

<p>NORTHERN NEVADA <b>Public Health</b></p> <p>Environmental Health</p>	<p><b>NORTHERN NEVADA PUBLIC HEALTH ENVIRONMENTAL HEALTH SERVICES DIVISION</b> 1001 East 9th Street • PO Box 11130 • Reno, NV 89520 Telephone (775) 328-2434 • Fax (775) 328-6176 NNPH.ORG</p> <p><b>WATER PROJECT (WP) SUBMITTAL</b></p>	<p><b>NNPH Use Only</b></p> <p>Fee Paid: _____ Cash / CC / Check _____</p> <p>Date Paid: _____</p> <p>Receipt #: _____</p>
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**PLEASE ENSURE EVERYTHING IS INCLUDED – AN INCOMPLETE WATER PROJECT SUBMITTAL WON'T BE ACCEPTED.  
ONLY A PUBLIC WATER SYSTEM MAY SUBMIT A WATER PROJECT SUBMITTAL.**

**SUBMITTAL (check one, \* = fee req'd):**     1<sup>ST</sup> SUBMITTAL\*     2<sup>ND</sup> SUBMITTAL     3<sup>RD</sup> SUBMITTAL\*     4<sup>TH</sup> SUBMITTAL\*

**PWS Type:**     COMMUNITY     NON-COMMUNITY    **PWS Work:**     NEW FACILITY     MODIFICATION    **# connections:** \_\_\_\_\_

**Proposed Treatment Plant:**     YES     NO     < 1,000 PWS SERVICE CONNECTIONS     > 1,000 PWS SERVICE CONNECTIONS

**Fee amount:** \_\_\_\_\_    **Date:** \_\_\_\_\_

\* <https://www.nnph.org/resources/fees/ehs-fees.php>

Submittal includes:     APPLICATION     PLANS     SPECIFICATIONS     REPORT     CALCULATIONS     OTHER: \_\_\_\_\_

PWS #: \_\_\_\_\_ PWS Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WP Name: \_\_\_\_\_ WP #: \_\_\_\_\_

Engineering Company: \_\_\_\_\_

Engineer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

*Note: The undersigned acknowledges that NNPH's acceptance of this submittal doesn't signify the provided documents are complete, or that regulatory requirements are met. The applicant is responsible for the timeliness, and completeness, of all submittals.*

Applicant: \_\_\_\_\_ Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**NNPH use only:**