Water System Updates/Changes Application

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

VALIDATION

Please check one of the following:

- ❑ Plan Modification Office
- ❑ Plan Modification Field Review
- ❑ Water Quality Treatment
- ❑ Water System Record Change
- ❑ Group B Sanitary Survey
- ❑ Engineering Review

Water System _____ System ID# _____

Applicant Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Site Address _____

Parcel Number _____

Describe water system changes or updates, if applicable. _____

_____

_____

_____

Include any supporting documentation for your project with this application.

HEALTH DEPARTMENT USE ONLY

Application number _____ GIS Completed _____

GeoSearch completed ❑Yes ❑ No Records found _____

Inspection date _____ Inspector _____

_____ _____

EHS Signature Approval Date