



Office of Drinking Water
Eastern Regional Office
WATER SYSTEM ADEQUACY REQUEST FORM
Phone (509) 329-2100 FAX (509) 329-2104

Date Requested _____

COMPLETED BY LOCAL HEALTH JURISDICTION			COMPLETED BY OFFICE OF DRINKING WATER		
SYSTEM NAME	ID #	<u>PURPOSE</u> : new connection (home/business), expanded use, remodeling, or replacing existing connection – be as specific as possible as to type of connection.	ADEQUATE, AT CAPACITY, or INADEQUATE	<u>STATUS</u> : operating permit color, # of active residential & non-residential connections, # of total approved connections, last WFI update, if system under state order or is a SNC.	ODW NAME AND DATE

Requested by _____ County _____ Phone # _____ FAX # _____

If you need this publication in an alternate format, call (800) 525-0127, For TTY/TDD call (800) 833-6388.