

Drinking Water Project/Design Submittal Cover Sheet

Group B Public Water Systems

Submittal Date	Memo Number	Review Fee

WATER SYSTEM INFORMATION		APPLICANT INFORMATION			
Group B Name & ID Numbe	er (or Proposed System/No ID)		Name	Contact Phone	
Assessor's Account Numbe	r of Well Location		Mailing Street Addre	255	
Purveyor Name and Phone	,		Mail City	State Zip/Postal	
Purveyor Mailing Address			Email Address		
Mail City	State	Zip/Postal	Relationship to wate connection, agent, e	er system (IE existing connection, proposed etc.)	
Purveyor Email Address					
APPLICATION TYPE – LICENSED PROFESSIONAL ENGINEER REQUIRED Group B Project – Review of alterations for an existing, approved Group B system design-\$580					
☐ Group B Design – Review of a New/Expanding/Existing unapproved system design- \$1,030					
☐ Group B Project – Review of a Completion of Construction (COC) for final approval (*no fee required)					
*Fees for original a	design / project submitt	al include C	OC review and find	al inspection fee	
PROJECT SUMMARY/DESCRIPTION					