## NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Water Supply Protection (Ph.518-402-7650)

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

1. Applicant	2. Location of works (C.V,T	) 3. Cou	nty	4. Water District (specific area served)	
5 T	☐ Private – (	Other		☐ Interstate	
5. Type of ownership  Municipal  Industrial  Water		Institutional	Federal State	☐ International ☐ Native American Reservation	
6. Modifications to existing	system. If checked, provide PWS	ID#NY_		The second secon	
	provide capacity development (via				
CD or Floppy Disk. If digital	system, new water district, or a disboundary location details are not a  Digital CAD Data Provided	vailable provid	de a text description	description location details in Digital Format  Text Description Provided N/A	
9. Funding Source Private	□DWSRF**	Federal	Other		
If DWSRF is checked, provid	e DWSRF #				
Estimated Project Cost:     Source \$	Treatment \$	Storage	\$	Distribution \$	
Pumping \$	Engineering \$	Legal/Pen	mitting \$	Total \$	
11. Type of Project  ☐ Source	☐ Corrosion Control ☐ Pumping Unit	□ U.V. Li	ght Disinfection	☐ Distribution ☐ Storage	
Transmission	Chlorination	Other T		Other	
Project Description:					
2. Population					
Total population of Service area	pulation % population		% population served affected by project		
3. Latest total consumption data	(in MGD)		14. NYS Professi		
Avg. day	_Year		Licensed Engineer Stamp & Signature ***		
	Year				
Peak hr.					
5. Name of design engineer:					
Address	Telephone No.				
E-Mail	Fax No				
6. Name and title of applicant or o	designated representative:				
Address					
				//	
	ature of applicant			Date	
e discussed with the appropriate city, on the city, on th	county, district or regional public health acity development may be found at:	h engineer. Sign  http://www.h  http://www.h  ans and specifica	ature by a designated ealth state ny us/nysde ealth state ny us/nysde		