Group B Water System Manager Information Request

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

❑ Please check this box if system manager has changed.

Water System Name_____

WFI State ID Number_____ Well Site Parcel Number_____

Well Site Address _____

City _____ State _____ Zip_____

Owner Name	Manager Name
Owner Address	Manager Address
Owner City / State / Zip	Manager City / State / Zip
Owner Phone	Manager Phone

Email Address_____

This Water System is approved for _____ connections. The addresses of those connections presently using water are as follows:

1.	8.
2.	9.
3.	10.
4.	11.
5.	12.
6.	13.
7.	14.

I, the undersigned, do hereby attest that I am the (check one) of this water system and that information provided on this form is accurate to the best of my knowledge.

❑Owner
❑Manager

Signature _____ Date _____

Thank you for supplying this information. If you have questions, please contact Michelle Harris at (253) 649-1801 or mharris@tpchd.org.