



# Form 488: Public Water System Permit Application (DRAFT)

|   |  |   |
|---|--|---|
| <b>THIS APPLICATION IS FOR:</b>   |  |   |
| Initial Issuance/Reissuance<br><br><i>You may skip Sections IV and V.</i> | <b>Modification</b><br><input type="checkbox"/> System Merger<br><input type="checkbox"/> Name or Ownership Change<br><input type="checkbox"/> Chemical/Operational Change<br><br><i>You may skip Section V.</i> | <b>Construction</b><br><input type="checkbox"/> New Water System<br><input type="checkbox"/> Addition or Upgrade<br><br><i>You may skip Section IV.</i> |

**Section I: General Information**

|                                |                    |         |  |
|--------------------------------|--------------------|---------|--|
| PWSID (existing systems only): |                    | County: |  |
| Legal Name of System:          |                    |         |  |
| Mailing Address:               |                    |         |  |
| City:                          | State:             | Zip:    |  |
| Number of Service Connections: | Population Served: |         |  |

**Section II: Responsible Official Certification**

I certify that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application. I believe that the information is true, accurate, and complete. I am aware that submitting false or incorrect information is grounds for denial of the permit.

|                                      |        |
|--------------------------------------|--------|
| Name of Responsible Official:        | Title: |
| Signature                            | Date:  |
| Contact Person for this Application: | Title  |
| Email Address:                       | Phone  |

**Section III: Emergency & Compliance Contacts**

The contacts for compliance and emergency notifications at <http://app.adem.alabama.gov/awecs> have been reviewed and are correct and complete.

**Section IV: Permit Modification**

System Merger: Our water system is merging/consolidating with the following water system:  
 Name: \_\_\_\_\_ PWSID: \_\_\_\_\_

Change in Name or Ownership  
 New System Name/Owner: \_\_\_\_\_

Chemical or Operational Change  
 Description: \_\_\_\_\_

**Section V: Construction Permit**

|                       |                            |  |  |
|-----------------------|----------------------------|--|--|
| Project Narrative:    |                            |  |  |
| New Customers Added:  | Population Added:          |  |  |
| Estimated Start Date: | Estimated Completion Date: |  |  |



C. Treatment *\*Please attach a copy of each CT calculation with this application, if required.*

| WTP Name: _____  |  |  |  |                               |           |
|--|--|--|--|-------------------------------|-----------|
| Physical Treatment   | Filtration Type and Rate   |  | Chemical Treatment   | *CT/4-Log<br>(CT/4-Log@ mg/L) | Aux Power |
| <input type="checkbox"/> None<br><input type="checkbox"/> Aeration<br><input type="checkbox"/> Rapid Mix<br><input type="checkbox"/> Flocculation<br><input type="checkbox"/> Sedimentation<br><input type="checkbox"/> Filtration<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ | <input type="checkbox"/> Rapid Sand<br><input type="checkbox"/> Pressure<br><input type="checkbox"/> Slow Sand<br><input type="checkbox"/> GAC<br><input type="checkbox"/> Greensand<br><input type="checkbox"/> Membrane<br><input type="checkbox"/> RO<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |  | <input type="checkbox"/> Chlorine Gas<br><input type="checkbox"/> Hypochlorite<br><input type="checkbox"/> Bleach (Bulk)<br><input type="checkbox"/> Chloramines<br><input type="checkbox"/> Chlorine Dioxide<br><input type="checkbox"/> Hydrogen Peroxide<br><input type="checkbox"/> Ammonia<br><input type="checkbox"/> Alum<br><input type="checkbox"/> Polymer<br><input type="checkbox"/> Soda Ash<br><input type="checkbox"/> Caustic<br><input type="checkbox"/> Corrosion Inhibitor<br><input type="checkbox"/> Lime<br><input type="checkbox"/> KMnO <sub>4</sub><br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |                               | Yes<br>No |
|  |  |  |  |                               |           |

| WTP Name: _____  |  |  |  |                               |           |
|--|--|--|--|-------------------------------|-----------|
| Physical Treatment   | Filtration Type and Rate   |  | Chemical Treatment   | *CT/4-Log<br>(CT/4-Log@ mg/L) | Aux Power |
| <input type="checkbox"/> None<br><input type="checkbox"/> Aeration<br><input type="checkbox"/> Rapid Mix<br><input type="checkbox"/> Flocculation<br><input type="checkbox"/> Sedimentation<br><input type="checkbox"/> Filtration<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ | <input type="checkbox"/> Rapid Sand<br><input type="checkbox"/> Pressure<br><input type="checkbox"/> Slow Sand<br><input type="checkbox"/> GAC<br><input type="checkbox"/> Greensand<br><input type="checkbox"/> Membrane<br><input type="checkbox"/> RO<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |  | <input type="checkbox"/> Chlorine Gas<br><input type="checkbox"/> Hypochlorite<br><input type="checkbox"/> Bleach (Bulk)<br><input type="checkbox"/> Chloramines<br><input type="checkbox"/> Chlorine Dioxide<br><input type="checkbox"/> Hydrogen Peroxide<br><input type="checkbox"/> Ammonia<br><input type="checkbox"/> Alum<br><input type="checkbox"/> Polymer<br><input type="checkbox"/> Soda Ash<br><input type="checkbox"/> Caustic<br><input type="checkbox"/> Corrosion Inhibitor<br><input type="checkbox"/> Lime<br><input type="checkbox"/> KMnO <sub>4</sub><br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |                               | Yes<br>No |
|  |  |  |  |                               |           |

| WTP Name:  |  |  |  |                               |           |
|--|--|--|--|-------------------------------|-----------|
| Physical Treatment   | Filtration Type and Rate   |  | Chemical Treatment   | *CT/4-Log<br>(CT/4-Log@ mg/L) | Aux Power |
| <input type="checkbox"/> None<br><input type="checkbox"/> Aeration<br><input type="checkbox"/> Rapid Mix<br><input type="checkbox"/> Flocculation<br><input type="checkbox"/> Sedimentation<br><input type="checkbox"/> Filtration<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ | <input type="checkbox"/> Rapid Sand<br><input type="checkbox"/> Pressure<br><input type="checkbox"/> Slow Sand<br><input type="checkbox"/> GAC<br><input type="checkbox"/> Greensand<br><input type="checkbox"/> Membrane<br><input type="checkbox"/> RO<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |  | <input type="checkbox"/> Chlorine Gas<br><input type="checkbox"/> Hypochlorite<br><input type="checkbox"/> Bleach (Bulk)<br><input type="checkbox"/> Chloramines<br><input type="checkbox"/> Chlorine Dioxide<br><input type="checkbox"/> Hydrogen Peroxide<br><input type="checkbox"/> Ammonia<br><input type="checkbox"/> Alum<br><input type="checkbox"/> Polymer<br><input type="checkbox"/> Soda Ash<br><input type="checkbox"/> Caustic<br><input type="checkbox"/> Corrosion Inhibitor<br><input type="checkbox"/> Lime<br><input type="checkbox"/> KMnO <sub>4</sub><br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |                               | Yes<br>No |

| WTP Name:  |  |  |  |                               |           |
|--|--|--|--|-------------------------------|-----------|
| Physical Treatment   | Filtration Type and Rate   |  | Chemical Treatment   | *CT/4-Log<br>(CT/4-Log@ mg/L) | Aux Power |
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*I. Lead Service Lines*

Does the system serve any lead service lines?

Yes      No      Unknown

**Section VII: System Documentation**

The following documents are required to be readily accessible to water system staff. For each, please mark whether each document is available and the date it was last created or updated.

\*Note that Source Water Assessment Plans must be updated every permit renewal cycle.

| Document/Plan Name                              | Readily Available? |    |     | Date Last Modified |
|---|--------------------|----|-----|--------------------|
| Bacteriological Sample Site Plan                | Yes                | No | N/A |                    |
| Cross-Connection Control Policy                 | Yes                | No | N/A |                    |
| Waiver Request for Reduced Monitoring           | Yes                | No | N/A |                    |
| Source Water Assessment Plan*                   | Yes                | No | N/A |                    |
| Water Conservation Plan                         | Yes                | No | N/A |                    |
| Standard Operating Procedures                   | Yes                | No | N/A |                    |
| D/DBP Sampling Plan                             | Yes                | No | N/A |                    |
| Lead and Copper Monitoring Plan                 | Yes                | No | N/A |                    |
| Distribution System Evaluation (DSE)            | Yes                | No | N/A |                    |
| 40/30 certification or Very Small System Waiver | Yes                | No | N/A |                    |
| LT2 Classification                              | Yes                | No | N/A |                    |
| Tank Maintenance Plan                           | Yes                | No | N/A |                    |