



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

FILTER BACKWASH RECYCLING NOTIFICATION WORKSHEET

To meet the requirements of Rule 62-550.817(11)(e)1., F.A.C., systems subject to the Filter Backwash Recycling Rule (FBRR) must submit the following information to the Department by December 8, 2003. Attach additional pages if necessary. The system must retain a copy of all information referenced by this worksheet and submitted to the Department for a minimum of 10 years.

SYSTEM NAME _____
PWSID _____ **DATE** _____

Does your system use conventional or direct filtration? _____

Does your system recycle spent filter backwash water, thickener supernatant, or liquids from dewatering processes? _____

If you answered yes to both questions, report the following:

1. What is the typical recycle flow (in gpm)? _____
2. What is the highest observed plant flow for the system in the previous year (in gpm)? _____
3. What is the design flow for the treatment plant (in gpm)? _____
4. Has the Department determined a maximum operating capacity for the plant? If so, what is it?

5. Include a plant schematic that shows:
 - the origin of all recycle flows (spent filter backwash, thickener supernatant, liquids from dewatering processes, and any other);
 - the location where all recycle flows re-enter the treatment plant process;
 - the hydraulic conveyance used to transport all recycle flows;
 - and any treatment or equalization of the recycle stream, if applicable.

Comments: _____

6. Are you requesting an alternate recycle location? _____ Yes _____ No
An alternate recycle location is one that does not incorporate all treatment processes of a conventional filtration plant (coagulation, flocculation, sedimentation, and filtration) or direct filtration plant (coagulation, flocculation, and filtration). Department approval of alternate recycle locations must be obtained by June 8, 2004.

Justification (include information addressed in Section 3.3.3 of EPA's Implementation Guidance for the Filter Backwash Recycling Rule): _____

NAME OF SYSTEM REPRESENTATIVE (please print): _____

TITLE: _____ **CONTACT PHONE NUMBER:** _____

CONTACT ADDRESS: _____ **EMAIL:** _____