
The Water Supply Review is a service offered by the Health Department to help lending agencies, real estate agencies, and sellers determine if the water supply serving the house being sold is safe and reliable, and meets disclosure requirements.

2012 Fee Summary

Public Water Supply Review - \$45.00

Individual Water Supply Review - \$290.00

Individual Application: A water supply serving a single-family residence.

Individual Water Supply Review

- A staff member will visit your site
- The site visit will include:
 - Inspection of the water source
 - Inspection of the pump house if applicable
 - Collection of a water sample for bacteria and nitrate
- The Health Department will complete the review within ten business days
- The Health Department will fax and mail a completed Water Supply Review to the person indicated on the application

Public Application: A residence served by a water system that serves more than one residential unit or commercial structure.

Public Water Supply Review

- A staff member will review the application
- Adequacy of the system and connection to the property in question will be verified
- The Health Department will complete the review within 2 business days
- A completed Water Supply Review form will be faxed and/or mailed to the person indicated on the application

Please return the application with appropriate fee to:

Tacoma-Pierce County Health Department
3629 South D Street, MS 1054
Tacoma, WA 98418

NOTE: The Water Supply Review is a snapshot of the water supply on the day the Health Department conducts the review/inspection. The Health Department does not imply or warrant the future condition of the water system.

***If you have questions please contact the Tacoma-Pierce County Health Department
Drinking Water staff:***

Michelle Harris (253) 798-7683

mharris@tpchd.org

Richard Hoesch (253) 798-6530

rhoesch@tpchd.org

Closing Date: _____

(PLEASE PRINT)

SITE INFORMATION

Site Address

City/State/Zip

Parcel #

Owner Name

MAILING INFORMATION

Name

Mailing Address

City/State/Zip

Phone #

Fax

Source & Pump House Location: _____

Source Type: Well Spring Other: _____

Locked Gate? Yes No Gate Code: _____

Call before site inspection? Yes No Phone # _____

Locked Pumphouse? Yes No Key/combination provided? _____

Dogs? Yes No If yes, are they secured? _____

House Vacant? Yes No If yes, how long? _____

Directions to site: _____

For Department Use Only

Date of Inspection? _____ **Inspector:** _____

Inspection Findings? *See attached form*

Bacteria Test Results: Date: _____ Satisfactory Unsatisfactory

Nitrate Results: Date: _____ Level: _____

The Individual Water Supply: Meets minimum water quality and was operational at time of inspection
 Does not meet minimum water quality and/or was not operational at time of inspection.

Reviewed by: _____ **Date:** _____

Comments:

