

## **Project Approval Application Form**

Please fill in all project description information and check all boxes that apply below. If you are submitting a Water System Plan, please use the Water System Plan Submittal Form DOH 331-397.

(project name)		(county)					
(water system name)	PWS ID#	(design engineer)					
(system owner)	<del></del>	(engineering firm	1)				
(street)		(street)					
(city) (state)	(zip code)	(city)		(st)	(zip code)		
(phone number)	<u> </u>	(phone number)					
(project contact if different than above)	(daytime phone number)	(evening phone number)		•)			
(billing contact namerequired if not the same as above)	(billing phone number)	(billing fax number)					
(billing address)	(city)		(state/zip)				
SYSTEM CLASS: Group A Community	Group A NTNC	Group A	TNC	Gro	oup B		
# SERVICE CONNECTIONS (for Group A systems only - # services after project completion):  Less than 100							
AREA SERVED (for distribution projects only-name	•						
TYPE OF PROJECT (check all that apply): Reminde		Plan, use form #331	-397.				
1. DWSRF Loan  Application #  Loan #	2 Enforcement  Type  Docket #						
3. New Group B design report (Workbook)							
4. New Water System (A completed Water Facilit	ies Inventory Report Form	(WFI) must be i	ncluded wit	h this su	ıbmittal)		
5. Project report: (Is a water system plan required  (Is the project identified as part of the project ident	of the capital improvement	plan: Y	N)	Y	□ N)		
6. Special reports or plans: Corrosion Control Report Corrosion Control Study Plan to Cover Uncovered Reservoir							
7. Predesign study Uncovered reservoir plan of operation Tracer study plan Surface water or GWI treatment facility o	peration plan						

8. Existing system approval								
Non-expanding; not	detailed evaluation							
Non-expanding, deta								
Expanding, not detailed evaluation								
Expanding, detailed of								
	24 diamon							
9. Construction documents:								
Filtration or other co	mplex treatment							
Chemical addition only	-							
Complete new water	system							
New source only								
System modification								
System modification;	design standards used; PE prepare	ed						
10. Waivers:								
Use								
Use (renewal)								
Coliform (w/departmental inspection)								
Coliform (w/third-pa	rty inspection)							
D a.								
11. Other								
Well-site evaluation								
Regulatory monitoring plan								
Unfiltered system an	-							
	iance report (loan letter)							
Water right self-asses	ssment (if applicable)							
12. Other projects (describe)								
The first term (masses)								
Please return completed form to	o the Office of Drinking Water re	gional office checked below.						
			1					
☐ Northwest Drinking Wa			Eastern Drinking Water					
Department of Health 20425 72 <sup>nd</sup> Ave S, Suite 3	Department o 10 PO Box 4		Department of Health					
Kent, WA 98032-2388			1 E Indiana Ave, Suite 1500 okane Valley, WA 99216					
Phone: 253-395-6750	Phone: 360-2	•	Phone: 509-329-2100					
Fax: 253-395-6760	Fax: 360-66		Fax: 509-329-2104					
For Department use only.								
ODW Project #;	Initial fee Amount \$	; Date invoice mail	ed:;					
Invoice #;	Fee received:	ee received:; Review letters sent:						
Approval Date:	oval Date: Date construction report received: # appro		proved connections					
Area served:								
Provisions:								

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).