



July 15, 2015

Plans Reviewer
c/o DHH OPH Region IX
71128 Hwy 59, Suite 102-B
Abita Springs, Louisiana 70420

Re : Southern Comfort Lounge
2209 Gause Blvd. East
Slidell, LA 70461
St. Tammany Parish

Attention Reviewer:

Submitted for your approval and permitting is an existing transient non-community water supply. This water supply has been in operation for over 20 years. Attached for your review is:

- 1) DHH Design Summary Package
- 2) Contract with a registered Certified Operator
- 3) Clerk of Court Property Ownership Documents
- 4) Copy of Land Survey
- 5) Copy DEQ LPDES Permit LAG533956
- 6) Pump House Photo of Pump, Chlorinator, & Storage Tank

The Chlorine injection point shall be after the check valve but before the storage tank. Chlorine residuals shall be monitored using a Hach Free Chlorine Test Kit, Model CN 66F Test Kit. Flow meter shall be installed.

Respectfully,

Brian A. Mistich, P.E.
985-285-4564



BAM
7/16/2015

WATER WELL

2 of 2

DISCHARGE PIPING	Discharge Piping Material: pvc	
	Down-Turned Smooth-Nozzle Sample Tap?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Check Valve?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Shutoff Valve?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Discharge Bypass?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Pressure Gauge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Means of Measuring Flow?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
COMPLETION SPECIFICATIONS	Disinfection Method: (include chlorine dosage and retention time)	NSF Sodium Hypochlorite Solution , 3 ppm, 48 minutes contact time
	Testing to be Performed: residual chlorine	
	Abandoned Holes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NAME OF CERTIFIED OPERATOR: Kerry Craig, #44512		
LOCATIONAL INFORMATION	Coordinates:	
	Latitude	30°17'16.0"N
	Longitude	89°43'53.0"W
	OR	
	Latitude	00.00000°N
	Longitude	00.00000°W
Geographic Datum: NAD83 <input type="checkbox"/> WGS84 <input type="checkbox"/> NAD27 <input type="checkbox"/>		
Collection Method: <input type="checkbox"/> GPS <input type="checkbox"/> — DGPS/WAAS enabled? Yes <input type="checkbox"/> No <input type="checkbox"/> — Horizontal Accuracy? _____ meters Map <input type="checkbox"/> Specify: _____ Scale: _____		

WATER SUPPLY

WATER STORAGE

1 of 2

Project:	Southern Comfort Lounge Water Supply		
Engineer:	Brian A. Mistich		Site Fenced? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date:	7/15/2015		
Site Location:	2209 Gause Blvd East, Slidell, La		
Type of Storage Facility:			
<input type="checkbox"/> Treatment Plant Storage (i.e. clearwell) <input checked="" type="checkbox"/> Hydropneumatic Pressure Tank <input type="checkbox"/> Elevated Storage Tank <input type="checkbox"/> Ground Storage Tank			
SIZE	Diameter/Depth:	18"	
	Height and/or Length:	66"	
	Elevation:	2' above ground level	
	Shape:	cylindrical	
	Capacity (gal):	70	
	Material (type):	steel	
	Wall Thickness:	unk	
	Cover Thickness:	n/a	
Floor Thickness:	n/a		
Base Construction:	steel		
Corrosion Control:	paint		
COATING	Interior: unk	Cathodic Protection?	
	NSF Approved Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MANHOLE	Size: n/a		
	Overlap 2"? <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Tight? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Secure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OVERFLOW PIPING (n/a for pressure tanks)	Turned Down 12"-24" Above Grade? <input type="checkbox"/> Yes <input type="checkbox"/> No	Screened? If Flapper, Screened Inside? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Splash Pad or Inlet Drainage Structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diameter n/a inches	
VENTS (n/a for pressure tanks)	Turned Down 24" Above Roof or Sod? <input type="checkbox"/> Yes <input type="checkbox"/> No	Twenty Four Mesh Non-Corrodible Screen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Diameter n/a inches		
GENERAL	Bypass to Bring Out of Service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pressure Gauge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Water Level Control Equipment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Level Indicating Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Steel Structures Meet AWWA Standard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Down-Turned Smooth-Nozzle Sample Tap? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

WATER SUPPLY FINISHED

WATER STORAGE

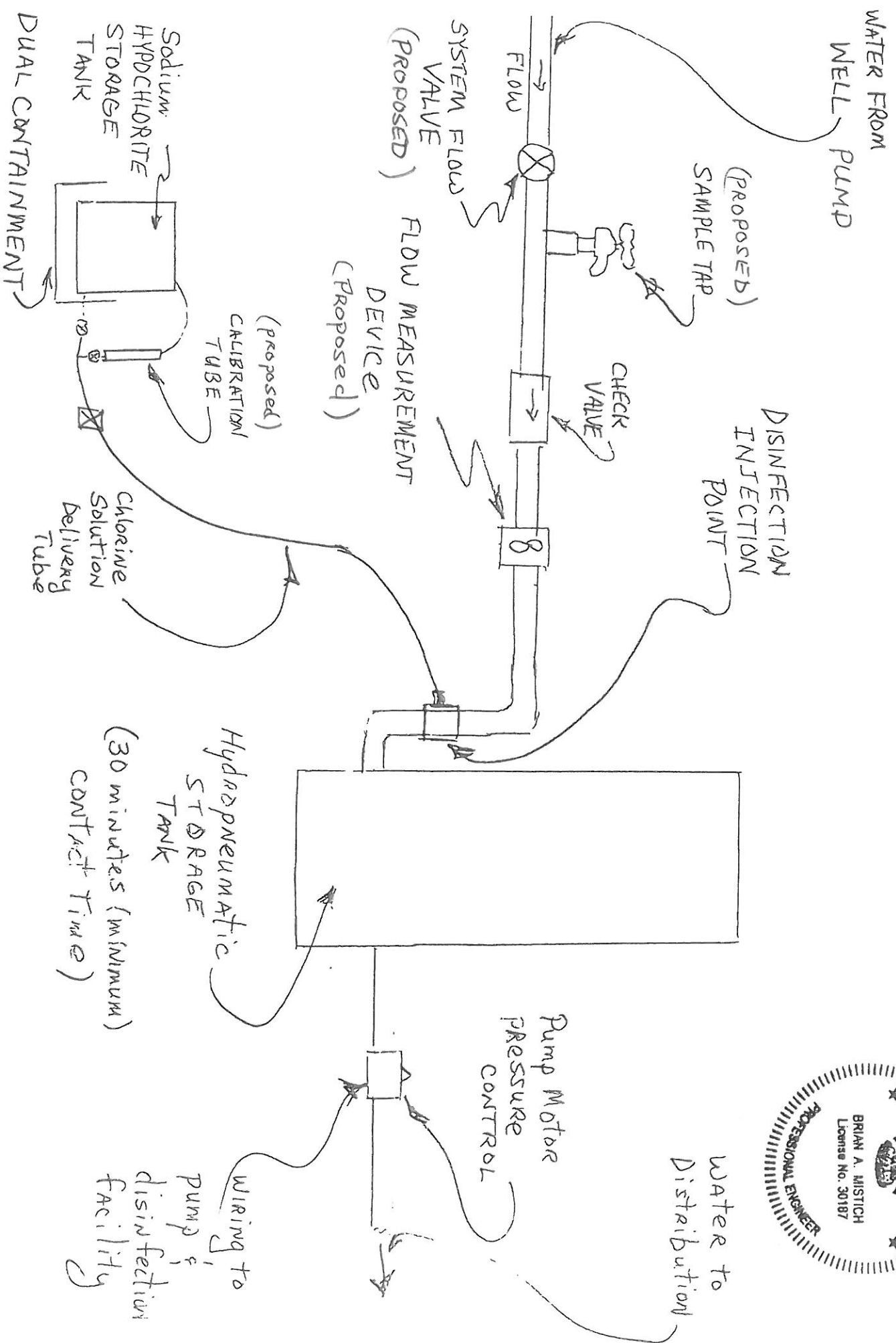
2 of 2

PRESSURE TANKS	Water Sight Glass? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Automatic or Manual Air Blow Off? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Pressure Switch For Pumps? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Means for Adding Air? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Air Compressor, Give Capacity: _____ CFM @ _____ PSI				
TREATMENT PLANT STORAGE <small>(clearwells only)</small>	Minimum Two Clearwell Compartments Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Disinfection Method: <small>(include chlorine dosage and retention time, including calculations)</small>	NSF Sodium Hypochlorite Solution , 3 ppm, 48 minutes contact time -- 30 persons, 25 gpp, 12 hour operating time	Testing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PIPING	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 2px;">Influent: 1" (diameter-inches)</td> <td style="padding: 2px;">pvc (type of pipe)</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Effluent: 1" (diameter-inches)</td> <td style="padding: 2px;">pvc (type of pipe)</td> </tr> </table>	Influent: 1" (diameter-inches)	pvc (type of pipe)	Effluent: 1" (diameter-inches)	pvc (type of pipe)
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LOCATIONAL INFORMATION	Coordinates: Latitude 30°17'16.0"N Longitude 89°43'53.0"W OR Latitude 00. 00000°N Longitude 00. 00000°W Geographic Datum: NAD83 <input type="checkbox"/> WGS84 <input type="checkbox"/> NAD27 <input type="checkbox"/> Collection Method: GPS <input type="checkbox"/> — DGPS/WAAS enabled? Yes <input type="checkbox"/> No <input type="checkbox"/> — Horizontal Accuracy? _____ meters Map <input type="checkbox"/> Specify: _____ Scale: _____				

WATER DISTRIBUTION SYSTEM

Project:	Southern Comfort Lounge Water Supply			
Engineer:	Brian A. Mistich			
Date:	7/15/2015			
General Scope of Project:	Water Supply for a Lounge			
PIPES	Material: <small>(specify ASTM standard, dimension ratio-DR, AWWA Standard, and pressure class)</small>	SDR 26 PVC	AWWA/NSF Approved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Size: <small>(Min 3" water main. Min 6" water main for fire protection. Water mains proposed with less than 3" diameter require justification with hydraulic analysis and future water use considerations provided and will only be allowed in special circumstances)</small>	2" Water well, 2" delivery line		
JOINTS & MATERIALS:	Glue Joints			
	PVC			
LAYOUT	Valve Spacing:	n/a		
	Means of Flushing Dead Ends?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Number of Surface Water Crossings/Encounters?	0		
	Location with Respect to Sewers:	Maintain 18" Minimum Vertical Clearance @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Maintain 6' Minimum Horizontal Clearance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Normal Operating Pressure:	38 psi			
Minimum System Pressure:	25 psi			
DISINFECTION METHOD <small>(include chlorine dosage and Retention time):</small>	NSF Sodium Hypochlorite Solution , 3 ppm, 48 minutes contact time			
Owned and Operated By: <small>(include name and address)</small>	Mr. Raymond B. Williams 64491 Hwy 434 Lacombe, LA 70445			
NAME OF CERTIFIED OPERATOR:	Kerry Craig, #44512			
ADDITIONAL COMMENTS:	This is an existing system that has served the lounge for over 20 years			

Small Water System Configuration





State of Louisiana
Department of Health and Hospitals
Office of Public Health

August 20, 2015

Brian A. Mistich, P.E.
Dammon Engineering, Inc.
894 Robert Boulevard
Slidell, LA 70458

Re: Southern Comfort Lounge Water Supply
New Water System for Addition to Inventory

- Water Well
- Proposed Chlorine Disinfection System
- Hydropneumatic Tank
- Distribution System

Slidell, Louisiana
St. Tammany Parish
DES Number 15-021

Mr. Mistich:

Plans and specifications of the above named project have been reviewed. The plans are **DISAPPROVED** pending resolution of the following items which appear to be in conflict with applicable provisions of the Louisiana Administrative Code (LAC), or upon which further information is needed.

1. This water system is not a permitted system and has never been a water system in the State Drinking Water Inventory System (SDWIS). Prior to entry into SDWIS complete engineering plans for the well, treatment, and distribution systems will have to be provided with specifications and equipment submittals for review and permitting. The submitted drawing for this water system is incomplete and disagrees with the existing system as presented in the photo provided in the package. The drawing is stamped but not signed and dated as required. Please prepare a complete application project package for submittal and review. The additional comments below reflect issues with the current submittal that should be addressed in the new submittal.
2. The DHH/OPH Engineering Services Permit Application (ESPA) for water well did not include page 1. Please provide all applicable pages of the ESPA when responding to comment 1. above.
3. On the drawings please verify that no source of contamination such as septic tanks, storm or sanitary sewers, oxidation ponds, cesspools, subsurface absorption fields, pits, mechanical sewage treatment plants, landfills, drainage canals, ditches, or streams currently exist within the minimum distances given in LAC 51:XII.327.A.2. The drawings should include the 50' and 100' radius around the well head and identify all the sources found on the property from the list above. Please submit the completed drawing for review. Additional comments may arise.

Re: Southern Comfort Lounge-Continuous Disinfection System
St. Tammany Parish

TANK
INFO

4. Please specify if the hydropneumatic tank meets ASME code requirements per Recommended Standards for Water Works (RS), 2003 Edition Section 7.2. Please revise and resubmit plans accordingly.
5. Per Section 7.2.3 of RS, the hydropneumatic tank shall have bypass piping to permit operation of the system while the tank is being repaired or painted. Please revise and resubmit plans accordingly.
6. The ESPA Water Storage page 2/2 states that the hydropneumatic tank will have no sight glass. Please specify if an automated control to maintain the proper water-to-air ratio in the hydroneumatic tank is provided. Please revise and resubmit plans accordingly.
7. Please provide the calculation of chlorine contact time to ensure at least 30 minutes contact time prior to the first customer. Show all reduction factors utilized specific to the tank construction used in the calculations. Please submit the calculation showing that the 30 minute contact time is provided for review.
8. Please provide documentation that the sodium hypochlorite solution to be utilized is NSF approved per Section 5.2.2 of RS.
9. Per Section of 5.4.4.a.2 storage containers or tanks of sodium hypochlorite shall be sited out of the sunlight in a cool area; however, ESPA page for Disinfection is marked to indicate that it will not be stored out of direct sunlight. Please ensure that the ESPA when resubmitted is properly marked and that the current version of the ESPA is used, Rev 3.1.5.
10. Your transmittal letter in the document package submitted indicates that chlorine residuals are to be taken with a Hach Free Chlorine Test Kit, Model CN66F Test Kit. That kit is a color wheel type kit and is not acceptable for taking chlorine residuals for the Safe Drinking Water Program. With the issuance of the Emergency Rule dated November 6, 2013 following the deaths due to the Naegleria fowleri parasite LAC was updated to reflect the the change in acceptable test methods along with chlorine residual levels, monitoring and record keeping. Your certified operator will already be aware of the new rule and its requirements.
11. When completing the ESPA Rev 3.1.5 please note that not all references to disinfection refer to the treatment of the water. Please take care to refer to the treatment cited in LAC 51, Part XII, § 351, Disinfection of Potable Water Supply Systems and §353, Disinfection of New Water Supplies, A. and C.

Once we receive the information needed to comply with the above comments, our review will continue. If you have any questions or require additional information, please call me at (985) 871-1332.

Respectfully,



Marcus N. Redford, P.E.
Region 9 Engineer

ec: St. Tammany Parish Sanitarian Manager
Jay Watson, Dept. of Envir. Services, St. Tammany Parish Gov.

RB 985-7714 1133



07/16/2015



