

GLOUCESTER COUNTY DEPARTMENT OF HEALTH

204 E. Holly Avenue
 Sewell, New Jersey 08080
 (856) 218-4170

Chemical Handling and Feeding

(N.J.A.C. 7:10-12.31)

Facility Name	PWSID#	Location Address	Municipality	Block	Lot
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Provide the following information for each chemical feed:
 (Attach additional copies of this page as necessary).

Type of Chemical Feed ¹					
Specific Chemical Used					
Number Of Pumps ²					
Pump Make and Model Number					
Type of Pump ³					
Pump Capacity (gph)					
Treatment Plant Capacity (MGD)					
Daily Demand (pounds per day)					
Daily Demand (gallons per day)					
Initial Concentration* (parts per million)					
Final Concentration (parts per million)					
Method of Pump Control ⁴					
Purpose of Treatment					

1 – Indicate the type of chemical feed (i.e. lime, prechlorination, caustic soda, etc.)
 2 – For disinfection chemical feed pumps they must have the capacity to disinfect all water with one unit out of use
 3 – Indicate the type of chemical feed pump (i.e. diaphragm, volumetric, gravimetric, solution, etc.)
 4 – Indicate how the chemical feed pumps are controlled (i.e. flow pacing, residual pacing, etc.)

*** See supporting calculations on Page _____ of Supporting Documentation**

General Information

	YES	NO	N/A
1. Is suitable means provided to ensure proper and continuous application rate of chemical? (N.J.A.C. 7:10-12.31(a)1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the variation in the accuracy of the feed pump less than 5% of the intended dosage? (N.J.A.C. 7:10-12.31(a)2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the location of chemical feed system designed to prevent dust and fumes from entering other operatin areas in the treatment plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The solution will not be introduced directly into a pipe or conduit under negative pressure or directly into a well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the chemical feed lines looped to a level higher than the highest elevation of the chemical storage tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is each chemical feed protected via an anti siphon device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are the feed lines equipped with clean out connections and accessible for repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are the feed lines protected against damage and freezing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the feed lines corrosion resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are the feed lines as short as possible and sloped to permit drainage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is each chemical feed system equipped with a no-flow switch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical Storage Tank

1. Is there a tank cover provided to prevent contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the capacity of tank sufficient to provide at least 24 hours worth of chemical storage at normal operating feed rates? (attach calculation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are means provided to allow for adequate agitation to keep the strength of the chemical solution uniform throughout?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is water which is used for make-up or dilution of chemical feeds introduced through an air gap or other approved method to prevent back siphonage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety Provisions

1. Are rubber or neoprene gloves, apron, and goggles provided?
2. Is a safety shower in close proximity to the chemical handling location provided?
3. Where dry powdered chemicals are handled, are U.S. Bureau of Mines approved respirators provided?
4. Is a copy of the manufacturer's material safety data sheet conspicuously posted at each location where chemicals are handled?

***Submit appropriate plans, specifications, reports, etc. to substantiate your answers. ***

I hereby certify that answers provided herein are accurate and reflective of the project being considered for approval. I hereby certify that answers provided herein are accurate and reflective of the project being considered for approval.

Signature of Applicant/Owner

Date