## 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 (area served)
Type of Ownership					
Municipal	Commercial	Private -	Other	Authority	Interstate
	Water Works Corp.		Institutional f Education	Federal State	International 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. 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					
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	Corrosion Con			sinfection	Distribution
SourcePumping UnitFluoridationStorageTransmissionChlorinationOther TreatmentOther					
Project Description					
Population       % population       % population served         Total population       % population       % population served         of Service area       actually served       affected by project					
Latest total consumption data (in	MGD)		NYS Professional Licensed Engineer Stamp & Signature***		
6 5	ear ———		Stamp & Sig	gnature	
	ear				
Peak hr. Y	ear				
Name of design engineer					
Address     Telephone No.					
E-Mail Fax No					
Name and title of applicant or designated representative					
Address					
Signa	ture 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 <i>must</i> be accompanied by a letter of					
authorization *Additional information regarding capacity development may be found at: https://www.health.ny.gov/environmental/water/drinking/index.htm **Current DWSRF project listings may be found at: https://www.health.ny.gov/environmental/water/drinking/index.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.					