

PROJECT NOTIFICATION FORM (PNF)

File No: _____
Date Rec'd: _____

Please provide the following information for **all Drinking Water Projects** by existing PWS's
Use with Plan Submittal [R309-500-6(1)] or when requesting Waiving of Plan Submittal [R309-500-6(3)]

If this is a new PWS, please complete the Supplemental PNF available on our website: drinkingwater.utah.gov *then* Forms

Upon completion, Submit by Email, fax or mail to:

State of Utah - Division of Drinking Water - Heather Bobb - hbobb@utah.gov
P.O. Box 144830 - Salt Lake City, Utah - 84114-4830 (801) 536-4200 fax (801) 536-4211

1 Name of PWS [owner of system as recorded with DDW]

System Name: _____
System Number: _____
Address: _____
City, State, Zip: _____
Present No. of ERC's system is obligated to serve: _____
Present No. of ERC's physically connected to system: _____
Population Served: _____
No. of ERC's this project will add to system: _____

2 Addressee for Official Correspondence [Mayor, Public Works Director, etc...]

Name: _____
Title: _____
Address: _____
City, State, Zip: _____
Phone No: _____
E-Mail Address: _____

3 PE designated as Direct Responsible Engineer for Entire System (if applicable)

Company Name: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone No: _____
E-Mail Address: _____

4 PE responsible for design of this Project [if not same as item 3]

Name: _____
Address: _____
City, State, Zip: _____
Phone No: _____ Fax No: _____
E-Mail Address: _____

5 Name of Construction Inspector(s) and frequency of inspection

Name: _____
Full Time: _____ Part Time: _____

6 Description of Project [in sufficient detail for DDW to identify]

7 Anticipated Construction Schedule:

Advertise for Bids: _____
Bid Opening: _____
Begin Construction: _____
Complete Construction: _____

8 Is this PNF for plan review waiver 3a? [see R309 500-6(3a) to verify] Yes No

If Yes, you must have a previously approved Master Plan and Construction Standards.

Is this PNF for plan review waiver 3b? [see R309 500-6(3b) to verify] Yes No

If Yes, you must have a designated PE responsible for the system and previously approved Construction Standards.

Does this project meet any of the criteria to be exempt from the hydraulic modeling rule requirements? [see R309 511-4(1)(a)(i) through (iv) to verify] Yes No

If Yes, specify rule reference here:
[for example, R309-511-4(1)(a)(ii)]

9 Fire Suppression Authority [if system has fire hydrants]

Name: _____
Address: _____
City, State, Zip: _____
Phone No: _____ Fax No: _____
E-Mail Address: _____
Req'd flow (gpm): _____ Duration (hrs): _____

10 Funded by State or Federal Agency?

- Drinking Water Board (SRF or FSRF) Loan #: _____
 Community Impact Board
 None
 Other (Specify) _____