

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Health
525 W. Jefferson St.
Springfield, IL 62761

NON-COMMUNITY PUBLIC WATER SYSTEM
APPLICATION FOR PERMIT TO CONSTRUCT, ALTER OR EXTEND A DRINKING WATER SYSTEM

1. PROPOSE TO Construct
 Alter
 Extend a water system
TO SERVE A New or
 Existing _____ facility, e.g. restaurant, office, school, motel, church, etc.

NOTE. If a facility is existing, include its non-community public water system (NCPWS) identification number (I.D.#) _____.

Is this system a Transient Non-Community Public Water System

A water system that regularly serves an average of 25 persons daily for any 60 days out of the year.

Non-Transient, Non-Community Public Water System

A water system that regularly serves an average of 25 of the same persons daily for six months out of the year.

2. Owner	2A. Individual responsible for system operation/water sample collection
Name _____	Name _____
Address _____	Address _____
City/State/ZIP Code _____	City/State/ZIP Code _____
Telephone Number _____	Telephone Number _____
Fax Number _____	Fax Number _____

Is this individual a certified operator? YES NO If yes, certification number _____
(Applies to non-transient systems only) Year certified _____
Certifying agency _____

3. Well Contractor
Name _____ License Number _____
Mailing Address _____ City/State/ZIP Code _____ Telephone Number _____

4. Well Location County _____ City _____
Street _____
Township _____ [N] or [S] Range _____ [E] or [W] Township Name _____
_____ Quarter of the _____ Quarter of the _____ Quarter

Setback Is the system within the setback zone of any community public water system (CPWS)?
 YES NO If yes, name of CPWS _____ Distance from CPWS _____ feet

List all known potential sources of contamination (sites) within 1,000 feet of the water system described in this application (e.g., buried fuel storage tanks, seepage fields, abandoned wells, hazardous waste sites, landfills, etc.) NONE

SITES	Type	Distance from Well (approximately)
_____	_____	_____ feet

5. Directions to Site (Highway No., secondary road, signs to follow, etc.)

6. System Information

Number of People Served (estimate) _____ Water Usage (GPD) _____
(daily average, must be 25 or more)

Storage Capacity

Pressurized (Standard Tank) _____ gallons.
Pressurized (Precharged Tank) _____ gallons Precharged Pressure _____
Non-Pressurized _____ gallons
Operation Pressure **on** _____ psig **off** _____ psig

Pump Type _____ Pump Capacity _____ gpm @ _____ TDH

Distribution Piping

From well pump to pressure tank Material _____ Size _____
From pressure tank to building distribution Material _____ Size _____
Building distribution piping Material _____ Size _____

7. Describe Proposed Construction (Attach sheet[s] with lot diagram and water system plan.)

INDICATE THE DISTANCES BETWEEN THE WELL AND ANY KNOWN POTENTIAL CONTAMINATION SITES WITHIN 1,000 FEET OF THE WELL.

8. THIS INFORMATION IS REQUIRED FOR NON-TRANSIENT NON-COMMUNITY PUBLIC WATER SYSTEMS ONLY.

A. Financial Capacity

Have sufficient funds been allocated to provide for system maintenance and operation, including the costs for chemical monitoring as required by the Illinois Drinking Water Systems Code? [] YES [] NO If yes, annual amount _____

B. Laboratory Services

The following certified laboratory has been contacted and will conduct the required chemical analyses (SOCs, VOCs and IOCs, lead/copper, etc.)

Laboratory Name _____
Illinois Certification Number _____

C. What arrangements have been made for an emergency water supply in the event -

- 1) Water service is interrupted due to broken pipes, pump failure or lack of sufficient water quantity?
- 2) Water quality fails to meet any drinking water maximum contaminant level or treatment technique?

EXPLAIN _____

9. I CERTIFY THAT THE ATTACHED INFORMATION IS COMPLETE AND CORRECT AND THAT, IF APPROVED, THE WORK WILL CONFORM WITH THE CURRENT RULES FOR DRINKING WATER SYSTEMS.

Signature of Owner

Date