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.

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(project name) (county)

(water system name) PWS ID# (design engineer)

(system owner) (engineering firm)

(street) (street)

(city) (state) (zip code) (city) (st) (zip code)

(phone number) (phone number)

(project contact if different than above) (daytime phone number) (evening phone number)

(billing contact name—required 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 ☐ Group B

# SERVICE CONNECTIONS (for Group A systems only - # services after project completion): ☐ Less than 100 ☐ 100 – 500 ☐ 501 – 999 ☐ 1,000 - 9,999 ☐ 10,000 or more

PROJECT DESCRIPTION:

AREA SERVED (for distribution projects only-name subdivision, site address, parcel numbers, etc.):

TYPE OF PROJECT (check all that apply): Reminder: If submitting a Water System Plan, use form #331-397.

1. ☐ DWSRF Loan Application # ☐ Enforcement Type Docket #

2. ☐ New Group B design report (Workbook)

3. ☐ New Water System (A completed Water Facilities Inventory Report Form (WFI) must be included with this submittal)

4. ☐ Project report: (Is a water system plan required: ☐ Y ☐ N) If required, is it current and approved: ☐ Y ☐ N) (Is the project identified as part of the capital improvement plan: ☐ Y ☐ N)

☐ Filtration or other complex treatment
☐ Chemical addition only (ion exchange, hypochlorination, corrosion control, or fluoridation)
☐ Complete new water system
☐ Major system modification

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 operation plan
☐ Filtration pilot study
8. □ Existing system approval
   □ Non-expanding; not detailed evaluation
   □ Non-expanding, detailed evaluation
   □ Expanding, not detailed evaluation
   □ Expanding, detailed evaluation

9. □ Construction documents:
   □ Filtration or other complex treatment
   □ Chemical addition only
   □ Complete new water system
   □ New source only
   □ System modification
   □ System modification; design standards used; PE prepared

10. □ Waivers:
    □ Use
    □ Use (renewal)
    □ Coliform (w/departmental inspection)
    □ Coliform (w/third-party inspection)

11. □ Other
    □ Well-site evaluation and approval
    □ Regulatory monitoring plan
    □ Unfiltered system annual report
    □ Water system compliance report (loan letter)
    □ Water right self-assessment (if applicable)

12. Other projects (describe)

Please return completed form to the Office of Drinking Water regional office checked below.

□ Northwest Drinking Water Department of Health
  20425 72nd Ave S, Suite 310
  Kent, WA  98032-2388
  Phone: 253-395-6750
  Fax: 253-395-6760

□ Southwest Drinking Water Department of Health
  PO Box 47823
  Olympia, WA  98504-7823
  Phone: 360-236-3030
  Fax: 360-664-8058

□ Eastern Drinking Water Department of Health
  16201 E Indiana Ave, Suite 1500
  Spokane Valley, WA  99216
  Phone: 509-329-2100
  Fax: 509-329-2104

For Department use only.

ODW Project #: ______________;
Initial fee Amount: $ ______________;
Date invoice mailed: ____________________;
Invoice #: ______________;
Fee received: ______________;
Review letters sent: ____________________;
Approval Date: ______________;
Date construction report received: ______________;
# approved 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).