

# Drinking Water Source Protection Program



## Application

To apply for the Drinking Water Source Protection Program (DWSP2), municipalities must electronically **submit this completed application by February 15<sup>th</sup>, 2019**. Municipalities should be aware that filing an application does not guarantee that they will be selected for the program. All applicants will be notified regardless of if they are selected or not.

After filling out all mandatory fields and any necessary attachments, submit the **saved** application by using the Submit button at the end of the application, or email the **saved** completed application to [source.water@dec.ny.gov](mailto:source.water@dec.ny.gov). All submissions will receive acknowledgment of receipt. Please do not email a scanned copy of the application.

Municipal Information	
1. PWS Name and ID:	2. Population Served:
<i>Name</i> _____	<i>ID</i> _____
3. Mailing Address:	
<i>Street Address</i> _____	<i>Unit #</i> _____
<i>City</i> _____	<i>State</i> _____ <i>ZIP Code</i> _____
4. Contact Name:	
<i>Last</i> _____	<i>First</i> _____ <i>M.I.</i> _____
5. Contact Title:	_____
6. Contact Phone:	7. Contact Email:
<i>(###) ###-####</i> _____ <i>Ext.</i> _____	_____

Certification of Applicant	
The person listed below certifies that he/she is authorized to submit this application on behalf of the applicant and that to the best of his/her knowledge, information and belief, all statements in the application are true and accurate:	
1. Applicant Name:	
<i>Last</i> _____	<i>First</i> _____ <i>M.I.</i> _____
2. Applicant Title:	_____
3. Applicant Phone:	4. Applicant Email:
<i>(###) ###-####</i> _____ <i>Ext.</i> _____	_____

## Municipal Agreement

To participate in this program, municipalities must agree to the [Drinking Water Source Protection Program Roles and Responsibilities of Participating Municipalities and the State](#), which can be found on [DEC's Drinking Water Source Protection Program \(DWSP2\) webpage](#).

1. I have read and agree to the Guidelines for Participating Municipalities:

Yes

No

## Statement of Need

1. Project Title:

2. Provide a brief explanation as to why your municipality should be selected to participate in the Drinking Water Source Protection Program. Include how participating in the program would help your municipality protect its source water over the long term.

### Source Water Information

1. What is the source of your drinking water?

- Groundwater
- Surface Water
- Both

2. Name of the source water(s).

3. Do you foresee needing additional resources to implement your drinking water source protection plan?

- Yes
- No

4. Briefly describe the municipality's current and planned sources of funding for its public water system.

5. List the number of staff expected to participate in the program. Outline their roles and responsibilities.

6. Describe the source water you plan to protect.

7. Describe any existing source water quality and quantity issues your municipality is experiencing. (Infrastructure not included).

8. Is any of your source water area outside of your municipal boundary?

Yes

No

N/A

9. List the other municipalities that would need to be involved in your protection plan.

10. Do you have any existing source water protection agreements?

- Yes  No

If yes, attach agreement(s) to application for review

11. If your source water is outside of your municipal boundary, do you see this as a challenge to carrying out a drinking water source protection plan for your water system? Please describe.

12. Does your municipality have a partial or complete Drinking Water Source Protection Plan?

- Yes  No

If yes, attach your plan to the application for review below.

13. Have you applied for a Water Quality Improvement Project Land Acquisition grant?

- Yes  No

If yes, list the application number(s):

14. If your municipality has worked with a consultant to develop and implement a Drinking Water Source Protection Plan, list the name of the consultant.

Name of Firm:  Not Applicable

15. Have you updated your DOH Source Water Assessment Program (SWAP) maps?

- Yes  No

16. If yes, what is the date of your most recent SWAP map?

17. Do you feel your current map needs to be updated?

- Yes  No

### Contact Information

For general information and questions on DWSP2 or completing this application, please contact:  
518-402-8086 | [source.water@dec.ny.gov](mailto:source.water@dec.ny.gov) | or see [Drinking Water Source Protection Program \(DWSP2\) webpage](#).