



Iowa Department of Natural Resources
 Wastewater Section
 Construction Permit Application
SCHEDULE P, Gas Chlorination

DNR USE ONLY
 Project No. _____
 Permit No. _____

Date Prepared _____	Project Identity
Date Revised _____	

Chlorinator Room

- Is the building used for other purposes? Yes No
- Do doors open only to the outside of the building? Yes No
 Is panic hardware provided? Yes No Viewing window provided? Yes No
- Forced air ventilation: _____ air changes/hour
 Activated by: _____
- Other ventilation system: _____
- Is the room heated? Yes No How? _____
- Is self-contained breather equipment provided? Yes No Type: _____
- Method of chlorine leak detection? _____
- Type of Scale: _____
- Chlorine cylinder restrains provided? Yes No

Chlorination Units

- Number and type of units _____
- Point of application _____
- Total rated capacity _____ lbs/day
- Chlorine dosage range _____ mg/l at design flow
- Water is supplied by _____

Mixing

Is flash mixing provided? Yes No Type _____

Chlorine Contact Tank

- Number of Tanks _____ Location _____
- Effective dimensions _____
- Effective volume _____ gal
- Detention time _____ min at AWW flow of _____ MGD
 _____ min at PHWW flow of _____ MGD
 _____ Min at maximum pump rate of _____ GPM
- Are tanks baffled to reduce short circuiting? Yes No Length to width ratio _____
- Method of draining _____
- Drainage discharge to _____
- Is service bypass provided? Yes No Discharge to _____