

Surface Water Sources

Waterbody Name	Receiving WTP Name	Capacity



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

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

*Clearwells*

WTP Name	Quantity	Capacity (# of Baffles)



*Booster Pumping Stations*

Name	Capacity (gpm)	Type <sup>1</sup>	# of Pumps	Treatment

1) CF – Centrifugal, HP – Hand pump, JT – Jet, PD – Positive Displacement, SC – Screw, SU – Submersible, VT – Vertical Turbine