



APPLICATION FOR APPROVAL OF WATER PROJECT

Return to: Bureau of Safe Drinking Water, ndep-dw-eng@ndep.nv.gov
901 South Stewart Street, Suite 4001, Carson City, NV 89701, Phone: 775-687-9521, Fax: 775-687-5699

Section 1 Public Water System Information (PWS)- <https://ndwis.ndep.nv.gov/DWW/>

PWS Name:	Administrative Contact of PWS:
PWS ID: NV	PWS Project Manager Name:
PWS Address:	PWS Project Manager Phone Number:
	PWS Project Manager Email:

Section 2

Design Engineer Name:	Engineering Firm:
Engineer Email:	Engineer Phone Number:
Engineer Address:	

Section 3

Is this project submitted by the PWS? ☐ Yes ☐ No
Does the Designated Operator of the water system have permission to view the plans? ☐ 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 the plans, specifications, and reports properly stamped and signed by a Nevada PE? ☐ Yes ☐ No

Section 5

Is the appropriate review fee submitted? ☐ Yes ☐ No
(<https://ndep.nv.gov/water/drinking-water/engineering-reviews/fees>)

Section 6

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

Section 7

Project Name:

Section 8

Brief Description and
Purpose of the Project:

Section 9

Is this project part of a proposed subdivision? ☐ No ☐ Yes

Section 10

County the project is located in:

Section 11

Date the Application is submitted to BSDW:

Section 12

Estimated Construction Begin Date:

Estimated Construction Completion Date:

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the proposed project to re-activate a public water system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this project for a water system that is regulated by the PUC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this proposed project for a seasonal water system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the water system being consolidated with another water system?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

- | | |
|---|---|
| <input type="checkbox"/> Water Quality
(NAC 445A.450 to .492) | <input type="checkbox"/> Operation Community or Non-transient Water System
(NAC 445A.591 to .5926) |
| <input type="checkbox"/> Surface Water Treatment
(NAC 445A.495 to .540) | <input type="checkbox"/> Permits to Operate Privately Owned Systems
(NAC 445A.595 to .614) |
| <input type="checkbox"/> Groundwater Treatment
(NAC 445A.54022 to .5405) | <input type="checkbox"/> Certification of Operators
(NAC 445A.617 to .652) |
| <input type="checkbox"/> PER-Groundwater Treatment
(NAC 445A.54026) | |

Design, Construction, Operation & Maintenance

- | | |
|--|---|
| <input type="checkbox"/> New Facility–Capacity (See Sections 19-27)
(NAC 445A.6672 to NAC 445A.66755) | <input type="checkbox"/> Storage Structures (See Section 23, 28)
(NAC 445A.67065 to NAC 445A.67095) |
| <input type="checkbox"/> Treatment Facilities (See Section 26, 28)
(NAC 445A.6676 to NAC 445A.66815) | <input type="checkbox"/> Distribution System (See Section 24, 28)
(NAC 445A.67105 to NAC 445A.67145) |
| <input type="checkbox"/> Disinfection (See Section 27- 28)
(NAC 445A.66825 to NAC 445A.6685) | <input type="checkbox"/> Separation of Lines
(NAC 445A.6715 to NAC 445A.6718) |
| <input type="checkbox"/> Water Wells (See Sections 19-22, 28)
(NAC 445A.66855 to NAC 445A.6693) | <input type="checkbox"/> Cross-Connections and Backflow
(NAC 445A.67185 to NAC 445A.67255) |
| <input type="checkbox"/> Springs (See Sections 19-21, 28)
(NAC 445A.66935 to NAC 445A.6696) | <input type="checkbox"/> Water Hauling (See Section 31)
(NAC 445A.67275 to NAC 445A.6731) |
| <input type="checkbox"/> Pumping Facilities (See Sections 25, 28)
(NAC 445A.66965 to NAC 445A.6706) | |

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	Water Rights Submitted	<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
All sources of potential pollution and contamination identified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any sources of potential pollution or contamination within 150 feet of well head:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 21

Source Water Quality:

Meets all NAC 445A requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To Be Determined
Requires treatment to meet water quality requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To Be Determined

Section 22

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

Pipe material:	
Distribution main size(s):	
Linear feet of pipe:	
Distribution system pressure range(s):	
The number of pressure zones:	
Fire Flow: 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 Office.	
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 NAC 445A.6706](#)) and ([NAC 445A.67105 to NAC 445A.67145](#))

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

Section 26

Treatment: ([NAC 445A.6676 to NAC 445A.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 to Maintain Residual in Distribution System: ([NAC 445A.66825 to NAC 445A.6685](#))

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

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 percentage of flow:	
<input type="checkbox"/> two-way; Discuss direction and percentage 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 of Water Systems:

PWS ID of other water system:	Anticipated date of consolidation:
Name of other water system:	

Section 31

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

Is the water hauling plan submitted? <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: