

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