

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Application of Approval of Plans for
Public Water Supply Improvement

Applicant	Location of works (C,V,T)	County	Water District (specific area served)
Type of Ownership <input type="checkbox"/> Private - Other <input type="checkbox"/> Authority <input type="checkbox"/> Interstate <input type="checkbox"/> Municipal <input type="checkbox"/> Commercial <input type="checkbox"/> Private - Institutional <input type="checkbox"/> Federal <input type="checkbox"/> International <input type="checkbox"/> Industrial <input type="checkbox"/> Water Works Corp. <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*			
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 <input type="checkbox"/> N/A			
Funding Source <input type="checkbox"/> Private <input type="checkbox"/> DWSRF** <input type="checkbox"/> Federal <input type="checkbox"/> Other			
If DWSRF is checked, please provide DWSRF #			
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. Light 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			
Total Population of Service Area		NYS Professional Licensed Engineer Stamp and Signature***	
% population actually served			
% population affected by project			
Latest Total Consumption Data (in MGD)			
Average Day	Year		
Maximum Day	Year		
Peak Hour	Year		
Name and Address of Design Engineer			
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.