Application for Water Tank Reconditioning Plan Approval
($50 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 $50 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

Mooreville Regional Office
610 E. Center Ave., Ste. 301
Mooreville, 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

Winston-Salem Regional Office
450 Hanes Mill Road, Suite 300
Winston-Salem, NC 27105
Phone: (336) 776-9800

Wilmington Regional Office
127 Cardinal Drive Extension
Wilmington, NC 28405-3845
Phone: (910) 796-7215

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.

Application and $50 Fee Received by Regional Office
Complete Application Forwarded to Central Office by Regional Office
Application 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**

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Engineer</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Name of Board, Council or Owner – the Applicant)</td>
<td>(Name of Engineer of Record)</td>
</tr>
<tr>
<td>(Name and Title of Authorized Official or Representative of the Applicant)</td>
<td>(Name of Engineering Firm)</td>
</tr>
<tr>
<td>(Mailing Address)</td>
<td>(Mailing Address)</td>
</tr>
<tr>
<td>(City, State &amp; ZIP)</td>
<td>(City, State &amp; ZIP)</td>
</tr>
<tr>
<td>(Phone Number)</td>
<td>(Phone Number)</td>
</tr>
<tr>
<td>(FAX Number)</td>
<td>(FAX Number)</td>
</tr>
<tr>
<td>(Email address)</td>
<td>(Email address)</td>
</tr>
<tr>
<td>(Signature of Authorized Official or Representative of the Applicant)</td>
<td></td>
</tr>
</tbody>
</table>

Type of Tank: Ground / Elevated / Standpipe / Hydropneumatic / Other _____________________________ (Circle One)

Tank Volume: _____________________________________________________________________________

Year Constructed: __________________________ Year of Last Reconditioning: __________________________

Number of Tanks in System: __________

If one tank, method for maintaining system pressure during recondition: ____________________________________________________________________________

Water System Interconnections (Public Water System Name):

_______________________________________________________________________________________

_______________________________________________________________________________________

Description of Proposed Reconditioning: ____________________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
Method of Disinfection: ANSI/AWWA Standard C652-11; Method #1, Method #2, Method #3 OR 15A NCAC 18C .1003 (circle one).

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:
Name: __________________________________________________________________ Certificate #: ______________

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.
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 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.