NEWBURGH, INDIANA
EST. 1803

NEWBURGH UTILITY OFFICE
P.O. BOX 100
NEWBURGH, INDIANA 47630
812-853-7496
812-853-1728 FAX
www.newburgh-in.gov

IDEM PACKET

PLEASE COMPLETE AND RETURN TO

NEWBURGH UTILITY OFFICE

IDEM PACKET – $60.00

Sanitary Sewer Application Contents:

Request for capacity
Requirements submitted by engineer designing project
Request sent to WWTF by Newburgh Utility Office:

- Project Name
- Subdivision
- Owner
- Engineer
- Location of Project
- General Project Description
- Peak Flow
- Plan Drawing/Sketch
- Point of Connection

Once capacity is approved, a letter is sent to Warrick County Area Plan Commission.

If a letter of credit is posted, a security letter is sent to WCAPC.

Sanitary Sewer Submittal Documents for Newburgh WWTF:

- Submittal Checklist Application
- Sanitary Sewer Design Summary
- Sanitary Sewer Contract Application
- Boundary Description
- Cost Estimate
- Sanitary Sewer Construction Permit Application
- Certificate of Registered Engineer / Surveyor Letter – from Project Applicant
- Capacity Certification/Allocation Letter – from Town Engineer
- Application Fee - $60.00
- Town of Newburgh, IN Sanitary Sewer Design and Construction Standards (as updated March 2008) signed cover sheet
- Sanitary Sewer Plans
- Notification Letter Regarding Receipt of a Sanitary Sewer Construction Permit Sent from Newburgh Utility Office to IDEM – signed by Sewer Commissioner
- Notice of Intent to Issue Construction Permit Sent from Newburgh Utility Office to IDEM – signed by Town Engineer

TOWN OF NEWBURGH
NEWBURGH SEWER DEPARTMENT
NEWBURGH, INDIANA 47630

SEWER CONSTRUCTION PERMIT AND CONTRACT APPLICATION DOCUMENTATION

Dear Applicant:

To complete the processing of your request for a sewer construction permit and contract with the Town, it is necessary that you submit all documents. If your application materials are incomplete they will be returned to you with a notice of deficiencies and you will be required to start the process over and pay a new fee. In addition to the added cost, your project will be delayed while plan review occurs subsequent to submittal of a completed application and it is not the Town's desire that your project be delayed.

Please be sure to complete the following steps:

√ Complete all areas of the Applications. On any area that you believe is not relevant, please so state.

√ Complete all information on the sewer design summary and certify it by an Indiana Registered Professional Engineer, or, if the design deals only with gravity sewers and no lift station, and Indiana Registered Land Surveyor, who was responsible for the design of the proposed system.

√ Date and sign the application form and assure it is completed. The party or parties signing the application form must be the party or parties who will contact with the Town to build the sewer. If the party who wishes to contract to build the sewer is other than the fee owner of the real estate to be served by the sewer, such fee owner or owners must be made parties to the contract as the terms affect their ownership interest in the real estate.

√ Submit the completed and executed Applications, together with three sets of plans with profiles and bedding details and the required processing fee. Every page of the plans and profile must be stamped and signed by the engineer or surveyor who is responsible for the creation of the drawings. The submission is to be made to the Newburgh Sewer Department Office, Newburgh, Indiana.

√ Include the cross-reference number from the property deed to the subdivision and a copy of the legal description of the property clearly marked "EXHIBIT A".

If you have any questions regarding the requirements of a contract or a construction permit, please feel free to contact us before completing and submitting your application and documentation.

NEWBURGH TOWN COUNCIL

TOWN OF NEWBURGH

NEWBURGH SEWER DEPARTMENT

NEWBURGH, INDIANA 47630

PROJECT NAME: _____

OWNER: _____

I. SANITARY SEWER CONTRACT APPLICATION FORM

A. Applicant's Name and Address ☐

B. Applicant's Engineer
Company
1. Name ☐
2. Name ☐
3. Address ☐
4. Phone Number ☐

C. Name and Location of proposed Sanitary Sewer ☐

D. Signature of Applicant or Authorized Agent including date signed ☐

II. SANITARY SEWER DESIGN SUMMARY FORM

A. Design Form

1. Multiply number of units by recommended average flow for that type of unit. Refer to Bulletin S.E. 13, page 18 and 19, which can be obtained from the Indiana Department of Health, for all flows not listed on design summary form as well as the Town's ordinances. ☐
2. Total all average flow and enter total average flow ☐
3. Enter Peaking Factor. If Peaking Factor is unknown, a factor of 4 is usually sufficient, however, an exact factor my be calculated from the following equation: ☐

$$\text{Peaking Factor} = \frac{18 + \text{sqrt } P}{4 + \text{sqrt } P}$$

WHERE "P" IS THE POPULATION IN THOUSAND

4. Multiply Total Average Flow by the peaking Factor and enter product as PEAK FLOW. ☐

B. Gravity sewer length and type. Please indicate the length, diameter, and type of sewer pipe with applicable SDR and ASTM Specifications, and type of bedding. ☐

C. Certifier's Seal. Design Summary Form must be sealed by a Registered Professional Engineer or Land Surveyor if no Lift Station is involved. ☐

D Connection

. Point

1. Diameter of existing sewer at Connection Point ☐
(Unless Connection Point is at a Lift Station)

2. Location of Connection Point relative to an intersection of 2 streets ☐
(If possible, i.e. so many feet west and so many feet north of the
intersection of this street and that street)

E. Lift Station: Enter all proposed Lift Station information, or enter N/A if no Lift Stating is involved.
(If an existing Lift Station is being directly affected, enter existing
Lift Station information and specify that it is an existing Lift Station)

1. Number and capacity of pumps ☐
2. Provide design calculations for TDS and wet-well detention time. ☐
3. Provide a graph of the pump curves ☐
4. Specify highest elevation in the force main ☐
5. Specify force main length, diameter and material (ASTM and SDR), and bedding ☐
6. Specify and audio and visual alarm with self contained power supply or telemeter. ☐
7. Specify nature of back-up power source for lift station, if any ☐

III. PLANS AND SPECIFICATIONS

A. Each and every page of the plans must be SIGNED AND SEALED, as well as, the cover page for specifications.

1. Professional Engineers, who are registered within the State of Indiana, are eligible to certify Plans and Specifications for all types of projects. ☐

2. A Land Surveyor who is registered within the State of Indiana may Certify Plans and Specifications for Gravity Type Sanitary Sewers only, and may not certify Plans and Specifications involving Lift ☐

Stations and Force Mains

3. Submit a copy of the plat for the subdivision with the plans - 8.5 x 14 ☐

B. The following items are usually necessary for property Technical

Review of Sanitary Sewers and Lift Stations

1. Plan view of the sewers including minimum ten foot horizontal separation of Sewer and Water mains, can connection point of the proposed Sanitary Sewer. ☐

2. Profile view of the sewers including: slope, invert, elevations, existing grade, proposed grade, distances from manhole to manhole, existence of special features, and a minimum 18 inch vertical separation of Sewer and Water mains. ☐

3. Where applicable, details of all appurtenances including manholes, drop manholes, inverted siphons, etc. ☐

4. Bedding details for installation of Sanitary Sewers/Force Mains

a. Rigid Pipe: should be Class I or II materials as defined in the latest edition of the Town's Sanitary Sewer Design and Construction Standards. ☐

b. Flexible Pipe: should be Class I or II materials as defined in the latest edition of the Town's Sanitary Sewer Design and Construction Standards. ☐

5. Minimum three (3) foot cover depth above the crown of the Sanitary Sewer/Force Main ☐

6. Automatic Air Relief valves to be placed at all relative high points in the Force Main to prevent air locking. ☐

7. Mechanical joints should be specified for all aerial, river or lake crossings. ☐

*NOTE: Construction within a floodway (river, lake, etc.) must receive approval from the Department of Natural Resources, Division of Water.

IV. THE APPLICATION FROM MUST BE SIGNED AND DATED BY THE APPLICANT OR HIS DULY AUTHORIZED AGENT. ☐

*PLEASE NOTE THAT THIS CHECKLIST IS ONLY DESIGNED TO EXPEDITE THE REVIEW PROCESS BY ASSISTING THE APPLICANT IN SUBMISSION FOR SANITARY SEWER CONSTRUCTION PERMITS, AND IN NO WAY IS INTENDED TO REPLACE THE TECHNICAL REVIEW PROCESS, NOR IS IT A SUBSTITUTE FOR THE ACTUAL CONSTRUCTION PERMIT.

TOWN OF NEWBURGH
NEWBURGH SEWER DEPARTMENT
NEWBURGH, INDIANA 47630

SANITARY SEWER DESIGN SUMMARY

APPLICATION# _____

PROJECT NAME: _____

OWNER: _____

DESIGN FLOW

NUMBER OF UNITS:

_____	**1 BDRM. APTS. @ 200 GPD/UNIT =**	_____**GPD**
_____	**2 BDRM. APTS. @ 300 GPD/UNIT =**	_____**GPD**
_____	**SINGLE FAMILY HOME @ 310 GPD/UNIT =**	_____**GPD**
_____	**COMMERCIAL LOTS @ GPD/PER USE =**	_____**GPD**
_____	**INDUSTRIAL USERS @ GPD/PER USE =**	_____**GPD**

TOTAL AVERAGE FLOW = _____GPD

TIMES PEAKING FACTOR OF _____ PEAKFLOW = _____GPD

SEWER DESCRIPTION:

_____FT OF 8" _____ (SEWER TYPE)

_____FT OF 10" _____ (SEWER TYPE)

_____FT OF _____

_____FT OF _____

_____FT OF _____

_____FT OF _____

TOTAL LENGTH OF SEWER_____

The new sewer will be connected to an existing _____inch diameter sanitary sewer at

_____

(Describe location)

LIFT STATIONS:

TYPE: _____
(Wet well: dry well, submersible, wet-well mounted, etc.)

NUMBER OF PUMPS: _____

CAPACITY OF PUMPS: _____PGM_____TDH_____RPM_____HP

BACK-UP- POWER SOURCE YES NO

AVERAGE WET-WELL DETENTION TIME: _____

DESCRIBE THE AUDIO/VISUAL ALARM WITH SELF-CONTAINED POWER SUPPLY OR TELEMETRY SYSTEM:

FORCE MAIN = _____FT OF _____IN _____
(TYPE)

FORCE MAIN DISCHARGE ELEVATION = _____

I certify that I am an Indiana Registered Professional Engineer or Land Surveyor and that the information provided heron is true to the best of my knowledge and to my belief. I understand that the Town of Newburgh will rely upon this information in determining whether to issue a Sewer Construction Permit for the described project.

_____
PRINTED NAME

(SEAL)

_____
SIGNATURE

TOWN OF NEWBURGH
NEWBURGH SEWER DEPARTMENT
NEWBURGH, INDIANA 47630

SEWER CONTRACT APPLICATION

APPLICATION #_____

1. **APPLICANT(S) NAME:**

2. **APPLICANT(S) ADDRESS:**

3. **APPLICANT(S):**

   TELEPHONE:

   FAX:

   E-MAIL:

4. APPLICANT(S) ENGINEER OR SURVEYOR WHO DESIGNED THE SYSTEM:

NAME:

COMPANY OR FIRM NAME:

ADDRESS:

TELEPHONE AND FAX NUMBERS:

E-MAIL ADDRESS:

5. THE NAME OF THE PROPOSED SEWER PROJECT:

(NOTE, IF IT IS A SUBDIVISION, PLEASE USE THE NAME OF THE SUBDIVISION EXACTLY AS IT WILL APPEAR ON THE PLAT)

6. LOCATION OF THE PROPOSED PROJECT:

A. GENERAL DESCRIPTION:

B. NEAREST PUBLIC ROAD INTERSECTION

C. METES AND BOUNDS LEGAL DESCRIPTION OF THE AREA OWNED BY THE APPLICANT WHICH IS TO BE SERVED BY THE SEWER: (MAY BE ATTACHED AS A SEPARATE DOCUMENT)

7. HAS ANY OF THE REAL ESTATE BEEN STRIP MINED OR RECLAIMED? YES ☐ NO ☐

IF THE ANWER TO NUMBER 7 IS YES, PLEASE PROVIDE FULL PARTICULARS REGARDING THE DATE OF STRIPPING AND/OR RECLAMATION AND SUCH OTHER DATA AS MAY BEAR ON THE SUITABILITY OF THE LAND FOR SEWERS.

8. DO YOU REQUEST RECOUPMENT OF THE COST OF THE SEWER TO BE BUILT? YES ☐ NO ☐

9. SET OUT THE ESTIMATED COST OF CONSTRUCTION THE SEWER YOU PROPOSED TO BUILD, INCLUDING ALL COST RELATED THERETO AND ATTACH AN ITEMIZED COST ESTIMATE.

$_____

10. HOW MANY SEWER TAP-INS ARE ESTIMEATED TO BE INVOLVED IN THE CONTRACT?

#_____

11. PLEASE STATE THE DATE YOU ESTIMATE CONSTRUCTION WILL COMMENCE ON THE SEWER. _____,20_____

(NOTE: YOUR CONTRACT WILL BE GOOD FOR ONE YEAR AFTER YOU COMMENCE CONSTRUCTION. IF YOU DO NOT COMPLETE THE CONSTRUCTION OF THE SEWER WITHIN THAT TIME PERIOD, *YOU MUST APPLY FOR A NEW OR RENEWED CONTRACT AND CONSTRUCION PERMIT)*

12. DO YOU OWN FEE TITLE TO THE REAL ESTATE WHICH IS THE SUBJECT OF THIS APPLICATION FOR A SEWER CONTRACT? (NOTE: THE FEE OWNER MUST BE A PARTY)

☐ YES ☐ NO

13. IS THE REAL ESTATE WHICH IS THE SUBJECT OF THIS APPLICATION THE SUBJECT OF A CURRENT OR EXPIRED SEWER AGREEMENT WITH ANY OTHER PERSON, FIRM, OR CORPORATION?

YES ☐ NO ☐

14. IF THE ANWER TO NUMBER 13 WAS AFFIRMATIVE, PLEASE DESCRIBE THE PRIOR OR EXISTING CONTRACTS AND ATTACH A

COPY TO THIS APPLICATION.

15. PLEASE SET OUT THE EXACT, FULL LEGAL NAME OF THE PERSON(S), FIRM(S) OR CORPORATION(S) WHO WILL BE THE CONTRACTING PARTY (IES) IN THE CONTRACT.

16. PLEASE SET OUT THE FULL NAME, AND IF APPROPRIATE THE TITLE, OF THE PERSON(S) EXECUTING THE CONTRACT FOR OWNER.

17. PLEASE INCLUDE THE CROSS-REFERENCE NUMBER FROM THE PROPERTY DEED TO THE SUBDIVISION.

#_____

18. PLEASE INCUDE A COPY OF THE LEGAL DESCRIPTION OF THE PROPERTY CLEARLY MAKED "EXHIBIT A".

19. PLEASE BE ADVISED THERE WILL BE SANITARY SEWER PLAN REVIEW FEES, INSPECTION FEES, CONTRACT PREPARATION FEES AND AN ADMINISTRATIVE FEE THAT WILL BE BILLED TO THE APPLICANT AT THE COSTS INCURRED BY THE TOWN.

_____

PRINTED NAME OF APPLICANT(S)

_____

TITLE

_____

SIGNATURE OF APPLICANT

_____

DATE APPLICATION SIGNED

TOWN OF NEWBURGH
NEWBURGH SEWER DEPARTMENT
NEWBURGH, INDIANA 47630

SEWER CONSTRUCTION PERMIT APPLICATION

APPLICATION #_____
327 IAC 3

1. **APPLICANT(S) NAME:**

2. **APPLICANT(S) ADDRESS:**

3. **APPLICANT(S)**

   TELEPHONE NUMBER:

   FAX NUMBER:

   E-MAIL ADDRESS:

4. APPLICANT(S) ENGINEER OR SURVEYOR WHO DESIGNED THE SYSTEM:

NAME:

COMPANY/FIRM NAME:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

5. THE NAME OF THE PROPOSED SEWER PROJECT:
(NOTE, IF IT IS A SUBDIVISION, PLEASE USE THE NAME OF THE SUBDIVISION EXACTLY AS IT WILL APPEAR ON THE PLAT)

_____

6. LOCATION OF THE PROPOSED PROJECT:

A. GENERAL DESCRIPTION:

B. NEAREST PUBLIC ROAD INTERSECTION:

C. SECTION, TOWNSHIP AND RANGE OF THE PROJECT
IN THE TOWN OF NEWBURGH, WARRICK COUNTY, INDIANA

SECTION_____TOWNSHIP_____

RANGE_____

D. IF THE INFORMATION REQUESTED IN (C) IS NOT AVAILABLE, THE LATITUDE AND LONGITUDE OF THE APPROXIMATE CENTER OF THE PROJECT TO THE NEAREST 15 SECONDS.

LONGITUDE_____LATITUDE_____

7. CHECKLIST OF ATTACHED DOCUMENTS

- ☐ SANITARY SEWER DESIGN SUMMARY
- ☐ PLANS AND SPECIFICATIONS (THREE SETS)
- ☐ COMPLETED APPLICATION FOR SEWER CONTRACT

8. SIGNATURE

_____
PRINTED NAME OF APPLICANT(S)

_____
TITLE

_____
SIGNATURE OF APPLICANT

_____
DATE APPLICATION SIGNED

CERTIFICATION OF REGISTERED PROFESSIONAL ENGINEER OR LAND SURVEYOR LETTER

(This Form Should be Filled Out in its Entirety)

Applicant: _____

Owner: _____

Project Name: _____

I, _____, representing the project applicant, in my capacity as a registered
(Name of Individual)
professional _____, _____ certify the following
(Engineer or Land Surveyor) (Indiana Registration Number)

under penalty of law: The design of this project has been performed under my direction or supervision to assure conformance with 327 IAC 3 and the plans and specifications require the construction of said project to be performed in conformance with 327 IAC 3-6. The peak daily flow rates, in accordance with 327 IAC 3-6-11 generated from within the specific area that will be collected by the proposed collection system that is the subject of the application, plans, and specifications (when functioning as designed and properly installed), will not cause overflowing or bypassing in the same specific area serviced by the proposed collection system other than from NPDES authorized discharge points. The proposed collection system does not include new combined sewers (serving new areas) or a combined sewer extension to existing combined sewers. The sewer at the point of connection is physically in existence and operation. Based upon information provided by the Owner of the Wastewater System, the ability for this collection system to comply with 327 IAC 3 is not contingent on downstream water pollution control system construction that has not been completed and put into operation. The design of the proposed project meets applicable local rules or laws, regulations and ordinances. The information submitted is true, accurate, and complete, to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Gallons Per Day: _____
(Daily Design Average Flow for Project)

Wastewater Treatment Plant: _____
(Name of WWTP)

Sewers: _____
(Owner of Sewers)

_____
Signature of Person Signing

_____
Date Signed

(Please refer to IC 13-30-6-2 for penalties of submission of false information. False certification could result in imprisonment or a fine of up to $10,000)

CAPACITY CERTIFICATION/ALLOCATION LETTER
(This Form Should be Filled Out in its Entirety)

Applicant: _____

Owner: _____

Project Name: _____

I, _____, representing the _____, in my capacity
(Name of Individual) (Name of City or Town)
as _____ have the authority to act on behalf of the _____ and
(Title) (Name of City or Town)

certify that I have reviewed and understand the requirements of 327 IAC 3 and that the sanitary collection system proposed, with the submission of this application, plans and specifications, meets all requirements of 327 IAC 3. I certify that the daily flow generated in the area that will be collected by the project system will not cause overflowing or bybassing in the collection system other than NPDES authorized discharge points and that there is sufficient capacity in the receiving water pollution treatment/control facility to treat the additional daily flow and remain in compliance with applicable NPDES permit effluent limitations. I certify that the proposed average flow will not result in hydraulic or organic overload. I certify that the proposed collection system does not include new combined sewers or a combined sewer extension to existing combined sewers. I certify that the ability for this collection system to comply with 327 IAC 3 is not contingent on water pollution/control facility construction that has not been completed and put into operation. I certify that the project meets all local rules or laws, regulations and ordinances. The information submitted is true, accurate, and complete, to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Gallons Per Day: _____
(Total Average Flow for Project)

Wastewater Treatment Plant: _____
(Name of WWTP)

Sewers: _____
(Owner of Sewers)

_____
Signature of Person Signing

_____
Date Signed

(Please refer to IC 13-30-6-2 for penalties of submission of false information. False certification could result in imprisonment or a fine of up to $10,000)

TOWN OF NEWBURGH, INDIANA

SANITARY SEWER DESIGN AND CONSTRUCTION STANDARDS

NEWBURGH, INDIANA
EST. 1803

MARCH 12, 2008

REVISED: April 1997
September 1998
May 1999
April 2000
November 2003
March 2006
March 2008

TO: INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
FACILITIES CONSTRUCTION SECTION
OFFICE OF WATER MANAGEMENT
100 NORTH SENATE AVENUE
P.O. BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

TOWN OF NEWBURGH
NEWBURGH UTILITY OFFICE
NEWBURGH, INDIANA 47630

NOTICE OF SEWER CONSTRUCTION PERMIT APPLICATION PURSUANT TO 327 IAC 3

The Town of Newburgh, Warrick County, Indiana, herewith gives notice that it has received, as of the date of this notice, an application for issuance of a sanitary sewer permit pursuant to 327 IAC 3.

The Town herewith submits the following information relevant to such application:

1. **PROJECT NAME:**

   PROJECT NUMBER:

2. APPLICANT(S) ENGINEER OR SURVEYOR WHO DESIGNED THE SYSTEM.

   A. NAME:

   B. COMPANY OR FIRM NAME:

   C. ADDRESS:

   D. TELEPHONE AND FAX NUMBERS:

   E. E-MAIL ADDRESS:

3. THE COUNTY IN WHICH THE CONSTRUCTION WILL OCCUR:

   WARRICK COUNTY, INDIANA

4. LOCATION OF THE PROPOSED PROJECT:

   A. NEAREST PUBLIC ROAD INTERSECTION:

   B. QUARTER SECTION, TOWNSHIP, RANGE:

      SECTION:

      TOWNSHIP:

      RANGE:

C. IF THE INFORMATION REQUESTED IN (B) IS NOT AVAILABLE, THE LATITUDE AND LONGITUDE OF THE APPROXIMATE CENTER OF THE PROJECT TO THE NEAREST 15 SECONDS

LEANNA HUGHES

SEWER COMMISSIONER
TITLE

_____
SIGNATURE

_____
DATE

Notice of Intent to Issue 327 IAC 3
Construction Permits Per 327 IAC 3-2.1

I _____ representing _____
(Name of Official and Title) (City/Town; County or Township)
certify that the aforementioned local unit has a qualified engineer(s) available to review applications for sanitary sewer projects within the unit's service area. In addition, I certify that the unit's review and approval process will strictly follow all requirements of 327 IAC 3 including the Technical Standards for Sanitary Collection Systems contained in 327 IAC 3 Rule 6.

The engineering review will be performed by _____
(Name of Review Engineer or Contracted Firm)
and the person responsible for final approval will be _____.
(Name)

If there are any changes in the future, IDEM Office of Water Management will be notified.

_____
Signature of Official

_____
Date

Notification to the Indiana Department of Environmental Management of Approval of a Sanitary Sewer Construction Permit Application

1. Project Name, project number and approved number, if different from the project number

_____

2. Location of Proposed Project

_____

_____

City _____

County _____

3. Name of Registered Engineer or Land Surveyor (responsible for design)

Name _____

Company Name _____

Address _____

_____

Phone # _____

4. A Sanitary Sewer Design Summary Form is enclosed or a copy of the permit issued with the same information.

5. A project site map is enclosed

6. A signed and dated Certification of Registered Professional Engineer or Land Surveyor Letter is enclosed.

7. A signed and dated Capacity Certification/Allocation Letter from the approving unit is enclosed.

Notification is hereby made that a Sanitary Sewer Construction Permit has been issued by our unit.

_____
Printed Name of Unit's Representative

_____
Title

_____
Signature of Unit's Representative

_____
Date Signed