Instructions for State Form 53159
Application for Sanitary Sewer Construction Permit

All essential items listed below must be provided upon initial receipt of a construction permit application or the application will be deemed incomplete and will not be reviewed. If an application has been deemed incomplete, an e-mail identifying the missing or incomplete essential items will be sent to the applicant (with copy e-mailed to applicant's engineer or land surveyor). As a courtesy, IDEM will temporarily retain the application and associated plans and specifications. If the identified essential items have not been received within the allotted time noted in the e-mail, the application will be void and all associated documents, plans and specifications will be discarded (recycled). The applicant will then need to reapply with a new, completed application as well as resubmit any associated plans and specifications. Please submit only **one** copy of all application items.

1. Application for Sanitary Sewer Construction Permit
   - Applications from municipalities must be signed and dated by an authorized official and applications from non-municipalities must be signed and dated by the owner or a representative.
2. Collection System Design Summary
3. Capacity Certification from the collection and treatment system owner(s) to which the proposed sanitary sewer and/or force main will be connected
   - If more than one utility will be transporting and/or treating the wastewater, a Capacity Certification from each utility is required.
4. Registered Professional Engineer or Land Surveyor Certification by the applicant's engineer or land surveyor
5. Final Construction Plans and Specifications
   - Every page of the plans as well as the cover page for any specifications should be signed, sealed, and dated by an Indiana registered professional engineer or land surveyor. Land surveyors may certify plans and specifications for gravity type sanitary sewers only, not including lift stations and force mains.
6. Identification of Potentially Affected Persons form and mailing labels

When all essential items of a construction permit application are received, the project will be assigned to a project engineer for technical review. If no administrative or technical deficiencies are found during review, a construction permit will be issued. However, if administrative or technical deficiencies are found, a deficiency notice will be e-mailed to the applicant (with copy e-mailed to applicant's engineer or land surveyor). If all deficiencies are not adequately addressed within sixty (60) days from the date of the deficiency notice, the permit application will be denied.

A copy of this application can be found at: www.in.gov/idem/cleanwater/2430.htm

Send construction permit applications to:

Indiana Department of Environmental Management
Office of Water Quality
Facility Construction and Engineering Support Section, Mail Code 65-42FC
100 North Senate Avenue, Room N1255
Indianapolis, IN 46204-2251

For any questions, call the Facility Construction and Engineering Support Section at 317/232-5579.

APPLICATION FOR SANITARY SEWER CONSTRUCTION PERMIT PER 327 IAC 3

State Form 53159 (R7 / 2-20)

Indiana Department of Environmental Management
Office of Water Quality
Facility Construction and Engineering Support Section,
Mail Code 65-42FC
100 North Senate Avenue, Room N1255
Indianapolis, IN 46204-2251

APPLICANT	APPLICANT'S ENGINEER OR LAND SURVEYOR
Name ☐ Mr. or ☐ Ms.	Name ☐ Mr. or ☐ Ms.
Name of Organization	Name of Company
Address *(number and street, city, state, and ZIP)*	Address *(number and street, city, state, and ZIP)*
Telephone Number ( )	Telephone Number ( )
E-Mail Address	E-Mail Address

NAME AND LOCATION OF PROPOSED FACILITY	PROJECT DESCRIPTION
Name	Describe the scope and/or purpose of this project
Location or Project Boundaries	
City or Town	
County	

SOURCE OF FUNDING

☐ IFA's Wastewater State Revolving Fund Loan Program
☐ OCRA's Community Development Block Grant
☐ USDA's Rural Development Loan and Grant Assistance
☐ Local Funds
☐ Private Funds
☐ Other:

CERTIFICATION AND SIGNATURE

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-15-7-1(3), that the statements and representations in this application are true, accurate, and complete.

Printed Name of Person Signing	
Title	
Signature of Applicant	Date Signed (*month / day / year*) / /

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

COLLECTION SYSTEM DESIGN SUMMARY

Design Flow – Refer to 327 IAC 3-6-11 for Design Flow Rate Requirements

Description of Units Served	Design Flow Per Unit	Number of Units	Unit Design Flow
Example: Single family homes	*310 gpd/unit*	*30*	*9,300 gpd*
	(gpd/unit)		gpd
	(gpd/unit)		gpd
	(gpd/unit)		gpd
	(gpd/unit)		gpd
	(gpd/unit)		gpd
	Average Design Flow		**gpd**
Peaking factor	**Peak Design flow**		**gpd**

Gravity Sewer Pipe

☐ Applicable ☐ Not Applicable

Length	Diameter	Material	ASTM or AWWA Standard	SDR or DR	Pressure Class (psi)	Installation Method
Example: 1,525 ft	*8-inch*	*PVC*	*ASTM D3034*	*SDR-35*	*N/A*	*Open Cut*
ft	in					
ft	in					
ft	in					
ft	in					
ft	in					

Force Main Pipe and Low Pressure Sewer

☐ Applicable ☐ Not Applicable

Length	Diameter	Material	ASTM or AWWA Standard	SDR or DR	Pressure Class (psi)	Installation Method
Example: 1,525 ft	*8-inch*	*PVC*	*ASTM D2241*	*SDR-21*	*200 psi*	*Open Cut*
ft	in					
ft	in					
ft	in					
ft	in					
ft	in					

Connection Location(s)

Example: The proposed sanitary sewer shall connect to an existing 8-inch sewer located approximately 10 ft north and 10 ft west of the intersection of Main Street and Park Avenue and to an existing lift station located approximately 20 ft southeast of the intersection of Oak Lane and Maple Drive.

The proposed shall connect to located .

Inspection / Maintenance

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

Wastewater Treatment

Wastewater treatment will be provided by	

Lift Station

☐ Applicable ☐ Not Applicable

1. Location:
2. Type of pump (example: submersible, dry pit):

3.	Number of pumps:
4.	Constant or variable speed:
5.	Design pump rate (gpm) and TDH (ft):
6.	Operating volume of the wet well (gal):
7.	Average detention time in the wet well (min):
8.	Type of standby power/pump provisions:
9.	Type of alarm:
10.	Additional information:

Low Pressure Sewer Grinder Pump Station	☐ Applicable ☐ Not Applicable
1.	Number of stations: simplex duplex triplex
2.	Number of residential connections per simplex station (two maximum):
3.	Design pump rate (gpm) at maximum TDH (ft):
4.	Type of alarm:
5.	Privately or utility owned and maintained:
6.	Additional information:

Vacuum Pump Station	☐ Applicable ☐ Not Applicable
1.	Location:
2.	Total volume of vacuum tank (gal):
3.	Operating volume of the vacuum tank (gal):
4.	Number and size (HP) of vacuum pumps:
5.	Number and type of sewage pumps:
6.	Constant or variable speed:
7.	Design pump rate (gpm) and TDH (ft):
8.	Type of standby power/pump provisions:
9.	Type of alarm:
10.	Additional information:

Certification Seal, Signature, and Date	
Printed Name of Engineer or Land Surveyor	
Signature	Date Signed (*month / day / year*) / /

A factor of four (4) is prescribed by 327 IAC 3-6-11. However, an alternative peaking factor may be justified by other means (327 IAC 3-6-32) or as provided by Ten State Standards 11.243: **Peaking Factor = (18 + √P) / (4 + √P)**, where P = population in thousands.

Provide pump and system curves and design calculations for TDH. If connecting to an existing force main, provide upstream lift station pump curves and describe how the proposed flow will affect the lift station performance during simultaneous operation.

For small diameter low-pressure sanitary sewer systems, provide a spreadsheet that includes the maximum expected simultaneous operation of the proposed grinder pumps, maximum expected flow (gpm) and fluid velocity (ft/sec), static head and accumulated friction loss, and expected accumulated total dynamic head (TDH).

The average detention time in the wet well (cycle time between pump on/off settings) should be between 5 and 30 minutes. The cycle time may be calculated from the following equation: **Cycle Time = (V / (D - Q)) + (V / Q)**, where D = discharge flow rate out of the wet well (design pump rate) in gpm, Q = inflow rate into wet well (average design flow) in gpm, and V = operating volume of wet well (between pump on/off settings) in gallons.

CAPACITY CERTIFICATION

This form must be filled-out in its entirety with no alterations.

Name of Applicant:
Name of Applicant Representative:
Name of Project:

CERTIFICATION

I, _____ , representing the _____ , in my capacity as
(Name of individual) *(Name of* municipality *or utility)*

_____ have the authority to act on behalf of the _____
*(*Title*)* *(Name of* municipality *or utility)*

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.

Average Design Flow (*gallons per day*)	
Peak Design Flow (*gallons per day*)	
Owner of Receiving Collection System	
Name of Wastewater Treatment Plant	
Mailing Address of Certifying Representative *(number and street, city, state, and ZIP code)*	E-mail Address of Certifying Representative
I am certifying for the ☐ Collection System ☐ Treatment Facility	
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

This form must be filled-out in its entirety with no alterations.

Name of Applicant:
Name of Applicant Representative:
Name of Project:

CERTIFICATION

I, _____ , representing the project applicant, in my capacity as a
(Name of Individual)

registered professional _____ , _____
(Engineer or Land Surveyor) *(Indiana registration number)*

certify the 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.

Average Design Flow (*gallons per day*)	
Peak Design Flow (*gallons per day*)	
Owner of Receiving Collection System	
Name of Wastewater Treatment Plant	
Signature	Date Signed (*month / day / year*) / /

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

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 IDEM's decision on procedural grounds. To ensure conformance with Administrative Orders and Procedures Act (AOPA) and to avoid reversal of a decision, 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		Name	
Address (*number and street)*		Address (*number and street)*	
City		City	
State	ZIP Code	State	ZIP Code

Name		Name	
Address (*number and street)*		Address (*number and street)*	
City		City	
State	ZIP Code	State	ZIP Code

Name		Name	
Address (*number and street)*		Address (*number and street)*	
City		City	
State	ZIP Code	State	ZIP Code

CERTIFICATION

I certify that to the best of my knowledge I have listed all potentially affected parties, as defined by IC 4-21.5-3-5.

Proposed Facility Name	City
Printed Name of Person Signing	County
Signature	Date Signed (*month / day / year*) / /

Identification of Potentially Affected Persons Instructions

The Administrative Orders and Procedures Act (AOPA), IC 4-21.5-3-5, 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

The following are the minimum recommendations made as to who should be included in this list:

- All adjoining landowners to the property where the proposed construction is to occur
- All persons or entities with a substantial and direct proprietary interest in the issuance of this permit
- Anyone who is known to have expressed concern or an interest in this particular project or projects in this specific area
- Anyone else whom the applicant may feel that might be potentially affected by the issuance of this permit

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

- The county executive of a county affected by a permit application
- The executive of a city affected by a permit application
- 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.

Mailing labels are required to be submitted with your project. 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