

Permit Application

(Complete All Applicable Pages)

Project:	Southern Comfort Lounge Water Suppl		
Project Type:	WATER SYSTEM		
Estimated Project Cost:	\$5000.00		
Engineer:	Brian A. Mistich		
Telephone:	985-285-4564		
Parish:	St. Tammany	Nearest Town:	Slidell
Population Served:	30		
New System? <input type="checkbox"/>		Existing System? <input checked="" type="checkbox"/>	
Project to be Owned and Operated By: <small>(include name and address)</small>	Mr. Raymond B. Williams 64491 Hwy 434 Lacombe, LA 70445		
Proposed Project Will Connect to: <small>(name of water and/or sewer system)</small>	Stand Alone		



10/26/2015

WATER WELL

1 of 2

Project: Southern Comfort Lounge Water Supply		
Engineer: Brian A Mistich		
Date: 8/24/2015		
General Scope of Project: Water Supply for a Lounge	Site Fenced? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site Location: (also complete the last section of this table)	2209 Gause Blvd East, Slidell, La 50' Radius of Ownership? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Maximum # of Lots (or population):	30	
<u>INTERNAL STRUCTURE</u> (sketch on separate sheet)	Outer Casing	Linear Feet: 340
		Thickness: .154
		Pounds/Foot: 72
		Joint: unk
		Type of Seal to Outer Casing: n/a
	Inner Casing	Linear Feet: n/a
		Thickness: n/a
		Pounds/Foot: n/a
		Joint: n/a
	Grouting	Depth of grout: 50
		Thickness: 1 - 1/2"
		Method With a Setting Time of?
	Screen	Linear Feet: 10
	Type: slotted pvc	
<u>EXTERNAL STRUCTURE</u> (sketch on separate sheet)	Casing Head Seal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Slab & Motor Foundation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Well Vent	Diameter: (1/2" inch minimum) n/a inches
		Down-Turned? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Terminates 24" above 10-year Flood Level or floor whichever is greater? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Twenty Four Mesh Screen? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Watertight Seal at Casing? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Drawdown Gauge:	Type (seal): n/a
Pump	Type: centrifugal	Power: 120 v
	Capacity (GPM): 10	@ +/- 20 TDH (FT)
Prime Mover:	electric	

WATER WELL

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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
	Drinking Water Analysis for New Water Sources	Chemical testing to be performed prior to being placed into service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Bacteriological testing to be performed prior to being placed into service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Abandoned Holes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NAME OF CERTIFIED OPERATOR: Kerry Craig, #44512		
LOCATIONAL INFORMATION	Coordinates:	
	Latitude	30° 17' 15.6"N
	Longitude	89° 43' 51.2"W
	OR	
	Latitude	. °N
Longitude	. °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 SUPPLY BOOSTER STATION

Project:				
Engineer:				
Site Location:				
Water is Transmitted From:	To:			
CONSTRUCTION	Exterior Structure	Length:	Width:	Height:
		Floor Material:		
		Material:		
		Ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Floor Elevation (6" Above Finished Grade?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Interior Structure	Lighting:		
		Heating:		
		Chlorination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	
		Floor Slope (3"/10'):		
	Pumping	Number:		
		Type:	Power:	
		Capacity (GPM):	@	TDH (FT)
	Piping	Pipes to Pumps	Size:	
			Type:	
		Pump Discharge Pipe	Size:	
			Type:	
Common Discharge Pipe		Size:		
Backflow Prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:			
GENERAL COMMENTS:				

WATER SUPPLY FINISHED WATER STORAGE

1 of 2

Project:	Southern Comfort Lounge Water Suppl		
Engineer:	Brian A. Mistich		Site Fenced? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date:	8/24/2015		
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:	24"	
	Height and/or Length:	68"	
	Elevation:	2' above ground level	
	Shape:	Cylindrical	
	Capacity (gal):	120	
	Material (type):	steel	
	Wall Thickness:	unk	
	Cover Thickness:	n/a	
Floor Thickness:	n/a		
Base Construction:	steel		
Corrosion Control:	paint		
COATING	Interior:	unk	
	NSF Approved	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
MANHOLE	Size:	n/a	
	Overlap 2"?	Water Tight?	Accessible?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 DISTRIBUTION SYSTEM

Project:	Southern Comfort Lounge Water Supply		
Engineer:	Brian A. Mistich		
Date:	8/24/2015		
General Scope of Project:	SDR 26 PVC		
PIPES	Material: (specify ASTM standard, dimension ratio-DR, AWWA Standard, and pressure class)	SDR 26 PVC	NSF 61 & NSF 372 Listed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Size: (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)	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 @ Crossings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Maintain 6' Minimum Horizontal Clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Normal Operating Pressure:	38 psi		
Minimum System Pressure:	25 psi		
DISINFECTION METHOD (include chlorine dosage and Retention time):	NSF Sodium Hypochlorite Solution , 3 ppm,(See Attached Contact Time Sheet)		
Owned and Operated By: (include name and address)	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 +\ - 30 years		

DISINFECTION

Project:	Southern Comfort Lounge	
Engineer:	Brian A. Mistich	
Date:	8/24/2015	
General Scope of Project:	Water Supply for a Lounge	
Site Location:	2209 Gause Blvd East, Slidell, La	
TYPE OF DISINFECTION:	Chlorine:	Ammonia:
	<input type="checkbox"/> Gas <input checked="" type="checkbox"/> Solution	<input type="checkbox"/> Anhydrous (gas) <input type="checkbox"/> Ammonium Sulfate (solution) <input type="checkbox"/> Ammonium Hydroxide (Aqua Ammonia)
	<input type="checkbox"/> Other (please explain): Stenner MDL MHP-10	
FEEDERS/PUMPS:	# of Feeders/Pumps (2 minimum): 1 active, 1 standby	
	Type: positive displacement	
GENERAL:	Standby Equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Stored in Areas Not in Direct Sunlight?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vented to Outside?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Enough Space for 30 Days Storage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
STORAGE OF CHLORINE GAS:	Chlorine Storage & Feed System Building Separated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Doors Open Outward?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Shatter-Resistant Inspection Windows?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fan/Light Switches Located Outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Air Inlet Near Ceiling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vent Fan Near Floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cylinders Restrained in Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weighing Scales?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
STORAGE OF AMMONIA GAS or AQUA AMMONIA:	Ammonia Storage & Feed System Building Separated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fan/Light Switches Located Outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Forced ventilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Shatter-Resistant Inspection Windows?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Leak Detection Systems in all Areas Through Which Ammonia is Piped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No