

Applicant	Location of works (C,V,T)	County	Water District (specific area served)
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Type of ownership

<input type="checkbox"/> Municipal	<input type="checkbox"/> Commercial	<input type="checkbox"/> Private – Other	<input type="checkbox"/> Authority	<input type="checkbox"/> Interstate
<input type="checkbox"/> Industrial	<input type="checkbox"/> Water Works Corp.	<input type="checkbox"/> Private – Institutional	<input type="checkbox"/> Federal	<input type="checkbox"/> International
		<input type="checkbox"/> Board of Education	<input type="checkbox"/> State	<input type="checkbox"/> Native American Reservation

Modifications to existing system. If checked, provide PWS ID # **NY** _____

New System. If checked, provide capacity development (viability) analysis*

If this project involves a new system, new water district, or a district extension provide boundary description location details in digital format on CD or Floppy Disk. If digital boundary location details are not available provide a text description.

Digital GIS Data Provided Digital CAD Data Provided Other Digital Data Provided Text Description Provided N/A

Funding Source Private DWSRF** Federal Other _____

If DWSRF is checked, provide DWSRF # _____

Estimated Project Cost

Source \$ _____	Treatment \$ _____	Storage \$ _____	Distribution \$ _____
Pumping \$ _____	Engineering \$ _____	Legal/Permitting \$ _____	Total \$ _____

Type of Project

<input type="checkbox"/> Source	<input type="checkbox"/> Corrosion Control	<input type="checkbox"/> U.V. Light Disinfection	<input type="checkbox"/> Distribution
<input type="checkbox"/> Transmission	<input type="checkbox"/> Pumping Unit	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> Storage
	<input type="checkbox"/> Chlorination	<input type="checkbox"/> Other Treatment	<input type="checkbox"/> Other

Project Description: _____

Population

Total population of Service area _____	% population actually served _____	% population served affected by project _____
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Latest total consumption data (in MGD)

Avg. day _____ Year _____

Max. day _____ Year _____

Peak hr. _____ Year _____

14. NYS Professional
Licensed Engineer
Stamp & Signature ***

Name of design engineer _____

Address _____ Telephone No. _____

E-Mail _____ Fax No. _____

Name and title of applicant or designated representative _____

Address _____

Signature of applicant

Date

NOTE: All applications must be accompanied by 3 sets of plans, 3 sets of specifications and an engineer's report describing the project in detail. The project must first be discussed with the appropriate city, county, district or regional public health engineer. Signature by a designated representative *must* be accompanied by a letter of authorization.

* Additional information regarding capacity development may be found at: <http://www.health.state.ny.us/nysdoh/water/main.htm>

**Current DWSRF project listings may be found at: <http://www.health.state.ny.us/nysdoh/water/main.htm>

***By affixing the stamp and signature the Design Engineer agrees that the plans and specifications have been prepared in accordance with the most recent version of the recommended standards for water works and in accordance with the NYS Sanitary Code.