

Public Health & Social Services Department Environmental Health Division

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TDD Line for the hearing impaired (360) 867-2603
Email: foodapplication@co.thurston.wa.us
Website: www.co.thurston.wa.us/health/ehfood

WATER SOURCE VERIFICATION

MOBILE FOOD UNIT NAME:	OWNER/OPERATOR:	
COMMISSARY/SERVICING AREA INFORMATION	ASSESSOR PARCEL NUMBER:	
NAME OF BUSINESS:	OWNER/OPERATOR:	
PHYSICAL ADDRESS:	ZIP CODE: PHONE: _	
All commissaries or servicing areas used to sup connected to an approved public water source valid health permits, such as a food establishm	. However, if the above commissary or ser	vicing area posses a
In all other cases, to determine if the water southe same physical address as the commissary of		of the water bill with
If a water bill is not accessible <u>or</u> in lieu of subromplete the water availability form below. Of water availability STATEMENT TO BE COMPLETED The Above Business Location: is connected.	Once completed, submit the form to the hea	Ith department. See that may apply)
Water Source: □ City Water OR Name and/or ID # of Water System:	, , ,	∃ Group B
Purveyor's State ID NUMBER:Purveyor's Name:	Water Purveyor's Phone Number:	
Note: If not on a public water system or if connec	ted to a private well, water source will require a	separate approval.
VERIFICATION BY THURSTON COUNTY PUBLIC HE		
☐ The above water system is able to provide adequate water to the above commissary/servicing area. ☐ The above water system is not able to provide adequate water to the above commissary/servicing area.		
Reviewed by:	·	
	Date	

FOR FURTHER INFORMATION ON WATER SYSTEM REQUIREMENTS FOR MOBILE FOOD UNITS, PLEASE REFER TO THE THURSTON COUNTY PUBLIC HEALTH – MOBILE FOOD UNIT PLAN REVIEW AND PERMITTING GUIDE.