**I. Public Water System Owner**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name:** |       | **Last Name:** |       | **Phone:** |       |
| **Company Name:** |       | **Fax:** |       |
| **Mailing Address:** |       |  |  |
| **City:** |       | **State:** |       | **Zip Code:** |       |
| **Email Address:** |       |

**II. Public Water System Primary Operator**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name:** |       | **Last Name:** |       | **Phone:** |       |
| **Certification:** |       | **Fax:** |       |
| **Mailing Address:** |       |  |  |
| **City:** |       | **State:** |       | **Zip Code:** |       |
| **Email Address:** |       |

**III. Public Water System Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Name:** |       | **Phone:** |       |
| **AKA:** |       | **Fax:** |       |
| **Physical Address:** |       |
| **Legal Description:** | Lot: |       | Block: |       | Subdivision: |       | Addition: |       |
| **or** |  |  |  |  |  |  |  |  |  |  |
| **Location:** | Meridian: |       | Section: |       | Township: |       | Range: |       | Tax Lot: |       |

**IV. Owner's Statement**

|  |  |
| --- | --- |
| **Project Name:** |       |
|  | **[ ]  DEC State Revolving Fund (SRF) Loan Funded Project** |
| I have authorized submittal of the enclosed items for the above referenced project. I acknowledge the public water system’s responsibility at all times for the quality of the water served by it. By my signature, I certify the information above is correct and my authority to sign this statement (18 AAC 15.030) as the owner of the public water system and applicant for approval of the above listed project is based on one of the following: |
| [ ]  | **Corporation:** I am a principal executive officer of at least the level of vice president or his/her duly authorized representative, if the representative is responsible for the overall management of the project or operation. |
| [ ]  | **Partnership:** I am a general partner. |
| [ ]  | **Sole proprietorship:** I am the proprietor. |
| [ ]  | **Municipal, State, Federal, or other public facility:** I am either a principal executive officer, ranking elected official, or other duly authorized employee. |
|  |  | mo/dy/yr |  |       |  |       |
| **Owner’s Signature** |  | **Date** |  | **Printed Name** |  | **Title** |

**I. Project Engineer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name:** |       | **Last Name:** |       | **Phone:** |       |
| **Company Name:** |       | **Fax:** |       |
| **Mailing Address:** |       |  |  |
| **City:** |       | **State:** |       | **Zip Code:** |       |
| **Email Address:** |       | **AK P.E. License No.:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PWSID:** |  | **System****Classification:**(18 AAC 80.1990) | **[ ]**  | **Community Water System** (CWS) |
|  (for existing water systems) | **[ ]**  | **Non-Transient Non-Community** (NTNC) |
|  |  | **[ ]**  | **Transient Non-Community** (TNC) |
| **Number of Service Connections in PWS:** |  | (including proposed) |
| **Days per Year of Operation:** |  | (number of days) |
| **Dates of Operation:** |  | (if seasonal) |
| **Resident Population Served** (daily average\*)**:** |  | (PWS serves primary place of abode via pipes, delivery, or self-haul) |
| **Non-Transient Population Served** (daily average\*)**:** |  | (> 6 months/year of PWS use such as students and workers) |
| **Transient Population Served** (daily average\*)**:** |  | (<6 months/year of PWS use such as customers) |
| **Length of Extension or Replacement** (ft)**:** |  | (for projects proposing distribution or transmission main work) |

|  |
| --- |
| **Systems Using Hauled Water** |
| PWSID(s) water is obtained from: |       |
| PWSID(s) of water hauler(s) used: |       |
| Does or will the facility treat the water it receives? |       |

**II. Public Water System Information**

|  |
| --- |
| **\*** Daily average refers to an average population that includes only the days water is made available to the public. |

**III. Plan Review Checklist: Identify the checklists required for submittal.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Checklist** | **New PWS** | **Modify Existing PWS** | **Distribution**  | **Waiver** |
| **No.** | **Title** |
| 1.0 | General | [ ]  | [ ]  | [ ]  |  |
| 2.0 | Capacity Development (CWS/NTNC) | [ ]  |  |  |  |
| 3.0 | Source - Groundwater | [ ]  | [ ]  |  |  |
| 3.1a | Source - GWUDISW Determination | [ ]  | [ ]  |  |  |
| 3.1b | Source - Surface Water / GWUDISW | [ ]  | [ ]  |  |  |
| 3.2a | Source - Other / Rain Catchment | [ ]  | [ ]  |  |  |
| 3.2b | Source - Other / Seawater | [ ]  | [ ]  |  |  |
| 4.0 | Storage | [ ]  | [ ]  |  |  |
| 4.1 | Storage – Tracer Study Application - ***DRAFT*** | [ ]  | [ ]  |  |  |
| 5.0 | Distribution - Piped | [ ]  | [ ]  | [ ]  |  |
| 5.1 | Water Haul Vehicle | [ ]  | [ ]  | [ ]  |  |
| 6.0 | Treatment - Surface Water /GWUDISW | [ ]  | [ ]  |  |  |
| 6.1 | Treatment - Corrosion Control  | [ ]  | [ ]  |  |  |
| 6.2 | Treatment - POU and POE | [ ]  | [ ]  |  |  |
| 6.3 | Treatment - Membrane Filtration | [ ]  | [ ]  |  |  |
| 6.4 | Treatment - Ozone | [ ]  | [ ]  |  |  |
| 6.5 | Treatment - Media Filtration | [ ]  | [ ]  |  |  |
| 6.6a | Treatment – UV Disinfection Validation Report | [ ]  | [ ]  |  |  |
| 6.6b | Treatment – UV Disinfection System | [ ]  | [ ]  |  |  |
| 6.7 | Treatment - Other | [ ]  | [ ]  |  |  |
| 7.0 | Waiver - Source | [ ]  | [ ]  |  | [ ]  |
| 7.1 | Waiver - Piped Distribution | [ ]  | [ ]  | [ ]  | [ ]  |
| 8.0 | Additive - Fluoride | [ ]  | [ ]  |  |  |