

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

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
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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 - Hexametaphosphate	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 Permanganate	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):	<hr/>		<hr/>	
Type of Feed Equipment:	<hr/>		<hr/>	
Flow Rate (GPM):	<hr/>	<hr/>	<hr/>	<hr/>
	Max	Min	Max	Min
Water Pressure:	<hr/>	<hr/>	<hr/>	<hr/>
	Max	Min	Max	Min
Feeder Capacity (Gal/24 hr or lbs/24 hr):	<hr/>	<hr/>	<hr/>	<hr/>
	Max	Min	Max	Min

D. Designer

1. Design Engineer:

2. Massachusetts P.E. License Number:

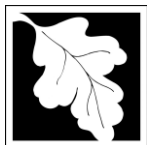
3. Include P.E. Stamp Below

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 responsible for 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	<hr/>	Signature	<hr/>
Title	<hr/>	Date	<hr/>



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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

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