



### Private/Private 2-Party Water Supplies

Submittal Date	Memo Number	Review Fee

APPLICANT INFORMATION		
First Name	Last Name	Contact Phone
Mailing Street Address		
Mail City	State	Zip/Postal
Email Address		

☐ Submittal/Proposal (Describe project below)

☐ Completion of Construction (COC)

\* Additional review at the current district hourly rate may apply.

**\*\* P.E. required for all primary MCL treatment, with the exception of hypochlorination.**