



Permit-to-Install/Plan Approval Application

Attachment VI: Disinfection – *Chlorination/Dechlorination, Ultraviolet, Others*

1. Chlorine Tank <input type="checkbox"/> N/A	New	Existing
a. Number of tanks		
b. Capacity (gallons, each)		
c. Surface area dimensions (feet, each)		
d. Side water depth (feet)		
e. Detention time (hrs & min, total @ PHF)		

2. Chlorine Feeder <input type="checkbox"/> N/A	New	Existing
a. Number of feeders		
b. Type (tablets, gas,...)		
c. Dosing rate (mg/l @ PHF)		
d. Others:		

3. Dechlorination Tank <input type="checkbox"/> N/A	New	Existing
a. Number of tanks		
b. Capacity (gallons, each)		
c. Surface area dimensions (feet, each)		
d. Side water depth (feet)		
e. Detention time (hrs & min, total @ PHF)		

4. Dechlorination Feeder <input type="checkbox"/> N/A	New	Existing
a. Number of feeders		
b. Compound used		
c. Dosing rate (mg/l @ PHF)		
d. Others:		

5. Ultraviolet Channel/Tank <input type="checkbox"/> N/A	New	Existing
a. Number of channels		
b. Type (horizontal or vertical)		
c. Capacity (mgd, each)		
d. Surface area dimensions (ft, each)		
e. Side water depth (ft, each)		
f. Detention time (hrs & min, total @ PHF)		

6. Ultraviolet Equipment <input type="checkbox"/> N/A	New	Existing
a. Number of modules (per channel/tank)		
b. Number of lamps (per module)		
c. Ultraviolet transmittance	NM at %	NM at %
d. Others:		

7. Other Disinfection N/A New Existing

a. Describe:

b. Design Criteria: