

For FRSA Use:

Log # _____

Date: _____

Four Rivers Sanitation Authority
Engineering Dept.
3501 Kishwaukee Street Rockford, IL 61109
Application for Permit and Construction Approval
WPC-PS-1

*This form is for use for sanitary sewer connections/extensions including lift stations/Force mains
for flows having domestic wastewater characteristics.*

- Name of Project:** _____
Municipality or Township: _____ **County:** Winnebago
- Brief Description of Project:** _____

- Documents Being Submitted:** If the project involves any of the items listed below, submit the corresponding schedule, and check the appropriate spaces.

Project Service

Sewer Connection A _____

Erosion Control P _____

Sewer Extension B _____

Trust Disclosure T _____

Lift Station / Force Main (FRSA Only) F _____

Plans: Title _____ Number of Pages: _____

Specifications: Title Standard _____ Number of Books / Pages: On file

Other Documents (Please Specify) _____

3.1 Illinois Historic Preservation approval letter. Yes: _____ No: _____

- Land Trust:** Is the project identified in item number 1 herein, 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 number 7.1.3 must be signed by a beneficiary, trustee or trust officer.

- This is an Application for Joint Construction and Operating Permit.** Yes: _____ No: _____

6. Certificate by Design Engineer

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 and are in conformance with 35 IL Adm. Code Part 370, "Illinois Recommended Standards for Sewage Works" and 35 IL Adm. Code Part 374, "Design Criteria for Pressure Sewer Systems".

Licensed Professional Engineer's Name: _____

Licensed Professional Engineer's Title: _____

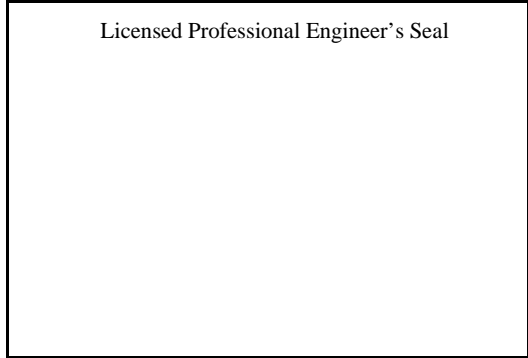
Registration Number: _____ License Expiration Date: _____

Company: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip + 4: _____

Email Address: _____ Phone: _____



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 Applicants from governmental agencies must be signed by a duly authorized representative.

7.1.2 Applicants 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.

7.1.3 Name of Applicant for Permit to Construct:

Name: _____

Title: _____ Organization: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip + 4: _____

Email Address: _____ Phone: _____

Printed Name: _____

Original Signature

Date

7.1.4 Name of Applicant for Permit to Own and Operate:

Name: _____

Title: _____ Organization: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip + 4: _____

Email Address: _____ Phone: _____

Printed Name: _____

Original Signature

Date

7.1.5 Attested (When Applicant to Construct or to Own & Operate is a Unit of Government Other than Four Rivers Sanitation Authority.)

Signature: _____ Date: _____ Title: _____
(City Clerk, Village Clerk, Etc.)

7.2 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 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.

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

7.3 Additional Certificate by Intermediate Sewer Owner (When Intermediate Sewer Not Owned by Four Rivers Sanitation Authority)

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 by this project without causing a violation of the 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. Not applicable.

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

Sewer System Owner: Four Rivers Sanitation Authority

Address: 3501 Kishwaukee Street

City: Rockford State: IL Zip + 4: 61109

Email Address: _____ Phone: _____

Printed Name: _____

 Original Signature Date

7.4 Certificate by Waste Treatment Works Owner

I hereby certify that (Please check one):

- 1. The waste 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 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.

I also certify that the industrial waste discharges described in the application are capable of being treated by the treatment works.

Name of Waste Treatment Works: Four Rivers Sanitation Authority

Treatment Works Owner: Four Rivers Sanitation Authority

Address: 3501 Kishwaukee Street

City: Rockford State: IL Zip + 4: 61109

Email Address: jvonarx@fourrivers.illinois.gov Phone: 815-387-7660

Printed Name: _____

 Original Signature Date

This Agency is authorized to require this information under Illinois Compiled Statutes, 1998, Chapter 415, Title X, Section 5/39 et seq.. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied.