Water Adequacy Verification
Food & Community Safety

Facility Name ____________________________________________________________

An important first step in the Food Establishment Application process is to have a safe and reliable water supply. Food establishments must be connected to an approved public water system.

If you are connected to a water system listed below…

You must attach one of these with your Food Establishment Application:

- Copy of your water bill showing the site address; or
- Water availability letter from your water company, including site address and parcel number.

• City of Bonney Lake Water (253) 862-8602
• City of Buckley Water (360) 829-7885
• City of DuPont Water (253) 912-5381
• Firgrove Mutual Water Co. (253) 845-1542
• Fruitland Mutual Water Co. (253) 848-5519
• City of Gig Harbor Water (253) 851-8136
• Graham Hill Mutual Water (253) 847-8617
• JBLM Lewis (253) 966-1768
• Lakewood Water District (253) 588-4423
• City of Milton Water (253) 922-8738
• Mt View-Edgewood Water Co. (253) 863-7348
• Parkland Light & Water Co. (253) 531-5666
• City of Puyallup Water (253) 841-5508
• Spanaway Water Co. (253) 531-9024
• Town of Steilacoom Water (253) 581-1912
• Summit Water & Supply Co. (253) 537-7781
• City of Sumner Utilities (253) 299-5740
• Tacoma Water (253) 502-8247

For all other water systems…

Complete the Water Adequacy Application on the back of this page and submit it for review before you turn in your Food Establishment Application.

Your Food Establishment Application will not be accepted until you get approval for use of your water system.

Frequently Asked Questions

How do I determine my water system?
Ask your landlord for a copy of the water bill.

What if I’m proposing a new building?
Get a Water Availability Certificate from the water system serving your site. It must include your site address and parcel number. Some water systems may charge for this letter. Include the completed certificate in your application. A template is available at www.tpchd.org/wateravailabilitycert

Need help?
Email ehdrinkingwater@tpchd.org or call (253)798-6470 for more information.
Water Adequacy Application
Food & Community Safety

Complete this form only if your Food Establishment is not connected to a water system listed on the back of this page.

Facility Name __________________________________________ Applicant Name __________________________

Site Address __________________________________________ City __________________ State ___ Zip ______

Mailing Address ________________________________________ City __________________ State ___ Zip ______

Phone ________________________________________________ Email ______________________________________

Parcel # ______________________________________________

Complete all items that apply to your facility.

Describe existing water source:

☐ Public Water System ☐ Individual/Single Family Well ☐ Other: ________________________________

If public water: Water System Name ________________________________________________________

Attach either:

☐ Copy of your water bill from the company serving your facility, showing the site address; or
☐ Water Availability Certificate from your water company, including site address and parcel number (if you need a new connection).

Proposed use: ☐ Food Establishment ☐ Pool ☐ School ☐ Camp

Describe existing use of the facility (☐ N/A) __________________________________________________

Describe proposed project in detail __________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Are public restrooms available? ☐ Yes ☐ No ☐ N/A

Is seating available to the customer? ☐ Yes ☐ No ☐ N/A ☐ If yes, proposed max. number of seats ______

Proposed number of employees_________ Days of operation______________________________

Will water be used for beverages or food preparation? ☐ Yes ☐ No ☐ N/A

List main menu items (or attach a copy of menu) ____________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

If school or camp, is there water to the building? ☐ Yes ☐ No Drinking fountains? ☐ Yes ☐ No

HEALTH DEPARTMENT USE ONLY

Name of Water System __________________________ State ID Number __________________

Water bill/letter received? ☐ Yes ☐ No Date____________________ Initials __________________