*Instructions: This form is to be submitted with the plans and specifications for any project requiring a Waterworks Construction Permit. Retain a copy of the completed form for your records. This form contains personal information subject to disclosure under the Freedom of Information Act.*

*The applicant is the waterworks owner or administrator if the project is a new waterworks or modifications initiated by the waterworks. In the case of private development projects such as subdivisions, apartments, or commercial complexes to be served by an existing waterworks, the applicant is the developer. In this case, the “Waterworks Owner Contacted” section under “Permit Type” must be completed.*

*Submittal Requirements:*

* *A Waterworks Business Operation Plan is required for all new waterworks, and a Preliminary Engineering Conference and Preliminary Engineering Report are required for any construction permit unless waived by the regional ODW field office. Provide the approval date or waiver date for each. Field Office contact information can be found on the* [*ODW webpage*](https://www.vdh.virginia.gov/drinking-water/contact-us/)*.*
* *All hydraulic models must be accompanied by a* *Hydraulic Model Summary and Hydraulic Model Certification*
* *Applicable checklists must be provided for groundwater wells, waterlines, pump stations, tanks, hypochlorite disinfection, chemical feeders, cation exchange softening, iron and manganese control, and fluoridation.*
* *Checklists and other submittal document forms can be downloaded here under “Construction Permits”, “Step 2 – Submittal”: https://www.vdh.virginia.gov/drinking-water/permits-and-design/*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant (Project Owner)** | | | | | | | | | | | |
| Name: *First Middle Last/Business or Entity* | | | | | | Affiliation:  *business/organization name* | | | | | |
| Address:  *street* | | | | | | | | | | | |
| City: *City* | | | | | | State:  *State* | | | | Zip:  *zip code* | |
| Phone Number:  *(xxx) xxx-xxxx* | | | | | | Email:  *email address* | | | | | |
| I hereby authorize the Virginia Department of Health, Office of Drinking Water to inspect all proposed facilities. | | | | | | | | | | | |
| Signature:  Date: | | | | | | | | | | | |
| **Agent (Design Engineer)** | | | | | | | | | | | |
| Name: *First Middle Last* | | | | | | Affiliation:  *business/organization name* | | | | | |
| Address:  *street* | | | | | | | | | | | |
| City: *City* | | | | | | State:  *State* | | | | Zip: *Zip Code* | |
| Phone Number:  *(xxx) xxx-xxxx* | | | | | | Email:  *email address* | | | | | |
| **Permit Type** | | | | | | | | | | | |
| ☐ Construct  and Operate  New  Waterworks | ☐ Construct  Waterworks  Additions or  Modifications | | | ☐ Waterworks owner contacted (if applicant is not the owner)  Waterworks Name:  *Name*  PWSID:  *XXXXXXX*  Person contacted:  *First Last Name* Email: *email address* | | | | | | | |
| **Project Description:** | | | | | | | | | | | |
| Location:  *Describe the location of the project* | | | | | | | | | | | |
| Description:  *Provide a brief description of the proposed construction. Include proposed facilities, such as waterlines, pumps, storage facilities, treatment, and water sources.* | | | | | | | | | | | |
| Type (generally):☐ Residential ☐ Commercial ☐ Industrial ☐ Other-specify:  *Describe* | | | | | | | | | | | |
| Proposed number of connections:  *enter number* | | | | | | | ☐ Contacted the State Corporation Commission  (community waterworks serving 50+ connections) | | | | |
| **Submittal Requirements** | | | | | | | | | | | |
| Preliminary Engineering Conference | | | | | ☐ Held-date:  *enter date* | | | | ☐ Waived-date:  *enter date* | | |
| Waterworks Business Operation Plan | | | | | ☐ Submitted-date:  *enter date* | | | | ☐ Waived-date:  *enter date* | | |
| Preliminary Engineering Report | | | | | Approved-date:  *enter date* | | | | Waived-date:  *enter date* | | |
| Design exceptions required? | | | | | | | | Yes, ODW approval included | | | N/A |
| DEQ Groundwater Withdrawal Permit obtained? | | | | | | | | Yes, documentation included | | | N/A |
| “Joint Permit” for surface water withdrawal obtained? | | | | | | | | Yes, documentation included | | | N/A |
| Waste Disposal Permit (VPDES, other) Application submitted? | | | | | | | | Yes, documentation included | | | N/A |
| Plans: | Cover Page:  Owner & Engineer name & address  Professional Engineer (PE) seal with signature & date | | | | | | | Plan Pages:  Legible & adequate size  Facsimile PE seal with signature & date | | | |
| Specifications: | | Provided, with PE seal with  signature & date | | | | | | References approved  standard specifications | | | N/A |
| Design Notes: | | Hydraulic Model with Hydraulic Model  Summary and Hydraulic Model Certification | | | | | | Other Calculations | | | N/A |
| Requirements for a proposed well:  Recorded plat (may be required for a noncommunity waterworks),  Recorded Dedication Document (may be required for noncommunity waterworks),  Well Completion Report,  Yield and Drawdown Report,  Chemical Quality Results,  Bacteriological Quality Results,  Radiological Quality Results (may not be required for transient noncommunity waterworks),  Well Checklist | | | | | | | | | | | |
| Waterlines | | | Waterline Checklist | | | | | | | | |
| Pump Stations | | | Pump Station Checklist (1 per pump station) | | | | | | | | |
| Atmospheric Storage Tanks | | | Atmospheric Storage Tank Checklist (1 per atmospheric storage tank) | | | | | | | | |
| Pressure Tanks | | | Pressure Tank Checklist (1 per pressure tank) | | | | | | | | |
| Hypochlorite Disinfection | | | Hypochlorite Disinfection Checklist (1 per treatment system) | | | | | | | | |
| Liquid Chemical Feeders | | | Liquid Chemical Feeder Checklist (1 per liquid chemical feeder) | | | | | | | | |
| Powdered Chemical Feeders | | | Powdered Chemical Feeders Checklist (1 per powdered chemical feeders) | | | | | | | | |
| Cation Exchange Softening | | | Cation Exchange Softening Checklist (1 per treatment system) | | | | | | | | |
| Iron and Manganese Control | | | Iron and Manganese Control Checklist (1 per treatment system) | | | | | | | | |
| Fluoridation | | | Fluoridation Checklist (1 per treatment system) | | | | | | | | |

*The following statement must be signed and sealed by the Virginia licensed design engineer:*

***“As discussed in 12VAC5-590-220, the referenced design documents are in substantial compliance with Part III - Manual of Practice for Waterworks Design, of the Virginia Waterworks Regulations (12VAC5-590-640 et seq.). I have identified and justified herein any and all items that differ from the mandatory design criteria in the Manual of Practice per 12VAC5-590-220 B."***

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***Licensed Design Engineer’s Signature and original seal (signed and dated)***