



**State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Mail Code 401-04Q**

**Division of Water Supply & Geoscience – Bureau of Water System Engineering
401 East State Street – P. O. Box 420, Trenton, New Jersey 08625-0420
Application Form for a Nontransient Noncommunity Treatment Permit**

1. Applicant Details

Applicant/Owner/Company Name: _____
 Address of Applicant: _____
 City/Town: _____ State: _____ Zip Code: _____
 Telephone: _____ E-mail: _____
 Contact Person Name: _____ Title: _____

2. Water System Details

PWSID: _____
 Name of Water System: _____
 Address of Water System: _____
 Municipality: _____ County: _____
 Zip Code: _____ Block: _____ Lot: _____
 State Plane Coordinates (NAD83 US Feet) X (Easting): _____ Y (Northing): _____
 Coordinates are for the: Centroid of Development Well Treatment Plant
 Survey Method: Digital Image GIS Survey Map
 Telephone: _____ E-mail: _____
 Contact Person Name: _____ Title: _____

3. This Application is for the approval of the following (check one or more as applicable):

- pH Adjustment
- Corrosion Inhibitors
- Chlorination
- Ultraviolet Radiation
- Filtration (Includes Ion Exchange)
- Granular Activated Carbon (GAC)
- Aeration
- Packed Column Aeration
- Other: _____

Note: Treatment applications involving Surface Water, Groundwater Under Direct Influence, or 4-Log Inactivation shall be submitted directly to the New Jersey Department of Environmental Protection’s Bureau of Water System Engineering for approval.

The following sections of the application form are applicable for each treatment below. Please note that a process flow diagram showing all proposed and existing treatment, and specification sheets for all proposed chemical additives, equipment, and/or materials are required to be submitted along with this application.

	pH Adjustment	Corrosion Inhibitor	Chlorination	UV	Filtration and Ion Exchange	GAC	Aeration	Packed Column Aeration
Section 4	X	X	X	X	X	X	X	X
Section 5	X	X	X					
Section 6				X				
Section 7					X			
Section 8						X		
Section 9							X	
Section 10								X
Section 11	X	X	X	X	X	X	X	X

4. Water System Report

a. Project Statement/Summary:

b. Population Size:

Transient Population: _____ Non-transient Population: _____

c. Wells, Well Permit Numbers, and Well Capacities:

d. Existing Treatment and Purpose

e. Safety Features:

f. Is the system without existing and proposed bypasses?

Yes ___ No ___

If no, please explain:

- g. Are all chemicals that come into contact with drinking water ANSI/NSF 60 certified or equivalent? Yes ___ No ___
- h. Are all materials that come into contact with drinking water ANSI/NSF 61 certified or equivalent? Yes ___ No ___
- i. Will all material in contact with water be disinfected before being placed into service (AWWA C651 – C654)? Yes ___ No ___
- j. Is a treatment diagram / flow chart attached? Yes ___ No ___
- k. Does the treatment diagram show sample taps before and after treatment? Yes ___ No ___
- l. If disinfection is installed, is it shown as the last treatment process inline? Yes ___ No ___
- m. Are specification sheets provided for all proposed chemical additives, equipment, and/or materials? Yes ___ No ___

5. Chemical Handling and Feeding Treatment Application Checklist:

a. Name of Chemical Used and Purpose:

b. Chemical Manufacturer:

c. Chemical Concentration:

d. Make and Model of Pump:

e. Pump Capacity:

f. Chemical Dosage:

g. Chemical Storage Capacity and Brand/Material:

- h. Are proper safety measures provided, such as Safety Data Sheets (SDS) and an eyewash station? Yes ___ No ___
- i. Do chemical storage tanks areas include secondary containment? Yes ___ No ___
- j. Is the treatment area well ventilated and temperature controlled? Yes ___ No ___
- k. Are chemical storage tanks covered to prevent contamination? Yes ___ No ___
- l. Do chemical storage tanks provide a minimum of 24-hours of storage at normal operating feed rates? Yes ___ No ___

If chlorination treatment is being applied for, provide answers for the following questions. If not, leave blank.

- m. Does the system achieve the required 5-minutes of chlorine contact time for ground water systems or 30-minutes for surface water systems? Yes ___ No ___
- n. Is the pump a positive displacement pump? Yes ___ No ___

- o. Is chlorination the last form of treatment? Yes ___ No ___
- p. Are chlorine feeds synchronized with the operation of the well pump? Yes ___ No ___

6. Ultraviolet Light Checklist

- a. Is UV the last form of treatment? Yes ___ No ___
- b. Are UV tubes jacketed so that a temperature of 105° Fahrenheit is maintained? Yes ___ No ___
- c. Is the jacket on the UV tubes quartz or high silica glass with similar optical characteristics? Yes ___ No ___
- d. Is the unit designed to permit frequent mechanical or manual cleaning of the water contact surface of the UV light tube jacket? Yes ___ No ___
- e. Is a UV radiation level of 2,537 Angstrom to be applied at all points throughout the disinfection chamber at a minimum rate of 16,000 microwatt seconds per square centimeter? Yes ___ No ___
- f. Is the maximum water depth in the disinfection chamber 3 inches or less when measured from the UV light tube surface to the outer wall of the chamber? Yes ___ No ___
- g. Is there an automatic flow control valve, accurate within the expected pressure range, to restrict flow to the maximum design flow of the UV disinfection unit? Yes ___ No ___
- h. Is there an accurately calibrated UV light intensity meter, filtered to confine its sensitivity to the range of disinfection spectrum, installed in the wall of the disinfection chamber at the point of greatest water depth from the light transmitting source? Yes ___ No ___
- i. Is there a flow diversion valve or automatic shut off valve controlled by the UV light intensity meter to permit water flow in to the water system only when the minimum radiation level is applied? Yes ___ No ___
- j. Is the UV disinfection unit installed in such a manner that it cannot be bypassed? Yes ___ No ___
- k. Is the proposed UV disinfection units ANSI/NSF Standard 55 certified and will it be operated at the rate of certification? Yes ___ No ___

7. Filtration and Ion Exchange Treatment Application Checklist:

a. Contaminant to be Removed:

b. Name of Media:

c. Media Layer Thickness:

d. Number of Tanks/Vessels:

e. If ion exchange resin is being used to treat PFAS contamination, are the units in series? If not, please explain: Yes ___ No ___

f. Name and Dimensions of the Tanks/Vessels:

g. Tanks/Vessels Material:

h. Design Capacity of the Treatment (gpm):

i. Are the filters protected from sanitary hazards? Yes ___ No ___

j. Are there no common walls between treated and untreated water? Yes ___ No ___

k. Are there no cross connections between treated and untreated water? Yes ___ No ___

l. Is the thickness of the filter media at least 24 inches? Yes ___ No ___

m. Is at least 12 inches of graded gravel placed over the underdrain? Yes ___ No ___

n. Is each filter provided with equipment to facilitate cleaning and placing or replacement of the filter media? Yes ___ No ___

- o. Does the filter have backwashing? Yes ___ No ___
- p. If yes to the item above, is filtered water used? Yes ___ No ___
- q. Are there any direct connections between backwash water lines and sanitary or storm sewer lines? Yes ___ No ___
- r. Are discharges made through an above ground air gap? Yes ___ No ___
- s. Is the treatment area well ventilated and temperature controlled? Yes ___ No ___
- t. Are sampling taps provided before and after each filtration unit? Yes ___ No ___

8. Granular Activated Carbon (GAC) Treatment Application Checklist:

a. Contaminant to be Removed:

b. Name of GAC Media (Manufacturer and Brand):

c. GAC Media Layer Thickness:

d. Number of GAC Contractors/Units:

e. GAC Units in Parallel or in Series?

f. Name and Size (including diameter) of the GAC Contractor/Unit:

g. GAC Contractor/Unit Material:

h. Design Capacity of the Treatment (gpm):

i. Does the GAC have a minimum carbon life of 3 months? Yes ___ No ___

j. Are sampling taps provided before and after each GAC unit? Yes ___ No ___

k. Is the GAC layer/bed at least 48 inches deep (if not, please explain)? Yes ___ No ___

l. Is the treatment area well ventilated and temperature controlled? Yes ___ No ___

9. Aeration Treatment Application Checklist:

a. Type:

- Diffused Air
- Spray
- Cascade

Purpose:

- Oxidation (Iron, manganese, arsenic, etc.)
- pH Adjustment
- Volatile Organic Compounds (VOCs) Removal
- Other: _____

b. Air Flow Rate:

c. Water Flow Rate:

d. Dimensions:

e. Construction Material:

- f. Does the incoming air pass through a screen of not less than 24 mesh? Yes ___ No ___
- g. Does the construction prevent contamination by birds, insects, rainfall, etc.?
etc.? Yes ___ No ___
- h. Are all forced air aeration units equipped with air filters? Yes ___ No ___
- i. Is the treatment area well ventilated and temperature controlled? Yes ___ No ___

10. Packed Column Aeration Treatment Application Checklist:

a. Construction Material:

- Aluminum
- Stainless Steel
- Fiberglass
- Other: _____

Purpose:

- Oxidation (Iron, manganese, arsenic, etc.)
- pH Adjustment
- Volatile Organic Compounds (VOCs) Removal
- Other: _____

b. Column Dimensions:

c. Packing Height:

d. Water Flow Rate:

e. Air Flow Rate:

f. Packing Type:

g. Packing Size:

- h. Are means provided to prevent hydraulic flooding of the column? Yes ___ No ___
- i. Is a moisture barrier (demister) provided? Yes ___ No ___
- j. Is the column designed to prevent scaling? Yes ___ No ___
- k. Is vapor phase treatment provided, if required? Yes ___ No ___
- l. Are pre and post column water sampling taps provided? Yes ___ No ___
- m. Are a protective screen of a minimum 24 mesh and air particulate filters? Yes ___ No ___

11. Application Certification:

Water System Owner:

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information.

Name: _____ Position: _____

Signature: _____ Date: _____

Licensed Operator:

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information.

Name: _____ License No.: _____

Signature: _____ Date: _____

Professional Engineer:

(Select N/A if no present Professional Engineer)

N/A

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information.

Name: _____ License No.: _____

Signature: _____ Date: _____

