

**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.

<b>2. Owner</b> Name _____ Address _____ City/State/ZIP Code _____ Telephone Number _____ Fax Number _____	<b>2A. Individual responsible for system operation/water sample collection</b> Name _____ Address _____ City/State/ZIP Code _____ Telephone Number _____ Fax Number _____
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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] Section \_\_\_\_\_ 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
		feet
		feet
		feet
		feet
		feet
		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 \_\_\_\_\_

Water Treatment (circle all that apply)

Softening Filtration Disinfection (ozone) Disinfection (chlorine) Disinfection (chlorine dioxide) Other \_\_\_\_\_

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 \_\_\_\_\_

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