INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

# INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CONSTRUCTION PERMIT FOR PUBLIC WATER SYSTEM - 327 IAC 8-3-3

***TYPE OR PRINT ALL ENTRIES.***

**The following numbers refer to the enclosed application.**

1. Enter the name of the Public Water System as they are chartered by the State of Indiana and check box if existing or new public water supply system.

2. Enter the Public Water System Identification Number (PWSID) as chartered by the State of Indiana.

3. Enter the **name and title** of the Public Water System official.

4. Enter the telephone number of the Public Water System, including the area code.

5. Enter the address of the Public Water System.

6. Enter the name of the project.

7. Enter the email address of the PWS Official listed in item 3. ***NOTE: A valid email address is requested because the issued permit will be emailed to expedite delivery.***

8. Enter the county(s) where construction will take place.

9. Indicate the location of the project, which includes the city and reference to adjacent streets or roads.

   **Example: "Bowling Green (city), Madison Street, one block east of Eel River, along State Road 46"**

10. Check the appropriate box(s) indicating who is funding this project.

11-13. Enter the name, mailing address and email address of the local government official applicable to the project. Complete box 12 with Mayor's information or complete box 13 with Town Board President's or Council information. Or if project is within county government purview, complete box 14 with County Commissioner's information.

14. The professional engineer, licensed professional geologist, or licensed well driller **must** check the box indicating they agree to the certification statement listed. All plans, specifications and applications must be prepared by or under the direct supervision of a **professional engineer registered in Indiana, except when 327 IAC 8-3-2.1 applies**. **For small transient (serving 250 or fewer individuals per day) and small non-transient (serving 100 or fewer individuals per day) public water systems not utilizing surface water or ground water under the direct influence of surface water at its source and are not a county, city, town, township, a school corporation or any other political subdivision, the application, plans and specifications may be certified by a professional engineer, licensed well driller or a license professional geologist.** If not for sure, submit your question to the Permits Section via email at dwpermits@idem.in.gov or by calling (317) 234-7425.

15. The professional engineer, licensed professional geologist, or licensed well driller responsible for the design of the project will put his/her seal and/or license number in this box. This person shall complete Attachment's A, B, C, D and E, as applicable.

16. Signature and printed name of the professional engineer, licensed professional geologist, or licensed well driller certifying the application, plans and specifications.

17. Enter email address of the professional engineer, licensed professional geologist, or licensed well driller certifying the application, plans and specifications. ***NOTE: A valid email address is requested because the issued permit will be emailed to expedite delivery.***

18. Enter telephone number for the person in Box 17.

Over

19. Name and address of the business the person from Box 17 is affiliated with, if applicable.

20. If project contains water main construction, check box and complete Attachment A.

21. If project contains well construction, check box and complete Attachment B.

22. If project contains pump construction, check box and complete Attachment C.

23. If project contains storage facility construction, check box and complete Attachment D.

24. If project contains chemical addition construction, check box and complete Attachment E.

25. If project contains treatment facility construction, check box and complete all applicable Attachments.

26. Check appropriate boxes to questions concerning plans and specifications. **NOTE: You may submit the completed application, specifications and drawings digitally at dwpermits@idem.in.gov. Electronic documents must be legible and in PDF format. The drawings and the cover page of the specifications must contain certifier's signature and seal if applicable. If a construction permit processing fee is required, follow the instructions provided at number 29.**

27. Check 327 IAC 8-3-7(a) to see if a processing fee is required. Exempt organizations are **both** a governmental entity and one of the listed categories. If you are not a governmental entity, then you are not exempt from the construction permit processing fee. If not sure, contact the Permits Section via email at dwpermits@idem.in.gov or by calling (317) 234-7425, prior to submitting the permit application. If a processing fee is required, check the appropriate box(es) and submit payment using **one (1)** of the following options:

    A. Make check/money order payable to IDEM (Acct.#3240-414000-140000) and mail with a copy of the **completed first page** of the permit application to:

        IDEM
        PO Box 3295
        Indianapolis, IN 46206-3295

    B. Remit by ACH to:

        ABA#: 071921891
        Bank Account Number: 4620695315
        Bank Account Name: State of Indiana

        **AND** send a copy of the first page of the completed permit application, amount of payment and payment date to water@idem.in.gov.

    C. To pay by credit card, call (317) 234-3099 and leave the information requested in the telephone message **and email copy of the first page** of the completed permit application, the amount of payment and payment date to water@idem.in.gov.

**Public Notification:** IDEM typically provides a thirty (30) day public comment period on all drinking water projects requiring an individual construction permit. Public notice is provided on IDEM's Public Notice website, which is located at: http://www.in.gov/idem/5474.htm. The notice includes information on the project, as well as where to obtain the proposed permit and related documents, and how to submit comments. The permit is effective immediately upon issuance after the public notice period has ended.

**Notice of Decision:** Another option for public notice is written notification (Notice of Decision) of issuance of the construction permit to potentially affected parties, as defined by IC 4-21.5-3-7. For this option, a complete list of potentially affected persons along with a mailing label for each must be submitted with the permit application. The permit is effective eighteen (18) days from the date of issuance. **Prior to requesting this notice option, please contact the Drinking Water Branch at (317) 234-7425.**

Reset Form

# APPLICATION FOR CONSTRUCTION PERMIT FOR PUBLIC WATER SYSTEM - 327 IAC 8-3-3

State Form 35058 (R9 / 7-22)
Approved by State Board of Accounts, 2022
Indiana Department of Environmental Management
Drinking Water Branch

| FOR AGENCY USE |
|---|
| Permit number<br>**WS -** |

| | | |
|---|---|---|
| 1. Name of Public Water System (PWS) ☐ New ☐ Existing | | 2. PWSID number *(IN########)* |
| 3. Name of PWS official and title (i.e. Superintendent, Utility Engineer/Manager, Owner…) | | 4. Telephone number of PWS *((###) ###-####)* ( ) |
| 5. Address of PWS *(number and street, city, state, and ZIP code)* | | |
| 7. Name of project | 8. E-mail address of PWS official | |
| 9. County(s) of project | 10. Location of project | |
| 11. Source of funding for the project ☐ PWS ☐ Developer ☐ Dept. of Commerce (DOC) ☐ State Revolving Fund ☐ Other _____ | | |
| 12. Name, address *(number and street, city, state, and ZIP code)* and **e-mail address** of Local Government Official – Mayor | 13. Name, address *(number and street, city, state, and ZIP code)* and **e-mail address** of Town Board or Council President | 14. Name, address *(number and street, city, state, and ZIP code)* and **e-mail address** of County Commissioner *(if any)* |
| 15. Certification by Professional Engineer / Licensed Geologist / Licensed Well Driller ***(see instructions)*** ☐ I hereby certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief, such information is true, complete and accurate. I further certify that construction of the proposed project following the application, plans and specifications will produce drinking water of satisfactory quality in accordance with 327 IAC 8. | | 16. P.E. seal / Geologist License number / Well Driller License number |
| 17. Signature of Professional Engineer / Licensed Professional Geologist / Licensed Well Driller and their printed name | | |
| 18. E-mail address of box 17 | | |
| 19. Telephone number of box 17 ( ) | | |
| 21. Name and address *(number and street, city, state, and ZIP code)* of firm box 17 is affiliated with *(if applicable)* | | |
| *Check all that apply and submit a design summary identifying proposed changes to items 24, 25, 26, and 27:*<br>22. ☐ For water main construction: Complete Attachment A<br>23. ☐ For well construction and well cross section: Complete Attachment B<br>24. ☐ For any pumping facility construction: Complete Attachment C<br>25. ☐ For storage facility construction: Complete Attachment D<br>26. ☐ For chemical addition: Complete Attachment E<br>27. ☐ For filtration and / or treatment facility construction: Complete all applicable Attachments | | **FOR AGENCY USE**<br>Date received by IDEM *(month, day, year)* |
| 28. Plans and Specifications ***(May be submitted electronically – see note at end of instructions.)*** | | |
| A. Is one complete set of legible plans submitted? ☐ Yes ☐ No | B. Is a set of specifications submitted with the cover page signed and sealed by P.E.? ☐ Yes ☐ No ☐ On IDEM file | |
| C. Is each and every page of the plans signed and sealed by a professional engineer? ☐ Yes ☐ No | | |

29. Construction Permit Processing Fee Schedule

**NOTE: THIS APPLICATION WILL BE RETURNED IF NOT ACCOMPANIED WITH THE REQUIRED FEE UNLESS THE APPLICANT IS AN EXEMPTED GOVERNMENT ENTITY, WHICH INCLUDES A COUNTY, MUNICIPALITY, OR TOWNSHIP WHICH IS DEFINED AS A UNIT UNDER IC 36-1-2-23, A NONPROFIT ORGANIZATION , A CONSERVANCY DISTRICT, A SCHOOL CORPORATION, OR REGIONAL WATER OR SEWAGE DISTRICT [327 IAC 8-3-7(a)].**

A. New public water system treatment plant
- Groundwater:
  - Up to 500,000 gallons per day $ 875 ☐
  - Greater than 500,000 gallons per day $ 1,750 ☐
- Surface water:
  - Up to 500,000 gallons per day $ 1,250 ☐
  - Greater than 500,000 gallons per day $ 2,500 ☐

B. Public water system treatment plant expansion
- Up to fifty percent (50%) design capacity
  - Up to 500,000 gallons per day $ 625 ☐
  - Greater than 500,000 gallons per day $ 1,250 ☐
- Greater than fifty percent (50%) design capacity
  - Up to 500,000 gallons per day $ 1,250 ☐
  - Greater than 500,000 gallons per day $ 2,500 ☐

C. Other water treatment facilities
- Wells $ 860 ☐
- Pump or pump station $ 175 ☐
- Chemical addition $ 430 ☐
- Storage Tank $ 345 ☐

Miscellaneous process modification
$ 100 per process ☐

D. All water distribution system
- Up to 2,500 linear feet $ 0 ☐
- 2,501 - 5,000 linear feet $ 260 ☐
- 5,001 - 10, 000 linear feet $ 430 ☐
- Greater than 10,000 linear feet $ 860 ☐

**IF A PROCESSING FEE IS REQUIRED, SEE INSTRUCTIONS FOR PAYMENT OPTIONS.**

**THE COMPLETED APPLICATION MUST BE SUBMITTED ELLECTRONICALLY TO dwpermits@idem.in.gov**

Attach a list of persons whom you have a reason to believe have a substantial or proprietary interest in this matter, or are potentially affected persons as defined by IC 4-21.5-3-5(b). Failure to notify a person who is later determined to be potentially affected could result in voiding our decision on legal grounds. To ensure conformance with the Indiana Administrative Orders and Procedures Act and to prevent voiding a decision, you must list all such parties and must provide mailing labels for all potentially affected parties. The labels shall read as follows: Name of affected party, Address (number and street or rural route number), City, State and ZIP Code.

I certify, that to the best of my knowledge, I have listed all the potentially affected parties, as defined by IC 4-21.5-3-5(b), known to me and provided mailing labels. If “None” is indicated, it signifies that no such parties exist.

| Official signature of Public Water System | Date signed (*month, day, year*) |
|---|---|
| | |

Printed name and title of official

# APPLICATION FOR CONSTRUCTION PERMIT FOR PUBLIC WATER SYSTEM - 327 IAC 8-3-3

State Form 35058 (R9 / 7-22)
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Drinking Water Branch

**Attachment A**
**Water Main Construction**

**1. Water Main Construction**

A. This construction is *(Check all that apply.)*

☐ New ☐ Replacement ☐ Relocation

B. Water Main Description

| Length | Material Type | Diameter | Class | Pressure Rating | Types of Joints |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total Length =

C. Depth of cover per frost penetration table under 327 IAC 8-3.2-17(d)

inches

D. Is the proposed main providing fire protection? ☐ Yes ☐ No

E. Will the main be pressure/leak tested per American Water Works Association (AWWA) C600-10? ☐ Yes ☐ No
*If No, please attach a detailed description of the pressure/leak testing method.*

F. Will the main be disinfected per AWWA, C651-14? ☐ Yes ☐ No *If No, please attach a detailed description of the disinfection method.*

G. Will fire hydrants and water mains at each tee, bend, and dead end be blocked or anchored per AWWA, C600-10? ☐ Yes ☐ No
*If No, please attach a detailed description of the method.*

**2. Design Specifics and Plans**

A. Minimum horizontal clearance between water mains and sewers (*including storm drains*) shall be ten (10) feet (ref. 327 IAC 8-3.2-9). ☐ Yes ☐ No

B. Minimum vertical clearance between water mains and sewers (*including storm drain*) shall be eighteen (18) inches (ref. 327 IAC 8-3.2-9) ☐ Yes ☐ No

C. Are there any stream crossings? ☐ Yes ☐ No

D. What is the maximum spacing between valves?

E. What is the maximum spacing between hydrants?

F. Is there a history of external corrosion problems with buried pipe in the project area? ☐ Yes ☐ No
*If Yes, provide copy of any corrosion study and explain corrosion protection measures.*

**3. System Design Data**

A. System's total plant capacity: *(Not firm capacity)*

_____ GPD

B. Number of existing service connections served by Public Water System

C. Number of service connections to be served by the proposed water main extension

D. Demand of Water Main Extension

1. Fire Flow — gpm
2. Unit Peak Daily Demand (per new customer) — gpm
3. Total Peak Daily Demand with Fire Flow of new water main extension [(Unit Peak Daily Demand x *number* of customers) + fire flow] — gpm

E. Pressure at the "Total Peak Daily Demand, No Fire Flow" flow rate at the point of connection — psi

F. Pressure at the "Total Peak Daily Demand with Fire Flow" flow rate at the point of connection — psi



Over

| I. The Public Water System's five (5) highest demand days in **previous two (2) years**. | |
|---|---|
| Demand (GPD) | Date *(month, day, year)* |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| Two (2) year Average Daily Demand *(average of 1 through 5 above)* | GPD |

**4. Summary of Flow Test Data (*data must be attached*)**

| | |
|---|---|
| 1. Date of flow test *(month, day, year)* | |
| 2. Static pressure at flow test location | psi |
| 3. Flow test flow rate | gpm |
| 4. Residual pressure at flow test flow rate | psi |

SKETCH THE FOLLOWING:
Show the relationship between fire flow test location and the point of connection of proposed water main. Include all water main piping information including lengths, diameters and material type. Include the elevations at both fire flow location and point of connection. Show north arrow. No scale is necessary if pipe lengths are noted.

5. This flow test was taken at:

☐ Fire Hydrants (wide open) ☐ Fire Hydrants (open to sustain 20 psi residual pressure) ☐ Flushing Hydrants (wide open)

☐ Tank level during test _____ ☐ Booster pump within the pressure zone of the proposed water main _____ On _____ Off

**5. Water Main Extension Hydraulic Calculation**

☐ Enclosed Hydraulic Model or ☐ Enclosed Hydraulic Calculations

**6. Alternative Technical Standard (*Check all that apply.*)**

☐ This application cites pre-approved alternative technical standards *(copy attached).*

☐ This application proposes alternative technical standards *(attached demonstration per 327 IAC 8-3.2-20)*

☐ No alternative technical standards are utilized in this project.

**7. Certification to Furnish Water** ***(This section must be completed.)***

The _____ has agreed to furnish
*City, Town, Village, Water Company or Water Authority*

water to the area in which water main extensions are proposed by _____
*Name the person representing the funding entity of the construction project (e.g., developer)*

according to plans titled "_____" and prepared by

_____ . The undersigned acknowledges the public
*Name of Engineering Firm*

water supplier's responsibility for examining the plans and specifications to determine that the proposed extensions meet local rules or laws, regulations and ordinances.

| Date signed (*month, day, year*) | By: (*signature of Public Water System official*) |
|---|---|
| Name of Public Water System | Title |

# APPLICATION FOR CONSTRUCTION PERMIT FOR PUBLIC WATER SYSTEM - 327 IAC 8-3-3

State Form 35058 (R9 / 7-22)
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**Attachment B**
**Well Construction**

**NOTE: Before review of your well construction permit application can begin, the following must be provided :**

A. A well-site approval
B. Copies of recorded deeds or easements showing control of the land immediately surrounding the well head
C. Data showing 100 years or highest known flood elevations in the area
D. Well design specifications (*Attachment B Well Construction*)

**1. Well Design Specifications**

| A. How many existing wells are in the well field? | B. What is the rated capacity of each existing well if the proposed well is in an existing well field? | C. How many new wells are intended? |
|---|---|---|
| | | |

| D. What type of well is proposed? (gravel pack, tubular, radial collector, etc.) | E. What is the estimated depth of the well? |
|---|---|
| | |

| F. Length of casing | Diameter of casing | Casing material | Elevation of the top of the casing |
|---|---|---|---|
| | | | |

| G. If the well will be in a pumphouse, how far will the well casing extend above the pump house floor? | H. If applicable, how far does the casing extend into the pump base? |
|---|---|
| | |

I. How far above final ground surface will the well casing extend?

| J. Length of screen | Diameter of screen | Material and slot size of screen | Designed entrance velocity of screen |
|---|---|---|---|
| | | | |

| K. If applicable, what type of grouting material will be used? | L. To what depth will the well be grouted? | M. What type of well pump is intended? (line shaft, submersible, etc.) *(attach pump curves)* |
|---|---|---|
| | | |

| N. What is the pump's rated capacity and total dynamic head (TDH) of each proposed pump? | What is the Maximum Day Demand the system is designed for? _____ GPM | O. What type of pump lubrication will be used? |
|---|---|---|
| | | |

P. What type of provision is made for periodic water level measurements in the well?

Q. Will the discharge piping be equipped with the following:

Check valve ☐ Yes ☐ No  Pressure gauge ☐ Yes ☐ No  Smooth-nosed sampling tap ☐ Yes ☐ No

Shut-off valve ☐ Yes ☐ No  Means of measuring flow ☐ Yes ☐ No  Air release/vacuum relief valve ☐ Yes ☐ No

R. Do the specifications describe the test pumping procedures? *(If not, please explain.)* ☐ Yes ☐ No

S. How will power be supplied to the pumps in the event of an interruption to the primary power source?

T. Is this proposed well(s) included in well head protection plan development? ☐ Yes ☐ No

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**Attachment C**
**Pumping Station**

| | | |
|---|---|---|
| A. What is the 100 year or highest known flood elevation in the area? | B. What is the pumphouse floor elevation? | |
| C. What is the elevation of the finished grade at the pumphouse location? | D. How many pumps are provided? *(attach pump curves)* | E. What maximum day demand (gpm) is the pump(s) designed for? |
| F. What is the rated capacity (gpm) of each proposed pump and total dynamic head (TDH)? | | |
| G. How will power be supplied to the pumps in the event of an interruption to the primary power source? | | |
| H. What kind of monitoring will be provided and what is the form of communication? | | |
| I. Does each pump have a pressure gauge on its discharge line and a compound gauge on its suction line? ☐ Yes ☐ No | J. Is there a low suction cut-off control? ☐ Yes ☐ No | If Yes, what is its setting? |
| K. How is the total discharge of the pump(s) measured? | | |
| L. Does the pump have a check valve? ☐ Yes ☐ No | If Yes, where is the check valve located? | |

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State Form 35058 (R9 / 7-22)
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Drinking Water Branch

**Attachment D**
**Storage Facilities**

| A. What is the 100 year or highest known flood elevation in the area? | B. What type of storage facility is proposed? (standpipe, elevated, ground, etc.) |
|---|---|
| C. What is the capacity of the storage facility? | D. What is the elevation at the base of the storage facility? |
| E. What is the purpose of the water storage facility?<br>☐ a. Volume ☐ b. Pressure ☐ c. Fire protection | F. Are there other existing water storage tanks within the system? If so, what is the total storage capacity of the system?<br>☐Yes ☐No |
| G. What is the size (gallons) of the existing tank(s) and overflow elevation? | H. What is the average daily consumption of the system? |

I. How is the storage facility isolated from the distribution system?

| J. What is the filling rate of the storage facility? | K. What size is the overflow pipe? | Is the overflow pipe screened?<br>☐ Yes ☐ No | What size screen? |
|---|---|---|---|
| | | | |

L. What is expected to be the operating head range of the storage facility?

M. What provisions have been made to monitor water levels in the storage facility?

N. What provisions have been made to allow for draining of the storage facility?

O. Where are the sampling taps located?

P. How is the storage facility protected from trespassers, vandalism and sabotage?

| | | | | | |
|---|---|---|---|---|---|
| Site fenced | ☐ Yes | ☐ No | Alarm | ☐ Yes | ☐ No |
| Ladder guard | ☐ Yes | ☐ No | Lighting | ☐ Yes | ☐ No |
| Hatch locked | ☐ Yes | ☐ No | | | |

Q. Is cathodic protection being used?

R. How is the storage facility being protected from freezing?

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**Attachment E**
**Chemical Addition**

| A. What is the common / brand name of the intended chemical? | What is the chemical name of the intended chemical? |
|---|---|

B. Does the chemical have the approval of any of the following:

National Sanitation Foundation (NSF) ☐ Yes ☐ No

Underwriters Laboratory (UL) ☐ Yes ☐ No

Food and Drug Administration (FDA) ☐ Yes ☐ No

C. What is the purpose of the chemical addition?

D. Technical data supplied on the chemical *(Check all that apply.)*

☐ Material Safety Data Sheet ☐ Manufacturer's Label ☐ Other Studies / Literature

☐ Toxicology Data ☐ Case Histories of Chemical Use

E. Describe or provide technical information on the type of proposed feed equipment

F. Describe or provide technical information on the type of proposed feed controls

G. What is maximum and minimum feed range?

H. How have chemical feed rates been determined? *(Attach supporting documentation.)*

I. Is there a means of measuring the quantity of chemical used?

☐ Yes ☐ No

J. Do the plans show the following?

Location of all feeders ☐ Yes ☐ No All points of chemical application ☐ Yes ☐ No Piping layout ☐ Yes ☐ No

K. What type of cross connection control is provided?

| L. Are there leak detectors provided? ☐ Yes ☐ No | Are there spill containments provided? ☐ Yes ☐ No |
|---|---|