



Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Application for Agency Review of Lateral Area of Influence Determination

FOR IEPA USE ONLY

Log Number: M _____

Suspense Date: ____ / ____ / ____

Date Received by IEPA: ____ / ____ / ____

Approval Number and Date: M _____ - ____ / ____ / ____

1. Public Water Supply Facility Name and Number: _____
2. Well Name, Number, Description, and Agency 5-Digit Well I.D. _____
3. Municipality or Township: _____ County: _____
4. Name of Public Water Supply Owner: _____
Address: _____
5. Entity which determined the lateral radius of influence (check one or more)
☐ Owner (A) ☐ Municipality (B) ☐ County (C)
Name: _____ Title: _____
Address: _____

6.0 REQUEST FOR AGENCY REVIEW

Section 671.301. Where the results of any determination made pursuant to Section 671.201 (Estimation Techniques and Pumping Tests) disclose that the distance from the well to the outermost boundary of the lateral area of influence under normal operational conditions exceeds the radius of the minimum setback established for that well pursuant to Section 14.2 of the Act, any County or Municipality served by such water supply may in writing request the Agency to review and confirm the technical adequacy of such determination.

- 6.1 Entity filing petition for Agency review (check one or more): ☐ County ☐ Municipality
- 6.2 Certificate by Applicant Filing Petition for Agency Review

I hereby certify that I have read and thoroughly understand the conditions and requirements of this submittal.

Name of Applicant

Title

Signature

Date

- 6.3 List any other counties or municipalities served by the public water supply other than the county or municipality in which the public water supply is located.

Entity(ies)	Address(es)

7. List documents being submitted and indicate appendix procedure used:

_____	Appendix A. Volumetric Flow Equation	_____
_____	Appendix B. Theis Nonequilibrium	_____
_____	Appendix C. Todd Uniform Flow Equation	_____
_____	Appendix D. Neuman Equations	_____
_____	Appendix E. Pump Test confined Aquifer	_____
_____	Appendix F. Hydrogeologic Mapping	_____
_____	Appendix G. Alternate Procedure	_____
_____	Other: _____	

8. Shape of the lateral radius of influence (check one): ☐ Irregular (1) ☐ Circular (2)

Maximum lateral radius of influence distance in feet: _____

9.0 INFRINGEMENT ON EXISTING PUBLIC WATER SUPPLIES

- 9.1 Is any part of the maximum lateral radius of influence located within the boundaries of an area served by another public water supply? ☐ Yes ☐ No

- 9.2 If yes, name that water supply facility and indicate the facility number.

Name: _____ Number: _____

- 9.3 Use a map and provide a written description to show areas of the lateral radius of influence which cross into another public water supply.

10.0 **CERTIFICATION**

Section 671.201 (Estimation Techniques and Pumping Tests) Please indicate the Appendix used by checking one of the following: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

Section 671.302 (Contents of a Request) Appendix A or B may be used by a person other than a geologist or engineer. Appendix C-G must be performed by a registered engineer or geologist; or may also be performed by a non-registered engineer or geologist through Section 671.303 (Agency Approval of Alternate Certification).

10.1 Certificate by a person other than an engineer or geologist Section 671.302 if calculated using Section 671.201 Appendix A or B.

I hereby certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate.

_____	_____
Name	Title
_____	_____
Address	Phone Number
_____	_____
Signature	Date

10.2 Certificate by engineer or geologist Section 671.302 if calculated using Section 671.201 Appendix A, B, C, D, E, F, or G:

I hereby certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate.

Engineer: _____	_____
Name	Registration Number
Geologist: _____	_____
Name	Registration Number
Alternate*: _____	_____
Name	Title
*Please attach proof pursuant to Section 671.303	
Firm: _____	Phone Number: _____
Address: _____	_____
_____	_____
Signature	Date