



DRINKING WATER BRANCH RENEWAL PERMIT APPLICATION

1 - GENERAL

Legal Name of System: _____

PWSID#: AL000 County: _____

Mailing Address: _____

_____ City State Zip Code

Telephone #: _____

Office

FAX

Emergency



E-Mail Address: _____

I certify that the information submitted in this application is true, accurate and complete. I am aware that submitting false or incorrect information is grounds for denial of the permit.

Responsible Authority

Title

Signature

Date

Number of Customers: _____

Certified Operator in Charge

Grade

Operator ID #

Telephone #: _____

Work

Home

Cell

Pager

2 - GROUND SOURCES

Name of Source _____
Aquifer _____
Capacity _____ Auxiliary Power Yes
 No

Name of Source _____
Aquifer _____
Capacity _____ Auxiliary Power Yes
 No

Name of Source _____
Aquifer _____
Capacity _____ Auxiliary Power Yes
 No

Name of Source _____
Aquifer _____
Capacity _____ Auxiliary Power Yes
 No

Name of Source _____
Aquifer _____
Capacity _____ Auxiliary Power Yes
 No

Name of Source _____
Aquifer _____
Capacity _____ Auxiliary Power Yes
 No

3 - SURFACE SOURCES

Name of Source _____

Receiving WTP Name _____

Capacity _____

Name of Source _____

Receiving WTP Name _____

Capacity _____

Name of Source _____

Receiving WTP Name _____

Capacity _____

Name of Source _____

Receiving WTP Name _____

Capacity _____

Name of Source _____

Receiving WTP Name _____

Capacity _____

Name of Source _____

Receiving WTP Name _____

Capacity _____

4 - TREATMENT

Source Name: _____

Capacity: _____

Physical Treatment Provided

None

Aeration

Rapid Mix

Flocculation

Sedimentation

Filtration

Rapid Sand

Pressure

Slow Sand

GAC

Greensand

Membrane

Filtration Rate

BACKWASH WATER RECYCLED

Yes

No

AUXILIARY POWER

Yes

No

Package Treatment

Clearwell

Number _____ Baffles _____

Total Capacity _____

Other: _____

Chemical Treatment Provided

Chlorine Gas

Soda Ash

Hypochlorite

Caustic

Bleach (Bulk)

Corrosion Inhibitor

Chloramines

Lime

Chlorine Dioxide

Fluoride

Hydrogen Peroxide

KMNO4

Ammonia

Other _____

Alum _____

Polymer _____

Disinfection - Contact Time (CT)

Contact Time _____

Minimum CL2 Residual _____

CT: _____ @ _____ mg/L

5 - CONNECTIONS TO OTHER SYSTEMS

<u>Systems Connected to:</u>	<u>No. Connection Points</u>	<input type="checkbox"/> Sell <input type="checkbox"/> EMER	<u>Monthly Average</u>	<u>Monthly Contract Limit</u>
		<input type="checkbox"/> Purchase		
		<input type="checkbox"/> Sell <input type="checkbox"/> EMER		
		<input type="checkbox"/> Purchase		
		<input type="checkbox"/> Sell <input type="checkbox"/> EMER		
		<input type="checkbox"/> Purchase		
		<input type="checkbox"/> Sell <input type="checkbox"/> EMER		
		<input type="checkbox"/> Purchase		
		<input type="checkbox"/> Sell <input type="checkbox"/> EMER		
		<input type="checkbox"/> Purchase		
		<input type="checkbox"/> Sell <input type="checkbox"/> EMER		
		<input type="checkbox"/> Purchase		

6 - DISTRIBUTION SYSTEM

<u>Tank Name</u>	<u>Overflow Elevation</u>	<u>Type</u>	<u>Volume</u>
		<input type="checkbox"/> GR <input type="checkbox"/> SP	
		<input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP	
		<input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP	
		<input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP	
		<input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP	
		<input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP	
		<input type="checkbox"/> EL <input type="checkbox"/> PR	

<u>Pump Station Name</u>	<u>Chlorination</u>	<u>Capacity</u>
	<input type="checkbox"/> Hydro	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
	<input type="checkbox"/> Hydro	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
	<input type="checkbox"/> Hydro	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
	<input type="checkbox"/> Hydro	<input type="checkbox"/> Yes
		<input type="checkbox"/> No

6 - DISTRIBUTION SYSTEM (Continued)

C. WATER MAIN

Miles

Cast/Ductile Iron:

Asbestos Cement:

PVC:

Other-

7 - SYSTEM DOCUMENTATION

THE FOLLOWING DOCUMENTS ARE CURRENT AND ON FILE:

(1) Bacteriological Sample Site Plan

Yes

No

(2) Cross-Connection Control Policy

Yes

No

(3) Waiver Request for Reduced Monitoring

Yes

No

(4) Source Water Assessment Plan

Yes

No

(5) Water Conservation Plan

Yes

No

(6) Standard Operating Procedure (SOP) for the systems and the WTP

Yes

No

(7) D/DBP Sampling Plan

Yes

No

INSTRUCTIONS

(PAGE 1)

GENERAL:

- 1 Enter the name, PWSID number, address, and other listed information for the public water system.
- 2 The application should be signed by a person who is legally responsible for the public water system. This could be a mayor, chairperson, or manager. The water system operator or the water system's consulting engineer are not acceptable.
- 3 The application fee can be found in ADEM Admin. Code r. 335-1 (Division 1) under Fee Schedule D (Water Supply).
- 4 For the number of customers, use the latest available number of billed customers from your billing register.
- 5 Enter operator information and applicable contact numbers.

SOURCES:

- 1 Enter all information requested for each source type.
- 2 Capacities should be entered as gallons per minute for ground water sources and million gallons per day for surface water sources.

TREATMENT:

- 1 Enter all information for each treatment plant. Each treatment plant should be entered on a separate page.
- 2 Capacities should be entered as gallons per minute for ground water sources and million gallons per day for surface water sources.
- 3 Select all types of physical and chemical treatment being used. Attach additional pages for treatment types not listed.
- 4 Select type of filtration and enter filtration rate in gallons per minute per square foot (gpm/ft²).
- 5 Attach additional pages for disinfection calculations with schematic.

INSTRUCTIONS

(PAGE 2)

CONNECTIONS TO OTHER SYSTEMS:

- 1 Enter name of each system to which you are connected and the number of connection points to each.
- 2 Check appropriate box whether you buy and/or sell to that system. Check the "EMER" box if this is also an emergency connection.
- 3 Show in gallons the average monthly amount sold or purchased. Use an average of the latest 12 months.
- 4 Show in gallons the MAXIMUM monthly contracted amount. You may not have a contract with an emergency connection. **ATTACH A COPY OF EACH CONTRACT TO THIS APPLICATION.**

DISTRIBUTION SYSTEM:

- 1 Enter tank overflow elevation in feet above sea level (MSL)
- 2 Check appropriate type of tank - GR=Ground (H/D ratio ≤ 1.00), EL=Elevated, SP=Standpipe (H/D ratio > 1.00), PR=Pressure (Hydropneumatic tank at pump station). Volumes should be in gallons.
- 3 Enter pump station ID (name, number, etc.). Check box if this is a hydropneumatic station with a pressure tank also listed in tank section.
- 4 Check appropriate box (whether station has capability to add chlorine).
- 5 Enter capacity in gallons per minute with the largest pump being considered not-in-service. (Ex - two 250 gpm pumps=250 gpm capacity; two 150 gpm pumps and one 200 gpm pump = 300 gpm capacity).
- 6 Enter the approximate amount of each type of pipe to the nearest 0.5 mile. If "other", show type.

SYSTEM DOCUMENTATION:

Check "yes" box if you have these documents and they are complete and up-to-date. Some may not be required for your system. **Note the Source Water Assessment Plan must be updated each time the operating permit is renewed.**

ADDITIONAL INFORMATION:

- 1 This application is designed to be filled out on your computer with the Microsoft Excel® spreadsheet. Additional pages can be added as needed.
- 2 Should you need assistance (content or Excel help) with this permit application, contact the Drinking Water Branch at:

Phone: (334) 271-7773

Address: P.O. Box 301463, Montgomery, AL 36130-1463