



# Illinois Environmental Protection Agency

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

## Instructions for Application for Construction/Operation Permit Approval WPC-PS-1

This form must be submitted for all Authorizations to Construct or Permit Applications. Two sets of the applications must be submitted. Items which are self-explanatory are omitted in these instructions. Signatures on at least one (1) submittal must be original.

1. Name and Location of the Project. Include the nearest street and city address.
2. Provide a brief description of the scope of the project such as "A sanitary sewer extension serving Happy Hills Subdivision" or "A sanitary sewer system and activated sludge, sand filter, and disinfection waste treatment facilities serving Happy Hills Subdivision."
3. A detailed explanation of when each of the indicated schedules must be submitted is indicated on the instruction sheet for the appropriate schedule. Generally, if the project involves any of the items listed, submit the corresponding schedule and check the appropriate space(s).
  - 3.1 Submit a copy of the IHPA approval letter if available.
4. The Land Trust Disclosure Submittal should be made on Schedule T.
5. Indicate the type of application (construction, operating permit, supplemental permit, etc.) being filed with the Agency.
  - 5.B If there is an existing NPDES Permit, indicate the Permit Number and the date of issuance.
  - 5.E If there is an existing NPDES Permit, indicate the Permit Number and the date of issuance. Submit a completed WPC-PS-1 form and any appropriate schedule for a Supplemental Permit request. The Supplemental Permit request should itemize the modifications to the original project/permit.

### 5.2 Permit Fees

415 ILCS 5./12.2 requires the following permit fees for the following types of permits:

<b>Permit Type</b>	<b>Fee</b>	<b>Design P.E.</b>
Municipal Sludge Generator	\$2,500	N/A
Industrial Sludge	\$2,500	N/A
Sludge User	\$5,000	N/A
Sewer Construction	\$100	(1)
	\$400	(2 to 20)
	\$800	(21 to 100)
	\$1,200	(101 to 499)
	\$2,400	(500 or more)
Industrial Construction/No Pretreatment (1)	\$1,000	N/A
Industrial Construction/Pretreatment - No Toxics (2)	\$3,000	N/A
Industrial Construction/Pretreatment - Toxics (3)	\$6,000	N/A

- (1) The industrial wastewater source does not require pretreatment prior to discharge to the publicly owned treatment works or the publicly regulated treatment works.
- (2) The industrial wastewater sources require pretreatment of the wastewater for non-toxic pollutants prior to discharge to the publicly owned treatment works or the publicly regulated treatment works.
- (3) The industrial wastewater sources require pretreatment of the wastewater for toxic pollutants prior to discharge to the publicly owned treatment works or the publicly regulated treatment works.

## 6. Certificate by Design Engineer

- 6.1 The Design Engineer should complete this section. This certificate must be provided by all applicants for a construction permit. The Illinois Professional Engineering Act requires that engineers practicing in Illinois be registered in Illinois.

## 7. Certifications and Approvals for Permits

- 7.1.1 This certificate applies to the person, firm, or other entity which intends to construct the proposed sewer, wastewater source or treatment works. The applicant to construct is the person, firm, agency or the entity paying for the cost of construction.

An application submitted by a corporation must be signed by a principal executive officer of at least the level of vice president, or his duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge described in the application form originates. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor respectively. In the case of a publicly owned facility, the application must be signed by either a principal executive officer, ranking elected official or other duly authorized employee.

- 7.1.2 The certificate applies to the person, agency, firm, or other entity which owns or is responsible for the operation and maintenance of the proposed project.
- 7.2 Provide the name of the applicant as it is officially or legally referred to, i.e., the Springfield Metro Sanitary District, Metropolitan Water Reclamation District of Greater Chicago, the City of Marion, or the Super Deluxe Development Corporation. Do not use colloquial names as a substitute for the official name. This must be certified by the city clerk, village clerk, sanitary district clerk, etc. for governmental bodies.
- 7.3 The mailing address of the applicant should be the complete mailing address as its main office. This often will not be the same address as is used to designate the location of the work or activity.
- 7.4 These certificates apply to the owners of the intercepting sewers to which the project will be tributary. This section must be completed even for projects where the intercepting sewer is owned by the same entity as the receiving treatment works. The Additional Certificate by Intermediate Sewer Owner: must be completed if intermediate sewers are owned by more than one governing body. If additional certifications are required, please supply the required information on a plain sheet of paper and attach hereto.
- 7.5 35 Ill. Adm. Code 309.222(b) indicates that permit applications for sewer construction or modification shall be accompanied by signed statements from the owners of all intermediate receiving sewers and the receiving treatment works certifying that their facilities have adequate capacity to transport and/or treat the wastewater that will be added through the proposed sewer without violating any provisions of the Act and Subtitle C, Chapter I. Therefore, it will be necessary to have all such owners provide a certification as required by Subtitle C, Chapter I.

Note: Original signatures on the application forms must be submitted to the Agency. Original signatures are also required on other application forms.

MWRDGC Service Area -- A copy of an approved permit from MWRDGC may be submitted in lieu of a signed WPC-PS-1 form. An unsigned WPC-PS-1 form and Schedule A/B are required with any MWRDGC permit submitted to the Agency.

This form must be submitted to:

Illinois Environmental Protection Agency  
Permit Section, Division of Water Pollution Control  
2520 West Iles Avenue  
P.O. Box 19276  
Springfield, IL 62794-9276



# Illinois Environmental Protection Agency

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## Application for Permit or Construction Approval WPC-PS-1

For IEPA Use Only

This form must be typewritten or printed legibly. This form may be completed manually or online using Adobe Reader, a copy of it saved locally, printed, and signed before it is submitted to:

Illinois Environmental Protection Agency  
Permit Section, Division of Water Pollution Control  
2520 West Iles Avenue  
P.O. Box 19276  
Springfield, IL 62794-9276

- Owner Name: \_\_\_\_\_  
 Name of Project: \_\_\_\_\_  
 Project Location Address (include nearest street and city address): \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Township: \_\_\_\_\_ County: \_\_\_\_\_

- Brief Description of the Project:

- Documents being Submitted: If the Project involves any of the items listed below, submit the corresponding schedule, and check the appropriate boxes

	Schedule		Schedule
Private Sewer Connection/Extensions	A/B <input type="checkbox"/>	Spray Irrigation	H <input type="checkbox"/>
Sewer Extension Construction Only	C <input type="checkbox"/>	Septic Tanks	I <input type="checkbox"/>
Sewage Treatment Works	D <input type="checkbox"/>	Industrial Treatment/Pretreatment	J <input type="checkbox"/>
Excess Flow Treatment	E <input type="checkbox"/>	Waste Characteristics	N <input type="checkbox"/>
Lift Station/force Main	F <input type="checkbox"/>	Erosion Control	P <input type="checkbox"/>
Fast Track Service Connection	FTP <input type="checkbox"/>	Trust Disclosure	T <input type="checkbox"/>
Sludge Disposal	G <input type="checkbox"/>		

Plans:  
Title: \_\_\_\_\_ No. of Pages: \_\_\_\_\_

Specifications:  
Title: \_\_\_\_\_ No. of Books/Pages: \_\_\_\_\_

Other Documents: \_\_\_\_\_  
(Please specify)

- Illinois Historic Preservation Agency approval letter  Yes  No

(If you have a copy of the IHPA approval letter, please send in with the Permit Application Package)

4. Land Trust: Is the project identified in item Number 1 therein, for which a permit is requested, to be constructed on land which is the subject of a trust?  Yes  No

If yes, Schedule T (Trust Disclosure) must be completed and item 7.1.1 must be signed by a beneficiary trustee or trust officer.

5. This is an application for (Check appropriate box):

- A. Joint Construction and Operating Permit
- B. Authorization to Construct (See Instructions) NPDES Permit No. IL00: \_\_\_\_\_ Issuance Date: \_\_\_\_\_
- C. Construction Only Permit (Does Not Include Operations)
- D. Operate Only Permit (Does Not Include Construction)
- E. Supplemental Permit Request to Existing State Construction or Operating Permit No.: \_\_\_\_\_  
Issuance Date: \_\_\_\_\_

6. Certifications and Approval

6.1 Certificate by Design Engineer (When required: refer to instructions)

I hereby certify that I am familiar with the information contained in this application, including the attached schedules indicated above, and that to the best of my knowledge and belief such information is true, complete and accurate. The plans and specifications (specifications other than Standard Specifications or local specifications on file with this Agency) as described above were prepared by me or under my direction.

Licensed Professional Engineer's Name: \_\_\_\_\_

Licensed Professional Engineer's Title: \_\_\_\_\_

Registration Number: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

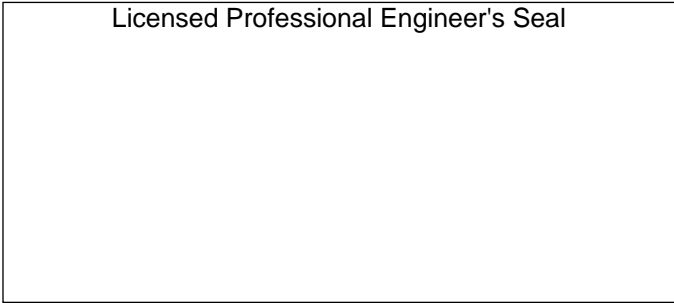
Company: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_



\_\_\_\_\_  
Original Signature

\_\_\_\_\_  
Date

7. Certifications and Approvals for Permits:

7.1 Certificate by Applicant(s):

I/We hereby certify that I/we have read and thoroughly understand the conditions and requirements of this Application, and am/are authorized to sign this application in accordance with the Rules and Regulations of the Illinois Pollution Control Board. I/we hereby agree to conform with the Standard conditions and with any other Special Conditions made part of this Permit.

7.1.1 Name of Applicant for Permit to Construct: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Original Signature

\_\_\_\_\_  
Date

7.1.2 Name of Applicant for Permit to Own and Operate: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Original Signature Date

7.2 Attested (Required When Applicant is a Unit of Government)

Title: \_\_\_\_\_

(City clerk, Village Clerk, Sanitary District Clerk, etc.)

\_\_\_\_\_  
Original Signature Date

7.3 Applications from non-governmental applicants which are not signed by the owner, must be signed by a principal executive officer of at least the level of vice president, or a duly authorized representative.

7.4 Certificate by Intermediate Sewer Owner

I hereby certify that (Please check one):

- 1. The sewers to which this project will be tributary have adequate reserve capacity to transport the wastewater that will be added by this project without causing a violation of the Illinois Environmental Protection Act or Subtitle C, Chapter I, or
- 2. The Illinois Pollution Control Board, in PCB \_\_\_\_\_ dated \_\_\_\_\_ granted a variance from Subtitle C, Chapter I to allow construction of facilities that are the subject of this application.

Name and location of sewer system to which this project will be tributary:

\_\_\_\_\_  
Sewer System Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Original Signature Date

7.4.1 Additional Certificate by Intermediate Sewer Owner

I hereby certify that (Please check one):

- 1. The sewers to which this project will be tributary have adequate reserve capacity to transport the wastewater that will be added by this project without causing a violation of the Illinois Environmental Protection Act or Subtitle C. Chapter I, or
- 2. The Illinois Pollution Control Board, in PCB \_\_\_\_\_ dated \_\_\_\_\_ granted a variance from Subtitle C, Chapter I to allow construction of facilities that are the subject of this application.
- 3. Not applicable.

Name and location of sewer system to which this project will be tributary:

\_\_\_\_\_

Sewer System Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_

Original Signature

\_\_\_\_\_

Date

7.5 Certificate by Waste Treatment Works Owner

I hereby certify that (Please check one):

- 1. The wastewater treatment plant to which this project will be tributary has adequate reserve capacity to treat the wastewater that will be added by this project without causing a violation of the Illinois Environmental Protection Act or Subtitle C. Chapter I, or
- 2. The Illinois Pollution Control Board, in PCB \_\_\_\_\_ dated \_\_\_\_\_ granted a variance from Subtitle C, Chapter I to allow construction and operation of the facilities that are the subject of this application.
- 3. I also certify that, if applicable, the industrial waste discharges described in the application are capable of being treated by treatment works.
- 4. Not applicable.

Name of Waste Treatment Works: \_\_\_\_\_

Waste Treatment Works Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_

Original Signature

\_\_\_\_\_

Date