



**APPLICATION FOR SANITARY SEWER
CONSTRUCTION PERMIT PER 327 IAC 3**

STATE FORM 53159 (R2 / 9-08)

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Facilities Construction Section
100 North Senate Avenue, room N1255
Indianapolis, IN 46204-2251

INSTRUCTIONS:

1. This form must be filled out completely.
2. Additional pages (attachments following this form) are part of this application form and must be filled out completely.
3. Submission of plans and specifications are part of the application.
4. Submit the application form, additional pages, plans and specifications to the above address.
5. If you have any questions regarding this application, call IDEM's Office of Water Quality at (317) 232-8670.

APPLICANT	APPLICANT'S ENGINEER OR LAND SURVEYOR
Name	Name
Company Name	Company Name
Address	Address
Address	Address
Telephone number	Telephone number
NAME AND LOCATION OF PROPOSED FACILITY	ATTACHMENT CHECKLIST
Name (<i>Project Name</i>)	A. Sanitary Sewer Design Summary Form: <input type="checkbox"/> Yes
Location (<i>Referenced to two existing streets</i>)	B. Capacity Certification/Allocation Letter: <input type="checkbox"/> Yes
Location	C. Certification of Registered Engineer or Land Surveyor Letter: <input type="checkbox"/> Yes
Location	D. Plans and Specifications: <input type="checkbox"/> Yes
City	E. Identification of Potentially Affected Persons (see note below): <input type="checkbox"/> Yes
County	F. Mailing Labels for Potentially Affected Persons: <input type="checkbox"/> Yes
	<i>Note Regarding item (E) above: Fully identify all persons, by name and address, who may be potentially affected by the issuance of this permit, such as adjoining landowners, persons with a propriety interest, and/or persons who have complained or submitted comments about your facility. Under IC 4-21.5-3-4, IDEM is required to notify potentially affected persons of its permit decision.</i>
PERMIT APPLICATION FOR CONSTRUCTION, EXPANSION, OR MODIFICATION OF <i>(Check all that apply)</i>	FUNDING
A. Municipal Collection Facility: <input type="checkbox"/> Yes	SRF Funding: <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Semipublic Collection Facility: <input type="checkbox"/> Yes	
C. New facility: <input type="checkbox"/> Yes	
D. Expansion or modification of existing facility: <input type="checkbox"/> Yes	
CERTIFICATION AND SIGNATURE	
Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application and to the best of my knowledge and belief such information is true, complete and accurate.	
Printed name of person signing	Title
Signature of Applicant	Date application signed (<i>month, day, year</i>)
Please refer to IC 13-30-10 for penalties of submission of false information	

Dear Applicant:

To complete your construction application, you must submit **all** of the necessary items. If your application materials are incomplete, you will be sent a deficiency notice, and your application will be retained for 60 days. If the information is not received within the 60 day period your application will be denied due to incompleteness. You can get a copy of this application package on the Internet at: <http://www.in.gov/ideM/4875.htm> or <http://www.in.gov/ideM/5157.htm#waterforms>. Please complete the following steps (only one copy of the requested documents needs to be submitted):

- Request that the utility to which you will be connecting your gravity sewer or force main complete the attached Capacity Certification/Allocation Letter.
- A completed Certification of Registered Professional Engineer or Land Surveyor Letter must be completed by the professional engineer or land surveyor who designed and stamped the plans. A copy of this letter is attached.
- Complete all the information on the sewer design summary and certify it with a professional engineer's stamp (or land surveyor's stamp for gravity sewer projects), signature and date.
- Sign and date the application form and fill it out completely. Municipal projects must be signed by a city or town official. Others, such as private projects, can be signed by the owner or a representative.
- Submit one set of plans with profiles and bedding details. Every page must be stamped and signed by a professional engineer (or land surveyor for gravity sewer projects).
- List all affected parties. This list should include: officials of affected counties, cities or towns; adjacent property owners; and all other potentially affected parties, their names and mailing addresses. A completed set of mailing labels with the mailing code of 65-42FC listed above each party on each label is required.
- Please be advised that if your project will disturb one (1) or more acres of land area, coverage under 327 IAC 15-5 (Rule 5) is required. Rule 5 is the General Permit for Storm Water Runoff Associated with Construction Activity. You can review the Rule 5 web site for information at: <http://www.in.gov/ideM/4902.htm> and/or contact Permits Coordinator at 317/233-1864 for more information.

Please send construction applications to:

Indiana Department of Environmental Management
Office of Water Quality- Mail Code 65-42
100 North Senate Avenue, Rm N1255
Indianapolis, IN 46204-2251
Attention: Don Worley

Telephone: 317/232-5579

327 IAC 3.5.5 Wastewater Construction Permit Fees
(There are currently no fees required for Sewer Projects, either private or public).

SANITARY SEWER DESIGN SUMMARY**Design Flow**

Design Flow			
Number of units			
	1 bedroom apartments	200 gpd/unit	gpd
	2 bedroom apartments	300 gpd/unit	gpd
	Single family homes	310 gpd/unit	gpd
	Commercial lots		gpd
			gpd
			gpd
		Total average flow	gpd
Peaking factor		Peak flow	gpd

Sewer

ft.	8-inch _____ (sewer type)	(P.E. or L.S. stamp, signature and date)
ft.	10-inch _____	
ft.		
ft.		
ft.		
ft.	Total length of sewer	
The new sewer will be connected to an existing _____ -inch diameter sanitary sewer at _____ (referenced to two existing streets)		

Lift Station

Type	(wet/dry, submersible, wet-well mounted, etc.)			
Number of pumps				
Capacity of pumps	gpm	TDH	RPM	HP
Back-up power source	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Average wet-well detention time				
Audio/visual alarm with self-contained power supply or telemetry system				
Force Main	_____	feet of _____	-inch	(type)
Force main discharge elevation				

Waste Treatment

Wastewater treatment will be provided by	
--	--

Inspection/Maintenance

Inspection during construction will be provided by	
Maintenance after completion will be provided by	

CAPACITY CERTIFICATION/ALLOCATION LETTER*This form must be filled-out in its entirety.*

Name of applicant
Name of owner
Name of project

CERTIFICATION

I, _____, representing the _____, in my capacity
 (Name of individual) (Name of city or town)
 as _____ have the authority to act on behalf of the _____
 (Title) (Name of city or town)

certify that I have reviewed and understand the requirements of 327 IAC 3 and that the sanitary collection system proposed, with the submission of this application, plans and specifications, meets all requirements of 327 IAC 3. I certify that the daily flow generated in the area that will be collected by the project system will not cause overflowing or bypassing in the collection system other than NPDES authorized discharge points and that there is sufficient capacity in the receiving water pollution treatment/control facility to treat the additional daily flow and remain in compliance with applicable NPDES permit effluent limitations. I certify that the proposed average flow will not result in hydraulic or organic overload. I certify that the proposed collection system does not include new combined sewers or a combined sewer extension to existing combined sewers. I certify that the ability for this collection system to comply with 327 IAC 3 is not contingent on water pollution/control facility construction that has not been completed and put into operation. I certify that the project meets all local rules or laws, regulations and ordinances. The information submitted is true, accurate, and complete, to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Gallons per day (Total Average Flow for Project)	
Wastewater treatment plant (Name of WWTP)	
Sewers (Owners of sewers)	
Signature	Date Signed (month, day, year) / /

(Please refer to IC 13-30-10 for penalties of submission of false information.)

CERTIFICATION OF REGISTERED PROFESSIONAL ENGINEER OR LAND SURVEYOR LETTER*This form must be filled-out in its entirety.*

Name of applicant
Name of owner
Name of project

CERTIFICATION

I, _____, representing the project applicant, in my capacity as a registered
 (Name of individual) (Name of city or town)
 professional _____, _____ certify the
 (Engineer or Land Surveyor) (Indiana registration number)

following under penalty of law: The design of this project has been performed under my direction or supervision to assure conformance with 327 IAC 3 and the plans and specifications require the construction of said project to be performed in conformance with 327 IAC 3-6. The peak daily flow rates, in accordance with 327 IAC 3-6-11 generated from within the specific area that will be collected by the proposed collection system that is the subject of the application, plans, and specifications (when functioning as designed and properly installed), will not cause overflowing or bypassing in the same specific area serviced by the proposed collection system other than from NPDES authorized discharge points. The proposed collection system does not include new combined sewers (serving new areas) or a combined sewer extension to existing combined sewers. The sewer at the point of connection is physically in existence and operational. Based upon information provided by the owner of the Wastewater System, the ability for this collection system to comply with 327 IAC 3 is not contingent on downstream water pollution/control facility construction that has not been completed and put into operation. The design of the proposed project meets applicable local rules or laws, regulations and ordinances. The information submitted is true, accurate, and complete, to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Gallons per day (Total Average Flow for Project)	
Wastewater treatment plant (Name of WWTP)	
Sewers (Owners of sewers)	
Signature	Date Signed (month, day, year) / /

(Please refer to IC 13-30-10 for penalties of submission of false information.)

SANITARY SEWER SUBMISSION CHECKLIST

1. Application	Check here
A. Applicant's name and address	<input type="checkbox"/>
B. Applicant's Engineer: company name, engineer's name, address, telephone	<input type="checkbox"/>
C. Name and location of proposed sanitary sewer	<input type="checkbox"/>
D. Type of collection facility the project will connect to (municipal or semipublic)	<input type="checkbox"/>
E. Signature of applicant or authorized agent including date signed	<input type="checkbox"/>
2. Sanitary Sewer Design Summary	Check here
A. Design flow	<input type="checkbox"/>
1. Multiply number of units by recommended average flow for that type of unit. Refer to 327 IAC 3-6-11 design flow rate requirements for collection systems and water pollution treatment/control facilities. This is a section of the Article 3 Administrative Code and is available on the internet at www.in.gov/legislative/iac/T03270/A00030.PDF . You would need to click under Water and look for Title 327 IAC 3 or Article 3.	
2. Total all average flow and enter total average flow	
3. Enter peaking factor. If peaking factor and factor is unknown, a factor of 4 is usually sufficient, however, an exact factor may be calculated from the following equation: $\text{Peaking factor} = \frac{18 + (\text{Square root of } P)}{4 + (\text{Square root of } P)}$ Where P is the population in thousands:	
4. Multiply total average flow by peaking factor and enter product as peak flow	
B. Gravity sewer length and type. Please include the length, diameter, and type of sewer pipe with applicable SDR and ASTM specifications, and type of bedding.	<input type="checkbox"/>
C. Certifier's seal. Sanitary Sewer Design Summary should be sealed and signed by a registered professional engineer or a land surveyor if no lift station is involved.	<input type="checkbox"/>
D. Connection Point	<input type="checkbox"/>
1. Diameter of existing sewer at connection point (unless connection point is at a lift station)	
2. Location of connection point relative to an intersection of two (2) streets, i.e. so many feet west and so so many feet north of the intersection of street A and street B	
E. Lift station: enter all proposed lift station information, or enter N/A if no lift station is involved. (If an existing lift station is being directly affected, enter existing lift station information and specify that it is an existing lift station and include its current load).	<input type="checkbox"/>
1. Number and capacity of pumps.	
2. Provide design calculations for TDH and wet-well detention time.	
3. Provide a graph of the pump curves.	
4. Specify highest elevation in the force main.	
5. Specify force main length, diameter and material (ASTM and SDR), and bedding.	
6. Specify an audio and visual alarm with self contained power supply and telemetry.	
7. Specify nature of back-up power source for lift station, if any.	
F. Waste treatment: enter the name of semipublic or municipal treatment facility which the project will be connecting to: if there is more than one treatment facility in the municipality or sanitary district, please specify which one.	<input type="checkbox"/>
G. Inspection/Maintenance: please specify name of company, individual or party responsible for inspection during the construction of the project and maintenance of the project after construction is complete.	<input type="checkbox"/>
3. Capacity certification/allocation letter	Check here
Provide the utility that is treating the wastewater the attached capacity certification/allocation letter. This letter must be filled out in its entirety.	<input type="checkbox"/>
4. Plans and specifications	Check here
A. Every page of the plans should be signed and sealed, as well as the cover page for any specifications.	<input type="checkbox"/>
1. Professional engineers who are registered within the state of Indiana are eligible to certify plans and specifications for all types of projects.	
2. A land surveyor who is registered within the state of Indiana may certify plans and specifications for gravity type sanitary sewers <u>only</u> , and may not certify plans and specifications involving lift stations and force mains.	

4. Plans and specifications (continued)	Check here
B. The following items are usually necessary for proper technical review of sanitary sewers and lift stations:	<input type="checkbox"/>
1. Plan view of the sewers including minimum ten foot horizontal separations of sewer and water mains, and connection point of the proposed sanitary sewer.	
2. Profile view of the sewers including: slope, invert elevations, existing grade, proposed grade, distances from manhole to manhole, existence of special features, and a minimum of 18-inch vertical separation of sewer and water mains.	
3. Where applicable, details of all appurtenances including manholes, drop manholes, inverted siphons, etc.	
4. Bedding details for installation of Sanitary Sewer/Force Main:	
a. Rigid pipe: should be class A, B or C as described in ASTM C 12.	
b. Flexible pipe: should be class I, II, or III as described in ASTM D 2321	
5. Minimum three foot cover depth above the crown of the sanitary sewer force main.	
6. Automatic Air Relief valves to be placed at all relative high points in the force main to prevent air locking.	
7. Mechanical joints should be specified for all aerial, river or lake crossings.	
* Note: construction within a floodway (river, lake, etc.) must receive approval from Indiana Department of Natural Resources, Division of Water.	
5. A list of names and addresses of all persons or parties who may be potentially affected by the issuance of this project. Please be aware that failure to properly identify and notify these people could have the result of voiding any decision made regarding this permit.	Check here
A. The applicant must take full responsibility for proper identification of all potentially affected persons or parties.	<input type="checkbox"/>
B. The following are the minimum recommendations made by this office made as to who should be included in this list:	<input type="checkbox"/>
1. All landowners adjacent to the property where the proposed construction is to occur.	
2. All persons with a substantial and direct proprietary interest in the issuance of this permit, such as, nearby businesses that could have their business in some way affected by the issuance of this Construction Permit.	
3. Anyone who is known to have complained or otherwise expressed an interest in this particular project or projects in this specific area.	
4. Anyone else whom the applicant may feel that might be potentially affected by the issuance of this permit.	
6. The Application form must be signed and dated by the applicant or his duly authorized agent.	
Please note that this checklist is only designed to expedite the review process by assisting the applicant in submission for sanitary sewer construction permits, and in no way is intended to replace the technical review process, nor is it a substitute for the actual Construction Permit.	

IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

Please list any and all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under law. Failure to notify a person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with Administrative Orders and Procedures Act (AOPA), please list all such parties. The letter on the opposite side of this form will further explain the requirements under the AOPA. Attach additional names and addresses on a separate sheet of paper, as needed.

Name	
Address (<i>number and street</i>)	
City	
State	ZIP

Name	
Address (<i>number and street</i>)	
City	
State	ZIP

Name	
Address (<i>number and street</i>)	
City	
State	ZIP

Name	
Address (<i>number and street</i>)	
City	
State	ZIP

Name	
Address (<i>number and street</i>)	
City	
State	ZIP

Name	
Address (<i>number and street</i>)	
City	
State	ZIP

Name	
Address (<i>number and street</i>)	
City	
State	ZIP

Name	
Address (<i>number and street</i>)	
City	
State	ZIP

CERTIFICATION

I certify that to the best of my knowledge I have listed all potentially affected parties, as defined by IC 4-21.5-3-4.

Proposed facility name	Printed Name
City	Signature
County	Date (<i>month, day, year</i>) / /

IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS (CONTINUED)

To: Applicant

Subject: Identification of Potentially Affected Persons

The Administrative Orders and Procedures Act (AOPA), IC 4-21.5-3-4, requires that the Indiana Department of Environmental Management (IDEM) give notice of its decision on your application to the following persons:

- Each person to whom the decision is specifically directed,
- Each person to whom a law requires notice be given.

IC 13-15-3-1 requires IDEM to provide notice of receipt of a permit application to the following:

- 1. The county executive of a county affected by a permit application,**
- 2. The executive of a city affected by a permit application,**
- 3. The executive of a town council of a town affected by a permit application.**

Under IC 13-15-3-1 (b) IDEM is requesting information necessary to provide such notice to the appropriate officials.

Attention:

Since June 17, 1999, mailing labels are required to be submitted with your project. Having these labels with your application is helpful to you as well as our office. These mailing labels need to have the names and addresses of the affected parties along with our mailing code (which is 65-42FC) listed above each affected party listing.

For Example: 65-42FC
 JOHN DEERE
 111 CIRCLE DR
 YOUR CITY IN 44444