

**NEW YORK STATE DEPARTMENT OF HEALTH**  
**Bureau of Water Supply Protection (Ph. 518-402-7605)**

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

1. Applicant:	2. Location of works: (C,V,T)	3. County: <b>MONROE</b>	4. Water District: (specific area served)
5. Type of ownership: <input type="checkbox"/> Industrial <input type="checkbox"/> Private-Institutional <input type="checkbox"/> Board of Education <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> Commercial <input type="checkbox"/> Private-Other <input type="checkbox"/> Authority <input type="checkbox"/> State			
6. Nature of Project: <input type="checkbox"/> New Works.                      If checked, provide capacity development (viability) analysis* <input type="checkbox"/> Modifications to existing System.                      If checked, provide PWS ID# NY _____			
7. Estimated Project Cost:  Source        \$ _____        Treatment        \$ _____        Storage                \$ _____        Distribution        \$ _____ Pumping     \$ _____        Engineering     \$ _____        Legal/Permitting   \$ _____        Total                \$ _____ Funding Source: <input type="checkbox"/> Private <input type="checkbox"/> DWSRF** <input type="checkbox"/> Federal <input type="checkbox"/> Other _____ If DWSRF is checked, provide DWSRF # _____			
8. 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			
9. Project Description: _____ _____ _____			
10. Latest total consumption data (in MGD): Avg. day _____        Year _____        Total Population of service area: _____ Max. day _____        Year _____        % population actually served: _____ Peak hr. _____        Year _____        % population served affected by project: _____			
11. Name of Design Engineer: _____ NYS License No.: _____ Firm: _____ Address: _____ E-Mail: _____ Tel. No.: _____ Fax No.: _____	12. NYS Professional Licensed Engineer Stamp & Signature***  Return approved plans to:  <input type="checkbox"/> Engineer <input type="checkbox"/> Applicant		
13. Applicant and Representative Information:  Name: _____ Title: _____ Address: _____ _____ _____ Signature of applicant                      _____                      _____ / _____ / _____ Date			
<p><b>NOTE:</b> All applicants must be accompanied by 3 sets of plans, 3 sets of applications 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.</p> <p>* Additional information regarding capacity development may be found at: <a href="http://www.health.state.ny.us/nysdoh/water/main.htm">http://www.health.state.ny.us/nysdoh/water/main.htm</a></p> <p>** Current DWSRF project listings may be found at: <a href="http://www.health.state.ny.us/nysdoh/water/main.htm">http://www.health.state.ny.us/nysdoh/water/main.htm</a></p> <p>*** 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 <i>Recommended Standards for Water Works</i> in accordance with the NYS Sanitary Code.</p>			