

**APPLICATION FOR
 APPROVAL OF A COMMUNITY PWS¹ WATER PROJECT**

Water System Const. Plan Review - New Facility Community

Water System Expansion or Modification - Community

Public Water System Information

Name of Applicant:	Phone #:
Address:	Fax #:
	Email:
PWS System Name:	System Phone #:
PWS System Number:	System Emergency Phone #:
PWS Address:	System Fax #:
PWS Owner Name:	Owner Phone #:
Owner Address:	Owner Emergency Phone #:
	Owner Fax #:
	Owner Email:

Project Description

Brief Project Description:	
Estimated Construction Begin Date:	Est. Construction Completion Date:
Tentative Map: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Map No:

Complete the following with assistance from the public water system

PWS Type:	<input type="checkbox"/> Community				
PWS Ownership Type:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Homeowner	<input type="checkbox"/> Federal	<input type="checkbox"/> GID
	<input type="checkbox"/> Other:				
Is the proposed project an expansion or modification of an existing water system?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the proposed project to re-activate a public water system?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

¹ Public Water System

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Relevant Project NAC 445A Sections

PWS and Engineer shall refer to the following NAC 445A sections for specific regulatory requirements regarding PWS design and operation. Verify that all components are addressed and meet the minimum requirements of NAC 445A.

Check all that apply to this project:

Public Water Systems

<input type="checkbox"/> Water Quality (NAC 445A.450 to .492)	<input type="checkbox"/> PER-Groundwater Treatment (NAC 445A.54026) ² (Submitted and approved <u>before</u> any design work)
<input type="checkbox"/> Surface Water Treatment (NAC 445A.495 to .540)	<input type="checkbox"/> Groundwater Treatment (NAC 445A.54022 to .5405)

Design, Construction, Operation & Maintenance

<input type="checkbox"/> Emergency Response Plan (NAC 445A.66665)	<input type="checkbox"/> O&M Manual (NAC 445A.6667)
<input type="checkbox"/> Existing & new systems-Capacity (NAC 445A.6672 to .66755)	<input type="checkbox"/> Treatment Facilities (NAC 445A.6676 to .66815)
<input type="checkbox"/> Disinfection (NAC 445A.66825 to .6685)	<input type="checkbox"/> Springs (NAC 445A.66935 to .6696)
<input type="checkbox"/> Pumping Facilities (NAC 445A.66965 to .6706)	<input type="checkbox"/> Storage Structures (NAC 445A.67065 to .67095)
<input type="checkbox"/> Distribution System (NAC 445A.67105 to .67145)	<input type="checkbox"/> Separation of Lines (NAC 445A.6715 to .6718)
<input type="checkbox"/> Cross-Connection Control Plan (NAC 445A.67185)	<input type="checkbox"/> Water Wells (Well Construction)

² Preliminary Engineering Report (PER) is required to be submitted and favorably reviewed prior to the design of a water project per [NAC445A.54026](#).

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New Water Project Information

Include only information related to the new project below. Do not provide existing water system information unless it is pertinent to the new project.

Source Type:

Groundwater Well	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Surface Water Intake	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Source Location:

Meets flood plain requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are all sources of potential pollution identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are there any sources of contamination within 150 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Source Water Quality:

Meets all NAC requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Requires treatment to meet requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Well Characteristics:

Casing Depth (ft.):	Pump Type:
Casing Diameter (in):	Max. Production (gpm):
Sanitary Seal Depth (ft):	Source Design Capacity (gpm):
Emergency Power Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Daily Demand (gpm):
Emergency Source Capacity (gpm):	
Describe Emergency or Secondary Power:	

Storage Characteristics:

Storage tank type and material:
Tank capacity (gallons):
Storage tank coating material:

Transmission/Distribution System Characteristics:

Approved pipe material(s) & type(s):
Distribution main size(s):
Linear feet of pipe:
Distribution system pressure range(s):
Number of pressure zones:
Approved pipe material type:

Required Fire Flow and Fire Demand (Fill in below and also provide documentation from the local fire authority)

Hydrant (gpm) =	Sprinkler System (gpm) =
Hydrant fire flow duration (hr) =	Sprinkler fire flow duration (hr) =
Fire Flow/Duration, Hydrant and Valve Locations Documentation <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, then application for approval of a water project for construction cannot be submitted until favorable review by Fire Authority	

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Can the new main be sampled for coliform bacteria after disinfection every 1200 feet per AWWA Standard C651 requirements? Yes No If no, enter explanation here:

Booster Pump Stations:

of pumps:

Max. Production (gpm):

Source Design Capacity (gpm):

Describe Emergency Power:

Treatment:

Has an initial or Preliminary Engineering Report been submitted per [NAC445A.530](#) or [NAC445A.54024 to 445A.54024](#)?
 Yes No.

If no, then an application for approval of a Water Project for construction cannot be submitted until the relevant sections of NAC445A are met.

Contaminant(s) that require treatment:

Treating Groundwater

Treating Surface Water

Unit Processes & Associated Chemical Addition:

Flow Rate (gpd):

Design Capacity (gpd):

A schematic of the treatment system is required. Is it attached? Yes No

Describe the Process Flow from source to treatment to distribution:

Chlorination for system residual only:

Type of disinfectant used:

NSF approved chemicals used? Yes No

Does the system use continuous automatic disinfection? Yes No

Where are the disinfection systems located?

SCADA/Telemetry:

Does the public water system utilize SCADA/Telemetry? Yes No

Which facility(ies) are part of the SCADA/Telemetry system?

Inter-Tie:

Name of other system:

PWS number of other system:

Reason for inter-tie (check all that apply): Normal Operations Intermittent Seasonal Emergency
 Other, explain:

Flow is: One-way; Discuss direction and % of flow:

Flow is: Two-way; Discuss direction and % of flow:

Is the inter-tie part of a regional water system? Yes No If Yes, explain: