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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](mailto:mharris@tpchd.org)

**Richard Hoesch** (253) 798-6530

[rhoesch@tpchd.org](mailto:rhoesch@tpchd.org)

# PUBLIC WATER SUPPLY REVIEW

Application #: \_\_\_\_\_

Closing Date: \_\_\_\_\_

**SITE INFORMATION (Please print)**

Site Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parcel # \_\_\_\_\_

Owner Name \_\_\_\_\_

**MAILING INFORMATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax # \_\_\_\_\_

**WATER SUPPLY** – Please submit a copy of your water bill if applicable

Water System Name: \_\_\_\_\_

*Department Use Only*

**CERTIFICATION BY TPCHD DRINKING WATER PROGRAM**

Water System Name: \_\_\_\_\_

State Id Number: \_\_\_\_\_ Water Purveyor's Phone Number: \_\_\_\_\_

Type of Water System:      Group B      Group A

- The above Water System:     Meets current state and local requirements for Public Water Systems  
                                           Does not meet current state and local requirements for Public Water Systems

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Validation

COMMENTS: