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