



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 5, 2016

The Honorable David Borge
Mayor, Village of Hoosick Falls
24 Main Street
Hoosick Falls, NY 12090

Re: Approval of Plans and Specifications
PWSID #NY4100041
NYSDOH Log #19484
Full Capacity GAC Treatment System
(V) Hoosick Falls, Rensselaer County

Dear Mr. Borge:

The plans and specifications submitted by C.T. Male Associates for the above referenced project are hereby approved with conditions listed below. The project includes installation of a full capacity Granular Activated Carbon (GAC) treatment system and appurtenances at the Village's water treatment plant site.

We call your attention to Standard Conditions a, b, c, and d, and special condition e, on the enclosed form DOH-1017, "Approval of Plans for Public Water Supply Improvement".

A set of approved plans will be retained in our files, a second set will be sent to the Rensselaer County Department of Health, and the third set will be sent to C.T. Male Associates.

Sincerely,

David S. Phillips, P.E.
Public Health Engineer 2
Bureau of Water Supply Protection

cc: T. Vickerson
R. Elder – Rensselaer County DOH (w/encl.)
R. Flores – C.T. Male (w/encl.)

Approval of Plans for Public Water Supply Improvement

This approval is issued under the provisions of 10 NYCRR, Part 5:

1. Applicant Village of Hoosick Falls	2. Location of Works (C, V, T) (V) Hoosick Falls	3. County Rensselaer	4. Water District (Specific Area Served) (V) Hoosick Falls
5. Type of Project <input type="checkbox"/> 1 Source <input checked="" type="checkbox"/> 3 Pumping units <input type="checkbox"/> 5 Fluoridation <input checked="" type="checkbox"/> 7 Other Treatment <input type="checkbox"/> 9 Storage <input type="checkbox"/> 2 Transmission <input type="checkbox"/> 4 Chlorination <input type="checkbox"/> 6 UV Disinfection <input type="checkbox"/> 8 Distribution <input type="checkbox"/> 10 Other			
Remarks: NYSDOH Log No. 19484 The project includes installation of a full capacity GAC treatment system and appurtenances at the existing WTP.			

By initiating improvement of the approved supply, the applicant accepts and agrees to abide by and conform with the following:


- a. THAT the proposed works be constructed in complete conformity with the plans and specifications approved this day or approved amendments thereto.
- b. THAT the proposed works not be placed into operation until such time as a Completed Works Approval is issued in accordance with Part 5 of the New York State Sanitary Code.
- c. THAT the proposed works be constructed in accordance with all applicable Federal, State and local regulations.
- d. THAT as-built plans of the proposed improvements be prepared and retained by the Village of Hoosick Falls for record purposes.

Special Condition:

- e. THAT the proposed RPZ backflow device shall be one that is listed on the University of Southern California (USC) List of Approved Backflow Prevention Assemblies.

ISSUED FOR THE STATE COMMISSIONER OF HEALTH

April 5, 2016 _____
 Date


 _____, P.E.
 Designated Representative
 Michael J. Montysko, PE
 Chief, Design Section,
 Bureau of Water Supply Protection

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

General

6. Type of Ownership			<input type="checkbox"/> 68 Private – Other	<input type="checkbox"/> 1 Authority	<input type="checkbox"/> 30 Interstate
<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Commercial	<input type="checkbox"/> Private – Institutional	<input type="checkbox"/> 19 Federal	<input type="checkbox"/> 40 International	
<input type="checkbox"/> Industrial	<input type="checkbox"/> 9 Water Works Corp.	<input type="checkbox"/> 26 Board of Education	<input type="checkbox"/> 20 State	<input type="checkbox"/> 18 Indian reservation	
7. Estimated Total Cost \$3,500,000	8. Population Served 4,500	9. Drainage Basin			
10. Federal Aid Involved? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No			11. WWA Project? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		

Source **NA**

12. <input type="checkbox"/> Surface Name: <input type="checkbox"/> Ground Name:	Class:	13. Est. Source Development Cost
14. Safe Yield	15. Description:	

Treatment

16. Type of Treatment			
<input type="checkbox"/> 1 Aeration	<input type="checkbox"/> 4 Sedimentation	<input type="checkbox"/> 7 Iron Removal	<input type="checkbox"/> 10 Softening <input checked="" type="checkbox"/> 10 Other
<input type="checkbox"/> 2 Microstrainers	<input type="checkbox"/> 5 Clarifiers	<input type="checkbox"/> 8 Chlorination	<input type="checkbox"/> 11 Corrosion Control
<input type="checkbox"/> 3 Mixing	<input type="checkbox"/> 6 Filtration	<input type="checkbox"/> 9 Fluoridation	<input type="checkbox"/> 12 UV Disinfection
17. Name of Treatment Works	18. Max. Treatment Capacity 700 gpm	19. Grade of Plant Operator Req. IIA	20. Est. Cost Included
21. Description: Full capacity GAC treatment system and appurtenances for PFOA removal.			

Distribution **NA**

22. Type of Project Distribution Mains	23. Type of Storage	24. Est. Distribution Cost
<input type="checkbox"/> 1 Cross Connection	Ground _____gallons	
<input type="checkbox"/> 2 Interconnection	Elevated _____gallons	
<input type="checkbox"/> 3 Transmission	Underground _____gallons	
<input type="checkbox"/> 4 Fire Pump Cl ₂		
25. Anticipated Distribution	26. Designed for fire flow?	
System Demand: Avg: <u>0.45</u> MGD Max: <u>0.70</u> MGD	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
27. Description		