

Applicant		Location of works (C,V,T)		County		Water District (area served)						
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								
<input type="checkbox"/> Modifications to existing system. If checked, provide PWS ID# NY _____												
<input type="checkbox"/> New System? If checked, provide capacity development (viability) analysis*												
<input type="checkbox"/> 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.												
<input type="checkbox"/> Digital GIS Data Provided <input type="checkbox"/> Digital CAD Data Provided <input type="checkbox"/> Other Digital Data provided <input type="checkbox"/> Text Description Provided												
Funding Source <input type="checkbox"/> Private <input type="checkbox"/> DWSRF** <input type="checkbox"/> Federal <input type="checkbox"/> Other _____												
If DWSRF is checked, provide DWSRF # <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Estimated Project Cost												
Source \$ _____		Treatment \$ _____		Storage \$ _____		Distribution \$ _____						
Pumping \$ _____		Engineering \$ _____		Legal/Permitting \$ _____		Total \$ _____						
Type of Project		<input type="checkbox"/> Corrosion Control		<input type="checkbox"/> U.V. Disinfection		<input type="checkbox"/> Distribution						
<input type="checkbox"/> Source		<input type="checkbox"/> Pumping Unit		<input type="checkbox"/> Fluoridation		<input type="checkbox"/> Storage						
<input type="checkbox"/> Transmission		<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 _____								
Latest total consumption data (in MGD)				NYS Professional Licensed Engineer Stamp & Signature***								
Avg. day _____		Year _____										
Max. day _____		Year _____										
Peak hr. _____		Year _____										
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: <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.