

# 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 seven (7) digit 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 mailing address (include city, state and ZIP code) 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 needed 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. If "other", specify in the box provided.
- 11-13. Enter the name, mailing address and email address of the local government official applicable to the project. Complete box 11 with Mayor's information or complete box 12 with Town Board President's or Council information. Or if project is within county government purview, complete box 13 with County Commissioner's information.
  - 14. The professional engineer, licensed professional geologist, or licensed well driller <u>must</u> check the box indicating they agree to the certification statement listed. Permit applications, plans, and specifications prepared for small transient (serving 250 or fewer individuals per day) and small non-transient (serving 100 or fewer individuals per day) public water systems that are not using surface water or ground water under the direct influence of surface water and that are not prepared for a county, a city, a town, a township, a school corporation, or any other political subdivision must be prepared and certified by a professional engineer registered in the State of Indiana, a licensed professional geologist, or a licensed well driller. All other permit applications, plans, and specifications prepared for a county, a city, a town, a township, a school corporation, or any other political subdivision must be prepared in the State of Indiana or by other professionals under the direct supervision of the professional engineer registered in the State of Indiana and certified by the registered professional engineer. If you are unsure, submit your question to the Permits Section via email at <u>dwpermits@idem.in.gov</u> or by calling (317) 234-7425.
  - 15a. Apply the seal of the professional engineer responsible for the design of the water project and for the preparation of the construction permit application, if applicable
  - 15b. Enter the license number of the licensed professional geologist or licensed well driller responsible for the design of the well project and for the preparation of the construction permit application, if applicable.
  - 16a. Enter the signature of the professional engineer, licensed professional geologist, or licensed well driller certifying the application, plans, and specifications.
  - 16b. Enter the printed name of the professional engineer, licensed professional geologist, or licensed well driller certifying the application, plans, and specifications.
  - 17. Enter the email address of the engineer, licensed professional geologist, or licensed well driller listed in either box 16a or 16b. **NOTE: A valid email address is needed because the issued permit will be emailed to expedite delivery.**
  - 18. Enter telephone number(s) for the person in box 16.
  - 19. Name(s) and address(s) of the business the person from Box 16a/b is affiliated with.

- 20. If project contains water main construction, check box and complete Attachment A. See IDEM Guidance for Determining a Public Water System's Production Capacity.
- 21. If project contains well construction, check box and complete Attachment B. See IDEM Guidance for Determining a Public Water System's Production Capacity for guidance for determining the firm rated capacities of water production and treatment system components. For wells, the well pump and storage tank are included in the well application fee.
- 22. If project contains pump construction, check box and complete Attachment C. See IDEM Guidance for Determining a Public Water System's Production Capacity for guidance for determining the firm rated capacities of water production and treatment system components.
- 23. If project contains storage facility construction including addition of tank mixers, check box and complete Attachment D.
- 24. If project contains chemical addition construction, check box and complete Attachment E. A separate copy of Attachment E should be completed for each chemical proposed.
- 25. If project contains treatment facility construction, check box and complete Attachment F.
- 26. If project contains miscellaneous process modification construction (i.e. water softener, water filling station, UV) construction, check box and complete appropriate sections of Attachment G. With the exception of the section for water filling stations, Attachment G is mainly intended for use by small systems installing treatment. Larger systems should complete Attachment F for treatment processes.
- 27 Check appropriate boxes to questions concerning plans and specifications. NOTE: You may submit the completed application, specifications, and drawings digitally at <u>dwpermits@idem.in.gov</u>. 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 below.
- 28. Check 327 IAC 8-3-7(a) to see if a processing fee is required. Pursuant to 327 IAC 8-3-7, 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 <u>dwpermits@idem.in.gov</u> or by calling (317) 234-7425, prior to submitting the permit application. If a processing fee is required, check the appropriate box(es). If no fee is applicable because the PWS meets the definition of an "Exempted Government Entity", check the box and do not submit a processing fee. If a process fee is applicable and the project entails multiple checkboxes, only the largest permit fee is applicable. Do not add the permit fees together to determine the fee amount. Submit payment using <u>one (1)</u> 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 eCheck (ACH) or credit card:

Visit "IDEM: Online Payment Options" at <u>https://www.in.gov/idem/resources/e-services/online-payment-options/</u> and follow the instructions.

- 29. Include a complete narrative description of the project and/or a design memo in the space provided. If more space is needed, provide as a separate document, and submit with your application submittal.
- 30. **Public Notification:** IDEM 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/public-notices/. 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. A complete list of potentially affected persons along with a mailing label for each must also be submitted with the permit application, as required by 327 IAC 8-3-3.



### APPLICATION FOR CONSTRUCTION PERMIT FOR PUBLIC WATER SYSTEM - 327 IAC 8-3-3 State Form 35058 (R10 / 6-25)

State Form 35058 (R10 / 6-25) Approved by State Board of Accounts, 2025 Indiana Department of Environmental Management Drinking Water Branch Permit number

WS -

1. Name of Public Water System ( <i>PWS</i> ):		New	Existing	2. PWSID I	number (#####	##):	
3. Name of PWS official and title (i.e., Superintendent,		4. Telepho (  )	ne number of P	NS ((###) ###	<b>#-####</b> ):		
5. Address of PWS (number and street, city, state, an	<i>d ZIP code)</i> : 6. Name c	of project:			7. E-mail addre	ess of PWS of	ficial:
8. Main county of project: 9. Location of project:	I	10. Source of fun PWS Dev Other (specify	ding for project eloper Dept y):	: . of Commer	rce (DOC) Si	tate Revolving	g Fund
<ol> <li>Name, address (number and street, city, state, and ZIP code) and e-mail address of Local Government Official – Mayor:</li> </ol>	12. Name, address ( <i>n</i> and ZIP code) and or Council Preside	<i>umber and street,</i> d <b>e-mail address</b> of nt:	<i>city, state,</i> of Town Board	13. Name, a <i>state, a</i> County	address ( <i>numbe nd ZIP code</i> ) ar Commissioner	er and street, o nd <b>e-mail add</b> (if any):	<i>city,</i> I <b>ress</b> of
<ul> <li>14. Certification by Professional Engineer / Licensed C (see instructions): <ul> <li>I swear or affirm, under penalty of perjury as spe penalties specified by IC 12-30-10 and IC 13-15-attachments were prepared under my direction o submitted is, to the best of my knowledge and be further certify that construction of the proposed p specifications will meet the requirements of 327 I</li> </ul> </li> <li>16a. Signature of Professional Engineer / Licensed P Woll Driller.</li> </ul>	Geologist / Licensed We cified by IC 35-44.1-2-1 7-1-3, that this documer r supervision and that al lief, true, accurate, and roject following the appli AC 8. rofessional Geologist / L	Il Driller and other it and all l information complete. I cation, plans and icensed	15a. Professio	onal Enginee	er seal:		
16b. Printed name of Professional Engineer / License Well Driller:	d Professional Geologis	st / Licensed		4 11	erken (Mell Drill		
17. E-mail address(s) of Professional Engineer / Licer Licensed Well Driller:	ised Professional Geolo	gist /	15b. Geologis	t license nur	nder / Weii Dhik	er license nun	nber:
18. Telephone number(s) of Professional Engineer / L Geologist /Licensed Well Driller:	icensed Professional						
19. Name and address(s) <i>(number and street, city, st.</i> Professional Engineer / Licensed Professional Ge affiliated with:	ate, and ZIP code) of bu eologist / and/or License	isiness entity the d Well Driller is					
Check all that apply and submit a design summary de	scribing all proposed m	odifications and a	dditions:		FOR AGENC	Y USE ONLY	,
<ol> <li>For water main construction: Complete Attach</li> <li>For well construction: Complete Attachment B</li> </ol>	ment A			Date	application reco	eived electron	ically:
<ol> <li>For pumping station construction: Complete A</li> <li>For storage facility construction <i>(including tank</i>)</li> </ol>	ttachment C <i>mixers</i> ): Complete Atta	chment D		Date	complete applic	cation receive	d:
<ol> <li>For chemical addition construction: Complete</li> <li>For water treatment construction: Complete A</li> </ol>	cal proposed	Date	public notice st	arted:			
26. For miscellaneous process modification ( <i>i.e. w</i> Complete Attachment G ( <b>NOTE: Aside from f</b>	struction: small system	s.)	assigned:				
27. Plans and specifications (To be submitted electr	onically – see note at	end of instruction	ns.)				
A. Is one complete set of legible plans submitted?	Yes No	C. Is a set of s page signed	pecifications su I and sealed by	bmitted with a professio	n the cover nal engineer?	Yes	No
B. Is every page of the plans signed and sealed by a	professional engineer?					Yes	No

NOTE: UNLESS THE APPLICANT IS AN EXEMPTED GOVERNMENT ENTITY PURSUANT TO 327 IAC 8-3-7, THIS APPLICATION WILL BE RETURNED IF NOT SUBMITTED WITH THE REQUIRED FEE. EXEMPT ORGANIZATIONS ARE BOTH A GOVERNMENTAL ENTITY AND ONE OF THE FOLLOWING CATEGORIES: A NONPROFIT ORGANIZATION, A CONSERVANCY DISTRICT, A SCHOOL CORPORATION, OR REGIONAL WATER OR SEWAGE DISTRICT [327 IAC 8-3-7(a)]. IF YOU ARE NOT A GOVERNMENTAL ENTITY, THEN YOU ARE NOT EXEMPT FROM THE CONSTRUCTION PERMIT PROCESSING FEE. If the project includes multiple check boxes below, the applicable fee is not additive, just the largest permit fee is required. if the public water system qualifies as an "exempted government entity", check the applicable box so no permit fee is required.

A. New public water system treatment plant		C. Water main	
Groundwater:		Up to 2,500 linear feet	\$ 0
Up to 500,000 gallons per day	\$ 875	2,501 - 5,000 linear feet	\$ 260
Greater than 500,000 gallons per day	\$ 1,750	5,001 - 10, 000 linear feet	\$ 430
Surface water:		Greater than 10,000 linear feet	\$ 860
Up to 500,000 gallons per day	\$ 1,250		
Greater than 500,000 gallons per day	\$ 2,500	D. Wells	\$ 860
B. Public water system treatment plant expansion			
Up to fifty percent (50%) design capacity		E. Pumping systems or pump station	\$ 175
Up to 500,000 gallons per day	\$ 625		
Greater than 500,000 gallons per day	\$ 1,250	F. Storage tank	\$ 345
Greater than fifty percent (50%) design capa	acity		
Up to 500,000 gallons per day	\$ 1,250	G. Chemical addition	\$ 430
Greater than 500,000 gallons per day	\$ 2,500	H. Miscellaneous process modification	
		- F	

#### **EXEMPTED GOVERNMENT ENTITY**

IF A PROCESSING FEE IS REQUIRED, SEE INSTRUCTIONS FOR DETERMINING AMOUNT AND PAYMENT OPTIONS.

\$ 100 per process

29. Include a complete narrative description of the project and/or a design memo including all proposed modifications and additions. If more space is needed, attach additional pages.

#### THE COMPLETED APPLICATION MUST BE SUBMITTED ELECTRONICALLY TO <u>dwpermits@idem.in.gov</u>

30. Provide 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 potentially affected parties. The list shall contain: 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. I certify under penalty of law that all the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Public Water System official:	Date signed ( <i>mm/dd/yyyy</i> ):
Printed name and title of official:	



gpm

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NOTE: Before review of your water main A. A complete set of design dra proposed fire hydrants, isola manholes, catch basins, and components are to be install B. A complete set of design spe	i construction per wings including p ition valves, air re i inlets; and drawi ed; and ecifications for th	rmit application o plan and profile o elease valves, wa ings with details e water mains an	can begin, Irawings o ter servic showing h d all the a	the following it of the new water es, and water m now the water m issociated wate	ems must be provided: r mains showing the loca eters, culverts, sanitary pains and all the associa r system components.	ation of all e and storm s ted water sy	existin sewers /stem	g and ३,
1. Water Main Construction								
A. This construction is a <i>(check all that appl)</i> Water main extension	/): Replacement	Relocation	1	Raw water tran	smission Trea	ated water tra	ansmis	ssion
B. Water main description:								
Length (feet)	Material Type	Diamete	rs	Pipe Class	Pressure Rating	Join	t Type	s
Total length (feet):		•				1		
C. Depth of cover per frost penetration table	under 327 IAC 8-3	3.2-17(d):	in [	D. Is the propose	d main providing fire prote	ction?	Yes	No
E. Will the main and appurtenances be insta not, please attach a detailed description of t	lled, and pressure/ he pressure/leak te	/leak tested per cu esting method.)	rrent applica	ble American Wa	ter Works Association (AV	VWA) Standa	ards?(/ Yes	lf No
F. Will the main be disinfected per the current	AWWA C651 Star	ndard?	Yes N	No If No, attach	a detailed description of t	he disinfectio	on met	hod.
G. Will fire hydrants and water mains at each series standard? (If not, attach a detailed	ו tee, bend, and de description of the	ead end be blocke <i>method.)</i>	d or ancho	red per the curren	t applicable AWWA C600		Yes	No
2. Design Specifics and Plans								
A. Is the minimum horizontal clearance between mains and sewers, including storm drain at least ten (10) feet? (See 327 IAC 8-3.2)	veen water s, 2-9)	B. Yes No	Is the mini and sewers eighteen (*	mum vertical clea s, including storn 18) inches? <i>(See</i>	arance between water mai n drains, at least 327 IAC 8-3.2-9)	ns	Yes	No
C. Are there any stream crossings? Y	es No D. Ma	ximum spacing be lves (See 327 IAC	etween \$ 8-3.2-14):	: ft	E. Maximum spacing bett hydrants (See 327 IAC	ween 2 8-3.2-15):		ft
F. Is there a history of external corrosion pro explain corrosion protection measures)	blems with buried	pipe in the project	t area? <i>(If</i> :	so, provide a cop	by of any corrosion study a	and	Yes	No
3. System Design Data								
A. Firm capacity of PWS's production and to facilities:	reatment	mgd or	gpd E	3. Does the PWS other PWS's?	purchase water from (If so, complete Box 3C)		Yes	No
C If so enter names of all PWS's purchase	d from and the tota	al daily quantity of	water cont	ractually availabl	e.			
					-	mgd or		gpd
D. Total PWS production capacity (A + C): mgd or gp	E. Number of el served by P\	xisting service cor NS:	nections	F. Number of s water main	ervice connections to be s addition:	erved by the	e propo	sed
G Available flow at point of connection at m	inimum system pro	esure of 35 pair						anm
	minum system pre		0.00)				Vee	<u>gpin</u>
vviii system capacity increase ? (If so, sub     Demand of water main addition:	mit certifications re	equirea by IC 13-16	0-20)				res	INO
<ol> <li>Permana of water main addition.</li> <li>Fire demand (<i>if applicable</i>):</li> <li>Peak daily demand per new customer</li> </ol>	connection:							gpm gpm

3. Total peak daily demand with fire flow [(peak daily demand x number of new customer connections) + fire demand]:

J. Predicted pressure at point of connection with total peak daily demand:					
K. Predicted pressure at point of connection with total peak daily demand and fire flow:					
L. PWS's five (5) highest demand days in <b>previous two (2) years:</b>					
Demand <i>(gpd)</i> :	Date <i>(month/day/year)</i> :				
1.					
2.					
3.					
4.					
5.					
Two (2) year average highest daily demand (Average of 1 through 5 above):	gpd				
4. Summary of Flow Test Data (data must be attached)					
A. Date of flow test (month/day/year):					
B. Static pressure at flow test location:	psi				
C. Test flow rate:	gpm				
D. Residual pressure at test flow rate:	psi				
F. This flow test was conducted with:	the first of the point of connection of the hest include the elevations at both fire flow the first of the fi				
Fire hydrants (wide open) Fire hydrants (partially open to mai	intain 20 psi residual pressure) Flushing hydrants (wide open)				
G. I ank level during test:	ft				
H. Was the booster pumping station in the pressure zone of the water main ex	tension on or off during the flow test? On Off				
5. Water Main Construction Hydraulic Calculations					
Hydraulic model results enclosed or Hydraulic calculat	tions enclosed				
6. Alternative Technical Standard (ATS) - check all that apply					
This application utilizes pre-approved alternative to technical star	ndards (attach itemized list of all locations).				
This application proposes alternative technical standards (attach	itemized list and description of proposed ATS per 327 IAC 8-3.2-20).				
This application does not require the use of any alternative to tee	chnical standards.				

7. Cross Connection Hazard Prevention			
A. Are any customers ( <i>new or existing</i> ) served by the proposed water main designated as cross connection hazards in accordance with 327 IAC 8-10-4 (c)?	Yes	No	N/A
B. Will an air gap be constructed or a reduced pressure principal backflow preventer be installed on all such designated customer service lines?	Yes	No	N/A

8. Certification to Furnish Water (must be completed for a water main extension project)							
Thehas	s agreed to furnish water to the area in which water main						
City, Town, Village, Water Company or Water Authority							
extensions are proposed by	according to plans titled						
Name the person representing the funding entity of the construction project	t (e.g., developer)						
and prepared l	ру						
	Name of engineering firm						
The undersigned acknowledges the public water supplier's responsibility for examining the p	plans and specifications to verify the proposed extensions						
comply with local rules, laws, regulations, and ordinances.							
Signature of Public Water System (PWS) official:	Date signed (month, day, year):						
Printed name and title of PWS official:							



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Indiana Department of Environmental Management Drinking Water Branch			
<ul> <li>NOTE: Before review of your well construction permit application can begin, the following must be provider A. A copy of the approved well-site survey;</li> <li>B. Copies of recorded deeds or easements showing control of the land immediately surrounding the well C. A complete set of design drawings including general, civil, mechanical, architectural, structural, electic including a site plan showing the well location, isolation area (100' or 200' radius per well site survey contamination, a construction diagram of the well, and all schedules, plans, sections, and details need and well house, if any;</li> <li>D. A complete set of design specifications for the well and well house, if any, including pump curve(s);</li> <li>E. Data showing 100 years or highest known flood elevations in the area.</li> </ul>	d: ellhead; ctrical, and instrur /), all potential so cessary for const and	mentation drag urces of ruction of the	wings, well
1. Public Water System Design Data         A. How many wells are in the existing well field?         B. What are the names of the existing wells and what are the rated capacities (gpm), total dynamic head (ft), and motor horsepower (HP) of each well pump in the existing well field?	gpm @	ft TDH	HF
C. What is the current firm capacity gpm or mgd D. What is the firm capacity of the PWS's water tree facility that the new well(s) will supply?	eatment	gpm or	mgd
2. New well besign Data         A. How many new wells are proposed?         B. What are the names of the new well(s) and what is the rated capacity (gpm), total dynamic head (ft), and motor horsepower (HP) of each proposed well pump?	gpm @	ft TDH	HF
C. What type(s) of well are proposed? (gravel pack, tubular, radial collector, etc.) C. What method will be used to drill the well(s)? (rotary, cable tool, etc.)	at are the estimated oth(s) of the new w	d /ell(s)?	ft
F. Length(s) of new well casing(s):     ft     G. Diameter(s) of new well casing(s):     in     H. New well casing material(s):     I	. Proposed top of casing elevation	i(s):	ft
J. If a new well is in a well-house, how far will the well casing extend above the well-house floor?       in       K. How far above final ground surface will the well casing(s) extend?			in
L. Length of well ft M. Diameter of well in N. Screen material in O. screen(s): and slot size:	. Screen designed entrance velocity	:	fp
P. Type of grouting material ( <i>if applicable</i> ):       Q. To what depth will the well(s) be grouted? ( <i>if applicable</i> )       ft       R. Proposed well pump ( <i>line shaft, submers</i> )         S. What type of pump lubrication will be used on the new well(s)?       S.	o type(s) <i>ible, etc.</i> ):		
T. What provisions have been made for periodic water level measurements in the new well(s)?			
U. Which of the following will the discharge of the new well(s) be equipped with? (check all that apply) Shut-off value Smooth-nosed sampling tap Ai	eans of measuring ir release / vacuum	l flow n relief valve	
V. Are the well pump testing requirements described in the plans or specifications? ( <i>If not, explain</i> )		Yes	No
W. How will power be supplied to the pump(s) in the event of an interruption of the primary power source?			
X. Has the public water system's wellhead protection plan been updated to account for the new well(s)? (if applicable	e)	Yes	No
Attachment B, Page 1 of 1			



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Indiana Department of Environmental Management Drinking Water Branch Attachment C Pumping Station

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

- A. A complete set of plan and profile drawings including general, civil, mechanical, architectural, structural, electrical, and
- instrumentation drawings showing all schedules, plans, sections, and details necessary for construction of the pumping station;
- B. A complete set of design specifications for the pumping station;
- C. Data showing 100 years or highest known flood elevations in the area where the pumping station is located; and
- D. A summary of hydraulic analysis completed to determine the needed pumping station capacity and the design hydraulic operating conditions including the system curves for maximum, minimum, and average operating conditions, and proposed pumps curves.

A. What is the pump station's source of se	ation's source of supply? B. What is the 100 year or highest known flood elevation in the area?				ft	tation							
D. What is the elevation of the proposed the pump station location?	finished	l grade	at ft	E. Wł	nat is the	e pump	o station's pro gpd or	posed firm	n cap	acity? mgd	F. How many pumps ar	e propos	ed?
G. Type of pumping unit(s) proposed:	H. Syste	em dema	and: Av M Po Fi	verage aximun eak hou re flow:	day: n day: ur:		gpm gpm gpm gpm	I. Pump Net Rate Tota	o info positi ed ca al dyn	rmation ive suct pacity c amic he	n: ion head available: of each pump: ead:		ft gpm ft
13. How will power be supplied to the pum	ps in the	e event	of an	Interru	ριιοη το	une pri	mary power s	source ?					
K. What kind of monitoring will be provide	d and v	vhat is t	he for	m of co	ommunio	cation?	,						
L. How will the pump discharge flow(s) be	e measi	ured?											
M. Does each pump have a compound gauge on its suction line and a pressu gauge on its discharge line?	re	Yes	No	N. Is th cont	here a lo trol?	ow suc	tion cut-off	Ye	es	No	O. If so, what is its low suction cut-off setting?		psi
P. Does the pump have a check valve?					Yes	No	Q. If "Yes", v	where is th	he ch	eck val	ve located?		
R. Is cross connection control provided?		Ŷ	′es	No	S. Does city/t	s the p town o	roposed pum r county nois	ip station o e ordinano	comp ces?	ly with	all applicable	Yes	No

1010

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

State Form 35058 (R10 / 6-25) Approved by State Board of Accounts, 2025 Indiana Department of Environmental Management **Drinking Water Branch** 

<ul> <li>NOTE: Before review of your storage facility con</li> <li>A. A complete set of design drawings in drawings showing the storage facility schedules, plans, sections, and deta</li> <li>B. A complete set of design specificati detail;</li> <li>C. Data showing 100 year or highest km</li> <li>D. For tank mixers, provide specificati calculations showing 24-hour mixing</li> </ul>	nstruction perm including genera ity location, all s ails necessary fo ions for the stor nown flood eleva on sheet, install g volume.	it applic al, civil, ite pipir or const age faci ations ir lation lo	ation can begin, the follov mechanical, architectural, Ig and valves, the piping o ruction of the storage faci lity including coating spec In the area; and cation including any powe	ving must be provided: structural, electrical, and inst connection to the distribution s ility; cifications, sample tap location er cable or air line penetration	rumentatio system, and n, and samp s and desig	n d all ole tap gn
A. What is the 100 year or highest known flood elevation(s) in the area?		ft	B. What type of storage tan (standpipe, elevated, gro	k(s) are proposed? <i>ound, etc.)</i>		
C. What is the capacity of the storage tank(s)?		gals	D. What is the elevation at	the base of the storage tank(s)?		ft
E. What is the purpose of the water storage tank(s)?	F. Are there of	other exis	ting water storage tanks wit	thin the system?	Yes	No
Volume Pressure Fire protectio	n If so, what	is the tot	al storage capacity of the sy	vstem? (in gallons)		gals
G. What are the names of the existing storage tanks, t Tank Name	heir capacities <i>(g</i> apacity (gals)	<i>als)</i> and	overflow elevations <i>(ft)</i> ? Overflow Elevation (ft)	H. What is the elevation at the base of the storage tank(s)?		
						ft
I. How will the tank(s) be isolated from the distribution	system?	J. What	filling rate are the storage ta	nk(s) designed for?		gpm
K. What overflow rate is the overflow designed for?	gpm L. What overf	t is the d flow pipe	iameter of the in (s)?	M. Is the overflow pipe(s) scree with a 24 mesh screen?	ened Yes	s No
N. What type and diameter of vent will be provided?			O. Is the vent(s) screened v	vith a 24 mesh screen?		
Diameter:		in			Yes	3 No
P. What is expected to be the operating head range of the storage tank?	Q. What provisi	ons have	e been made to monitor wat	er levels in the storage tank?		
R. What provisions have been made to allow for draini	ng of the storage	tank?	S. What provisions have be	en made for sampling the water i	n the storaç	je tank?
T. What provisions have been made to protect the san	nple tap from free	ezing? l	J. How is the storage tank(s sabotage? (check all that	) protected from trespassers, val apply)	ndalism, and	Ł
			Site fenced Alarm	Ladder guard Lighting	Hatch	locked
V. Is cathodic protection included?	V. What measure	s will be	used to keep the water in th	e storage tank from freezing?		
Yes No						
<ul> <li>X. If utilizing tank mixer(s), provide responses to the item</li> <li>1. Type of mixing:         <ul> <li>If passive, provide justification as to why it will</li> </ul> </li> </ul>	ns below: be adequate:			ŀ	Active Pa	assive
2. Manufacturer name(s) <i>(if multiple options are beir</i> 3. Model #(s) <i>(if applicable</i> ):	ng bidded, list all):					
4. Are the mixer and all of its components in contact	t with potable wate	er certifie	d for compliance to ANSI/NS	F Standard 61?	Yes	No
5. Will all power or air lines penetrate the tank above	e the maximum w	ater heig	ht?		Yes	No
6. Tank volume(s):		5			ç	jallons
r. 24-nour rated mixing volume(s):					ç	jallons

		Attachment E Chemical Addition										
2 10 10 10 10 10 10 10 10 10 10 10 10 10	Approved by State Board of Accounts, 2025 Indiana Department of Environmental Management Drinking Water Branch											
NOTE: Before review A. Safety Dat B. Drawings	v of your chemical addition a Sheet (SDS) for the new c showing where and how the	construction permit appli hemical(s) <u>and</u> all other w e chemical storage and fe	cation ca ater treat ad equipn	n begin, the follo ment chemicals nent component	owing must be pro stored in the build is are to be located	vided: ling; l and everything el	se in the					
C. A diagram injectors, e D. Technical componen E. Chemical f	of the chemical storage an etc.); specifications for all chemic ts clearly showing the make eed and storage (minimum	d feed system showing all cal storage and feed equip a and model number of ea of 30 days of supply requ	compon oment sys ch propo ired) calc	ents (piping, val stem component sed component culations.	ves, calibration co ts or catalog cut sł ; and	lumns, vents, ove neets for all syster	rflows, n					
A separate copy of A	Attachment E should be con	pleted for each chemical	proposed	<u>1.</u>								
1. New Chemical Na	me and Purpose											
A. Chemical name (	common <u>and</u> brand name):		B. Chem	ical addition purp	ose:							
2. NewChemical Syst	em Design and Production	Data										
A. Type and name o Ground water	f source water(s) involved: Surface water / GWU	DI	B. Capac Desig	ity of treatment p n average flow: n maximum flow:	lant where chemica	l addition is propose gpm or gpm or	ed: mgd mad					
C. The Public Water	System's five (5) highest dem	and days in the <b>previous t</b> y	vo (2) ve	ars:		31						
	Demand (c	(bai			Date (month	dav vear)						
1					2010 (	aay, joar,						
2												
3.												
4.												
5												
Two (2) year average	e highest daily demand <i>(avera</i>	ge of 1 through 5 above):					gpd					
3. New Chemical Ma	terial Data											
A. Material designati	on (see IBC table 307.1(1) an	d 307.1(2)):	B. Mate	erial class and div	vision (see IBC table	e 307.1(1)):						
C. Incompatible mate	erials:					D. Chemical p	H:					
E. Chemical specific	gravity:		F. Relative density: Ibs/ft									
G. UN/ID No.			H. Hazard class:									
I. Is the chemical NS	F certified?	Yes No	<ul> <li>J. If not, list any other drinking water certifications:</li> </ul>									
4. New Chemical De	sign Dosage Rates											
A. Single dose: Minimum: Average: Maximum:	mg/l mg/l mg/l	B. Pre-dose: Minimum: Average: Maximum:		mg/l mg/l mg/l	C. Post-dose: Minimum: Average: Maximum:		mg/l mg/l mg/l					
5. New Chemical De	livery Design Data											
A. Gas chemical:			В.	Solid chemical:								
<ol> <li>Delivery method:</li> <li>Delivery contained</li> <li>Total weight to be</li> </ol>	Rail car Ton conta r weight: e stored onsite:	iner Cylinder Other	lbs Ibs	<ol> <li>Delivery me</li> <li>Delivery con</li> <li>Total weight</li> </ol>	thod: Bulk tru tainer content weigh to be stored on site	ck Bag O it: :	ther Ibs Ibs					
C. Liquid chemical: 1. Delivery meth 2. Delivery conta 3. Total volume t	od: Tanker truck Tote iner content volume: o be stored on site:	Drum Carboy C	D. ther gals gals	Does the volume the chemical is s Indiana Building	e/weight to be stored stored in be classifie <i>Code Table 307.1(</i>	d on site require the d as hazardous?( 1) and 307.1(2))	occupancy See Yes No					
6. New Gas Chemica	I Design Data <i>(if applicable</i>	)	I				N/A					
A. Number of containe Ton c	rs in service: ontainers Cylinders	B. Weight of gas chemical	in each co	ontainer in service II	e: C. Number of o	chemical scales:						

D. Type of chemical scale:	E	E. Chemical scale capacit	ty:	lt	os	F. Will a gas scrubber l provided?	се	Yes	No
G. Gas scrubber capacity ( <i>if applicable</i> ):	H. Days of gas chemical stored on site:1. At design average day flow and average dose rate:days2. At design maximum day flow and average dose rate:days						days days		
I. Gas chemical feed rate (in pounds per day):		Single do	se			Pre-dose	P	ost-dose	
Average flow and minimum dose rate			lbs/day			lbs/day			lbs/day
Average flow and average dose rate			lbs/day	lbs/day				lbs/day	
Maximum flow and maximum dose rate			lbs/day			lbs/day			lbs/day
J. Number of gas regulators:			K. Gas regulator capacity: (lbs/day)						lbs/day)
7. New Liquid Chemical Design Data (if applicable) N/A									
A. Number of bulk storage tanks: B. Liquid bulk storage tank ca			pacity:	gals	s C	Will secondary contain provided?	nment be	Ye	s No
D. Secondary containment volume: gals			E. Days of bulk chemical stored on site:day1. At design average flow and average dose rate:day2. At design maximum flow and average dose rate:day						days days
F. Method used to transfer liquid chemical from b	oulk ta	ink to day tank:				Gravity Hand	l pump M	echanica	l pump
G.Liquid day tank capacity:	∣als I	H. Will secondary contains be provided?	ment	Yes N	lo	I. Secondary contain volume:	ment		gals
<ul> <li>J. Hours chemical stored in day tank:</li> <li>1. Design average flow and average dose ra</li> <li>2. Design maximum flow and average dose</li> </ul>	K. Will a day t	tank scale	e be	provided?		Yes	No		
L. Day tank scale capacity: Ibs			M. Liquid chemical available concentration ( <i>in weight%</i> ): %					%	
N. Liquid chemical feed rate (in gallons per day): Single do			se Pre-dose Pc			st-dose			
Average flow and minimum dose rate:			gpd			gpd			gpd
Average flow and average dose rate:			gpd			gpd			gpd
Maximum flow and maximum dose rate:			gpd			gpd			gpd
O. Number of liquid chemical feeders:				uid chemi	cal	feeder:			
Q. Liquid chemical feeder maximum capacity: gpd			R. What type will be pro	of flow co vided?	ontro	ol Manual	Automated	d Flov	v paced
8. New Solid Chemical Design Data (if applicable) N/A									
A. Number of dry chemical feeders:			B. Type of dry chemical feeder: Volumetric Gravimetric						vimetric
C. Capacity of dry chemical feeder:	lb/da	D. Method used to train shipping containers	nsfer dry chen s to storage bi	nical from ns or feed	lers	<sup>s:</sup> Ma	anual Pne	umatic	Other
E. Dry chemical available concentration <i>(in weight%)</i> :			Dry chemical 1. Design ave 2. Design ave 3. Design max	feed rate rage flow rage flow ximum flo	ano ano w a	d minimum dose rate d average dose rate ind maximum dose rate			lb/day lb/day lb/day
9. Engineering Controls									
A. SCADA system Yes	No	B. WQ/process monitoring	g devices	Yes	No	C. Cyber security con	trols	Ye	s No
D. Emergency shower Yes	No	E. Emergency eyewash	Yes	No	F. Emergency respira	tory facemas	⊧k Ye	s No	
G. Emergency SCBA Yes	No	H. Heating and ventilation			No	I. Leak detection		Ye	s No
J. Alarms Yes	No	K. Chemical testing equip	ment	Yes	No	L. Backflow prevention	'n	Ye	s No



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- NOTE: Before review of your water treatment construction permit application can begin, the following must be provided: Results of the raw water chemical sampling and laboratory testing performed within the last year on each raw water source to be treated; Α.
  - В. Written summary of the water treatment process additions and or modifications including a description of the:
    - Existing water treatment process,
    - · Proposed treatment goals and objectives,
    - Proposed treatment additions and or modifications, •
    - Required chemical additions and or adjustments, if any,
    - Expected effects on waste residuals volumes and handling and disposal facilities, if any, and ٠
    - Pilot study report if a study was performed;
  - Tabular basis of design for the proposed water treatment system with the basis of design for all proposed treatment additions and or C. modifications and any other required process changes highlighted;
  - D. A complete set of design drawings of the water treatment additions and or modifications including the general, civil, mechanical, architectural, structural, electrical, and instrumentation drawings showing the water treatment facility location, all site piping and valves, and all schedules, plans, sections, and details necessary for construction of the proposed water treatment additions and or modifications, including a diagram of the water treatment process showing all chemical feed locations and proposed treatment changes, and a hydraulic profile of the water treatment process; and
  - E. A complete set of design specifications for all proposed treatment materials and equipment system components or catalog cut sheets for all system components clearly showing the make and model number of each proposed component.

1. Water Treatment Plant Name and Location B. Water treatment plant street address A. Water treatment plant name 2. System Design and Production Data A. Source water: C. Proposed treatment plant capacity: B. Existing treatment plant capacity: Ground water Design average flow gpm or mgd Design average flow gpm mgd gpm or mgd Surface water/GWUDI Design maximum flow gpm or mgd Design maximum flow gpm mgd gpm or mgd D. 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. gpd

Two (2) year Average Daily Demand (average of 1 through 5 above)

3. List of Treatment Systems (check all that	t apply)				
A. Micro screening	Existing	Proposed	E. Softening		
B.Clarification			Lime or lime-soda	Existing	Proposed
Pre-sedimentation	Existing	Proposed	Cation exchange	Existing	Proposed
Coagulation	Existing	Proposed	Other	Existing	Proposed
Flocculation	Existing	Proposed	F. Anion exchange	Existing	Proposed
Sedimentation	Existing	Proposed	G. Aeration		
Solids contact	Existing	Proposed	Natural draft aeration	Existing	Proposed
Modular tube or plate settling	Existing	Proposed	Forced draft aeration	Existing	Proposed
High-rate clarification	Existing	Proposed	Spray aeration	Existing	Proposed
C. Filtration			Pressure aeration	Existing	Proposed
Rapid rate gravity filters	Existing	Proposed	Packed tower aeration	Existing	Proposed
Rapid rate pressure filters	Existing	Proposed	H. Iron and manganese (Mn) control		
Diatomaceous earth filtration	Existing	Proposed	Oxidation, detention, and filtration	Existing	Proposed
Slow sand filters	Existing	Proposed	Mn greensand or oxide-coted media	Existing	Proposed
Direct filtration	Existing	Proposed	Sequestering by polyphosphates	Existing	Proposed
Deep bed rapid rate gravity filters	Existing	Proposed	Sequestering by sodium silicates	Existing	Proposed
Aerobic bio-filtration	Existing	Proposed	I. Arsenic control	Existing	Proposed
Anoxic biological filtration	Existing	Proposed	J. Stabilization and corrosion control	Existing	Proposed
Membrane filtration			K. Taste and odor control	Existing	Proposed
Ultrafiltration and microfiltration	Existing	Proposed	L. PFAS and PFOS control		
Nanofiltration and reverse osmosis	Existing	Proposed	Granular activated carbon	Existing	Proposed
D. Disinfection			Engineered resin adsorption	Existing	Proposed
Chlorine gas	Existing	Proposed	High pressure membranes	Existing	Proposed
Sodium hypochlorite	Existing	Proposed	Anion exchange	Existing	Proposed
Chloramines	Existing	Proposed			
Ozone	Existing	Proposed			
Chlorine dioxide	Existing	Proposed			
Ultraviolet (UV)	Existing	Proposed			

4	4. Engineering Controls				
А	<ul> <li>Security fencing</li> </ul>	B. SCADA system C. WQ/process monitoring de	vices		
	N/A Yes No	N/A Yes No	N/A	Yes	No
D	). Cyber security controls	E. Emergency shower and eyewash F. Backup power			
	N/A Yes No	N/A Yes No	N/A	Yes	No
G	Emergency respiratory facemask	H. Emergency SCBA I. Heating and ventilation			
	N/A Yes No	N/A Yes No	N/A	Yes	No
J	. Leak detection	K. Alarms L. Backflow prevention			
	N/A Yes No	N/A Yes No	N/A	Yes	No

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NOTE: Before review of your miscellaneous p where applicable: A. Water filling station – site location	process modification on n, specification sheet,	construction permit ap transfer pump locatio	oplication, and	on can begin, the following must be pr type and location of backflow prevent	ovideo er	t
<ul> <li>B. Water softeners – specification sl number of units, and salt storage</li> <li>C. Bag/Cartridge filter – site location</li> </ul>	heet, location on site p e capacity. n, copy of filtration effi	blan, raw iron and man ciency demonstration	report	e concentration, and calculations justi , and specification sheet of the bag/ca	fying s rtridge	ize, filter
components. D. UV (point of entry/point of use) - :	site location, operation	n and maintenance pla	an, NSI	F Standard 55 Class A proof of certification	ation,	
calculations demonstrating high relating to minimum requirement E. Reverse osmosis (point of entry/ certification, calculations demon guality results relating to minimu	est flow of the system s for the selected unit point of use) - site loc strating highest flow o im requirements for th	and sizing of the unit (s). ation, operation and n of the system and sizi le selected unit(s).	(s), spe nainter ng of tl	ecification sheet, and raw water quality nance plan, NSF Standard 58 proof of he unit(s), specification sheet, and raw	y resul / water	ts
1. Water Filling Station						
A. Is the station located in an area that will not change the flow of direction or adversely affect the distribution supply or pressure?       B. Are all materials, including pipes, fittings, valves and transfer tubing, certified for compliance with ANSI/NSF Standard 61?       C. What type of backflow prevention will						ided?
Yes No		Yes	No	Air gap	RP	'ZD
from contacting the ground?	Yes No	be certified for complia	ance w	ith ANSI/NSF Standard 61?	Yes	No
2. Water Softener (Small pre-manufactured	units intended for	residential/commer	rcial u	se)		
A. Water softener manufacturer(s):	B. Model number(s):			C. Number of cation resin units:		
D. Number of salt storage tanks:	E. Total salt tank(s) capacity: Ibs F. Is the wa			F. Is the water softener system certified to NSF/ANSI Standard 44?	Yes	No
G. What is the raw water iron mg/l H. W concentration?	/hat is the raw water ma oncentration?	anganese mg/l	I. Will disc	the regeneration, rinse, and air relief harge pipes have air gaps?	Yes	No
J. Will the softener(s) have a bypass line on each unit? Yes No	shed ended? Yes No	L. How many days wor of salt will be stored on site?	rth	M. Does the salt packaging have the NSF/ANSI days Standard 60 stamp/logo?	Yes	No
3. Bag/Cartridge Filter (Small pre-manufactured	units intended for res	idential/commercial u	ise)	514 - m/ - NO	Mara	
B. Which method below was utilized in the filtration Microscopic particulate analysis, including pa Cryptosporidium particle removal evaluation i Challenge testing procedure for such filters de Non-consensus live cryptosporidium challeng Other	efficiency demonstratio rticle counting, sizing ar n accordance with proce escribed in Chapter 8 of le studies that have bee	n? nd identification edures specified in NSF i the LT2 Enhanced Sur n designed and carried	Standa face Wa out by	ard 419 or equivalent ater Treatment Rule Toolbox Guidance M a 3rd party agent	lanual	
C. How many log reduction in particles size 2 micro	n and above will be pro	vided?				log
D. Are the housing, bags/cartridges, membranes, g	askets and o-rings certi	fied for compliance to A	NSI/NS	SF Standard 61?	Yes	No
E. Will the flow rate through the bag/cartridge filter(s) be controlled and monitored with a flow valve and meter?						
F. Will the ability to discharge or pump to waste after each bag/cartridge filter(s) vessels be provided for maintenance and disinfection purposes?						
G. Will pressure media filters be used for pretreatment? If "Yes", will pressure gauge(s) and sampling tap(s) be installed before and after the bag/cartridge filter(s)?						
H. What maximum pressure differential or other fac	tor, such as filter run tim	ne, will necessitate a filte	er repla	cement?		
I. Will an automatic air release valve be installed or	n top of the filter housing	g?			Yes	No
J. Will a minimum of two (2) bag/cartridge filter hou must provide water continuously?	isings operating in paral	lel be provided for wate	er syster	ms that	Yes	No
4. UV (Point of Entry/Point of Use)						
A. Will the system be installed at the point of entry	or the point of use?	Point of Entry	Point of	Use B. Dosage:	(m.	J/cm <sup>2</sup> )
C. Which of the following will the system be equipp (check all that apply)	ed with? D. Will the ANSI/NS	UV system be certified t F Standard 55? If so, is ion Class A or Class B?	to s the	E. Will the system be accessible for cleaning?	Yes	No
Performance Indicator Lamp Verification Flow Controller Audible Alarm Run Time Clock	n indicator	Class A Yes, Class I	BN	F. Will the system's housing prevent UV exposure?	Yes	No
5 Reverse Osmosis (Point of Entry/Point of Use		,		1		
A. Will the system be installed at the	/	B. Will the reverse o	osmosis	system be certified		
point of entry or the point of use? Point of	of Entry Point of Use	e to ANSI/NSF Sta	andard (	58?	Yes	No

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Attachment G Miscellaneous Process Modification