

# Drinking Water Source Protection Program

## Application



Department of Environmental Conservation



Department of Health

To apply for the Drinking Water Source Protection Program (DWSP2), **please fill out this application providing as much detail as possible.** Municipalities should be aware that filing an application does not guarantee that they will be selected for the program. All applicants will be notified whether they are selected or not.

After filling out all mandatory fields and providing any necessary attachments, **the application must be saved.** Submit the **saved** application by attaching to an email addressed 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		
PWS Name and ID:	<hr/>	Population Served: <hr/>
	<i>Name</i>	<i>ID</i>
Mailing Address:	<hr/>	
	<i>Street Address</i>	<i>Unit #</i>
	<hr/>	
	<i>City</i>	<i>State</i> <i>ZIP Code</i>
Contact Name:	<hr/>	
	<i>Last</i>	<i>First</i> <i>M.I.</i>
Contact Title:	<hr/>	
Contact Phone:	<hr/>	Contact Email: <hr/>
	<i>(###) ###-####</i> <i>Ext.</i>	

Certification of Applicant		
The person listed below certifies that they are authorized to submit this application on behalf of the applicant and that to the best of their knowledge, information and belief, all statements in the application are true and accurate:		
Applicant Name:	<hr/>	
	<i>Last</i>	<i>First</i> <i>M.I.</i>
Applicant Title:	<hr/>	
Applicant Phone:	<hr/>	Applicant Email: <hr/>
	<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](#) or can be requested by email at [source.water@dec.ny.gov](mailto:source.water@dec.ny.gov).

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

Yes

No

### Statement of Need

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. Are there any immediate concerns about your source water?

### Source Water Information

3. What is the source of your drinking water?

Groundwater

Surface Water

Both

4. Name of the source water(s).

5. Do you foresee needing additional resources (e.g. staff, funding) to implement your drinking water source protection plan?

Yes

No

Unknown

If yes, please describe:

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6. Describe any existing source water quality and/or quantity issues your municipality is experiencing.

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

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

- Yes                       No                       Unknown

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

10. Do you have any existing intermunicipal agreements related to your drinking water source?

Yes  No  Unknown

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

11. Does your municipality have any source water protection programs or plans such as a Wellhead Protection Plan or a Source Water Assessment Program (SWAP) plan?

Yes  No  Unknown

If yes, attach your plan to the application for review

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

Yes  No  Unknown

If yes, what is the year of your most recent SWAP map?

### Optional Contact Information

We encourage you to provide the following information to ensure we can follow up with your community on this application. The optional contacts should be the next best contact for future communication.

Name:

\_\_\_\_\_  
*Last* *First* *M.I.*

Title:

\_\_\_\_\_

Phone:

\_\_\_\_\_  
*(###) ###-####* *Ext.*

Email:

\_\_\_\_\_

Name

\_\_\_\_\_  
*Last* *First* *M.I.*

Title:

\_\_\_\_\_

Phone:

\_\_\_\_\_  
*(###) ###-####* *Ext.*

Email:

\_\_\_\_\_

### 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](#).

Attachments

Clear Form