



**NONCOMMUNITY PUBLIC WATER SUPPLY
 WATER TREATMENT SYSTEM CONSTRUCTION PERMIT APPLICATION
 REQUIRED UNDER AUTHORITY OF ACT 1976 PA 399, AS AMENDED**

ARSENIC TREATMENT TYPE: ION EXCHANGE WATER SOFTENER

Facility

Facility Name _____

Street Address _____

City _____ State _____ Zip _____

Public Water Supply System Number (WSSN) _____

Facility Owner

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Treatment System Designer

Name _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Please submit the following information in addition to plans, specifications, and an operation and maintenance manual:

Type and volume of media
Size of treatment tanks
Peak demand of water system in gpm
Rated capacity per unit in gpm per square foot
Total population served

Number of service connections
Backwash system controls
Backwash discharge (volume, frequency & arsenic concentration)
Location & approval for backwash discharge

Other Treatment

Description and basis of design for other treatment applied such as softening, disinfection, iron removal, etc.

Water Quality (Untreated)

Nitrate _____ (mg/l)	Iron _____ (mg/l)	Sodium _____ (mg/l)
Chlorides _____ (mg/l)	Total Hardness _____ (mg/l)	pH _____ (mg/l)
Total Arsenic _____ (mg/l)	Arsenic III _____ (mg/l)	Other _____ (mg/l)

Plans & Specifications

- 1) Include plans and specifications identifying:
 - a. Service line, storage tank, treatment vessels, piping, valves, pressure gauges, flow meters, sampling locations
 - b. Chemical injection location (if applicable)
 - c. Waste water receiving system
 - d. Mechanical warning alarm
 - e. Labeled "Raw Water" and "Treated Water" taps
 - f. Make and model of equipment including chemical injection pumps
 - g. Method of controlling chemical injection or regeneration process (if applicable)
 - h. Number and size of treatment vessels

Operation & Maintenance

- 1) Include an operation and maintenance manual Including:
 - a. Routine operation and maintenance activities
 - b. Troubleshooting guide
 - c. Monitoring plan
 - d. Permanent tags/labels for piping, valves, gauges, sample taps, key components

Certified Operator

Identify an operator certified at or above the D5 level (limited treatment)

Operator Name _____ Cert. No. _____ Level _____

Operation Report

Monthly operation report (attached) is to be submitted by the certified operator.

Other Relevant Information

Alternate Source

If another approved water source is available (by connection or drilling a new well) that source shall be used in lieu of treating a source that exceeds drinking water standards

Distance to and name of nearest community water system _____

Is connection to community water possible? Yes _____ No _____

Comments _____

Third Party Standards

Equipment, materials, and additives in contact with potable water must meet American National Standards Institute/National Sanitation Foundation (ANSI/NSF) Standards.

- 1) Provide ANSI/NSF listing if any "Drinking Water Treatment Chemicals" are involved in treatment system (Standard 60).
- 2) Provide ANSI/NSF product listing for "Drinking Water System Components". (Standard 61, 58, 51...)

Backwash Discharge

Approval is required for disposal of concentrate waste water. Requirements are dependent on the type of disposal and waste water to be discharged. Identification of the waste receiving systems, approval for discharge and characterization of the backwash water will be required for approval to install an arsenic removal system on a public water supply.

Backwash water will be discharged to: Community Sewer _____

Septic tank/drainfield _____ Other _____, if other describe location: _____

Provide a copy of the permit application and plans and specifications to the local health department and another copy to:

Drinking Water and Environmental Health Division
Environmental Health Section
Noncommunity Water Supplies Unit
525 West Allegan Street
P.O. Box 30817
Lansing, Michigan 48909-8311



ARSENIC TREATMENT MONTHLY OPERATION REPORT – WATER SOFTENER

Facility Name _____

WSSN _____

Certified Operator _____ # _____

Month/Year: _____ / _____

Day	Flow Meter Reading (Gallons)	Arsenic Treated (mg/L)	Visual Inspection (Y/N)	Comments	Inspected By
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Operator Signature _____

Date _____

See back for instructions on completing form

Completion of this form is required by Rule 325.11502, 1976 PA 399
 Submit a copy of this MOR to the Local Health Department within 30 days after the end of the month.



Instructions for Completion of Monthly Operation Report: *Water Softener*

Flow Meter Reading: Record treated water meter reading at beginning and end of month. Flow data may be read from the face of a shut off valve or other metering device.

Arsenic Treated: Sample arsenic levels at the “Entry Point to Distribution System” sample tap quarterly and analyze through a certified lab. On the lab slip, state the sampling point is “EPTDS” or “Treated Water.” Allow water to run from the sample tap for at least 30 seconds before filling the sample bottle to get a representative sample. Sampling arsenic levels in the distribution system where water is consumed is not required and not recommended. After getting the arsenic sample result from the lab, write the result in this column for the day that it was obtained. The Maximum Contaminant Level (MCL) for arsenic is 0.010 mg/L which is 10 parts per billion. If the lab results are higher than 0.010 mg/L, contact your local health department to determine what steps to take to maintain compliance. If you sample the raw water or backwash for arsenic, clearly label the point description “Raw Water” or “Backwash Water” on the lab slip and write the arsenic result and that it is raw water or backwash water in the comment section below so they are not used in determining compliance with the arsenic MCL. Arsenic samples from untreated water must be used in compliance determinations if the source is not clear where the sample is from and that can cause an MCL violation even though the treated water may meet the arsenic MCL.

Visual Inspection: Visually inspect the treatment system weekly to verify the treatment unit is operating properly. Mark a “Y” in this column every day the treatment system is inspected and sign your name in the “Inspected By” column for that day.

Comments: Record maintenance or any unusual events. See below for additional space.

Inspected By: Person obtaining arsenic sample, changing cartridge filter, or inspecting system signs for that day. Signatures are not needed on days a sample, cartridge filter change, or inspection has not occurred.

Operator Signature: Certified operator signs and dates bottom of MOR attesting to the submitted information in the report and then submits the MOR to their local health department within 30 days after the end of the month. Submittal of an MOR is required for every month the treatment system is in operation even if an arsenic sample is not taken that month.

Local Health Department (LHD) Name _____

LHD Address _____

LHD Contact Person _____ Phone _____

Arsenic Untreated: Sampling the raw water (untreated) arsenic level is not required but is allowed if the water supply wants information about raw water arsenic levels. If you do sample the raw water for arsenic, clearly label the point description “Raw Water” on the lab slip and write the sampling date, arsenic result, and that it is raw water in the comment section below so they are not used in determining compliance with the arsenic MCL.

Additional Comments _____

Submit a copy of the MOR to the Local Health Department within 30 days after the end of the month