

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
39880 R	HONEYMOON BAY HEIGHTS	ISLAND	B	

	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?)		10	12
A. Full Time Single Family Residences (Occupied 180 days or more per year)	9		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	1		
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		10	12

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 17

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

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>
39880	HONEYMOON BAY HEIGHTS

Total WFI Printed: 1



Water Facilities Inventory (WFI)

Report Create Date: 10/1/2024
Water System Id(s): 39880
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