Illinois Environmental Protection Agency

| 2520 West Iles Avenue | • | P.O. Box 19276 | • | Springfield | ٠ | Illinois | ٠ | 62794-9276 | • | (217) 782-3397 |
|-----------------------|---|----------------|---|-------------|---|----------|---|------------|---|----------------|
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Division of Public Water Supplies, Permit Section Schedule B - Water Main Construction

This form may be completed within Acrobat and printed. You may also complete a printed copy manually. Submit the completed form to the **Illinois EPA**, **Division of Public Water Supplies, Permit Section #13** at the address listed above.

| Name of Public Water Supply: | ID# IL: | |
|---|---------------------------|--------------|
| Project Title: | | |
| Project Location (street names only): | | |
| 1. Check the appropriate boxes to indicate the specifications to be used for the water main: | | |
| A. Standard Specifications for Water and Sewer Main Construction in Illinois 8 th Edition (Updated | 2020) | |
| B. Other, specifications submitted with the plan document or on file with the Agency | | |
| 2. Existing Population served by present supply: | | |
| 3. Population to be served by water main extension: | | |
| 4. For new service areas, would the disinfection byproducts maximum containment levels be met on a locational running annual average if a sample site were to be added to the new service area? | ◯ N/A ◯ Ye | s 🔿 No |
| 5. Has this community water supply developed and does it maintain a systematic flushing program? | ⊖ Ye | s 🔿 No |
| 6. Lowest normal chlorine residual expected on the proposed water main: mg/L (| ⊖Free ⊖Cor | nbined |
| 7. Are a sufficient number of valves provided to isolate portions of the distribution system during reparation maintenance and to facilitate unidirectional flushing, 500 foot intervals in commercial districts, or 12 intervals in other districts? | irs and O Yes 200 foot | s 🔿 No |
| 8. Disinfection: | | |
| A. Chemical: | | |
| B. Initial Disinfectant Concentration: (mg/L) | | |
| C. Final Disinfectant Concentration: (mg/L) | | |
| D. Retention Time: (hrs) | | |
| E. Are provisions made for collection of water samples to be collected for bacteriological analysis consecutive days taken at 24-hour intervals? | s on two 🔿 Ye | s 🔿 No |
| F. Will samples from disinfection be collected from at least every 1,200 feet? If "No", attach a plan samples to be taken along with justification for the lack of samples. | n of 🛛 Ye | s 🔿 No |
| 9. Using the FEMA Map Service Center website (https://msc.fema.gov/), is this project located in a floor | d plain? 🔿 Ye | s 🔿 No |
| If yes, contact the Illinois Department of Natural Resources, Division of Water Resources Management; additi | ional requirements | s may apply. |
| 10. Are the minimum horizontal and vertical separation requirements in 35 III. Adm Code 604.1440 fo If "No", explain provisions for protection of water main on a separate attachment. | llowed? O Ye | s 🔿 No |
| 11. Does this project include any replacement water main which may have lead, partial lead, or galva requiring replacement service lines? | nized 🔿 Ye | s 🔿 No |
| 12. Was the proposed water main sized after a hydraulic analysis based on flow demands and pressurequirements? Submit the hydraulic analysis to the Agency, if requested. | ure O Yes | s 🔿 No |
| 13. Do all proposed fire hydrants have at least 6 inch in diameter leads and a lead length of 10 feet or less? Fire hydrant detail must be included in the plans if fire hydrants are proposed. | ◯N/A ◯ Ye | s 🔿 No |
| 14. Are any dead ends proposed? O Yes O No | | |
| If Yes, is there a flushing device? () Yes () No | | |

If No, explain in a separate attachment how water quality will be maintained in dead end.

This Agency is authorized to request this information under 415 ILCS 5/4(b)(2012). Disclosure of this information is voluntary and no penalties will result from the failure to provide the information. However, the absence of the information could prevent your application from being processed or could result in denial of your application for certification. This form has been approved by the Forms Management Center.

15. Summary of Water Mains to be installed:

| | Example | | | | | | |
|--|---------------|--|--|--|--|--|--|
| Pipe size (inches) | 12 | | | | | | |
| Total Length (feet) | 2000 | | | | | | |
| Pipe Material (DI, PVC, HDPE, etc) | PVC | | | | | | |
| Pipe Specification (AWWA or ASTM) | AWWA C900 | | | | | | |
| Joint Specification (AWWA or ASTM) | ASTM D3139 | | | | | | |
| Depth of Cover (feet) | 5.0 | | | | | | |
| Maximum Capacity while maintaining 20 psi (gpm) | 50 | | | | | | |
| Can maintain normal working pressure of 35 psi and 20 psi under all flow conditions | | | | | | | |
| Normal expected operating pressure range on proposed water main extension (PSI to PSI) | 30 to 50 | | | | | | |
| Number of Fire Hydrants | 3 | | | | | | |
| Number of Valves | 2 | | | | | | |
| Size of water main connecting to (inches) | 12 | | | | | | |

16. Complete for crossings where water main crosses below or less than 18 inches above a sanitary or storm sewer:

| | Example | | | | | | |
|---|---------|--|--|--|--|--|--|
| Crossing Number | 1 | | | | | | |
| Plan Sheet Number | 23 | | | | | | |
| Water Main Casing Pipe | | | | | | | |
| Sewer Casing Pipe | | | | | | | |
| Water Main Quality Sewer | | | | | | | |
| Reinforced Concrete Pipe with Rubber Gasket Joints | | | | | | | |
| Vertical Separation (inches) | 20 | | | | | | |

Attach additional tables as necessary.

17. All Water Main Construction Permit Applications must include all of the following:

- Application for Construction (Must include original signatures)
- Schedule A
- Schedule B
- Plans (with PE Seal and Signature) (Submit only the plan sheets necessary for review) (Profile view for all crossings in Item 16)
- State Historic Preservation Office Approval Letter (Do not submit application without Approval Letter)

| 18. | Processing time may take up to 90 days, 45 days if a fee is paid. For faster permit processing, | ○ Yes | ⊖ No |
|-----|---|------------|------------|
| | we have an expedited program. Do you request the expedited program? | \bigcirc | \bigcirc |
| | If Yes, we will email the engineer or designated contact with further instructions. | | |
| •• | To design stop contact for this preject other than the engineer energies the following: | | |

19. To designate a contact for this project other than the engineer, specify the following:

| Name: | Phone: | Email: | |
|-------|--------|--------|--|
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