

Valley Water District

14515 Pioneer Way East, Puyallup, WA 98372

Telephone: 253-841-9698 / Fax: 253-770-8959

betty@valleywaterdistrict.com

Required Information for Preliminary Water System Assessment

System Name _____

System Address _____

Owner of System _____

Owner Address _____

Phone _____

Please provide the following information with related documentation as requested below.

1.) SOURCES: Describe each. (e.g. Well No. 1, 250gpm, Intertie with City of Tacoma, 500gpm)

2.) STORAGE FACILITIES: Describe each. (e.g. 250,000 gallon steel tank constructed in 1980)

3.) DISTRIBUTION SYSTEM: Describe. (e.g. 2-inch and 4-inch PVC Class 150)

4.) WATER RIGHTS: Describe and attach certificates or permits. (e.g. Well No. 1, Certificate #XXXX, 250 gpm instantaneous, 50 ac-ft/year annual)

5.) NUMBER OF CONNECTIONS:

6.) CURRENT RATES:

7.) ANNUAL REPORTS OR FINANCIAL STATEMENTS FOR THE LAST THREE YEARS TO INCLUDE:

1. Operation and Maintenance Expenses
2. Capital Expenses
3. Operating Revenues
4. Capital Revenues
5. Debt Service

8.) LISTING OF ALL LONG TERM DEBT INCLUDING FUTURE DEBT PAYMENT SCHEDULES

9.) MOST RECENT SANITARY SURVEY REPORT BY WASHINGTON STATE DEPT OF HEALTH

10.) LAST 3 YEARS WATER SAMPLING (IOC, VOC, SOC, Lead & Copper, Monthly Coliform)

11.) PLEASE INCLUDE AN AREA MAP AND HIGHLIGHT SYSTEM LOCATION