



Alaska Department of Environmental Conservation
Division of Environmental Health

Drinking Water Program - Engineering Plan Review
Facility Information Form

I. Public Water System Owner

First Name: Wayne Last Name: Benner Phone: 907-828-3380
Company Name: City of Thorne Bay Fax: _____
Mailing Address: P.O. Box 19110
City: Thorne Bay State: AK Zip Code: 99919
Email Address: administrator@thornebay-ak.gov

II. Public Water System Primary Operator

First Name: Sam Last Name: Sawyer Phone: 828-3380
Certification: Water Treatment 1 Level 1 Exp. 12/31/2019 Fax: _____
Mailing Address: P.O. Box 19110
City: Thorne Bay State: AK Zip Code: 99919
Email Address: tnbwater@gmail.com

III. Public Water System Facility

Facility Name: City of Thorne Bay Phone: 907-828-3380
AKA: PWS AK 2120219 Fax: _____
Physical Address: 120 Freeman Drive, Thorne Bay AK 99919
Legal Description: Lot: TR Block: WTP Subdivision: Plat No. 93-6 Addition: _____
or
Location: Meridian: _____ Section: _____ Township: _____ Range: _____ Tax Lot: _____

IV. Owner's Statement

Project Name: Thorne Bay Water Treatment Plant Improvements

☐ DEC Municipal Grants and Loan Funded Project

I have authorized submittal of the enclosed items for the above referenced project. I acknowledge the public water system's responsibility at all times for the quality of the water served by it. By my signature, I certify the information above is correct and my authority to sign this statement (18 AAC 15.030) as the owner of the public water system and applicant for approval of the above listed project is based on one of the following:

- ☐ **Corporation:** I am a principal executive officer of at least the level of vice president or his/her duly authorized representative, if the representative is responsible for the overall management of the project or operation.
- ☐ **Partnership:** I am a general partner.
- ☐ **Sole proprietorship:** I am the proprietor.
- ☒ **Municipal, State, Federal, or other public facility:** I am either a principal executive officer, ranking elected official or other duly authorized employee.

Wayne Benner
Owner's Signature

6/7/18
Date

Wayne Benner
Printed Name

City Administrator
Title



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Drinking Water Program - Engineering Plan Review Project Information Form

This form must be attached to a completed and signed Facility Information Form. See the Checklist Instructions.

I. Project Engineer

First Name: Chase Last Name: Nelson Phone: 907-374-0275
Company Name: DOWL Fax: _____
Mailing Address: 3535 College Road, Suite 100
City: Fairbanks State: AK Zip Code: 99709
Email Address: cnelson@dowl.com AK P.E. License No.: 13867

II. Public Water System Information

PWSID: 2120219

(for existing water systems)

System
Classification:
(18 AAC 80.1990)

- ☒ Community Water System (CWS)
☐ Non-Transient Non-Community (NTNC)
☐ Transient Non-Community (TNC)

Number of Service Connections in PWS: 140 (including proposed)

Days per Year of Operation: 365 (number of days)

Dates of Operation: _____ (if seasonal)

Resident Population Served (daily average*): 305 (PWS serves primary place of abode via pipes, delivery, or self-haul)

Non-Transient Population Served (daily average*): 75 (> 6 months/year of PWS use such as students and workers)

Transient Population Served (daily average*): 90 (<6 months/year of PWS use such as customers)

Length of Extension or Replacement (ft): _____ (for projects proposing distribution or transmission main work)

* Daily average refers to an average population that includes only the days water is made available to the public.

Systems Using Hauled Water

PWSID(s) water is
obtained from: _____

PWSID(s) of water
hauler(s) used: _____

Does or will the facility
treat the water it receives?

III. Plan Review Checklist: Identify the checklists required for submittal.

Checklist		New PWS	Modify Existing PWS	Distribution	Waiver
No.	Title				
1.0	General	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.0	Capacity Development (CWS/NTNC)	<input type="checkbox"/>			
3.0	Source - Groundwater	<input type="checkbox"/>	<input type="checkbox"/>		
3.1a	Source - GWUDISW Determination	<input type="checkbox"/>	<input type="checkbox"/>		
3.1b	Source - Surface Water / GWUDISW	<input type="checkbox"/>	<input type="checkbox"/>		
3.2a	Source - Other / Rain Catchment	<input type="checkbox"/>	<input type="checkbox"/>		
3.2b	Source - Other / Seawater	<input type="checkbox"/>	<input type="checkbox"/>		
4.0	Storage	<input type="checkbox"/>	<input type="checkbox"/>		
4.1	Storage - Tracer Study Application - <i>DRAFT</i>	<input type="checkbox"/>	<input type="checkbox"/>		
5.0	Distribution - Piped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.1	Water Haul Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.0	Treatment - Surface Water / GWUDISW	<input type="checkbox"/>	<input type="checkbox"/>		
6.1	Treatment - Corrosion Control	<input type="checkbox"/>	<input type="checkbox"/>		
6.2	Treatment - POU and POE	<input type="checkbox"/>	<input type="checkbox"/>		
6.3	Treatment - Membrane Filtration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.4	Treatment - Ozone	<input type="checkbox"/>	<input type="checkbox"/>		
6.5	Treatment - Media Filtration	<input type="checkbox"/>	<input type="checkbox"/>		
6.6a	Treatment - UV Disinfection Validation Report	<input type="checkbox"/>	<input type="checkbox"/>		
6.6b	Treatment - UV Disinfection System	<input type="checkbox"/>	<input type="checkbox"/>		
6.7	Treatment - Other	<input type="checkbox"/>	<input type="checkbox"/>		
7.0	Waiver - Source	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7.1	Waiver - Piped Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.0	Additive - Fluoride	<input type="checkbox"/>	<input type="checkbox"/>		