

Application for Water Tank Reconditioning Plan Approval

(\$106 Review Fee Required)

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

	Water Sys	stem Name			
	Water Syst	em Number			
	Name and Location (S	treet Address)	of Tank		
Check box if \$106 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	127 Cardinal Drive E Wilmington, NC 284	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	
commencement of w	ion to the appropriat ork. Work must not sued a "Water Tank	commence	until the	Public Water Supply	
	d complete applications (4 pagd page 1 of 4 with Engineer's			Final Approval.	
	tion and \$106 Fee Received b			N60 °	
_	te Application Forwarded to al Letter Issued by Central O		y kegional C	лисе	
	er's Certification and Microbi		sults Receive	ed 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)			
	of Tank: Ground /Elevated / Standpipe / Hydropneumatic / Ot Volume:			
Year	Constructed: Year of Last	Reconditioning:		
Num	ber of Tanks in System:			
If on	e tank, method for maintaining system pressure during recondition	ion:		
Wate	r System Interconnections (Public Water System Name):			
Desc	ription of Proposed Reconditioning:			

Method of I (circle one).		on: ANSI/AWWA Standard C652-11; Method #1, Method #2, Method #3 OR 15A NCAC 18C .1003
Laboratory l	Performir	Laboratory ng Microbiological Test(s):Certification #:
Tank to be t	aken out	of service on (projected date):
Tank returne	ed to serv	ice on (projected date):
Remarks:		
		r in Responsible Charge: Certificate #:
Contractor Information: Name:		on:Contact Person:
Mailing Add	dress:	
Phone:		E-mail Address:
Acknow	ledger	nents by Applicant
		nitial below to acknowledge understanding of the following important information pertaining to the tank reconditioning project.
Specifica	ation o	f Materials: (Applicant Initials)
Manual) sur intermediate	face prep	erior surface are to be prepared in accordance with one or more of SSPC (Steel Structures Painting aration methods. Painting application must be in accordance with SSPC specifications (prime, stripe, shed coats). Interior surface coatings material must be in the Certified Listings of ANSI/NSF pplied in accordance with manufacturer's recommendations and guidelines.
Paint Re Reapplic		and of Coatings: (Applicant Initials)
1. The the	Division preparati	of Air Quality should be contacted for a ruling on the necessity of the issuance of a permit to cover ion of the exterior of the tanks. The following procedure should be used:
a.	The sand	tank owner should notify the Regional Office, Division of Air Quality, in writing of the intent to blast at least five (5) working days prior to the commencement of the project.
b.		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 co	ontractor should be encouraged to utilize measures such as wet blasting, shrouding, chipping, etc. such apacts 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:
 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.
2. 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

Tank will not be returned to service until:

Initials _____)

- 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.