|  | Massachusetts Department of Environmental Protection Bureau of Resource Protection – Water SupplyBRP WS 29 Chemical Addition RetrofitApplication for Approval for Treatment of Public Water Supply Systems that Serve more than 3,300 People |
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|  | 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.#: |        |
|  |  |
| **Note:** Treatment of public water supply may be adopted, modified, or discontinued only with the approval of the Department of Environmental Protection. | B. Treatment Information |
| 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** | **List B – Treatment Processes and Code Numbers** |
|  | Disinfection By-Product ControlCorrosion ControlDisinfection DechlorinationIron RemovalInorganic RemovalFluoridationManganese RemovalOrganic RemovalParticulate RemovalRadionuclides RemovalSofteningTaste/Odor Control | 100 Activated Alumina121 Activated Carbon (Granular)125 Activated Carbon (Powder)160 Algae Control180 Bone Char200 Chloramines220 Chlorine Dioxide240 Coagulation300 Distillation320 Electrodialysis360 Flocculation380 Fluoridation401 Gas. Chlorination - Post | 403 Gas. Chlorination - Pre421 Hypochlorination - Post423 Hypochlorination - Pre441 Inhibitor - Bimetalic Phosphate443 Inhibitor - Hexametahosphate445 Inhibitor - Orthophosphate447 Inhibitor - Polyphosphate449 Inhibitor - Silicate460 Ion Exchange500 Lime - Soda Ash Addition520 Microscreening560 Permaganate580 Peroxide | 600 Rapid mix620 Reducing Agents623 Reducing Agents - Sodium Bisulfate625 Reducing Agents - Sodium Sulfite627 Reducing Agents - Sulfur Dioxide640 Reverse Osmosis660 Sedimentation680 Sequestration700 Sludge Treatment720 Ultraviolet Radiation740 pH Adjustment741 pH Adjustment - Post742 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 |
|  | 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 |
|  |  |  |
|  | 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 |
|  |  |  |