

<b>WASHOE COUNTY HEALTH DISTRICT</b> ENHANCING QUALITY OF LIFE	<b>WASHOE COUNTY HEALTH DISTRICT</b> <b>ENVIRONMENTAL HEALTH SERVICES DIVISION</b> 1001 East 9th Street • Reno, NV 89512 Telephone (775) 328-2434 • Fax (775) 328-6176 <a href="https://www.washoecounty.gov/health/programs-and-services/environmental-health/index.php">https://www.washoecounty.gov/health/programs-and-services/environmental-health/index.php</a> <a href="mailto:healthes@washoecounty.gov">healthes@washoecounty.gov</a>	<b>WCHD Use Only</b> Fee Paid _____ Date Paid _____ Cash/CC/Check _____ Receipt No. _____ Permit No. _____
	<b>APPLICATION FOR APPROVAL OF A WATER PROJECT</b>	

Water System Construction Plan Review - New Facility

Water System Expansion or Modification

### Public Water System Information

Name of Applicant:	Phone #:
Address:	Fax #:
	Email:
PWS System Name:	System Phone #:
PWS System Number:	System Emergency Phone #:
PWS Address:	System Fax #:
PWS Owner Name:	Owner Phone #:
Owner Address:	Owner Emergency Phone #:
	Owner Fax #:
	Owner Email:

### Project Description

Brief Project Description:							
Estimated Construction Begin Date:			Est. Construction Completion Date:				
Tentative Map:	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	Map No:		
<b>Complete the following with assistance from the public water system</b>							
PWS Type:	Community						
PWS Ownership Type:	Public	Private	Homeowner	Federal	GID		
	Other:						
Is the proposed project an expansion or modification of an existing water system?						<b>Yes</b>	<b>No</b>
Is the proposed project to re-activate a public water system?						<b>Yes</b>	<b>No</b>

<sup>1</sup> Public Water System

# APPLICATION FOR APPROVAL OF A COMMUNITY PWS<sup>1</sup> WATER PROJECT

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## Relevant Project NAC 445A Sections:

PWS and Engineer shall refer to the following NAC 445A sections for specific regulatory requirements regarding PWS 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 ( <a href="#">NAC 445A.450 to .492</a> )	PER-Groundwater Treatment ( <a href="#">NAC 445A.54026</a> ) <sup>2</sup> (Submitted and approved <u>before</u> any design work)
Surface Water Treatment ( <a href="#">NAC 445A.495 to .540</a> )	Groundwater Treatment ( <a href="#">NAC 445A.54022 to .5405</a> )

### Design, Construction, Operation & Maintenance:

Emergency Response Plan ( <a href="#">NAC 445A.66665</a> )	O&M Manual ( <a href="#">NAC 445A.6667</a> )
Existing & new systems-Capacity ( <a href="#">NAC 445A.6672 to .66755</a> )	Treatment Facilities ( <a href="#">NAC 445A.6676 to .66815</a> )
Disinfection ( <a href="#">NAC 445A.66825 to .6685</a> )	Springs ( <a href="#">NAC 445A.66935 to .6696</a> )
Pumping Facilities ( <a href="#">NAC 445A.66965 to .6706</a> )	Storage Structures ( <a href="#">NAC 445A.67065 to .67095</a> )
Distribution System ( <a href="#">NAC 445A.67105 to .67145</a> )	Separation of Lines ( <a href="#">NAC 445A.6715 to .6718</a> )
Cross-Connection Control Plan ( <a href="#">NAC 445A.67185</a> )	Water Wells ( <a href="#">Well Construction</a> )

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<sup>2</sup> Preliminary Engineering Report (PER) is required to be submitted and favorably reviewed prior to the design of a water project per [NAC445A.54026](#).

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## New Water Project Information

Include only information related to the new project below.

Do not provide existing water system information unless it is part of the new project.

### Source Type:

Groundwater Well	Yes	No	N/A
Storage	Yes	No	N/A
Surface Water Intake	Yes	No	N/A

### Source Location:

Meets flood plain requirements?	Yes	No	N/A
Are all sources of potential pollution identified?	Yes	No	N/A
Are there any sources of contamination within 150 feet?	Yes	No	N/A

### Source Water Quality:

Meets all NAC requirements?	Yes	No	N/A
Requires treatment to meet requirements?	Yes	No	N/A

### 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):
Emergency Source Capacity (gpm):	
Describe Emergency or Secondary Power:	

### Storage Characteristics:

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

### Transmission/Distribution System Characteristics:

Approved pipe material(s) & type(s):
Distribution main size(s):
Linear feet of pipe:
Distribution system pressure range(s):
Number of pressure zones:
Approved pipe material type:

### Required Fire Flow and Fire Demand (Fill in below and also provide documentation from the local fire authority)

Hydrant (gpm) =	Sprinkler System (gpm) =
Hydrant fire flow duration (hr) =	Sprinkler fire flow duration (hr) =
Fire Flow/Duration, Hydrant and Valve Locations Documentation Yes No	
If NO, then application for approval of a water project for construction cannot be submitted until favorable review by Fire Authority	

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Can the new main be sampled for coliform bacteria after disinfection every 1200 feet per AWWA Standard C651 requirements? **Yes No**. If no, enter explanation here:

## **Booster Pump Stations:**

# of pumps:

Max. Production (gpm):

Source Design Capacity (gpm):

Describe Emergency Power:

## **Treatment:**

Has an initial or Preliminary Engineering Report been submitted per [NAC445A.530](#) or [NAC445A.54024 to 445A.54024](#)?

If no, then an application for approval of a Water Project for construction cannot be submitted until the relevant sections of NAC445A are met.

Contaminant(s) that require treatment:

Treating Groundwater

Treating Surface Water

Unit Processes & Associated Chemical Addition:

Flow Rate (gpd):

Design Capacity (gpd):

A schematic of the treatment system is required. Is it attached? **Yes No**

Describe the Process Flow from source to treatment to distribution:

## **Chlorination for system residual only:**

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?

## **SCADA/Telemetry:**

Does the public water system utilize SCADA/Telemetry? **Yes No**

Which facility(ies) are part of the SCADA/Telemetry system?

## **Intertie:**

Name of other system:

PWS number of other system:

Reason for intertie (check all that apply): Normal Operations Intermittent Seasonal Emergency

Other, explain:

Flow is: One-way; Discuss direction and % of flow:

Flow is: Two-way; Discuss direction and % of flow:

Is the intertie part of a regional water system? **Yes No**

If Yes, explain: