

WATER SUPPLY PERMIT APPLICATION (MODIFICATION)

PART I – GENERAL:

This application shall be submitted when a water supply permit modification is requested and/or required by ADEM Division 7 Regulations. Please complete the application by providing all requested information in the appropriate blanks for all applicable areas. Incomplete applications will be returned to the applicant.

(TYPE ALL INFORMATION UNLESS OTHERWISE INSTRUCTED).

Current ADEM Operating Permit Number _____ Expiration Date ____ / ____ / ____

Merger of existing water systems permitted by ADEM? YES NO

If YES: PWSID System #1 _____ PWSID System #2 _____

Change of ownership/name change of an existing water system permitted by ADEM? YES NO

If YES: Current Legal Name of System _____

PWSID Number: _____

New Legal Name of System _____

Legal Name of System: _____
(Corporation, City Authority, Governmental Body, etc.)

Mailing Address: _____
Street or P. O. Box No.

City _____ County _____ State _____ Zip _____

Telephone #: (_____) _____

Emer. Tel. #: (_____) _____ Fax # (_____) _____

E-Mail Address: _____

Certified Operator: _____ Operator Identification Number: _____

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, are grounds for denial of the permit.

Print Name of Responsible Authority (**Chairman/Mayor/Owner**) Title

Signature of Chairman/Mayor/Owner Date

A Permit Application Fee must be submitted with this application.

*The application must be mailed to: ADEM-Drinking Water Branch
PO Box 301463
Montgomery, Alabama 36130-1463*

Complete this side to reflect new or added facilities not included in the existing operating permit.

PART II – RAW WATER SOURCES: (Go to PART III if there are no raw water sources in the system.)

Name	Aquifer/Depth (GW) Raw Water Source (SW)	Permitted Capacity	Chemicals Fed/ Treatment Provided	Filtered (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Filtration Rate _____ gpm/ft² Required CT _____ hours @ _____ mg/l chlorine

Total Clearwell Capacity _____ MG Are Clearwells Baffled (Y/N) _____

NOTE: Include chemicals used (chlorine, lime, soda ash, etc.) and physical processes used (aeration, sedimentation, filtration, etc.) If treatment includes filtration, include permitted filtration rate (gpm/ft²)

PART III-DISTRIBUTION SYSTEM:

<u>DIST. TANKS</u> (Name or No.)	<u>TYPE</u> (Elev/Grnd/Pres)	<u>OVERFLOW ELEV.</u> (Feet, MSL)	<u>VOLUME</u> (Gallons)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>DIST. PUMPING STATIONS *</u> (Name/Location)	<u>CAPACITY</u> (gpm)	<u>RECHLORINATION?</u> (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Identify hydropneumatic pumpstations with "P"

Number of Additional Customers _____ Total Number of Customers _____

<u>TYPE OF WATER MAINS</u> (Check)		<u>APPROXIMATE MILES OF MAIN</u> (List by Type)	
Cast/Ductile Iron	Asbestos Cement	_____	_____
PVC	Other	_____	_____

NOTE: Attach additional sheets for each section, as needed.