



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Department of Health and Human Services
Maine Center for Disease Control and Prevention
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Drinking Water Program

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Maine Drinking Water Program
Treatment Review & Approval Application

In order for the Drinking Water Program (DWP) to review a request for treatment modification, addition, or removal, pertinent information must be made available to properly review the request. To avoid numerous individual requests for information, this application was created to request all necessary information at once.

When requesting approval of a treatment modification, addition, or removal at a public water system, please complete this application and provide applicable information as requested. If a question or request for information is not applicable to treatment being reviewed, simply note this on the application. Send completed application to the Maine Drinking Water Program, Station #11, Augusta, Maine 04333. If you have questions, please call 207-287-2070.

Date: _____ PWSID# (if known): _____

Public Water System (PWS) Name: _____

Address: _____

PWS Contact Name: _____ Phone: _____

e-mail: _____

Person Completing this form: _____ Phone: _____

e-mail: _____

DWP PWS Inspector**: _____

(** if not filled in by the applicant, DWP please fill in these names)

1. Provide a diagram of the existing system that shows the majors pieces of equipment (e.g., source, storage, existing treatment, other major appurtenances) as well as how the proposed treatment will be integrated
2. Provide an engineer or designer's report if available.
3. Describe the treatment:
 - What is the purpose of the treatment?
 - What is the reason for the change/add/removal?

- Who is making the request for the chemical change, addition, or removal (PWS Owner, Engineer working for the owner, Treatment Installer, other)?
- Was the treatment change required by the DWP or was it voluntary? ... (Was it based on an MCL [Maximum Contaminant Level] exceedance?)
- Describe the type of treatment involved (e.g., anion exchange, adsorptive media, etc.)
- Include raw water quality data (e.g., pH, concentration of contaminant, concentration of competing or interfering contaminants, speciation results, etc.) – data should be recent and from an acceptable source (a Maine certified laboratory).
- Include treatment specifications (specification sheets).
- For Chlorination Systems, include maximum flow rate, temperature, pH, and contact tank size to be used to determine the free chlorine residual required for 4-log inactivation of viruses. [All chlorination systems installed after the date of this policy (3/27/14) must be capable of achieving 4-log inactivation of viruses]
- Identify the specific type of media (e.g., Purolite A300E, ArsenXnp, etc.).
- Describe any special concerns (e.g., range of pH values where media is effective and maximum chlorine concentration media can resist)
- Specify the number of treatment vessels (if greater than one unit, describe the configuration (e.g., in series, parallel, twin-alternating, etc.).
- What is the size (volume) of each vessel?
- Include documentation that the media and vessels have necessary NSF certification (NSF/ANSI Standard 60 for chemicals and NSF/ANSI Standard 61 for equipment coming in contact with water)
- Describe backwash or regeneration processes that will occur:
 - What is the purpose (e.g., regenerate media, remove fines, to remove channeling, etc.)

- What is the factor controlling backwash/regeneration? (e.g., specific time, volume of water) – provide the specific controlling value (e.g., unit regenerates automatically every 3,000 gallons per flow meter attached to head unit)
 - Describe the location of where spent backwash/regeneration water is being disposed (e.g., combined septic field, sanitary sewer, etc.) – note that the DEP and possibly the Radiation Control Program will be notified of all backwashing/regenerating water treatment systems with the potential that the proposed waste disposal method will be unacceptable
- Describe backflow prevention measures on all drains from treatment equipment .
 - For adsorptive media, what is the expected life of the media?
4. Describe any other treatment involved (e.g., pre-chlorine for oxidation or post corrosion control)
 5. Describe any treatment bypasses (external, or internal to equipment) or cross-connections.
 6. Are provisions being made for additional treatment if later determined to be needed (e.g., pre-chlorine for oxidation).
 7. For treatment projects costing \$10,000 or more, plans stamped by a Maine Licensed Professional Engineer-See Maine P.E. Law. Projects submitted without a Professional Engineer stamp must include a cost estimate for the entire project to document the exemption for the Professional Engineer stamp requirement.
 8. Provide validation (a written statement) that all plumbing work will be completed by a Maine licensed plumber when required by the Maine Internal Plumbing Code or Maine Statutes. (See Necessary Qualifications of Treatment Designers and Installers, DWP document DWP0161, available on-line at www.medwp.com).
 9. All plumbing components meet the Reduction of Lead in Drinking Water Act (requirements and exemptions can be found at www.epa.gov/safewater).
 - Yes
 - No
 - Don't Know

Signature of individual completing this form: _____ Date: _____

Signature of PWS's Primary Operator: _____ Date: _____
 (or attach an e-mail from the operator showing his/her agreement with the proposal)

Name of DWP Reviewer: _____