

# PROJECT NOTIFICATION FORM (PNF)

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)]

File No: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_

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:

Division of Drinking Water, Utah Department of Environmental Quality, 1500 West Center Street, Salt Lake City, Utah 84119  
P.O. Box 144370, Salt Lake City, Utah 84114-4370, USA. E-mail: [ddw@utah.gov](mailto:ddw@utah.gov) or [ddw@deq.utah.gov](mailto:ddw@deq.utah.gov)

**1** Name of PWS [owner of system as recorded with DDW]  
 System Name: Eden Water Works Co.  
 System Number: 29005  
 Address: 5402 E 2200 N.  
 City, State, Zip: Eden UT 84310  
 Present No. of ERC's system is obligated to serve: 4  
 Present No. of ERC's physically connected to system: 4  
 Population Served: 24  
 No. of ERC's this project will add to system: \_\_\_\_\_

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

upgrade existing 4" line to 8" line for adequate fire protection. reflections subdivision

**2** Addressee for Official Correspondence [Mayor, Public Works Director, etc...]  
 Name: Thom Summers  
 Title: Certified operator  
 Address: 5402 E 2200 N  
 City, State, Zip: Eden UT 84310  
 Phone No: 801-430-2695  
 E-Mail Address: edenwaterworks@gmail.com

**7** Anticipated Construction Schedule:  
 Advertise for Bids: N/A  
 Bid Opening: \_\_\_\_\_  
 Begin Construction: \_\_\_\_\_  
 Complete Construction: \_\_\_\_\_

**3** PE designated as Direct Responsible Engineer for Entire System (if applicable)  
 Company Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**8** Is this PNF for plan review waiver 3a? [see R309 500-6(3a) to verify] Yes No  
 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  
 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  
 Yes  No  
 If Yes, specify rule reference here: \_\_\_\_\_

**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: \_\_\_\_\_

**9** Fire Suppression Authority [if system has fire hydrants]  
 Name: Weber Fire District  
 Address: 2023 W. 1300 N  
 City, State, Zip: Ogden, UT 84404  
 Phone No: 801-782-3580 Fax No: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Req'd flow (gpm): 1000 Duration (hrs): 2

**5** Name of Construction Inspector(s) and frequency of inspection  
 Name: Thom Summers  
 Full Time:  Part Time: \_\_\_\_\_

**10** Funded by State or Federal Agency?  
 Drinking Water Board (SRF or FSRF) Loan #: \_\_\_\_\_  
 Community Impact Board  
 None  
 Other (Specify) \_\_\_\_\_

[PNF = Project Notification Form; PWS = Public Water System; DDW = Division of Drinking Water; ERC = Equivalent Residential Connection; PE = Professional Engineer; SRF = State Revolving Fund]