

# PROJECT NOTIFICATION FORM (PNF)

<b>File No:</b> _____
<b>Date Rec'd:</b> _____

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/blank\\_forms.htm](http://drinkingwater.utah.gov/blank_forms.htm)

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

State of Utah - Dept of Environmental Quality - Division of Drinking Water  
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) \_\_\_\_\_