

**NEW YORK STATE DEPARTMENT OF HEALTH**  
Bureau of Water Supply Protection

**Application for Approval of Plans for  
Public Water Supply Improvement**

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"/> Industrial	<input type="checkbox"/> Commercial <input type="checkbox"/> Water Works Corp.	<input type="checkbox"/> Private - Other <input type="checkbox"/> Private - Institutional <input type="checkbox"/> Board of Education	<input type="checkbox"/> Authority <input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Interstate <input type="checkbox"/> International <input type="checkbox"/> Native American Reservation
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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 ***  <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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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.