



WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 2
Updated: 03/02/2023

ONE FORM PER SYSTEM

Printed: 1/21/2024
WFI Printed For: On-Demand
Submission Reason: Contact 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
83850 R	STARTUP WATER DISTRICT	SNOHOMISH	A	Comm

6. PRIMARY CONTACT NAME & MAILING ADDRESS	7. OWNER NAME & MAILING ADDRESS
JASON M. STRAUSS [OPERATOR] PO BOX 114 STARTUP, WA 98293	STARTUP WATER DISTRICT NICK SANDERS PO BOX 114 STARTUP, WA 98293 MANAGER
STREET ADDRESS IF DIFFERENT FROM ABOVE	STREET ADDRESS IF DIFFERENT FROM ABOVE
ATTN ADDRESS CITY STATE ZIP	ATTN ADDRESS CITY STATE ZIP

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (360) 793-1833	Owner Daytime Phone: (360) 793-1833
Primary Contact Mobile/Cell Phone: (425) 238-7647	Owner Mobile/Cell Phone: (425) 238-7647
Primary Contact Evening Phone: (360) 793-1833	Owner Evening Phone:
Fax:	Fax:
E-mail: jxxxxxxxxx@ci.sultan.wa.us	E-mail: sxd@startupwaterdistric

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 checked="" type="checkbox"/> Agricultural	<input type="checkbox"/> Hospital/Clinic	<input checked="" type="checkbox"/> Residential
<input checked="" 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 checked="" type="checkbox"/> Food Service/Food Permit	<input type="checkbox"/> Lodging	<input checked="" type="checkbox"/> Other (church, fire station, etc.): _____
<input 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 checked="" type="checkbox"/> Special District <input type="checkbox"/> City / Town <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State	158,000

15 Source Number	16 SOURCE NAME	17 INTERTIE	18 SOURCE CATEGORY											19 USE	20	21 TREATMENT					22 DEPTH	23 CAPACITY (GALLONS PER MINUTE)	24 SOURCE LOCATION						
			WELL	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD			WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD			WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD
S01	ABR044 WELL 1														X							X	22	80	SW NE	36	28N	08E	
S02	ABR045 WELL 2														X							X	18	90	SW NE	36	28N	08E	
S03	WELLS #1 & #2															X						X	18	170	NW SW	36	28N	08E	

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
83850 R	STARTUP WATER DISTRICT	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?)		253	309
A. Full Time Single Family Residences (Occupied 180 days or more per year)	253		
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	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.	17	17	0
28. TOTAL SERVICE CONNECTIONS		270	309

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 643

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 that are NOT already included in the residential population?												
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:** _____

<u>WS ID</u>	<u>WS Name</u>
83850	STARTUP WATER DISTRICT

Total WFI Printed: 1



Water Facilities Inventory (WFI)

Report Create Date: 1/21/2024
Water System Id(s): 83850R
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