

See the instructions for more information about selected portions of this application. Questions on completing this application? Contact the Water Infrastructure Branch at 502/564-3410, by e-mail at <u>WIBEngineering@ky.gov</u> or visit our website at <u>http://water.ky.gov</u> for more information.

| I. Construction Project Information  |  |   |  |  |  |  |
|--|--|---|--|--|--|--|
| Project Name:  |  |   |  |  |  |  |
|  | Project County:Estimated Project Cost: \$  |   |  |  |  |  |
| Project Location/Address:  |  |   |  |  |  |  |
| Project Latitude/Longitude (DMS):  |  |   |  |  |  |  |
| II. Owner's Informatio   | n  |   |  |  |  |  |
| Owner's Name:  |  |   |  |  |  |  |
| Street Address:  | County:  |   |  |  |  |  |
| City, State, Zip:  |  |   |  |  |  |  |
| Phone: Fax   | : Email:   |   |  |  |  |  |
| III. Design Consideratio   | ns   |   |  |  |  |  |
| <ul> <li>A. Plans and Specifications</li> <li>Provide detailed plans (no lanadditional details.</li> </ul> | ger than 24" X 36") which must comply with 401 KAR 8:100. See the instructions for | r |  |  |  |  |
| B. Design Engineer/Plumber   |  |   |  |  |  |  |
| 0 0  | Company:   |   |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
|  | Fax #: Email:  |   |  |  |  |  |

| C. | <b>Design Capacities</b> |  |
|----|--------------------------|--|
|    |                          |  |

Type of establishment:

Water Source:

New Well

Existing Well

Cistern

| If | a | well: |
|----|---|-------|
|    |   |       |

| Does the well have a sanitary sea    | 1?                                |                        |
|--------------------------------------|-----------------------------------|------------------------|
| Was the well drilled by a certified  | d well driller?                   |                        |
| If water is hauled from an approved  | public water system, Public W     | /ater System Name:     |
| Identify the number of customers/pe  | cople that will be served as a re | esult of this project: |
| Drinking Water System Classification | on:                               |                        |
| Plumbing Fixtures:                   |                                   |                        |
| Baptistery Bath:                     | Bath:                             | Ice Machine:           |
| Drinking Fountains:                  | Shower:                           | Service/Mop Sink:      |
| Shampoo Bowl:                        | Washer:                           | 2 Compartment Sink:    |
| 3 Compartment Sink:                  | Urinals:                          | Water Closets:         |
| Lavatories:                          | _                                 |                        |
| Other:                               |                                   |                        |

## Other Information to be Submitted with Project

A chemical analysis report shall be submitted to this office by a certified laboratory. If the source water is from another public water system, then a chemical analysis report is not required.

## IV. Fees

Check or money order must be made payable to "Kentucky State Treasurer" for the total amount. Fees do not apply to projects FUNDED by a municipality, water district, or other publicly owned utility.

Project Category: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_