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  No  Enter 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 |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| 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](mailto: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](mailto: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](mailto: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](mailto:civil.rights@doh.wa.gov).