



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program

BRP WS Application

For Water Supply Permits or Approvals

Transmittal Number _____

Facility ID# (if known) _____

A. Application

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Is this application for an ☐ Original or a ☐ Resubmittal?

2. Applicant:

Name _____

Address _____

City _____

State _____

Zip _____

Contact _____

Telephone _____

3. Consultant:

Name _____

Address _____

City _____

State _____

Zip _____

Contact _____

Telephone _____

B. Permit

Please check which permit or approval you are applying for:

Underground Injection Control

☐ BRP WS 06 Underground Injection Control Registration

Zone II Determination for Existing Sources

☐ BRP WS 07 Approval to Conduct Pump Test for Zone II Delineation

☐ BRP WS 08 Approval of Zone II Delineation

Cross Connection

☐ BRP WS 09 Plan Approval

New Technology

☐ BRP WS 11 Minor New Technology Approval; where no field test required

☐ Drinking Water Additive

☐ Cross Connection Device

☐ Water Vending Machine

☐ Other(specify): _____

☐ BRP WS 12 Major New Technology Approval: where field testing is required

☐ BRP WS 27 New Technology with Third-party Approval

☐ BRP WS 28 Vending Site/Source Prototype

☐ BRP WS 30 Vending Site Approval

☐ BRP WS 31 Vending and POU/POE Devices with Third-party Approval

New Source Approvals <70 gpm

☐ BRP WS 13 Exploratory Phase, Site Examination, Land Use Survey and Approval to Conduct Pumping Test

☐ BRP WS 15 Pumping Test Report Approval and Approval to Construct Source

New Source Approvals >70 gpm

☐ BRP WS 17 Exploratory Phase, Site Examination & Land Use Survey

☐ BRP WS 18 To Conduct Pumping Test

☐ BRP WS 19 Pumping Test Report Approval

☐ BRP WS 20 To Construct Source

Water Treatment Approvals

☐ BRP WS 21 To Conduct Pilot Study

☐ BRP WS 22 Pilot Study Report

☐ BRP WS 23 To Construct Facility <1 mgd

☐ BRP WS 24 To Construct Facility >1 mgd

☐ BRP WS 25 Treatment Facility Modification

☐ BRP WS 29 Water Treatment: Chemical Addition Retrofits of Water Systems > 3,300 people

☐ BRP WS 33 Distribution Modifications < 3,300 people

☐ BRP WS 34 Water Treatment: Chemical Addition Retrofits of Water Systems < 3,300 people

Water Quality Assurance

☐ BRP WS 26 Sale or Acquisition of Land for Water Source

☐ BRP WS 36 Abandonment of Water Source

Distribution System Modifications

☐ BRP WS 32 Systems > 3,300 people

☐ BRP WS 34 Systems < 3,300 people

C. Certification

"I certify, under penalty of law, that this application and all attachments were prepared under my supervision, in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted in this application, the information submitted is, to the best of my knowledge and belief, true, accurate and complete."

Print Name _____

Authorized Signature _____

Position/Title _____

Date _____



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Water Supply
BRP WS 34 Chemical Addition Retrofit
Application for Approval for Treatment of Public Water
Supply Systems That Serve Less Than or Equal to 3,300
People

Transmittal Number #

Facility ID (if known)

Important:

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A. Water Supply Information

1. _____
Name of Applicant – Board of Water Commissioners or similar body
2. _____
PWS I.D. #
3. _____
City/Town
4. _____
Total population served by systems (estimate if necessary)
5. _____
Other City, Town, District, Institution or Area served
6. _____
PWS I.D. #

B. Treatment Information

1. Sources of Water supply to be treated:

i _____	ii _____
iii _____	iv _____

2. Treatment Type (See list A on next page):

3. Treatment Process (see list B on next page):

_____	_____
Treatment Type	Code Number

4. Chemicals to be used:



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B. Treatment Information (cont.)

List A – Treatment Type

List B – Treatment Process and Code Numbers

Disinfection By-Product Control	100 Activated Alumina	403 Gas.Chbriration - Pre	600 Rapid Mix
Corrosion Control	121 Activated Carbon (Granular)	421 Hypochbrination - Post	620 Reducing Agents
Disinfection Dechlorination	125 Activated Carbon(Powder)	423 Hypochlorination – Pre	623 Reducing Agents – Sodium B sulfate
Iron Removal	180 Algae Control	443 Inhibitor – Bimetalic Phosphate	625 Reducing Agents – Sodium Sulfite
Inorganic Removal	180 Bone Char	443 Inhibitor – Hexametaphosphate	627 Reducing Agents – Sulfur Dioxide
Fluoridation	200 Chloramines	447 Inhibitor – Ortrophosphate	660 Reverse Osmosis
Manganese Removal	220 Chlorine Dioxide	447 Inhibitor – Polyphosphate	680 Sedmentation
Organic Removal	240 Coagulation	449 Inhibitor – Silicate	680 Sequestraton
Particulate Removal	300 Distillation	460 Ion Exchange	700 Sludge Treatment
Radionuclides Removal	320 Electrodialysis	500 Lime - Soda Ash Addition	720 Ultraviolet Radiation
Softening	360 Flocculation	520 Microscreening	740 pH Adjustment
Taste/Odor Control	380 Fluoridation	560 Permaganate	741 pH Adjustment - Post
	401 Gas. Chlorination - Post	580 Peroxide	742 pH Adjustment - Pre

C. Feed Points

Feed Point(s)	Type of Feed Equipment	Flow Rate (GPM)		Water Pressure		Feeder Capacity	
		Max.	Min.	Max.	Min.	Max.	Min.
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

D. Designer

1. Design Engineer:

2. Massachusetts Registration Number:



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E. Certificate

The undersigned certify that the treatment facility will be operated under the supervision of the person named in Section F (or designated alternate) who will be in responsible charge of the operation, will comply with instructions and requirements of the Department of Environmental Protection, including those pertaining to maintenance of equipment, records and reports, performance of routine tests and submission of routine samples.

Name

Title

Signature

Date

It is understood that any change of assignment in Sections F or G must be reported promptly in writing to the Department of Environmental Protection

F. Employee in Responsible Charge of Treatment Facility

Name

Title

Certified Operator License Number

Grade

Signature

Date

Office Address

City/Town

State

Zip Code

Home Address

City/Town

State

Zip Code

Office Telephone Number

Home Telephone Number



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G. Alternate Employee in Responsible Charge of Treatment

Name

Title

Certified Operator License Number

Grade

Signature

Date

Office Address

City/Town

State

Zip Code

Home Address

City/Town

State

Zip Code

Office Telephone Number

Home Telephone Number