Please complete all appropriate sections of this application form and include it with your project.

|  |  |  |
| --- | --- | --- |
| Water System Information |  | Owner Information |
| Enter text |  | Enter ID# |  | Enter text |  | Enter text |
| Water System Name |  | PWS ID # |  | Name |  | Owner ID # |
| Enter text |  | Choose County |  | Enter text |  | Enter text |
| Submittal Description |  | County |  | E-mail address |  | Phone |
| Choose Classification |  | Choose Service Connections |  | Enter text |  | Enter text |  |  |  |  |
| Classification |  | # of Service Connections |  | Mailing address |  | City |  | State |  | Zip |
|  |
| Project Contact Information |  | Consulting/Design Engineer Information |
| Enter text |  | Enter text |  | Enter text |  | Enter text |
| Name/Position |  |  |  | Name/Firm |  |  |
| Enter text |  | Enter text |  | Enter text |  | Enter text |
| E-mail address |  | Phone |  | E-mail address |  | Phone |
| Enter text |  | Enter text |  | WA |  | Zip |  | Enter text |  | Enter text |  | WA |  | Zip |
| Mailing address |  | City |  | State |  | Zip |  | Mailing address |  | City |  | State |  | Zip |
|  |
| SMA Information |  | Billing Information\* |
| Enter text |  | Enter text |  | Enter text |  |  |
| Name/SMA |  | SMA # |  | Name |  |  |
| Enter text |  | Enter text |  | Enter text |  | Enter text |
| E-mail address |  | Phone |  | E-mail address |  | Phone |
| Enter text |  | Enter text |  | WA |  | Zip |  | Enter text |  | Enter text |  | WA |  | Zip |
| Mailing address |  | City |  | State |  | Zip |  | Mailing address |  | City |  | State |  | Zip |
|  |
| General Submittal Information |
| [ ]  Check here if you need a Box.com folder set up for transferring your project to us electronically. (You will receive an invite by email after we have received the PAA form.) |
| Do you have projects currently under review by us? | [ ]  Yes [ ]  No |
| [ ]  This is a new water system (if so, include a completed Water Facilities Inventory Report Form with your project). |
| [ ]  DWSRF Loan |  | [ ]  Enforcement |
| Application # | Enter Number |  | Docket # | Enter Number |
| Loan # | Enter Number |  | Type | Enter Text |
| [ ]  Water System Plan (complete Planning Information) |  | [ ]  Small Water System Management Program (complete Planning Information ) |
| [ ]  Engineering (complete Engineering Information) |  | [ ]  Group B (complete Engineering Information) |
| [ ]  Satellite Management Agency Plan (complete SMA Information) |  | [ ]  Alternate Technology (complete Engineering Information) |
|  |
| Engineering Information |
| Choose Project Report |  | Choose Special Report or Plans |
| Project Report Type |  | Special Report or Plans |
| Choose Predesign Study |  | Choose Existing System Approval |
| Predesign Study |  | Existing System Approval |
| Choose Construction Documents |  | Choose Waiver |
| Construction Documents |  | Waiver |
| Choose Other |  |  |
| Other |  |  |
|  |

|  |
| --- |
| Planning Information |
| How many connections does system currently have?  |  | Enter Number |
| If system is private-for-profit, is it regulated by UTC?  |  | [ ]  Yes [ ]  No |
| Is system expanding? Expanding service area? Increasing number of approved connections?  |  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| If the number of connections is expected to increase, how many *new* connections are proposed in the next ten (10) years?  |  | Enter Number |
| Is your system pursuing additional water rights from Department of Ecology in the next 20 Years?  |  | [ ]  Yes [ ]  No |
| Is a new intertie proposed?  |  | [ ]  Yes [ ]  No |
| Is the system located in a Critical Water Supply Service Area (is there a Coordinated Water System Plan)? If yes, have you sent a copy of the plan to the county or responsible agency for the CWSP?  |  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Are you requesting distribution main project report and construction document submittal exception? If so, does the WSP contain standard construction specifications for distribution mains?  |  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| The water system/purveyor is responsible for sending a copy of the plan to:* Adjacent utilities for review or a letter notifying them that a copy is available for their review and where it is located.
* All local governments within the service area.
* County and city planning departments, one or both if applicable, adjacent water systems, etc.

List who have you sent the WSP to for review other than ODW?  |  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  NoEnter Text |
| Are you proposing a change in the place of use of your water right? If “yes,” the purveyor must send a copy of the WSP or SWSMP to all local governments within the service area (county and city planning departments) for a local consistency determination. Has this been completed?  |  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| What are the years of the requested plan approval period (for example 2022 to 2032)?  |  | Enter Years |
| Does your plan follow your preplan checklist?  |  | [ ]  Yes [ ]  No |
|  |  |  |
| SMA Information |
| [ ]  Ownership only [ ]  Management and Operations only [ ]  Ownership, Management & Operations |
| Where can we find the [*SMA Notice of Intent* 331-590](https://www.doh.wa.gov/Portals/1/Documents/Pubs/331-590.docx), in your plan  |  | Enter Text |
|  |

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| --- |
| Please submit all documents electronically. We request one paper copy of planning documents be submitted to the address for your regional office below. |
| [ ]  [Eastern Regional Office](https://doh.wa.gov/community-and-environment/drinking-water/offices-and-staff/eastern-regional-office-staff) Department of Health eroadmin@doh.wa.gov Phone: 509-329-2100 | [ ]  [Northwest Regional Office](https://doh.wa.gov/community-and-environment/drinking-water/offices-and-staff/northwest-regional-office-staff) Department of Health dw.nwro.wsprojects@doh.wa.gov Phone: 253-395-6750 | [ ]  [Southwest Regional Office](https://doh.wa.gov/community-and-environment/drinking-water/offices-and-staff/southwest-regional-office-staff) Department of Health swro.admin@doh.wa.gov Phone: 360-236-3030 |



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.