



# DRINKING WATER CONSTRUCTION PERMIT APPLICATION

Addition to existing water system

New drinking water system

### Facilities to be added

Surface Plant (new or expansion)

New Well or Spring Source

Booster Pump Station

Treatment Facilities

Storage Facilities

Distribution System Addition

\_\_\_\_\_ **AL000**  
Legal Name of System PWSID

\_\_\_\_\_  
Mailing Address (Street or P.O. Box)

\_\_\_\_\_ State \_\_\_\_\_ Zip Code  
City

*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.*

\_\_\_\_\_ Title  
Responsible Authority

\_\_\_\_\_ Date  
Signature

**Well or Spring Source:**

Name of Source \_\_\_\_\_  
Aquifer \_\_\_\_\_  
Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Capacity \_\_\_\_\_

Name of Source \_\_\_\_\_  
Aquifer \_\_\_\_\_  
Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Capacity \_\_\_\_\_

**Surface Source:**

Name of Source \_\_\_\_\_  
Receiving WTP Name \_\_\_\_\_  
Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Capacity \_\_\_\_\_

**Purchase Source:**

Supplying System \_\_\_\_\_  
PWSID # AL000 \_\_\_\_\_  
Expected Flow \_\_\_\_\_  
Expected Pressure \_\_\_\_\_ psi  
Contract Amount \_\_\_\_\_ Maximum per month  
\_\_\_\_\_ Minimum per month

Supplying System \_\_\_\_\_  
PWSID # AL000 \_\_\_\_\_  
Expected Flow \_\_\_\_\_  
Expected Pressure \_\_\_\_\_ psi  
Contract Amount \_\_\_\_\_ Maximum per month  
\_\_\_\_\_ Minimum per month

Treatment Facility:

Treatment Facility Name \_\_\_\_\_

Source Name \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Capacity \_\_\_\_\_

Physical Treatment Provided

None

Aeration

Rapid Mix

Flocculation

Sedimentation

Filtration

Rapid Sand

Pressure

Slow Sand

GAC

Greensand

Membrane

Filtration Rate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Package Treatment

Clearwell

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

\_\_\_\_\_

\_\_\_\_\_

**Proposed new or modification to an existing**

**Storage Facility:**

Name	_____	
Type	_____	
Capacity	_____	
O.F. Elevation	_____	FT MSL
Latitude	_____	Longitude _____
Name	_____	
Type	_____	
Capacity	_____	
O.F. Elevation	_____	FT MSL
Latitude	_____	Longitude _____
Name	_____	
Type	_____	
Capacity	_____	
O.F. Elevation	_____	FT MSL
Latitude	_____	Longitude _____

**Pump Station:**

Name	_____	
Type	_____	
Capacity	_____	
Latitude	_____	Longitude _____
Name	_____	
Type	_____	
Capacity	_____	
Latitude	_____	Longitude _____
Name	_____	
Type	_____	
Capacity	_____	
Latitude	_____	Longitude _____

**Proposed New or Replacement**

**Water Mains**

**Quantities:**

48-Inch \_\_\_\_\_  
36-Inch \_\_\_\_\_  
30-Inch \_\_\_\_\_  
24-Inch \_\_\_\_\_  
20-Inch \_\_\_\_\_  
16-Inch \_\_\_\_\_  
12-Inch \_\_\_\_\_

10-Inch \_\_\_\_\_  
8-Inch \_\_\_\_\_  
6-Inch \_\_\_\_\_  
4-Inch \_\_\_\_\_  
3-Inch \_\_\_\_\_  
2-Inch \_\_\_\_\_  
Other \_\_\_\_\_

**Appurtenances:**

Air Relief Valves \_\_\_\_\_  
Fire Hydrants \_\_\_\_\_  
Flush Assemblies \_\_\_\_\_  
Master Meter Assemblies \_\_\_\_\_  
Residential Meters \_\_\_\_\_  
Valves \_\_\_\_\_  
Other \_\_\_\_\_

**Number of customers to be served:** \_\_\_\_\_

**Projected minimum operating pressure:** \_\_\_\_\_ psi

**Description of area to be served:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Instructions (Page 1)

## Cover Page

- 1 Select either: addition to an existing public water system (PWS) or the creation of a new PWS.
- 2 Select the type of facilities to be added.
- 3 Enter PWS name, PWSID number and mailing address
- 4 The application should be signed by a person who is legally responsible for the PWS. This could be a mayor, chairperson or manager. The water system operator or the water system's consulting engineer are not acceptable.
- 5 The application fee can be found in ADEM Admin. Code r. 335-1 (Divison 1) under Fee Schedule D (Water Supply)

## New Source

- 1 Enter all information requested for each source type.
- 2 Latitude and longitudes should be entered in as degrees, minutes and seconds. (35° 21' 50")
- 3 Capacities should be entered as gallons per minute (gpm) for ground water sources and million gallons per day (MGD) for surface water sources.
- 4 New purchase sources must include the legal name of the selling PWS along with their PWSID.
- 5 The expected flow should be in gpm.
- 6 The contract limits should be as outlined in the contract.  
A copy of the contract must be included.

## Treatment

- 1 Enter all information for each treatment plant. Each treatment plant should be entered on a separate page.
- 2 Select all types of physical and chemical treatment being added.  
Attach additional pages for treatment types not listed
- 3 If filtration is included, select type and enter filtration rate.
- 4 Attach additional pages for disinfection contact time (CT) calculations with schematic.

## Instructions (Page 2)

### Storage and Pump Stations

#### Storage Facilities

- 1 Type of storage facilities are clearwell, ground tank, wet well, elevated tank, standpipe or hydroneumatic. Include the capacity of pumps that are part of the hydroneumatic pump station under the pump station
- 2 Capacities should be in gallons
- 3 Overflow elevation should be in feet above sea level (MSL)

#### Pump Stations

- 1 Enter the type of pump being installed (centrifugal, vertical, ect).
- 2 Capacities should be in gpm with the largest pump being considered not-in-service.

### Distribution

- 1 Enter amount of water main to be added in linear feet (LF). For sizes not listed, place total LF under Other and attach additional page
- 2 Enter total quantity of each appurtenance listed. Do not separate quantities based upon sizes.
- 3 Enter only number of new customers to be added to the water system. Do not include meter relocations.
- 4 For projects that serve a new area, not a replacement, enter the minimum expected pressure and attach copy of hydraulic model.
- 5 Enter description of project area. Do not list every road included in the project, just an overview.

### Additional Information

Should you need assistance with this permit application or have questions, please contact the Drinking Water Branch at:

**Phone:**

(334) 271-7773

**Address:**

ADEM - Drinking Water Branch  
P.O. Box 301463, Montgomery, AL 36130-1463

**Website:**

<http://www.adem.state.al.us/WaterDivision/Drinking/DWMainInfo.htm>