#)
[WAC 246-290-035](#)
[WAC 246-290-120\(6\)](#)
[WAC 246-290-480\(2\)](#)

Instructions for Completing the WFI

To make corrections or update information, cross out outdated information then write or type correct information next to it, using **red ink** or a **red font**.

Field Number and Name	Instruction
ADDRESSES AND PHONE NUMBERS	
6. Primary contact name and mailing address	Enter contact person's name for the water system's day-to-day operations. We will send most DOH mailings to this person.
	Enter only the mailing address in this part of the box. (Do not combine a PO Box with a street address.) Enter the Physical Delivery Address for the contact person if it is different from the normal mailing address. (We will use this address to ship sampling containers or other materials that cannot be delivered to a PO Box.) Example. Name and Mailing Address Ann Smith ATTN (optional) PO Box 3030 Anytown WA 98000 Physical Delivery Address, if different from above ATTN (Optional) 1231 Main St Anytown WA 98000
7. Owner name and mailing address	Enter name of person or organization that is the water system's legal owner. Follow directions and example in field number 6 (above). If owner is an organization, there must be an individual listed as contact for the organization.
9. 24-hour primary contact information	Enter phone number(s) and fax number, including area code (and extension, if applicable) for primary water system contact. Email address may be for the system or the primary contact.
10. Owner contact information	Enter the phone number(s) and fax number including area code (and extension, if applicable) for water system owner.
CHECK BOXES	
11. Satellite Management Agency (SMA)	If system is NOT owned or managed by an SMA, check "Not Applicable" and go to box 12. If system IS owned or managed by an SMA, check applicable box and enter name of the SMA. (SMA number is assigned by DOH.)
12. Water system characteristics	Mark ALL boxes that apply to your system. You may check more than one box for each service (e.g., a restaurant may be "Food Service" and "Commercial"). Agricultural —Commercial crop irrigation/farming. Commercial/Business —Office and retail complexes, nurseries, golf courses.

	<p>Day Care—Child or adult care facilities (in home or stand-alone where the clients do not live 24 hrs. per day).</p> <p>Food Service/Food Permit—Restaurant, coffee shop, bakery, tavern, catering facility, deli, grocer, mini-mart.</p> <p>1,000 or more person event for two or more days per year—Major event that has a significant impact on your system like a fair, town festival, major concert.</p> <p>Hospital/Clinic—Medical/dental office or clinic, surgery center, emergency care facility.</p> <p>Industrial—Manufacturing, assembly facility, food processing facility.</p> <p>Licensed Residential Facility—Nursing home, adult boarding home, foster home.</p> <p>Lodging—Hotel, motel, inn, bed and breakfast, resort.</p> <p>Recreational/RV Park—Connections serving parks, beaches, ball fields, playgrounds, campgrounds, picnic areas, ski areas, transient recreational vehicle facilities.</p> <p>Residential—Units designed to house one or more family(ies), (e.g., single family houses, apartments, duplexes, and condominiums, mobile home park, etc.) regardless of how many days per year it is occupied.</p> <p>School—K-12 grades, community college, technical training facility, colleges.</p> <p>Temporary Farm Worker Housing/Labor Camp: Facility that provides temporary facilities for workers and their families. May or may not meet the criteria for DOH Temporary Worker Housing licensing.</p> <p>Other—If choosing “other,” please write a brief description in the blank provided (fire station, fraternal organization, grange).</p>
<p>13. Water system ownership</p>	<p>Mark only one type of organization that best describes water system owner.</p> <p>Association—A non-government water system owned by its consumers (sometimes referred to as members). It includes “mutual” water companies.</p> <p>City/Town—A city or town incorporated in accordance with the applicable RCW.</p> <p>County—A water system owned by county government such as a county park or public works maintenance facility.</p> <p>Federal—A water system owned by the federal government such as veterans’ hospital, national park, forest service facility.</p> <p>Investor—A privately owned water system where the water system is operated with the intent of making a profit. The owner may be regulated—or potentially regulated—by the Washington Utilities and Transportation Commission (WUTC).</p> <p>Private—A privately owned water system, not including associations, where the water system is not operated with the intent to make a profit. Examples: water systems serving mobile home parks, stores, industries, etc.</p> <p>Special District—A special purpose district created in accordance with the applicable RCW such as a water or sewer district, public utility district, school district, fire district, or port district.</p>

	State —A water system owned by the state such as a state park, correctional facility, or department of transportation rest area or maintenance facility.
14. Storage capacity	Enter total storage capacity (in gallons) available for distribution to users (if 1,000 gallons or greater). Do not include pressure tank(s) in total.
SOURCES	
16. Source name	Enter your name for the source (i.e., Park Well). If source is purchased or an intertie, list system name providing water. Each well in a well field or spring in a spring field must be identified. Please provide well tag number if available.
17. Intertie	Enter ID number of system providing purchased water or intertie. If you do not know the ID number, contact your DOH regional office.
18. Source category	Mark the box that best describes this source. Each source can have only one code. Each well in a well field and spring in a spring field must be identified individually.
19. Use	<p>Mark the box that best describes how this source is used.</p> <p>Permanent—A source regularly used each year for more than three consecutive months within a 12-month period. For systems that are in operation for three or less months, their sources shall also be considered permanent.</p> <p>Seasonal—A source used on a regular basis and does not meet the definition of either permanent or emergency source. Seasonal source could be used to supply peak demand.</p> <p>Emergency—A source approved by DOH for emergency use and is not used for routine or seasonal peak water demands.</p>
20. Source metered	Mark this box if this source has a water meter installed.
21. Treatment	If this source is not treated, mark the “none” box, otherwise mark the box(es) for each type of treatment provided for this source. If a well in a well field or spring in a spring field has its own individual treatment, mark the appropriate box. If all the wells in a well field or springs in a spring field are treated together at one location, mark the appropriate box on the well or spring field line. Treatment for an intertie refers only to additional treatment by the receiving system.
22. Depth to first open interval	For cased wells, enter depth to top of uppermost well screen or perforated casing; for wells completed in rock , enter depth to bottom of sealed casing. For dug wells, enter depth to first unsealed casing joint below well seal; and for well fields, enter depth of shallowest well. Round off to nearest whole number.
23. Capacity	Enter actual current source capacity, in gallons per minute (gpm) available to enter distribution system under operating conditions. Example: if source is a well with a pump test of 100 gpm, but only has a 20-gpm pump installed, enter 20 gpm.

24. Source location	Enter quarter/quarter designation, section number, township, and range location for each source. For example, SE/SW, Sec.1, T18N, R3E. Source locations can be found on well logs, water right documents, or property descriptions.	
CONNECTIONS		
25-A. Full-time single-family residences	Enter number of single-family residences (including mobile homes) occupied any 180 days or more a year served by water system. If you enter a number in this field, enter a number in field 29 for corresponding population residing in these connections. A connection is considered active until physically disconnected from the water system.	
25-B. Part-time single-family residences	Enter number of single-family residences (including mobile homes) occupied less than 180 days a year served by water system. (These part-timers most likely inhabit vacation homes not used as a primary residence.) If you enter a number in this field, enter data in rows 30A and 30B for corresponding population residing in these connections. A connection is considered active until physically disconnected from the water system.	
26-A. Apartment buildings, condos, other multi-family buildings, barracks, dorms	Enter total number of apartment buildings, condo buildings, duplex buildings, barracks, and dormitory buildings etc., served by your water system. Enter the corresponding population use-days in rows #30B or #31A and #31B.	
26-B. Full time residential units	If the water system serves multi-family residential buildings, enter total number of residential units occupied any 180 days or more a year . If you enter a number in this field, enter a number in field 29 for corresponding population residing in these connections.	
26-C. Part time residential units	If the water system serves multi-family residential buildings, enter total number of individual dwelling units occupied less than 180 days a year . If you enter a number in this field, enter data in rows 30A and 30B for corresponding population residing in these connections.	
27-A. Recreational services and/or transient accommodations Call your regional office if unsure whether your system is community or non-community.	COMMUNITY SYSTEMS: Leave this field empty. Include in field 27B actual number of RV parks, campgrounds, hotels, motels, etc. served.	NON-COMMUNITY SYSTEMS: Enter actual number of RV sites, campsites, spigots, etc., and hotel/motel/overnight units served by water system. Enter corresponding non-residential population and use days in rows 31A and 31B.
27-B. Institutional, commercial, or industrial Services	COMMUNITY SYSTEMS: Enter number of all service connections not used for residential purposes. Include RV parks, campgrounds, hotels, motels, etc. in commercial connection counts. If you enter a number in this field, enter corresponding non-resident population and use-days in rows 31A, 31B, 32A, and 32B.	NON-COMMUNITY SYSTEMS: Enter number of all service connections not used for residential purposes and not otherwise accounted for in field 27A. If you enter a number in this field, enter corresponding non-resident population and use-days in rows 31A, 31B, 32A, and 32B.

POPULATIONS	
29. Full time residential population	Enter TOTAL number of residents served by water system for any 180 days or more per year.
30-A. Part time residents per month	Enter TOTAL number of seasonal or weekend residents present each month . (These part-timers most likely inhabit vacation homes not used as a primary residence.)
30-B. Part time resident use days per month	Enter how many days part-time residents are present each month.
31-A. Temporary & transient users per month	Enter TOTAL number of temporary or transient users served by water system each month . This includes all visitors, attendees, travelers, campers, patients, or customers with access to establishments connected to water system. Visitors must be counted for every day they have access to water system. For example, an individual attending a weeklong camping session (i.e., seven days) must be counted seven times. 100 non-residential individuals attend a five-day seminar: multiply 100 x 5 = 500. Add the 500 to any other TNC population for that month .
31-B. Temporary & transient use days per month	Enter TOTAL number of days per month this system is publicly accessible or available. If any business is open 30 days/month, enter 30 access days for the month.
32-A. Regular non-residential users per month	Enter the number of students, daycare children, and all employees served by the water system during each month who are not already included in the full-time residential population count .
32-B. Regular non-residential use days per month	Enter number of days per month that students, daycare children, and employees have access to water.
33. Routine Coliform Schedule	This schedule will show the minimum coliform samples that you need to take per month.
34. Nitrate Schedule	This schedule is intended for Group A—TNC water systems. For Group A—Community and Group A—NTNC water systems please refer to your Water Quality Monitoring Schedule (WQMS) for a nitrate monitoring schedule.
SIGNATURE	
35. Reason for submitting WFI	Check appropriate box. If DOH requested you submit this WFI, please refer to instructions in letter.
36. Certification	If your name and contact information is not entered in fields 6 to 10, also provide your telephone number, title, or relationship to water system under your printed name; then sign and print your name and the date you sign the WFI.



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