Fee
See current fee schedule
*Application fees are non-refundable

Individual Application
Water supply serving a single-family residence

Individual Water Supply Review
- A staff member will visit your site to inspect the water source and pump house if applicable, as well as collect a water sample to test 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.

In order to complete a water supply review:
- Electricity must be on.
- Well and well components must be operational.
- Health Department staff must have access to all water components (e.g. pump house, well, pump controls, treatment).
- If house has been vacant for more than 30 days water lines must be flushed for a couple of hours prior to our site visit. For example: turn on outdoor spigots or run sprinklers.

Public Application
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.
- The Health Department will verify adequacy of the system and connection to the property in question.
- The Health Department will complete the review within two business days.
- The Health Department will fax or mail a completed Water Supply Review form will be faxed and/or mailed to the person indicated on the application.

Submit
Please return the application with appropriate fee to the address shown below. Or submit and pay for the application online at www.tpchd.org/watersupplyreview.

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.

Questions
If you have questions, contact Tacoma-Pierce County Health Department Drinking Water staff at EHDinkingWater@tpchd.org or call us at (253) 798-6470 (choose option 2 and then press 1).
Individual Water Supply Review for Real Estate

Owner Name ____________________________________________

Phone ___________________________ Parcel __________________________

Site Address ____________________________________________

City ___________________________ State _______ Zip __________________________

Source & Pump House Location ____________________________________________

Mail to Name ____________________________________________

Mail to Address ____________________________________________

City ___________________________ State _______ Zip __________________________

Source Type [ ] Well [ ] Spring [ ] Other: ____________________________________________

Locked Gate [ ] No [ ] Yes, Gate Code: ____________________________________________

Call Before Site Inspection [ ] No [ ] Yes, Phone: ____________________________________________

Locked Pump House [ ] No [ ] Yes, Key/Combination: ____________________________________________

Dogs [ ] No [ ] Yes, Are They Secured? ____________________________________________

House Vacant [ ] No [ ] Yes, How Long? ____________________________________________

Directions to Site ____________________________________________

________________________________

________________________________

________________________________

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

HEALTH DEPARTMENT USE ONLY

Inspection Date ___________________________ Inspector __________________________

Inspection Findings  See attached form

Bacteria Test Results Date ___________________________ [ ] Satisfactory [ ] Unsatisfactory

Nitrate Test Results Date ___________________________ Level __

Individual Water Supply [ ] Meets minimum water quality and was operational at the time of inspection [ ] Does not meet minimum water quality/was not operational at the time of inspection

Comments ____________________________________________

________________________________

________________________________

Reviewed By ___________________________ Date __________________________

Application ___________________________ Closing __________________________