

# WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 2  
Updated: 08/09/2021



ONE FORM PER SYSTEM

Printed: 11/7/2022  
WFI Printed For: On-Demand  
Submission Reason: Treatment Update

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

<b>1. SYSTEM ID NO.</b> 19550 J	<b>2. SYSTEM NAME</b> DOCKTON WATER ASSOCIATION	<b>3. COUNTY</b> KING	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
<b>6. PRIMARY CONTACT NAME &amp; MAILING ADDRESS</b>  DAVID A. STOLTZ JR [MANAGER] 9710 SW WINDMILL ST VASHON, WA 98070		<b>7. OWNER NAME &amp; MAILING ADDRESS</b>  DOCKTON WATER ASSOCIATION      MANAGER DAVID A. STOLTZ JR 9710 SW WINDMILL ST VASHON, WA 98070		
<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b> ATTN ADDRESS CITY                      STATE                      ZIP		<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b> ATTN ADDRESS CITY                      STATE                      ZIP		
<b>9. 24 HOUR PRIMARY CONTACT INFORMATION</b>		<b>10. OWNER CONTACT INFORMATION</b>		
Primary Contact Daytime Phone: (206) 463-5600		Owner Daytime Phone: (206) 463-5600		
Primary Contact Mobile/Cell Phone: 2067697415		Owner Mobile/Cell Phone: (206) 769-7415		
Primary Contact Evening Phone: (xxx)-xxx-xxxx <b>206-769-7415</b>		Owner Evening Phone: <b>206-769-7415</b>		
Fax:	E-mail: <b>Dave</b> dave@docktonwater.org	Fax:	E-mail: <b>Dave</b> dave@docktonwater.org	
<b>11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)</b>				
<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				
<b>12. WATER SYSTEM CHARACTERISTICS (mark all that apply)</b>				
<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 checked="" 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				
<b>13. WATER SYSTEM OWNERSHIP (mark only one)</b>				<b>14. STORAGE CAPACITY (gallons)</b>
<input checked="" 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 type="checkbox"/> Private <input type="checkbox"/> State				317,708

- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES -

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 19550 J	<b>2. SYSTEM NAME</b> DOCKTON WATER ASSOCIATION	<b>3. COUNTY</b> KING	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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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	21 TREATMENT						22 DEPTH  DEPTH TO FIRST OPEN INTERVAL IN FEET	23 CAPACITY (GALLONS PER MINUTE)	24 SOURCE LOCATION					
			WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER			PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION			FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	1/4, 1/4 SECTION	SECTION NUMBER
S01	DOCKTON PARK SPRINGS				X							X		Y		X						142	SW NW	29	22N	03E	
S02	SANDY SHORES WELL AAB173		X									X		Y		X	X					396	100	SW NW	31	22N	03E
S03	InAct 03/23/2006 HAKE SPRINGS					X								X		X						5	SW NW	30	22N	03E	
S04	InAct 06/11/2019 Drilled WF			X								X		Y		X						10	12.5	NW SW	29	22N	03E
S05	InAct 06/11/2019 Wells A&B				X							X		Y		X						10	12.5	SW NW	29	22N	03E
S06	InAct 06/11/2019 Wells C,D&E				X							X		Y		X						10	12.5	SW NW	29	22N	03E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 19550 J	2. SYSTEM NAME DOCKTON WATER ASSOCIATION	3. COUNTY KING	4. GROUP A	5. TYPE Comm
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	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?)		384	485
A. Full Time Single Family Residences (Occupied 180 days or more per year)	373		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	104		
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.	110	407	0
<b>28. TOTAL SERVICE CONNECTIONS</b>			485

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? <span style="float: right; text-align: center;">589 <b>927</b></span>

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?	56	3	4	12	56	56	56	56	7	1	1	55
B. How many days per month are they present?	7	2	1	4	3	14	29	30	2	1	1	14

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?	5	5	5	5	5	5	5	5	5	5	5	5
B. How many days per month is water accessible to the public?	31	28	31	30	31	30	30	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 that are NOT already included in the residential population?	10	10	10	10	10	10	10	10	10	10	10	10
B. How many days per month are they present?	3	3	7	14	31	30	30	31	17	17	7	3

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 (One Sample per source by time period)	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
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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: David Stoltz JK      DATE: 11-7-2022  
 PRINT NAME: David Stoltz JK      TITLE: Manager/operator



**Water Facilities Inventory (WFI)**

Report Create Date: ~~4/26/2019~~ 11-7-2022

Water System Id(s): 19550

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 From: ALL To: ALL

Owner Number: ALL

SMA Number: ALL

SMA Name: ALL

Active Connection Count From: ALL To: ALL

Approved Connection Count From: ALL To: ALL

Full-Time Population From: ALL To: ALL

Water System Expanding Services: ALL

Source Type: ALL

Source Use: ALL

WFI Printed For: On-Demand

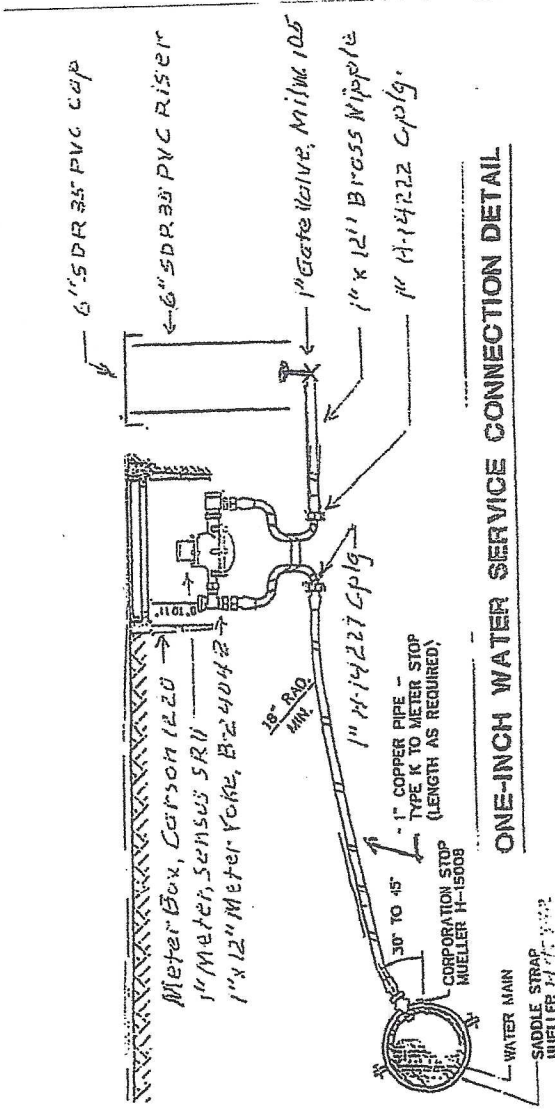
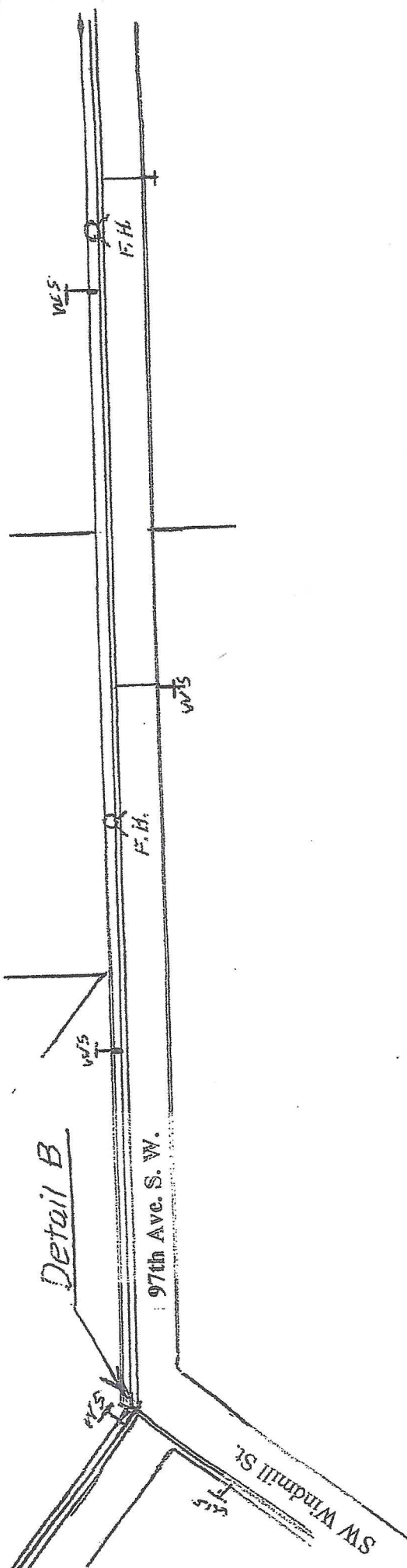
# DOCKTON WATER ASSOCIATION STANDARD OPERATING PROCEDURE FOR TAKING A CHLORINE RESIDUAL.

Collect sample in glass sample vial. Rinse sample cell & cap three times before filling with sample. Measure three times report median.

## Low Range/Free

1. Confirm PC2 in low range mode (LR).
2. The blank: fill "free" sample cell to 10ml line and cap.
3. Clean with lab wipe.
4. Insert blank in PC2. Dimond towards keypad, close securely.
5. Press zero button.
6. Add "free" reagent (10ml reagent packets).
7. Swirl for twenty seconds. Wipe cell. Reinsert Dimond towards key pad and cap, wait thirty seconds then press the blue button.

Dave Stoltz  
December 2, 2022



**ONE-INCH WATER SERVICE CONNECTION DETAIL**

DOCKTON WATER ASSOCIATION  
 97th Ave. SW Main Replacement  
 Scale: 1" = 100 Ft. 3 - 27 - 2017

4/10