NEVADA DIVISION OF ENVIRONMENTAL PROTECTION

**BUREAU OF SAFE DRINKING WATER**

901 S. STEWART STREET, SUITE 4001 2030 E. FLAMINGO RD. STE.230

CARSON CITY, NV 89701 LAS VEGAS, NV 89119

PHONE: 775-687-9520; FAX: 775-687-5699 PHONE: 702-486-2850 x 221; FAX: 702-486-2863

**APPLICATION FOR APPROVAL OF A WATER PROJECT**

|  |  |
| --- | --- |
| **PWS Name**: | **PWS Phone #**: |
| **PWS Number**: | **PWS Fax #**: |
| **PWS Address**: | **PWS Emergency Phone #**: |
| **PWS Email**: |

|  |  |
| --- | --- |
| **PWS Contact Name**: | **PWS Contact Phone #**: |
| **PWS Contact Email**: | **PWS Contact Fax #**: |
| **PWS Contact Address**: | **PWS Contact Emergency Phone(s) #**: |

|  |  |
| --- | --- |
| **Submitting Engineer Name**: | **Engineer Phone #**: |
| **Engineer Email**: | **Engineer Fax #**: |
| **Engineer Firm Address**: | **Engineer Emergency Phone(s) #**: |

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Date of application submittal:

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County in which the water project is located:

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

Is the appropriate review fee attached? Yes No

(fee schedule located at <http://ndep.nv.gov/bsdw/docs/fee04.pdf>)

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Brief Description and Purpose of the Project:

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Estimated Construction Begin Date:

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Estimated Construction Completion Date:

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

Public Water System Type: Community NTNC TNC

PWS Ownership Type: Public Private Homeowner Federal GID Other:

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| --- | --- | --- |
| Population Served: | # of Service Connections: | # of Metered Connections: |
|  |  |  |

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

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If yes, describe the changes:

Provide a flow diagram from source through treatment to the distribution system. Is it attached? Yes

**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

**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.**

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

**Public Water Systems**

Water Quality

([NAC 445A.450 to .492](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec450))

Surface Water Treatment

([NAC 445A.495 to .540](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec495))

Groundwater Treatment

([NAC 445A.54022 to .5405](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec54022))

PER-Groundwater Treatment

([NAC 445A.54026](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec54026))

Operation Community or Non-transient Water System

([NAC 445A.591 to .5926](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec591))

Permits to Operate Privately Owned Systems

([NAC 445A.595 to .614](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec595))

Certification of Operators

([NAC 445A.617 to .652](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec617))

**Design, Construction, Operation & Maintenance**

Emergency Response Plan

([NAC 445A.66665](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec66665))

O & M Manual

([NAC 445A.6667](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec6667))

Existing & new systems – Capacity

([NAC 445A.6672 to .66755](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec6672))

Treatment Facilities

([NAC 445A.6676 to .66815](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec6676))

Disinfection

([NAC 445A.66825 to .6685](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec66825))

Water Wells

([NAC 445A.66855 to .6693](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec66855))

Springs

([NAC 445A.66935 to .6696](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec66935))

Pumping Facilities

([NAC 445A.66965 to .6706](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec66965))

Storage Structures

([NAC 445A.67065 to .67095](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec67065))

Distribution System

([NAC 445A.67105 to .67145](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec67105))

Separation of Lines

([NAC 445A.6715 to .6718](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec6715))

Cross-Connection Control Plan

([NAC 445A.67185](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec67185))

Cross-Connections and Backflow

([NAC 445A.67185 to .67255](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec67185))

Water Hauling

([NAC 445A.67275 to .6731](http://www.leg.state.nv.us/nac/NAC-445A.html#NAC445ASec66855))

**NEW PROJECT INFORMATION ONLY**

**Include only 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”).**

**Source Type:**

Groundwater well Yes No Groundwater Spring Yes No

Surface Water Intake Yes No Spring UDI Yes No

Purchased Water Yes No System has water rights? Yes No

Source(s) master metered? Yes No

**Source Location:**

Meets flood plain requirements? Yes No

Are all sources of potential pollution identified? Yes No

Are there any sources of contamination within 150 feet? Yes No

**Source Water Quality:**

Meets all NAC requirements? Yes No

Requires treatment to meet requirements? Yes No

**Well Characteristics:**

|  |  |
| --- | --- |
| Casing Depth (ft.): | Pump Type: |
| Casing Diameter (in): | Max. Production (gpm): |
| Sanitary Seal Depth (ft): | Source Design Capacity (gpm): |
| Emergency Power Provided? Yes No | Average Daily Demand (gpm): |
| Describe Emergency Power: | Emergency Source Capacity (gpm): |

**Storage Characteristics:**

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

**Transmission/Distribution System Characteristics:**

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| Approved pipe material type: |
| Distribution main size(s): |
| Linear feet of pipe: |
| Distribution system pressure range(s): |
| Number of pressure zones: |
| Required Fire Flow – fill in below and also provide documentation from the local fire authority or State Fire Marshal  For Carson City, Clark and Washoe Counties, required fire flow per the local fire authority:  Hydrant (gpm) = Sprinkler System (gpm) =  For All Other Counties, required fire flow per 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?  Yes No If no, explain: |

**Booster Pump Stations:**

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| Pump Type: | # of pumps: |
| Max. Production (gpm): | Source Design Capacity (gpm): |
| Describe Emergency Power: | |

**Treatment:**

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| Contaminant(s) that require treatment: | |
| Treating Groundwater  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? Yes | |
| Describe the Process Flow from source to treatment to distribution: | |

**Chlorination for system residual only:**

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| Type of disinfectant used: |
| NSF approved chemicals used? Yes No |
| Does the system use continuous automatic disinfection? Yes No |
| Where are the disinfection systems located? |
| Where are the chemicals stored? |

**SCADA/Telemetry:**

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| Does the public water system utilize SCADA/Telemetry? Yes No |
| Which facilities are part of the SCADA/Telemetry system? |

**Inter-Tie:**

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| --- | --- |
| Name of other system: | Anticipated date of inter-tie: |
| Reason for inter-tie (check all that apply): Normal Operations Intermittent Seasonal Emergency  Other, explain: | |
| Flow is:  one-way; Discuss direction and % of flow:  two-way; Discuss direction and % of flow: | |
| Is the inter-tie part of a regional water system? Yes No If Yes, explain: | |

**Consolidation:**

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

**Program to Assess Vulnerability, NAC 445A.6668, (optional):**

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| Was a completed vulnerability assessment submitted for all sources? Yes No |
| Does the document contain sufficient information to issue monitoring waivers? Yes 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)? Yes No |

**Water Hauling:**

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| --- |
| A water hauling plan is required. Is it attached? Yes |
| Is this for an existing water hauler? Yes No |
| If yes, please provide 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 <http://ndep.nv.gov/bsdw/nws.htm>)

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

If Yes, check type: Community Non-Transient Non-Community Transient Non-Community

Is this project to permit a privately owned community (residential) system? Yes No

**New Community Publicly Owned Public Water System must also submit the following:**

Plan to Permit a Public Water System\*\*

Plan for Restoration of Services in Emergency (draft version acceptable)

Cross-Connection Control Plan (draft version acceptable)

Manual of Operations and Maintenance (draft version acceptable)

**New Community Privately Owned Public Water System must also submit the following:**

Plan to Permit a Public Water System\*\*

Plan to Permit a Privately Owned Public Water System\*\*

Plan for Restoration of Services in Emergency (draft version acceptable)

Cross-Connection Control Plan (draft version acceptable)

Manual of Operations and Maintenance (draft version acceptable)

**New Non-Transient Non-Community Public Water System must also submit the following:**

Plan to Permit a Public Water System\*\*

Plan for Restoration of Services in Emergency (draft version acceptable)

Cross-Connection Control Plan (draft version acceptable)

Manual of Operations and Maintenance (draft version acceptable)

**New Transient Non-Community Public Water System must also submit the following:**

Plan for Restoration of Services in Emergency (draft version acceptable)

Cross-Connection Control Plan (draft version acceptable)

Manual of Operations and Maintenance (draft version acceptable)

\*\* “Plan to Permit” forms are located at <http://ndep.nv.gov/bsdw/epr-docs.htm>.