



# APPLICATION FOR APPROVAL OF WATER PROJECT

Return to: Bureau of Safe Drinking Water, **Carson City Location**  
 901 South Stewart Street, Suite 4001, Carson City, NV 89701, Phone: 775-687-9521, Fax: 775-687-5699

Section 1 (Please confirm Public Water System (PWS) number with the appropriate PWS) Nevada Drinking Water Watch (NV DWW)

<b>PWS Name:</b>	<b>PWS Administrative Contact Name (NV DWW):</b>
<b>PWS Number:</b>	<b>PWS Project Manager Name:</b>
<b>PWS Address:</b>	<b>PWS Project Manager Phone Number:</b>
	<b>PWS Project Manager Email:</b>

Section 2

<b>Design Engineer Name:</b>	<b>Engineering Firm:</b>
<b>Engineer Email:</b>	<b>Engineer Phone #:</b>
<b>Engineer Address:</b>	<b>Engineer Emergency Phone(s) #:</b>

Section 3

Is this project being submitted by the PWS?  Yes  No  
 The water system is aware of this project and approves its submittal to BSDW.

\_\_\_\_\_ PWS Project Manager Name (Print)                      \_\_\_\_\_ PWS Project Manager Signature                      \_\_\_\_\_ Date

Section 4

Are two copies of properly stamped plans and specifications submitted with this application?  Yes  No

Section 5 (For new water systems, see page 5)

Is the appropriate review fee attached?  Yes  No  
 (Fee schedule located at [https://ndep.nv.gov/uploads/water-drinking-forms-docs/Fee\\_Schedule\\_7-1-19.pdf](https://ndep.nv.gov/uploads/water-drinking-forms-docs/Fee_Schedule_7-1-19.pdf))

Section 6

Source of project funding (i.e., SRF, USDA, CDBG, Private, etc.)

Section 7

Project Name:

Section 8

Brief Description and Purpose of the Project:

Section 9

Estimated Construction Begin Date:   
 Estimated Construction Completion Date:

Section 10

Is this project part of a proposed subdivision?  No  Yes

Section 11

Which County is the proposed project located in?

Section 12

Date the Application is submitted to BSDW?

Date Application Received by BSDW:

**Complete the following with assistance from the public water system.**

Section 13

Public Water System Type: Community NTNC TNC  
PWS Ownership Type: Public Private Homeowner Federal GID Other:

Section 14 (Contact the PWS for this information)

Population Served:	Number of Service Connections:	Number of Metered Connections:
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Section 15

Are any of the above parameters changing due to this project? Yes No

If yes, describe the changes:

Section 16

Is a **flow diagram** from the source through treatment to the distribution system provided? Yes No NA

Section 17

**EXISTING PUBLIC WATER SYSTEMS**

- Is the proposed project an expansion or modification of an existing water system? Yes No
- Is the proposed project to re-activate a public water system? Yes No
- Is this project for a water system that is regulated by the PUC? Yes No
- Is this proposed project for a seasonal water system? Yes No
- Is the water system being consolidated with another water system? Yes No

**CHECK ALL THAT APPLY TO THIS PROJECT.**

Section 18

**Please refer to the following NAC 445A sections for specific regulatory requirements regarding public water system design and operation. Verify that all components are addressed and meet the minimum requirements of NAC 445A.**

**Public Water Systems**

- Water Quality ([NAC 445A.450 to .492](#))
- Surface Water Treatment ([NAC 445A.495 to .540](#))
- Groundwater Treatment ([NAC 445A.54022 to .5405](#))
- PER-Groundwater Treatment ([NAC 445A.54026](#))
- Operation Community or Non-transient Water System ([NAC 445A.591 to .5926](#))
- Permits to Operate Privately Owned Systems ([NAC 445A.595 to .614](#))
- Certification of Operators ([NAC 445A.617 to .652](#))

**Design, Construction, Operation & Maintenance**

- Emergency Response Plan ([NAC 445A.66665](#))
- Cross-Connection Control Plan ([NAC 445A.67185](#))
- O & M Manual ([NAC 445A.6667](#))
- New Facility–Capacity (See Sections 19-27) ([NAC 445A.6672 to .66755](#))
- Treatment Facilities (See Section 26, 28) ([NAC 445A.6676 to .66815](#))
- Disinfection (See Section 27- 28) ([NAC 445A.66825 to .6685](#))
- Water Wells (See Sections 19-22, 28) ([NAC 445A.66855 to .6693](#))
- Springs (See Sections 19-21, 28) ([NAC 445A.66935 to .6696](#))
- Pumping Facilities (See Sections 25, 28) ([NAC 445A.66965 to .6706](#))
- Storage Structures (See Section 23, 28) ([NAC 445A.67065 to .67095](#))
- Distribution System (See Section 24, 28) ([NAC 445A.67105 to .67145](#))
- Separation of Lines ([NAC 445A.6715 to .6718](#))
- Cross-Connections and Backflow ([NAC 445A.67185 to .67255](#))
- Water Hauling (See Section 31) ([NAC 445A.67275 to .6731](#))

**NEW PROJECT INFORMATION ONLY**

**Only include information related to the new project below.**

**Do not provide existing water system information unless it is pertinent to the new project.**

**Leave sections that do not apply to the new project blank (or type "N/A").**

**IF THE BOXES ARE NOT APPROPRIATELY FILLED OUT, THE APPLICATION WILL BE SENT BACK.**

Section 19

**Source Type:**

Groundwater well	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Groundwater Spring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surface Water Intake	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spring UDI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purchased Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided water rights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Source(s) master metered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Section 20

**Source Location:**

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

Section 21

**Source Water Quality:**

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

Section 22

**Well Characteristics:** ([NAC 445A.66855 to .6693](#))

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):
Describe Emergency Power:	Emergency Source Capacity (GPM):

Section 23

**Storage Characteristics:** ([NAC 445A.67065 to .67095](#))

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

Section 24

**Transmission/Distribution System Characteristics:** ([NAC 445A.67105 to .67145](#)) ([NAC 445A.67185 to .67255](#))

Approved pipe material type:	
Distribution main size(s):	
Linear feet of pipe:	
Distribution system pressure range(s):	
The number of pressure zones:	
<b>Fire Flow:</b> Provide documentation of fire flow requirements from the appropriate fire authority. 1. For Carson City, Clark County, and Washoe County contact the local fire authority. 2. For all other counties, contact the State Fire Marshal's office or the local fire authority that has an interlocal agreement with the State Fire Marshal.	
Hydrant (GPM) =	Sprinkler System (GPM) =
Can the new main be sampled for coliform bacteria after disinfection every 1200 feet per AWWA Standard C651 requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

## Section 25

**Pump Stations:** ([NAC 445A.66965 to .6706](#)) and ([NAC 445A.67105 to .67145](#))

Pump Type:	Number of pumps:
Max. Production (GPM):	Source Design Capacity (GPM):
Describe Emergency Power:	

## Section 26

**Treatment:** ([NAC 445A.6676 to .66815](#))

Contaminant(s) that require treatment:	
<input type="checkbox"/> Treating Groundwater	<input type="checkbox"/> Treating Surface Water
Unit Processes & Associated Chemical Addition:	
Flow Rate (GPD):	Flow Rate (GPM):
Design Capacity (GPD):	
A schematic of the treatment system is required. Is it attached? <input type="checkbox"/> Yes	
Describe the Process Flow from source to treatment to distribution:	

## Section 27

**Disinfection for system residual only:** ([NAC 445A.66825 to .6685](#))

Type of disinfectant used:
NSF-approved chemicals used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the system use continuous automatic disinfection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where are the disinfection systems located?
Where are the chemicals stored?

## Section 28

**SCADA/Telemetry:** (Wells, Pumping, Storage, Distribution, and Treatment) (New or Replacement)

Does the public water system utilize SCADA/Telemetry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which facilities are part of the SCADA/Telemetry system?

## Section 29

**Inter-Tie:** (Distribution)

PWS ID of other system:	Anticipated date of inter-tie:
Reason for inter-tie (check all that apply): <input type="checkbox"/> Normal Operations <input type="checkbox"/> Intermittent <input type="checkbox"/> Seasonal <input type="checkbox"/> Emergency	
<input type="checkbox"/> Other, explain:	
Flow is: <input type="checkbox"/> one-way; Discuss direction and % of flow:	
<input type="checkbox"/> two-way; Discuss direction and % of flow:	
Is the inter-tie part of a regional water system? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	

## Section 30

**Consolidation:**

Name of other system:	Anticipated date of consolidation:
Supplier of water:	

## Section 31

**Water Hauling:** ([NAC 445A.67275 to .6731](#))

A water hauling plan is required. Is it attached? <input type="checkbox"/> Yes
Is this for an existing water hauler? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the water hauler permit number(s):
Public water system hauling from:
Public water system hauling to:

## **NEW PUBLIC WATER SYSTEMS**

(An overview of the requirements to becoming a public water system can be found at [New Water Systems | NDEP \(nv.gov\)](#))

### Section 32

Is the proposed project a new public water system?  Yes  No

If yes, check type:  Community  Non-Transient Non-Community  Transient Non-Community  
(No Fees are required)

### Section 33

Is this project to permit a privately owned community system?  Yes  No  
(Fee of \$500 is required)

### Section 34

**Plan to Operate a Community or Non-transient Non-Community Water System must also submit the following: Two (2) sets of documents and a PDF version are required.**

- Plan to Operate a Community or Non-transient Non-Community Water System (See link below, include with submission)
- Emergency Response Plan (ERP) Manual (draft version acceptable)
- Cross-Connection Control Plan (CCCP) Manual (draft version acceptable)
- Operations and Maintenance Manual (O&M) (draft version acceptable)

Link below to fill out the form:

[OPERATION OF A COMMUNITY OR NONTRANSIENT NONCOMMUNITY WATER SYSTEM UNDER NEVADA ADMINISTRATIVE CODE, CHAPTER 445A \(nv.gov\)](#)

### Section 35

**Application to Permit a Privately Owned Community Public Water System must also submit the following: Two (2) sets of documents and a PDF version are required w/ \$500 review fee.**

- Application to Permit a Privately Owned Community Water System (See link below)
- Emergency Response Plan Manual (ERP) (draft version acceptable)
- Cross-Connection Control Plan Manual (CCCP) (draft version acceptable)
- Operations and Maintenance Manual (O&M) (draft version acceptable)

Link below to fill out the form:

[Application to Permit a Privately Owned Community Public Water System 20220102.pdf \(nv.gov\)](#)

### Section 36

**New Transient Non-Community Public Water System must also submit the following: Two (2) sets of documents and a PDF version are required.**

- Emergency Response Plan Manual (ERP) (draft version acceptable)
- Cross-Connection Control Plan Manual (CCCP) (draft version acceptable)
- Operations and Maintenance Manual (O&M) (draft version acceptable)

[Forms | NDEP \(nv.gov\)](#)

### Section 37

**Program to assess the vulnerability of source water to potential contamination for the reduction in water quality monitoring. NAC 445A.6668 (Optional):**

Was a completed vulnerability assessment submitted for all sources? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the document contain sufficient information to issue monitoring waivers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are all of the potential contaminant sources within 3000 feet of the well/spring located on a 1:24,000 U.S.G.S. Quad Map (7.5-minute map)? <input type="checkbox"/> Yes <input type="checkbox"/> No