## NEW YORK STATE DEPARTMENT OF HEALTH

**Bureau of Water Supply Protection** 

Application of Approval of Plans for Public Water Supply Improvement

| Applicant  | Location of works (C,V,T)                                     | County                                | Water District (specific area served) |
|--|---|---------------------------------------|---------------------------------------|
| Victory  | Victory   | Saratoga                              | Village of Victory                    |
|  |   |                                       |                                       |
|  |   |                                       |                                       |
| Type of Ownership  | Private - Other   | Authority                             | ☐ Interstate                          |
| ✓ Municipal □ Co   | ommercial Private - Institution                               | al Federal                            | ☐ International                       |
| ☐ Industrial ☐ W   | /ater Works Corp. Board of Education                          | ☐ State                               | Native American Reservation           |
| ✓ Modifications to existing system. If checked, provide PWS ID # NY 4500169  |   |                                       |                                       |
| ☐ New System. If checked, provide capacity development (viability) analysis*   |   |                                       |                                       |
| If this project involves a new system, new water district, or a district extension provide boundary description location details in  |   |                                       |                                       |
| digital format on CD or Floppy Disk. If digital boundary location details are not available provide a text description.  |   |                                       |                                       |
| ☐ Digital GIS Data Provided ☐ Digital CAD Data Provided ☐ Other Digital Data Provided ☐ Text Description Provided ☐ N/A  |   |                                       |                                       |
| Funding Source Private DWSRF** Federal Other   |   |                                       |                                       |
| If DWSRF is check  | ked, please provide DWSRF #                                   | 1                                     |                                       |
| Estimated Project Cost S   |   |                                       |                                       |
| Source   | Treatment   | Storage                               | Distribution                          |
|  |   |                                       | \$500,000.00                          |
| Pumping  | Engineering   | Legal/Permitting                      | Total                                 |
|  | \$20,000  |                                       | \$500,000.00                          |
| Type of Project  |   | /. Light Disinfection                 | ✓ Distribution                        |
| Source   |   | oridation                             | Storage                               |
| Transmission   |   | ner Treatment                         | Other                                 |
| 825 LF of 8" c-900 pipe, 4 hydrants, 7 valves, and 1 water service lateral.  |   |                                       |                                       |
| Project Description  |   |                                       |                                       |
| Total Popu   | ulation of Service Area                                       | 2,200                                 |                                       |
|  | ation actually served   | 100%                                  | 1                                     |
| % population affected by project   |   | 100%                                  | OF NEWS                               |
| Latest Total Consumption Data (in MGD)   |   |                                       |                                       |
|  | ····  |                                       | (5/4° )                               |
| Average Day  | Year  |                                       | MICH<br>MICH<br>MICH<br>MICH<br>MICH  |
| 0.188  | 2017  | NYS Professional<br>Licensed Engineer |                                       |
| Maximum Day  | Year  | Stamp and                             | 07175                                 |
| 0.75   | 2017  | Signature***                          | ROFESSION P.                          |
| Peak Hour  | Year  |                                       |                                       |
| N/A  | _   | 1                                     |                                       |
| MALINEE ROMAN - U.S.   |   |                                       |                                       |
|  | MJ Engineering and Land Surveying P.C.                        |                                       |                                       |
| Name and Address of Design   | d Address of Design 1533 Crescent Road, Clifton Park NY 12065 |                                       |                                       |
| Engineer Engineer  |   |                                       |                                       |
|  |   |                                       |                                       |
|  | Phone: (518) 371-0799 Email: jeaston@mjels.com                |                                       | yels.com                              |
|  |   | T                                     |                                       |
|  |   |                                       |                                       |
| Signature of Applicant   |   | Date                                  |                                       |
| NOTE: All applications must be accompanied by 3 sets of plans, 3 sets of specifications and an engineer's report describing the project in detail. The project must first be discussed with  |   |                                       |                                       |
| the appropriate city, county, district or regional public health engineer. Signature by a designated representative must be accompanied by a letter of authorization.  |   |                                       |                                       |
| *Additional information regarding capacity development may be found at: http://www.health.state.ny.us/nysdoh/water/main.htm.   |   |                                       |                                       |
| **Current DWSRF project listings may be found at: http://www.health.state.ny.us/nysdoh/water/main.htm  |   |                                       |                                       |
| ***By affixing the stamp and signature the Design Engineer agrees that the plans and specifications have been prepared in accordance with the most recent version of the recommended standards for water works and in accordance with the NYS Sanitary Code. |   |                                       |                                       |
| resistant of the recommended statutation water works and in accordance with the N 10 Santiary Code.  |   |                                       |                                       |