

Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Water Supply

# BRP WS 29 Chemical Addition Retrofit

## Application for Approval for Treatment of Public Water Supply Systems that Serve more than 3,300 People

### A. Water Supply Information

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



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

### B. Treatment Information

**Note:** Treatment of public water supply may be adopted, modified, or discontinued only with the approval of the Department of Environmental Protection.

1. Sources of Water Supply to be treated:
 

i. _____	ii. _____
iii. _____	iv. _____
2. Treatment Type (See list A below): \_\_\_\_\_
3. Treatment Processes (See list B below):
 

_____	_____
Treatment Type	Code Number
4. Chemicals to be used: \_\_\_\_\_

**List A – Treatment Type**

Disinfection By-Product Control  
Corrosion Control  
Disinfection Dechlorination  
Iron Removal  
Inorganic Removal  
Fluoridation  
Manganese Removal  
Organic Removal  
Particulate Removal  
Radionuclides Removal  
Softening  
Taste/Odor Control

**List B – Treatment Processes and Code Numbers**

100 Activated Alumina	403 Gas. Chlorination - Pre	600 Rapid mix
121 Activated Carbon (Granular)	421 Hypochlorination - Post	620 Reducing Agents
125 Activated Carbon (Powder)	423 Hypochlorination - Pre	623 Reducing Agents - Sodium Bisulfate
160 Algae Control	441 Inhibitor - Bimetalic Phosphate	625 Reducing Agents - Sodium Sulfite
180 Bone Char	443 Inhibitor - Hexametafosphate	627 Reducing Agents - Sulfur Dioxide
200 Chloramines	445 Inhibitor - Orthophosphate	640 Reverse Osmosis
220 Chlorine Dioxide	447 Inhibitor - Polyphosphate	660 Sedimentation
240 Coagulation	449 Inhibitor - Silicate	680 Sequestration
300 Distillation	460 Ion Exchange	700 Sludge Treatment
320 Electrodialysis	500 Lime - Soda Ash Addition	720 Ultraviolet Radiation
360 Flocculation	520 Microscreening	740 pH Adjustment
380 Fluoridation	560 Permaganate	741 pH Adjustment - Post
401 Gas. Chlorination - Post	580 Peroxide	742 pH Adjustment - Pre



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**C. Feed Points**

	Feed Point #1			Feed Point #2
Feed Point(s):	_____		_____	
Type of Feed Equipment:	_____		_____	
Flow Rate (GPM):	_____	_____	_____	_____
	Max	Min	Max	Min
Water Pressure:	_____	_____	_____	_____
	Max	Min	Max	Min
Feeder Capacity (Gal/24 hr or lbs/24 hr):	_____	_____	_____	_____
	Max	Min	Max	Min

**D. Designer**

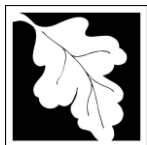
1. Design Engineer: \_\_\_\_\_
2. Massachusetts P.E. License Number: \_\_\_\_\_
3. Include P.E. Stamp Below

**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.

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.

_____	_____
Name	Signature
_____	_____
Title	Date



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**F. Employee in Responsible Charge of Treatment Facility**

Name _____		Title _____
Certified Operator License Number _____		Grade _____
Signature _____		Date _____
Office Address and Telephone:		
Street Address _____		City/Town _____
State _____	Zip Code _____	Office Telephone Number (including extension) _____
Home Address and Telephone:		
Street Address _____		City/Town _____
State _____	Zip Code _____	Home Telephone Number _____

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**G. Alternate Employee in Responsible Charge of Treatment Facility**

Name _____		Title _____
Certified Operator License Number _____		Grade _____
Signature _____		Date _____
Office Address and Telephone:		
Street Address _____		City/Town _____
State _____	Zip Code _____	Office Telephone Number (including extension) _____
Home Address and Telephone:		
Street Address _____		City/Town _____
State _____	Zip Code _____	Home Telephone Number _____