

Application for Water Tank Reconditioning Plan Approval

(\$100 Review Fee Required)

North Carolina Department of Environmental Quality Division of Water Resources Public Water Supply Section

Water System Name

Water System Number

Name and Location (Street Address) of Tank

Check box if \$100 review fee (payable to DEQ-Public Water Supply Section) is enclosed.

Asheville Regional Office 2090 U.S. Highway 70 Swannanoa, NC 28778 Phone: (828) 296-4500 Fayetteville Regional Office 225 Green Street, Suite 714 Fayetteville, NC 28301 Phone: (910) 433-3300 Mooresville Regional Office 610 E. Center Ave., Ste. 301 Mooresville, NC 28115 Phone: (704) 663-1699 Raleigh Regional Office 3800 Barrett Drive 1628 Mail Service Center Raleigh, NC 27699-1628 Phone: (919) 791-4200

Washington Regional Office 943 Washington Square Mall Washington, NC 27889 Phone: (252) 946-6481 Wilmington Regional Office 127 Cardinal Drive Extension Wilmington, NC 28405-3845 Phone: (910) 796-7215 Winston-Salem Regional Office 450 Hanes Mill Road, Suite 300 Winston-Salem, NC 27105 Phone: (336) 776-9800

Submit this application to the appropriate Regional Office 30 days prior to commencement of work. Work must not commence until the Public Water Supply (PWS) Section has issued a "Water Tank Reconditioning Plan Approval" letter.

For Agency Use Only:			
Regional Office shall forward complete applications (4 pages) to the Central Office.			
Regional Office shall forward page 1 of 4 with Engineer's Certification when ready for Final Approval.			
1 1	Application and \$100 Fee Received by Regional Office		
//	Application and \$100 Fee Received by Regional Office		
//	Complete Application Forwarded to Central Office by Regional Office		
//	Approval Letter Issued by Central Office		
//	Engineer's Certification and Microbiological Test Results Received by Regional Office		
//	Engineer's Certification and Microbiological Test Results Received by Central Office		
//	Final Approval Letter Issued by Central Office		

General Project Information

Applicant	Engineer
(Name of Board, Council or Owner – the Applicant)	(Name of Engineer of Record)
(Name and Title of Authorized Official or Representative of the Applicant)	(Name of Engineering Firm)
(Mailing Address)	(Mailing Address)
(City, State & ZIP)	(City, State & ZIP)
(Phone Number)	(Phone Number)
(FAX Number)	(FAX Number)
(Email address)	(Email address)
(Signature of Authorized Official or Representative of the	
Applicant)	er (Circle One
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Method of Disinfection: ANSI/AWWA Standard C652-11; Method #1, Method #2, Method #3 OR 15A NCAC 18C .1003 (circle one).

	Laboratory
Laboratory Performing Microbiological Test(s):	Certification #:
Tank to be taken out of service on (projected date):	
Tank returned to service on (projected date):	
Remarks:	
Distribution Operator in Responsible Charge:	Certificate #:
Name: Contractor Information: Name:	Contact Person:
Mailing Address:	
Phone:	E-mail Address:

Acknowledgements by Applicant

The applicant must **initial below** to acknowledge understanding of the following important information pertaining to the approval of the water tank reconditioning project.

Specification of Materials: --- (Applicant Initials _____)

Tank interior and exterior surface are to be prepared in accordance with one or more of SSPC (Steel Structures Painting Manual) surface preparation methods. Painting application must be in accordance with SSPC specifications (prime, stripe, intermediate and finished coats). Interior surface coatings material must be in the Certified Listings of ANSI/NSF Standard 61 and be applied in accordance with manufacturer's recommendations and guidelines.

Paint Removal and Reapplication of Coatings: --- (Applicant Initials _____)

- 1. The Division of Air Quality should be contacted for a ruling on the necessity of the issuance of a permit to cover the preparation of the exterior of the tanks. The following procedure should be used:
 - a. The tank owner should notify the Regional Office, Division of Air Quality, in writing of the intent to sandblast at least five (5) working days prior to the commencement of the project.
 - b. The notification should contain, as a minimum:
 - i Name, address, telephone number and contact person for the tank owner.
 - ii Name, address, telephone number and contact person for the contractor.
 - iii Dates of sandblasting or paint removal.
 - iv Lead content, if any, of paint to be removed (analysis required).
 - v Measures to be taken to minimize off-premises impact of particulates and lead.
 - vi An area diagram showing the nearest residences within 1,000 feet.
 - c. The contractor should be encouraged to utilize measures such as wet blasting, shrouding, chipping, etc. such that impacts on nearby residents and the environment are minimal.
- 2. The tank owner must forward a copy of this application to: Division of Public Health, Health and Hazard Control Unit, 1912 Mail Service Center, Raleigh, NC 27699-1912, Phone 919/733-0668.

Waste Removal: --- (Applicant Initials _____)

All debris generated during the removal of the existing paints must be handled properly. If the paint is composed of RCRA metals, the contractor shall furnish the engineer with a certified test report showing Toxicity Characteristic Leaching Procedure (TCLP) results for a representative random sample taken from the debris. Should any result exceed the EPA maximum limit the owner shall have ninety days to dispose of the waste in accordance with the regulations provided by North Carolina's Division of Waste Management. The procedure for waste disposal and obtaining the Provisional Number is outlined as follows:

- 1. Any waste may be separated into hazardous and non-hazardous portions, e.g. the lead may be separated from the abrasive but the lead cannot be diluted to render it non-hazardous.
- To apply for a Provisional ID Number, the contractor handling the waste will submit a typed copy to: Administrative Assistant, Division of Waste Management, 1646 Mail Service Center, Raleigh 27699-1646, North Carolina 27611-7687 or faxed to (919) 715-3605 extension 209. Assistance may be obtained from the Division of Waste Management at (919) 733-2178.
- 3. After the application is approved, a number will be issued over the telephone and a follow-up letter mailed to the contractor.
- 4. The date issued will be the effective date.
- 5. The number is good for ninety days and only for the waste indicated. However, time extensions may be granted for unusual, unforeseen circumstances. A written request is required.
- 6. A copy of the manifest signed by the transporter and disposer will be sent to the Division of Waste Management at the above address within 120 days of the effective date.

Notifications: --- (Applicant Initials _____)

The Applicant will make appropriate notifications to include interconnected public water systems, impacted customers, local county health department and emergency responders.

Applicant Certification per Rule .0303(c): --- (Applicant Initials _____)

The public water system has an Operation and Maintenance Plan and Emergency Management Plan as required by Rule .0307 and a certified operator as required by Section .1300.

Engineer's Certification and Final Approval per Rule .0303(a) and .0309 (a): --- (Applicant Initials _____)

Tank will not be returned to service until:

- 1. The applicant has submitted an Engineer's Certification to the appropriate Public Water Supply Regional Office; stating that all reconditioning and disinfection have been completed in accordance with the requirements of this application and the tank is ready to return to service;
- 2. The applicant or engineer has submitted microbiological test results to the appropriate Public Water Supply Regional Office; and
- 3. The Public Water Supply Section has issued Final Approval.