



Office of Drinking Water  
Southwest Regional Office

**WATER SYSTEM ADEQUACY REQUEST FORM**

Phone (360) 236-3030 FAX (360) 664-8058

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 – <b>be as specific as possible as to type of connection.</b>	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.