



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Bureau of Water Division of Public Water Supplies Application for Operating Permit

*This form must be submitted for all public water supply projects that required a construction permit. The operating permit must be obtained before the project is placed in service.*

*Please complete this form online, save a copy locally, sign where appropriate, print this form (on yellow paper, if possible) and submit to the Illinois EPA, Bureau of Water, Permit Section at the address listed above.*

1. **Facility Name:** South Sangamon Water Commission County: Sangamon Facility ID: IL 1670080  
**Address:** P.O. Box 83 City: New Berlin State: IL Zip: 62670-0083

2. **Permit Number:** 1446-FY2009 Permit Type: Water Main Date Issued: 07/14/2009

3. **Title of Project:** South Sangamon Water Transmission, Contract D, Phase 2a part B (Ball Township)  
Firm Name: Greene & Bradford, INC.

4. **Date of Project Completion:** Nov 20, 2010

5. **Project Type:**  Partial Type B-main (If you select partial, you must also submit the following items):  
 Final  Cover letter describing which sections of the project that are completed;  
 General layout plan sheet of the project  
 Bacteriological analyses results collected after project completion

6. **Certified Operator in Responsible Charge:**  
Name: Joe Bragg Classification: D Number: \_\_\_\_\_ Telephone: 217-483-2451

7. **Owner of the Completed Project:**  
Name: Shane Hill Title: Utilities Manager Telephone: 217-483-2451  
Address: 116 E. Mulberry City: Chatham State: IL Zip: 62629  
[Signature] Signature Date: 7/27/11

The Owner hereby certifies that the project named and described has been constructed in accordance with plans and specifications approved by the Illinois EPA, including specifications for bacteriological samples, and that bacteriological samples (if required) were taken under the supervision of a representative from the Public Water Supply. The owner also certifies that the project will be operated in accordance with the provisions of the Illinois Environmental Protection Act and the Rules and Regulations adopted by the Illinois Pollution Control Board pursuant to provisions of the Act.

**RECEIVED**  
JUL 29 2011

For Verbal Approvals, please call 217-782-1724.

Environmental Protection Agency  
STATE OF ILLINOIS

\*Sections 603/105(a) and (b)  
(a) The Agency shall be notified within 15 days, on forms supplied by the Agency, by the owner of a public water supply and changes in ownership.  
(b) The Agency shall be notified within 15 days, on forms supplied by the Agency, of changes in responsible personnel and who may be contacted in the event such contact is required.

NOTE: Disinfection and bacteriological analysis must be performed for the completed project in accordance with the requirements of AWWA C651 or C653-03. For projects requiring these procedures, the sample results must be attached to the application. Also, the construction permit number should be clearly visible on the sample results. Samples are to be taken every 1,200 feet of new water main. Samples must be taken with membrane filter; Colliert will not be accepted for new construction projects.

\*\*\*\*\* FOR IEPA USE ONLY \*\*\*\*\*  
This operating permit 1446-FY2009 is issued on 16 Sep 2011 and is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.  
[Signature] Jerry H. Kuhn, P.E., Manager



# Illinois Environmental Protection Agency

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## Bureau of Water Division of Public Water Supplies Application for Operating Permit

*This form must be submitted for all public water supply projects that required a construction permit. The operating permit must be obtained before the project is placed in service.*

*Please complete this form online, save a copy locally, sign where appropriate, print this form (on yellow paper, if possible) and submit to the Illinois EPA, Bureau of Water, Permit Section at the address listed above.*

1. Facility Name: South Sangamon Water Commission County: Sangamon Facility ID: IL 1670080  
 Address: P.O. Box 83 City: New Berlin State: IL Zip: 62670-0083  
 2. Permit Number: 1446-FY2009 ~~MD~~ Permit Type: Water Main Date Issued: 07/14/2009

3. Title of Project: South Sangamon Water Commission- Water Transmission, Contract D, Phase 2A (Ball Township)  
 Firm Name: Greiner & Associates, Inc.

4. Date of Project Completion: NOV 7 2010 - MLD

5. Project Type:  Partial Type A<sub>MLD</sub> (if you select partial, you must also submit the following items):  
 Final  Cover letter describing which sections of the project that are completed;  
 General layout plan sheet of the project  
 Bacteriological analyses results collected after project completion

6. Certified Operator in Responsible Charge:\*  
 Name: Joe Briggs Classification: D Number \_\_\_\_\_ Telephone: 971 1661

7. Owner of the Completed Project:  
 Name: Shawnee Hill Title: W.T. Lines Manager Telephone: 652-5038  
 Address: 116 E. Mylberry City: Chatham State: IL Zip: 62629  
 Signature: [Signature] Date: 6/10/11

The Owner hereby certifies that the project named and described has been constructed in accordance with plans and specifications approved by the Illinois EPA, including specifications for bacteriological samples, and that bacteriological samples (if required) were taken under the supervision of a representative from the Public Water Supply. The owner also certifies that the project will be operated in accordance with the provisions of the Illinois Environmental Protection Act and the Rules and Regulations adopted by the Illinois Pollution Control Board pursuant to provisions of the Act.

For Verbal Approvals, please call 217-762-1724.

\*Sections 803/105(a) and (b)  
 (a) The Agency shall be notified within 15 days, on forms supplied by the Agency, by the owner of a public water supply of changes in ownership.  
 (b) The Agency shall be notified within 15 days, on forms supplied by the Agency, of changes in responsible personnel and who may be contacted in the event such contact is required.

NOTE: Disinfection and bacteriological analysis must be performed for the completed project in accordance with the requirements of AWWA C651 or C650-3. For projects requiring these procedures, the sample results must be attached to the application. Also, the construction permit number should be clearly visible on the sample results. Samples are to be taken every 1,200 feet of new water main. Samples must be taken with membrane filter; Colifert will not be accepted for new construction projects.

\*\*\*\*\* FOR IEPA USE ONLY \*\*\*\*\*  
 This operating permit 1446-FY2009 is issued on 17 June 2011 and is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.

[Signature]  
 Jerry H. Kuhn, P.E., Manager

**RECEIVED**  
 JUN 10 2011

Environmental Protection Agency  
 STATE OF ILLINOIS



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Bureau of Water Division of Public Water Supplies Application for Operating Permit

*This form must be submitted for all public water supply projects that required a construction permit. The operating permit must be obtained before the project is placed in service.*

*Please complete this form online, save a copy locally, sign where appropriate, print this form (on yellow paper, if possible) and submit to the Illinois EPA, Bureau of Water, Permit Section at the address listed above.*

1. Facility Name: South Sangamon Water Commission County: Sangamon Facility ID: IL 1670080  
 Address: P.O.Box 83 City: New Berlin State: IL Zip: 62670-0083

2. Permit Number: 1446 - FY 2009 - mld Permit Type: WME & PI Date Issued: 07/14/2009

3. Title of Project: South Sangamon water commission-Water Transmission, contract D, Phase 2A, partial C  
 Firm Name: Greene & Bradford

4. Date of Project Completion: 09/28/2011

5. Project Type:  Partial Type C - mld (If you select partial, you must also submit the following items):  
 Final  Cover letter describing which sections of the project that are completed;  
 General layout plan sheet of the project  
 Bacteriological analyses results collected after project completion

6. Certified Operator in Responsible Charge:\*  
 Name: Joe Gragg Classification: D Number \_\_\_\_\_ Telephone: \_\_\_\_\_

7. Owner of the Completed Project:  
 Name: Shane Hill Title: Utilities Manager Telephone: 217-483-2451 ext 2  
 Address: 116 E. Mulberry City: Chatham State: IL Zip: 62629

[Signature]  
 Signature

11/28/11  
 Date

The Owner hereby certifies that the project named and described has been constructed in accordance with plans and specifications approved by the Illinois EPA, including specifications for bacteriological samples, and that bacteriological samples (if required) were taken under the supervision of a representative from the Public Water Supply. The owner also certifies that the project will be operated in accordance with the provisions of the Illinois Environmental Protection Act and the Rules and Regulations adopted by the Illinois Pollution Control Board pursuant to provisions of the Act.

For Verbal Approvals, please call 217-782-1724.

\*Sections 603/105(a) and (b)  
 (a) The Agency shall be notified within 15 days, on forms supplied by the Agency, by the owner of a public water supply of changes in ownership.  
 (b) The Agency shall be notified within 15 days, on forms supplied by the Agency, of changes in responsible personnel and who may be contacted in the event such contact is required.

NOTE: Disinfection and bacteriological analysis must be performed for the completed project in accordance with the requirements of AWWA C651 or C63-03. For projects requiring these procedures, the sample results must be attached to the application. Also, the construction permit number should be clearly visible on the sample results. Samples are to be taken every 1,200 feet of new water main. Samples must be taken with membrane filter; Colilert will not be accepted for new construction projects.

\*\*\*\*\* FOR IEPA USE ONLY \*\*\*\*\*  
 This operating permit 1446 - FY 2009 is issued on 28 Feb 2012 and is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.

[Signature]  
 David C. Cook, P.E.  
 Acting Manager, Permit Section  
 Division of Public Water Supplies

**RECEIVED**  
 NOV 30 2011  
 DIV. OF PUBLIC WATER SUPPLIES  
 ENVIRONMENTAL PROTECTION AGENCY  
 STATE OF ILLINOIS

PHASE 2A

STATION EQUATION  
STA. 46+57.55 BK. (PALM ROAD) =  
STA. 107+02.43 AH. ON LAKE ROAD  
BEGIN CONTRACT D - PHASE 2A

LAKE  
SPRINGFIELD

STA. 600+00  
GORDON DRIVE

PALM RD.

STA. 152+50.73

VILLAGE  
OF CHATHAM

GORDON DRIVE

CHATHAM  
ROAD

STA. 605+75  
BEGIN CONTRACT D -  
PHASE 2A

STATION EQUATION  
STA. 100+00+00.00 TBCE  
STA. 100+00+00.00 AND

STA. 100+00

I-55

ILLINOIS CENTRAL RAILROAD

STA. 130+25.65



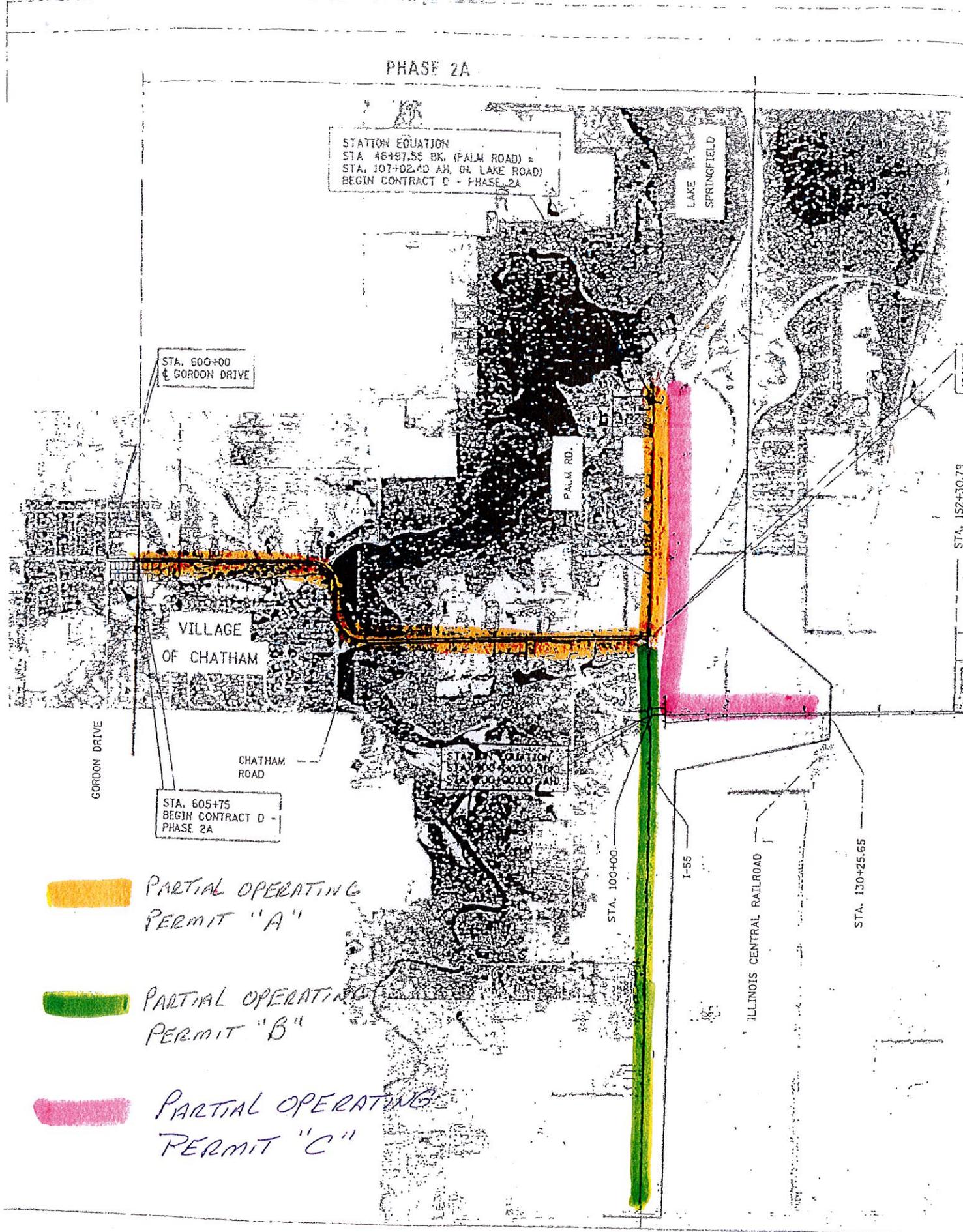
PARTIAL OPERATING  
PERMIT "A"



PARTIAL OPERATING  
PERMIT "B"



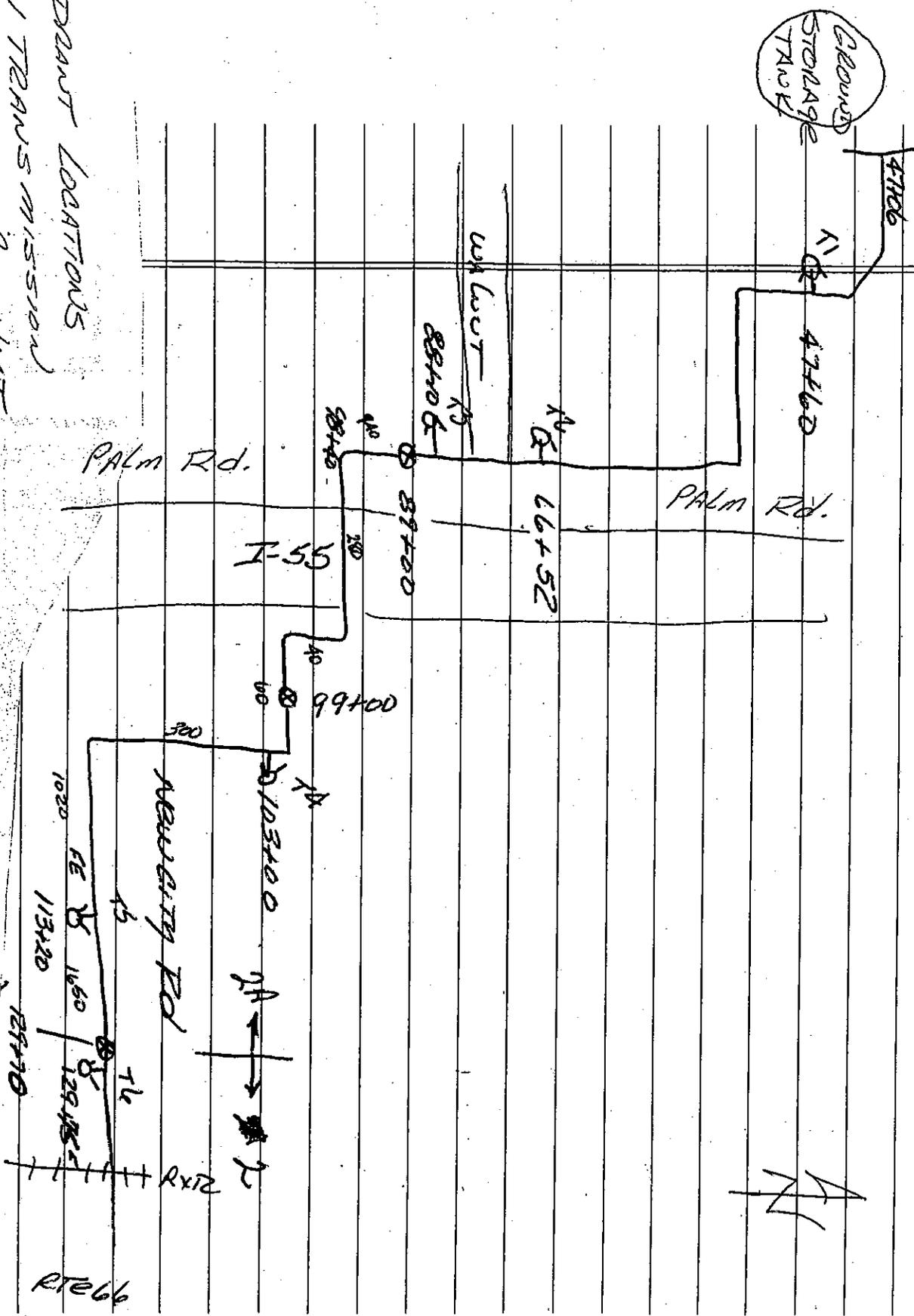
PARTIAL OPERATING  
PERMIT "C"



Pump  
House

N. LAKE WOOD DR.

GROUND  
STORAGE  
TANK



HYDRAUNT LOCATIONS  
ON TRANS MISSION  
LINE FROM BUCKHART  
TO GROUND STORAGE TANK

**MICROBIOLOGICAL ANALYSIS  
 REPORT FORM**

Public Water Supply Name:  
 CHATHAM SSWC

County:  
 SANGAMON

Facility Number:  
 1670080

Mail Report To:  
 Name: P. PE  
 Address: 3550 GREAT NORTHERN AVE  
 City: SPRINGFIELD State: IL Zip Code: 62711

**SAMPLE COLLECTOR: FILL IN SHADED AREA ONLY.  
 TYPE OR USE BALL POINT PEN. SAMPLES MUST  
 REACH LAB WITHIN 30 HOURS AFTER COLLECTION.**

Send Invoice To: (If Different)  
 Village of CHATHAM

Address:  
 City: State: Zip Code:

CM&T JOB # **BB020-02**

| Date Collected:<br>10-24-11  |   | Date Received in Lab:<br>10-24-2011 |                     |                               |                  |                           |  |                     |                |
|--|---|-------------------------------------|---------------------|-------------------------------|------------------|---------------------------|--|---------------------|----------------|
| Sample Collector:<br>BRYAN CARROLL   |   | Time Received in Lab:<br>2:35 PM    |                     |                               |                  |                           |  |                     |                |
| Sample purpose:<br><input type="checkbox"/> Routine <input checked="" type="checkbox"/> New Construction Permit No. 1446 FY2012<br><input type="checkbox"/> Check sample <input type="checkbox"/> Replacement <input type="checkbox"/> Other |   | Received By:<br>C. Jof              |                     |                               |                  |                           |  |                     |                |
| Contact person for unsatisfactory samples:<br>Name: BRYAN CARROLL Phone Number: 217-306 6252   |   | Date Analyzed:<br>10-24-2011        |                     |                               |                  |                           |  |                     |                |
|  |   | Time Analyzed:<br>3:30 AM           |                     |                               |                  |                           |  |                     |                |
|  |   | Analyzed By:<br>C. Jof              |                     |                               |                  |                           |  |                     |                |
| Bot-<br>tle<br>#   | 18" TRANSMISSION MAIN FROM<br>CHATHAM TO ROUTE 212<br>Sampling Location | Sample<br>Type*                     | Time<br>Collected   | Resi-<br>dual<br>Cl<br>(mg/l) | Sample<br>Amount | Total<br>Colonies<br>Read | Total<br>Coliform<br>By MF<br>(#/100 ml) | CM&T<br>Sample<br># |                |
| T1   | HYDRANT @ PUMP HOUSE<br>ACROSS FROM STORAGE TANK                        | D                                   | 9:00 <sup>AM</sup>  | 2.6                           | 100<br>ML        | 0                         | 0  | 10-24-11<br>3       |                |
| T2   | HYDRANT ON PALM RD  | D                                   | 9:35 <sup>AM</sup>  | 2.6                           | ↓                | 0                         | 0  | 4                   |                |
| T3   | HYDRANT @ PALM & CHATHAM RD   | D                                   | 10:00 <sup>AM</sup> | 2.6                           |                  | 0                         | 0  | 5                   |                |
| T4   | HYDRANT IN CORN FIELD<br>NEXT TO HIGHWAY 155                            | D                                   | 10:25 <sup>AM</sup> | 2.6                           |                  | 0                         | 0  | 6                   |                |
| T5   | HYDRANT ON NEW CITY RD  | D                                   | 10:40 <sup>AM</sup> | 2.6                           |                  | 0                         | 0  | 7                   |                |
| T6   | HYDRANT NEXT TO RAIL ROAD<br>ON NEW CITY RD.                            | D                                   | 11:00 <sup>AM</sup> | 2.6                           |                  | 0                         | 0  | 8                   |                |
| T7   | HYDRANT ACROSS FROM BALL SAND<br>ON NEW CITY RD                         | D                                   | 11:15 <sup>AM</sup> | 2.4                           |                  | 0                         | 0  | 9                   |                |
| T8   | HYDRANT 1/2 MILE EAST OF BALL SAND<br>ON THE SOUTH SIDE OF THE RD       | D                                   | 11:33 <sup>AM</sup> | 2.4                           |                  | 100<br>ML                 | 0  | 0                   | 10-24-11<br>10 |
| T9   |   |                                     |                     |                               |                  |                           |  |                     |                |

PHASE 2

\*R — RAW WATER  
 F — FINISHED WATER

**MICROBIOLOGICAL ANALYSIS  
 REPORT FORM**

Public Water Supply Name:  
 CHATHAM S.S.W.C

County:  
 SANGAMON

Facility Number:  
 1670080

Mail Report To:  
 Name: P.P.E

Address:  
 3550 GREAT NORTHERN AVE

City: SPRINGFIELD State: IL Zip Code: 62711

**SAMPLE COLLECTOR: FILL IN SHADED AREA ONLY.**  
 TYPE OR USE BALL POINT PEN. SAMPLES MUST  
 REACH LAB WITHIN 30 HOURS AFTER COLLECTION.

Send Invoice To: (If Different)  
 Village of Chatham

Address:

City: State: Zip Code:

CM&T JOB # 88020-02

| Date Collected:<br>10-25-11  |  |              |                     | Date Received In Lab:<br>10-25-2011 |               |                     |                                 |               |
|--|--|--------------|---------------------|-------------------------------------|---------------|---------------------|---------------------------------|---------------|
| Sample Collector:<br>BRYAN CARROLL   |  |              |                     | Time Received In Lab:<br>2:05 PM    |               |                     |                                 |               |
| Sample purpose:<br><input type="checkbox"/> Routine <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Check sample <input type="checkbox"/> Replacement <input type="checkbox"/> Other<br>Permit No. 1446 FY2012 |  |              |                     | Received By:<br>C. Fox              |               |                     |                                 |               |
| Contact person for unsatisfactory samples:<br>Name: BRYAN CARROLL Phone Number: 217-306-6252   |  |              |                     | Date Analyzed:<br>10-25-2011        |               |                     |                                 |               |
|  |  |              |                     | Time Analyzed:<br>3:30 PM           |               |                     |                                 |               |
|  |  |              |                     | Analyzed By:<br>C. Fox              |               |                     |                                 |               |
| Bottle #   | Sampling Location                                      | Sample Type* | Time Collected      | Residual Cl (mg/l)                  | Sample Amount | Total Colonies Read | Total Coliform By MF (#/100 ml) | CM&T Sample # |
| T1   | HYDRANT @ PUMP HOUSE ACROSS FROM STORAGE TANK          | D            | 11:00 <sup>AM</sup> | 24                                  | 100 ML        | 0                   | 0                               | 10-25-11<br>6 |
| T2   | HYDRANT ON PALM RD                                     | D            | 11:30 <sup>AM</sup> | 24                                  | ↓             | 0                   | 0                               | 7             |
| T3   | HYDRANT @ PALM & CHATHAM RD                            | D            | 11:54 <sup>AM</sup> | 24                                  |               | 0                   | 0                               | 8             |
| T4   | HYDRANT ON EAST SIDE OF LGS IN CORN FIELD              | D            | 12:16 <sup>PM</sup> | 24                                  |               | 0                   | 0                               | 9             |
| T5   | HYDRANT ON NEW CITY RD                                 | D            | 12:37 <sup>PM</sup> | 24                                  |               | 0                   | 0                               | 10            |
| T6   | HYDRANT NEXT TO RAIL ROAD                              | D            | 12:45 <sup>PM</sup> | 24                                  |               | 9                   | 0                               | 11            |
| T7   | HYDRANT ACROSS FROM BALL SCHOOL ON W. CITY RD          | D            | 1:10 <sup>PM</sup>  | 24                                  |               | 6                   | 0                               | 12            |
| T8   | HYDRANT 1 MILE EAST OF BALL SCHOOL ON SOUTH SIDE OF RD | D            | 1:30 <sup>PM</sup>  | 24                                  |               | 100 ML              | 0                               | 0             |

PHASE 2

\*R - RAW WATER  
 F - FINISHED WATER



**MICROBIOLOGICAL ANALYSIS  
 REPORT FORM**

Public Water Supply Name:  
CHATHAM S S W C

County:  
SANGAMON

Facility Number:  
1670080

Mall Report To:  
 Name:  
P. DE

Address:  
3550 GREAT NORTHERN AVE

City: Springfield State: IL Zip Code: 62711

**SAMPLE COLLECTOR: FILL IN SHADED AREA ONLY.  
 TYPE OR USE BALL POINT PEN. SAMPLES MUST  
 REACH LAB WITHIN 30 HOURS AFTER COLLECTION.**

Send Invoice To: (If Different)  
Village of CHATHAM

Address:  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CM&T JOB # 88020-02

| Date Collected:<br><u>11-1-11</u>   |   | Date Received in Lab:<br><u>11-1-2011</u> |                     |                    |               |                     |                                 |               |              |
|---|---|---|---------------------|--------------------|---------------|---------------------|---------------------------------|---------------|--------------|
| Sample Collector:<br><u>BRYAN CARROLL</u>   |   | Time Received in Lab:<br><u>12:50 PM</u>  |                     |                    |               |                     |                                 |               |              |
| Sample purpose:<br><input type="checkbox"/> Routine <input checked="" type="checkbox"/> New Construction Permit No. <u>1446 F2009-2</u> |   | Received By:<br><u>C. JOX</u>             |                     |                    |               |                     |                                 |               |              |
| <input type="checkbox"/> Check sample <input type="checkbox"/> Replacement <input type="checkbox"/> Other                               |   | Date Analyzed:<br><u>11-1-2011</u>        |                     |                    |               |                     |                                 |               |              |
| Contact person for unsatisfactory samples:<br>Name: <u>BRYAN CARROLL</u> Phone Number: <u>217-306-6252</u>                              |   | Time Analyzed:<br><u>3:30 PM</u>          |                     |                    |               |                     |                                 |               |              |
|   |   | Analyzed By:<br><u>C. JOX</u>             |                     |                    |               |                     |                                 |               |              |
| Bottle #  | Sampling Location   | Sample Type*                              | Time Collected      | Residual Cl (mg/l) | Sample Amount | Total Colonies Read | Total Coliform By MF (#/100 ml) | CM&T Sample # |              |
| T6  | HYDRANT NEXT TO RAILROAD ON NEW CITY RD                   | D   | 10:55 <sup>Am</sup> | 2.8                | 100 mL        | 0                   | 0                               | 11-1-11<br>1  |              |
| T7  | HYDRANT ACROSS FROM BALL SCHOOL                           | D   | 11:15 <sup>Am</sup> | 2.8                |               | 0                   | 0                               | 2             |              |
| T9  | HYDRANT ON NEW CITY RD 2 MILES EAST OF BALL SCHOOL        | D   | 9:00 <sup>Am</sup>  | 2.8                |               | 0                   | 0                               | 3             |              |
| T10   | HYDRANT 1 MILE EAST OF T9 ON NEW CITY RD                  | D   | 9:30 <sup>Am</sup>  | 2.8                |               | 0                   | 0                               | 4             |              |
| T11   | HYDRANT 1 MILE WEST OF PAWNEER RD ON NEW CITY RD          | D   | 9:40 <sup>Am</sup>  | 2.8                |               | 0                   | 0                               | 5             |              |
| T12   | HYDRANT ON PAWNEER RD & NEW CITY RD                       | D   | 9:51 <sup>Am</sup>  | 2.8                |               | 0                   | 0                               | 6             |              |
| T13   | HYDRANT 1 MILE EAST OF PAWNEER RD ON NEW CITY RD          | D   | 10:00 <sup>Am</sup> | 2.8                |               | 0                   | 0                               | 7             |              |
| T14   | HYDRANT 3 MILES WEST OF HORSE CRACK BRIDGE ON NEW CITY RD | D   | 10:17 <sup>Am</sup> | 2.8                |               | ↓                   | 0                               | 0             | 8            |
| T15   | HYDRANT 2 MILES WEST OF HORSE CRACK BRIDGE ON NEW CITY RD | D   | 10:35 <sup>Am</sup> | 2.8                |               | 100 mL              | 0                               | 0             | 11-1-11<br>9 |

PHASE 2  
 PHASE 3

\*R - RAW WATER  
 F - FINISHED WATER

# South Sangamon Water Commission

P.O. Box 83

New Berlin, Illinois 62670-0083

217-361-5550 Fax 217-483-3422

## PRESSURE TESTING OF WATERMAIN

|  |                                      |
|--|--------------------------------------|
| PROJECT: <i>WATER TRANSMISSION, CONTRACT D, PHASE 2A</i>                 |                                      |
| LOCATION: <i>GR. STORAGE TANK / PALM Rd.</i>                             | DATE: <i>12-27-10</i>                |
| OWNER: <i>SSWC</i>   | TEST TIME: <i>3:30 PM</i>            |
| TEST OBSERVED BY:<br>(ENG./INSP) <i>BURKE, CARROLL</i>                   | DURATION: <i>1 Hour</i>              |
| LOCATION TESTED: <i>47+06</i>  | TO STA: <i>89+00</i>                 |
| LENGTH TESTED: <i>4194'</i>  | SIZE DIA. <i>18"</i>                 |
| OPERATING PRESSURE: <i>55 PSI</i>  |                                      |
| TEST PRESSURE (P): <i>92 <del>100</del> PSI</i>                          |                                      |
| LOCATION OF TEST MEASUREMENT: <i>FLUSHING HYDRANT 47+60</i>              |                                      |
| HOW MEASURED: <i>pressure gauge on hydrant</i>                           |                                      |
| PRESSURE START: <i>92</i>  | STOP: <i>92</i> DIFFERENCE: <i>0</i> |
| NUMBER OF JOINTS (N): <i>210</i>   |                                      |
| SPECIFICATION AND COMPUTATION OF ALLOWABLE LEAKAGE (L):                  |                                      |
| $L = S D \sqrt{P} / 148,000$   |                                      |
| COMPUTATION OF ACTUAL TEST LEAKAGE: <i>no drop in pressure was noted</i> |                                      |
| TEST - PASS/FAIL: <i>PASSED</i>  |                                      |
| FAILING SECTION RETESTED:  |                                      |
| DESCRIPTION OF REPAIRS MADE:   |                                      |
|  |                                      |
|  |                                      |
| COPIES TO:   | <i>IEPA 1446-EY2009</i>              |
|  | <i>VILLAGE OF CHATHAM</i>            |
|  | <i>G&amp;B</i>                       |

# South Sangamon Water Commission

P.O. Box 83

New Berlin, Illinois 62670-0083

217-361-5550 Fax 217-483-3422

## PRESSURE TESTING OF WATERMAIN

|  |                           |                      |
|--|---------------------------|----------------------|
| PROJECT: <i>WATER TRANSMISSION, CONTRACT D, PHASE 2A</i>                 |                           |                      |
| LOCATION: <i>PALM RD. / NEW CITY RD.</i>                                 | DATE: <i>1-31-11</i>      |                      |
| OWNER: <i>SSWC</i>   | TEST TIME: <i>9:15 AM</i> |                      |
| TEST OBSERVED BY:<br>(ENG./INSP) <i>BURKE, BEHL, BICKHAUS</i>            | DURATION: <i>1 HOUR</i>   |                      |
| LOCATION TESTED: <i>#3+20 89+00</i>                                      | TO STA: <i>129+70</i>     |                      |
| LENGTH TESTED: <i>4290'</i>  | SIZE DIA. <i>18"</i>      |                      |
| OPERATING PRESSURE: <i>55 PSI</i>  |                           |                      |
| TEST PRESSURE (P): <i>100 PSI</i>  |                           |                      |
| LOCATION OF TEST MEASUREMENT: <i>FLUSHING HYDRANT 113+20</i>             |                           |                      |
| HOW MEASURED: <i>pressure gauge on hydrant</i>                           |                           |                      |
| PRESSURE START: <i>100</i>   | STOP: <i>100</i>          | DIFFERENCE: <i>0</i> |
| NUMBER OF JOINTS (N): <i>215</i>   |                           |                      |
| SPECIFICATION AND COMPUTATION OF ALLOWABLE LEAKAGE (L):                  |                           |                      |
| $L = S D \sqrt{P} / 148,000$   |                           |                      |
| COMPUTATION OF ACTUAL TEST LEAKAGE: <i>no drop in pressure was noted</i> |                           |                      |
| TEST - PASS/FAIL: <i>PASSED</i>  |                           |                      |
| FAILING SECTION RETESTED:  |                           |                      |
| DESCRIPTION OF REPAIRS MADE:   |                           |                      |
|  |                           |                      |
|  |                           |                      |
| COPIES TO:   | <i>IEPA 1446-FY2009</i>   |                      |
|  | <i>VILLAGE OF CHATHAM</i> |                      |
|  | <i>G &amp; B</i>          |                      |



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Division of Public Water Supplies, Permit Section Application for Operating Permit

This form may be completed online, a copy saved locally and printed before it is signed. You may also complete a printed copy manually. Submit the completed and signed form to the Illinois EPA, Bureau of Water, Permit Section at the address listed above.

Facility Name: South Sangamon Water Commission Facility ID: 1670080  
4670008  
Address 1: P.O. Box 83 Construction Permit No.: 0239 -FY 2010-2  
Address 2: \_\_\_\_\_ Permit Type: WME & PI  
City: New Berlin State: IL Zip Code: 62670-0083 Date Permit Issued: Jun 29, 2010  
County: Sangamon  
Project Title: South Sangamon Water Commission- Water Transmission, ContractD, Phase 4  
Firm Name: \_\_\_\_\_

### Application Requirements (check when complete):

Project Status: (Check One)  Final  Permit Number, Facility Number, and Facility Name identified on the Lab Report(s).  
 Partial  Samples analyzed by the Membrane Filter technique.  
 Sample results attached to the Application. (If a new well was constructed, provide a copy of the sample results as required by Section II, Part g of the C-1 application).  
C - MLO  
Partial A, B, C, etc.

If you select Partial, you must also submit the following items:

- Cover letter describing which sections were completed.
- General project layout plans.
- For water main projects, identify the length the Partial: \_\_\_\_\_ LF

Date of Project Completion: Oct 10, 2011 (Provide the date construction was completed on the project or partial)

### Certified Operator in Responsible Charge:

Name: Joe Gragg Classification: D Number: \_\_\_\_\_  
Telephone: 217-483-2451 ext230

### Owner of the Completed Project:

Name: Del McCord Title: Village Manager Telephone: 217-483-2451 ext  
Address: 116 E. Mulberry City: Chatham State: IL Zip Code: 62629

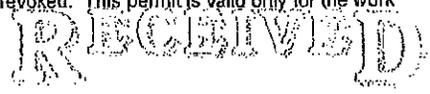
Del McCord \_\_\_\_\_ 2/24/2012  
Owner/Authorized Personnel Signature Date

The Owner hereby certifies that the project named and described has been constructed in accordance with plans and specifications approved by the Illinois EPA. See instructions for further information. For Verbal Approvals, please call 217-782-4697.

**Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))**

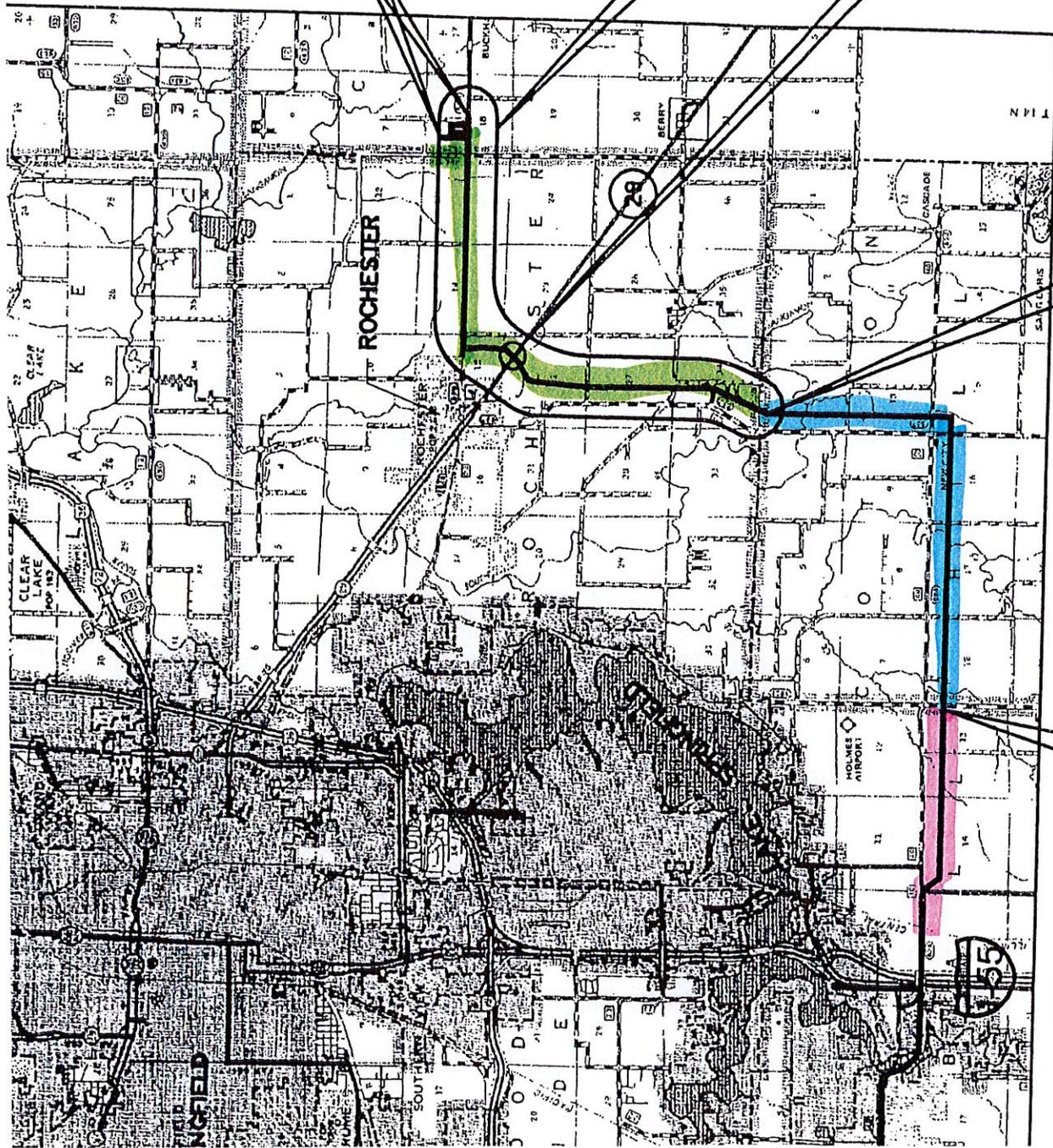
\*\*\*\*\* FOR IEPA USE ONLY \*\*\*\*\*  
This operating permit 0239 -FY 2010 issued on MAR 27 2012 is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.

David C. Cook  
David C. Cook, P.E.,  
Acting Manager, Permit Section  
Division of Public Water Supplies



FEB 28 2012

|     | ✓ | ✓    |      |   | ✓ | ✓ | ✓    | ✓    |
|-----|---|------|------|---|---|---|------|------|
| 24  | ✓ | ✓    |      |   |   |   |      |      |
| 25  | U | 1232 | 1222 |   |   |   |      | ✓    |
| 26  | ✓ | ✓    |      |   |   |   |      |      |
| 27  | U | 1255 | 1250 |   |   |   |      | ✓    |
| 28  | U | 1315 | 1300 |   |   |   |      | ✓    |
| 29  | U | 1328 | 1315 |   |   |   |      | ✓    |
| 30  | U | 1336 | 1326 |   |   |   |      | ✓    |
| 31  | ✓ | ✓    |      |   |   |   |      |      |
| 32  | ✓ | ✓    |      |   |   |   |      |      |
| 32A |   |      | ✓    | ✓ |   |   |      |      |
| 33  |   |      |      |   | ✓ | ✓ |      |      |
| 34  |   |      |      |   | ✓ | ✓ |      |      |
| 35  |   |      |      |   | ✓ | ✓ |      |      |
| 36  |   |      |      |   | ✓ | ✓ |      |      |
| 37  |   |      |      |   | ✓ | U | 1000 | 1020 |
| 37A |   |      |      |   | ✓ | ✓ | ✓    | ✓    |
| 38  |   |      |      |   | ✓ | U | 1045 | 1056 |
| 39  |   |      |      |   | ✓ | U | 1105 | 1111 |
| 39A |   |      |      |   | U | U | 1135 | 1140 |
| 39B |   |      |      |   | ✓ | U | 1200 | 1205 |



**VILLAGE OF**  
 116 EAST  
 CHATHAM, ILL

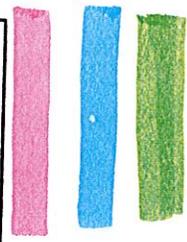
**OFFICE**

**VILLAGE P**  
 Thomas

**VILLAGE**  
 Pat S

**TRUST**  
 Jeanne  
 Chuck  
 Tom Ka  
 Matt I  
 Joe Scha  
 Jill Rey

"A" Phase 2  
 "B" Phase 3  
 "C" Phase 4



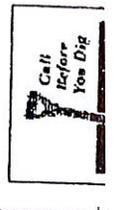
**BEGIN CONTRACT D -  
 PHASE 4**

**PROPOSED WATER  
 TRANSMISSION  
 MAIN ALIGNMENT**

**HIGHWAY  
 BORE & JACK STEEL  
 CASING LOCATION**

**PROJECT LOCATION  
 CONTRACT D -  
 PHASE 4**

**END CONTRACT D -  
 PHASE 4**



THE LOCATION OF UNDERGROUND UTILITIES, AS SHOWN ON THESE PLANS, IS FOR INFORMATIONAL PURPOSES ONLY. THE CONTRACTOR SHALL CALL J.U.L.I.E. AT 1-800-892-0123 PRIOR TO COMMENCEMENT OF ANY WORK. IN THE EVENT OF ANY DAMAGE OR DISRUPTION OF ANY

**VICINITY MAP**



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Division of Public Water Supplies, Permit Section Application for Operating Permit

This form may be completed online, a copy saved locally and printed before it is signed. You may also complete a printed copy manually. Submit the completed and signed form to the Illinois EPA, Bureau of Water, Permit Section at the address listed above.

Facility Name: South Sangamon Water Commission Facility ID: IL 1670080  
 Address 1: P.O. Box 83 Construction Permit No.: 0239 -FY 2010 -MLP  
 Address 2: \_\_\_\_\_ Permit Type: WME & PI  
 City: New Berlin State: IL Zip Code: 62670-0083 Date Permit Issued: July 7, 2010  
 County: Sangamon  
 Project Title: Water Transmission, Contract D Phase 3  
 Firm Name: Greene & Bradford

### Application Requirements (check when complete):

- Project Status: (Check One)  Final  Permit Number, Facility Number, and Facility Name identified on the Lab Report(s).  
 Partial  Samples analyzed by the Membrane Filter technique.  
 Sample results attached to the Application. (If a new well was constructed, provide a copy of the sample results as required by Section II, Part g of the C-1 application).
- B - MLP  
 Partial A, B, C, etc.

If you select Partial, you must also submit the following items:

- Cover letter describing which sections were completed.  
 General project layout plans.  
 For water main projects, identify the length the Partial: \_\_\_\_\_ LF

Date of Project Completion: 4/01/2011 (Provide the date construction was completed on the project or partial)

### Certified Operator in Responsible Charge:

Name: Joe Gragg Classification: D Number: \_\_\_\_\_  
 Telephone: 217-483-2451

### Owner of the Completed Project:

Name: Del McCord Title: Village Manager Telephone: 217-483-2451  
 Address: 116 E. Mulberry City: Chatham State: IL Zip Code: 62629

Del McCord  
Owner/Authorized Personnel Signature

2/9/2012  
Date

The Owner hereby certifies that the project named and described has been constructed in accordance with plans and specifications approved by the Illinois EPA. See instructions for further information. For Verbal Approvals, please call 217-782-4697.

**Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))**

\*\*\*\*\* FOR IEPA USE ONLY \*\*\*\*\*  
 This operating permit 0239 -FY 2010 issued on FEB 21 2012 is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.

David C. Cook  
 David C. Cook, P.E.,  
 Acting Manager, Permit Section  
 Division of Public Water Supplies



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Bureau of Water Division of Public Water Supplies Application for Operating Permit

This form must be submitted for all public water supply projects that required a construction permit. The operating permit must be obtained before the project is placed in service.

Please complete this form online, save a copy locally, sign where appropriate, print this form (on yellow paper, if possible) and submit to the Illinois EPA, Bureau of Water, Permit Section at the address listed above.

1. Facility Name: South Sangamon Water Commission County: Sangamon Facility ID: IL 1670080  
 Address: P.O. Box 83 City: New Berlin State: IL Zip: 62670-0083

2. Permit Number: 0239-2010-mo Permit Type: WME & PI Date Issued: 2010

3. Title of Project: Water Transmission, Contract D, Phase 2, 2A

Firm Name: Greene & Bradford

4. Date of Project Completion: 3/12/11

5. Project Type:  Partial Type A-mo (If you select partial, you must also submit the following items):  
 Final  Cover letter describing which sections of the project that are completed;  
 General layout plan sheet of the project  
 Bacteriological analyses results collected after project completion

6. Certified Operator in Responsible Charge:\*

Name: Joe Mraz Classification: -Select One- D Number \_\_\_\_\_ Telephone: 217 483-2451

7. Owner of the Completed Project:

Name: Del McCord Title: Chairman Telephone: \_\_\_\_\_  
 Address: 116 E. Mulberry St. City: Chatham State: IL Zip: 62629  
Del McCord 1/31/12  
 Signature Date

The Owner hereby certifies that the project named and described has been constructed in accordance with plans and specifications approved by the Illinois EPA, including specifications for bacteriological samples, and that bacteriological samples (if required) were taken under the supervision of a representative from the Public Water Supply. The owner also certifies that the project will be operated in accordance with the provisions of the Illinois Environmental Protection Act and the Rules and Regulations adopted by the Illinois Pollution Control Board pursuant to provisions of the Act.

For Verbal Approvals, please call 217-782-1724.

\*Sections 603/105(a) and (b)

(a) The Agency shall be notified within 15 days, on forms supplied by the Agency, by the owner of a public water supply of changes in ownership.  
 (b) The Agency shall be notified within 15 days, on forms supplied by the Agency, of changes in responsible personnel and who may be contacted in the event such contact is required.

NOTE: Disinfection and bacteriological analysis must be performed for the completed project in accordance with the requirements of AWWA C651 or C653-03. For projects requiring these procedures, the sample results must be attached to the application. Also, the construction permit number should be clearly visible on the sample results. Samples are to be taken every 1,200 feet of new water main. Samples must be taken with membrane filter; Colliert will not be accepted for new construction projects.

\*\*\*\*\* FOR IEPA USE ONLY \*\*\*\*\*  
 This operating permit Partial A 0239-2010 issued on Feb 9, 2012 and is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.

David C. Cook

David C. Cook  
Jenny M. Kuhn, P.E., Manager

**RECEIVED**

FEB 8 2012

DIVISION OF PUBLIC WATER SUPPLIES  
ENVIRONMENTAL PROTECTION AGENCY  
STATE OF ILLINOIS



# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276 • (217) 782-2829  
James R. Thompson Center, 100 West Randolph, Suite 11-300, Chicago, IL 60601 • (312) 814-6026

PAT QUINN, GOVERNOR

DOUGLAS P. SCOTT, DIRECTOR

217782-1724

June 29, 2010

JUL 07 2010

Commission Chairman,  
South Sangamon Water Commission  
P.O. Box 83  
New Berlin, IL 62670-0083

Re: South Sangamon Water Commission - Water Transmission, Contract D, Phase 2, 3 & 4  
(Sangamon County - 1670080) Water Main Extension  
Log No. 2010-0239-2  
Supplemental Construction Permit No. 0239-FY2010-2

Dear Commissioner:

Supplemental approval is hereby given for the changes for the proposed waterworks improvements, in which approximately 53,316 feet of 20-inch water main has been changed to 18-inch water main, 18,566 feet of 24-inch water main has been changed to 20-inch water main, and the pipe material has been changed to PVC DR 25 (165 psi) for most of the project and PVC DR 21 (200 psi) for the water main that will be installed by the bore and pull method.

The original permit of the plans and specifications was issued on September 16, 2009.

This permit is void after September 16, 2010, unless construction on this project has started on or prior to that date or a time extension has been granted.

Sincerely,

Jerry H. Kuhn, P.E.  
Manager, Permit Section  
Division of Public Water Supplies

JHK: MPH

cc: Greene & Bradford, Inc.  
Springfield Regional Office  
File 03



# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276 • (217) 782-2829  
James R. Thompson Center, 100 West Randolph, Suite 11-300, Chicago, IL 60601 • (312) 814-6026

PAT QUINN, GOVERNOR

DOUGLAS P. SCOTT, DIRECTOR

217/782-1724

December 11, 2009

Commissioner Chairman,  
South Sangamon Water Commission  
P.O. Box 83  
New Berlin, IL 62670-0083

Re: South Sangamon Water Commission – Water Transmission, Contract D, Phase 2,3 & 4  
(Sangamon County – 1670080) Water Main Extension  
Log No. 2010-0239-1  
Supplemental Construction Permit No. 0239-FY2010-1

Dear Commissioner:

Supplemental approval is hereby given for the changes for the proposed waterworks improvements, in which approximately the name of the Permittee has been changed from the Village of Chatham to the newly formed South Sangamon Water Commission.

The original permit of the plans and specifications was issued on September 16, 2009.

This permit is void after September 16, 2010, unless construction on this project has started on or prior to that date or a time extension has been granted.

Sincerely,

Jerry H. Kuhn, P.E.  
Manager, Permit Section  
Division of Public Water Supplies

JHK: MPH

cc: Greene & Bradford, Inc.  
Springfield Regional Office

Rockford • 4302 N. Main St., Rockford, IL 61103 • (815) 987-7760  
Elgin • 595 S. State, Elgin, IL 60123 • (847) 608-3131  
Bureau of Land – Peoria • 7620 N. University St., Peoria, IL 61614 • (309) 693-3462  
Collinsville • 2009 Mall Street, Collinsville, IL 62234 • (618) 346-5120

Des Plaines • 9511 W. Harrison St., Des Plaines, IL 60016 • (847) 294-4000  
Peoria • 5415 N. University St., Peoria, IL 61614 • (309) 693-5463  
Champaign • 2125 S. First St., Champaign, IL 61820 • (217) 278-3800  
Marion • 2309 W. Main St., Suite 116, Marion, IL 62959 • (618) 993-7200

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
1021 North Grand Avenue, East; Post Office Box 19276; Springfield, IL 62794-9276

Division of Public Water Supplies

Telephone 217/782-1724

**PUBLIC WATER SUPPLY CONSTRUCTION PERMIT**

SUBJECT: CHATHAM (Sangamon County-1670300)

Permit Issued to:  
Village President and Board of Trustees  
116 E. Mulberry Street  
Chatham, IL 62629

PERMIT NUMBER: 0239-FY2010

DATE ISSUED: September 16, 2009  
PERMIT TYPE: Water Main

The issuance of this permit is based on plans and specifications prepared by the engineers/architects indicated, and are identified as follows. This permit is issued for the construction and/or installation of the public water supply improvements described in this document, in accordance with the provisions of the "Environmental Protection Act", Title IV, Sections 14 through 17, and Title X, Sections 39 and 40, and is subject to the conditions printed on the last page of this permit and the ADDITIONAL CONDITIONS listed below.

FIRM: Greene & Bradford, Inc.

NUMBER OF PLAN SHEETS: 614

TITLE OF PLANS: "Water Transmission, Contract D, Phase 2, 3 & 4 \*\*SR\*\*"

**PROPOSED IMPROVEMENTS:**

\*\*\*Installation of approximately 3,613 feet of 6-inch water main, 180 feet of 12-inch water main; 53,316 feet of 20-inch water main, and 18,566 feet of 24-inch water main\*\*\*

**ADDITIONAL CONDITIONS:**

1. All water mains shall be satisfactorily disinfected prior to use. In accordance with the requirements of AWWA C651-99, at least one set of samples shall be collected from every 1,200 feet of new water main, plus one set from the end of the line and at least one set from each branch. Satisfactory disinfection shall be demonstrated in accordance with the requirements of 35 Ill. Adm. Code 652.203.
2. Satisfactory bacteriological samples taken at 24 hour intervals must be obtained on at least two consecutive days prior to placing the raw water transmission main into service.



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Bureau of Water Division of Public Water Supplies Application for Operating Permit

*This form must be submitted for all public water supply projects that required a construction permit. The operating permit must be obtained before the project is placed in service.*

*Please complete this form online, save a copy locally, sign where appropriate, print this form (on yellow paper, if possible) and submit to the Illinois EPA, Bureau of Water, Permit Section at the address listed above.*

1. **Facility Name:** South Sangamon Water Commission County: Sangamon Facility ID: IL 1670080  
 Address: P.O.Box 83 City: New Berlin State: IL Zip: 62670-0083

2. **Permit Number:** 0691 - 2010 DA **Permit Type:** WME & PI **Date Issued:** June 18, 2010

3. **Title of Project:** South Sangamon Water Commission: Village of New Berlin Water Transmission Main & Booster Station  
**Firm Name:** Greene & Bradford

4. **Date of Project Completion:** Sept 1, 2011

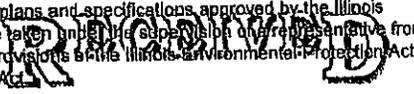
5. **Project Type:**  Partial Type \_\_\_\_\_ (If you select partial, you must also submit the following items):  
 Final  Cover letter describing which sections of the project that are completed;  
 General layout plan sheet of the project  
 Bacteriological analyses results collected after project completion

6. **Certified Operator in Responsible Charge:**  
 Name: Joe Gragg Classification: D Number \_\_\_\_\_ Telephone: 217-483-2451

7. **Owner of the Completed Project:**  
 Name: Shane Hill Title: Utilities Manager Telephone: 217-483-2451 ext 6  
 Address: 116 E. Mulberry City: Chatham State: IL Zip: 62629

[Signature] 10/24/11  
 Signature Date

The Owner hereby certifies that the project named and described has been constructed in accordance with plans and specifications approved by the Illinois EPA, including specifications for bacteriological samples, and that bacteriological samples (if required) were taken under the supervision and representative from the Public Water Supply. The owner also certifies that the project will be operated in accordance with the provisions of the Illinois Environmental Protection Act and the Rules and Regulations adopted by the Illinois Pollution Control Board pursuant to provisions of the Act.



OCT 24 2011

For Verbal Approvals, please call 217-782-1724.

DIVISION OF PUBLIC WATER SUPPLIES  
ENVIRONMENTAL PROTECTION AGENCY  
STATE OF ILLINOIS

\*Sections 603/105(a) and (b)

(a) The Agency shall be notified within 15 days, on forms supplied by the Agency, by the owner of a public water supply of changes in ownership.  
(b) The Agency shall be notified within 15 days, on forms supplied by the Agency, of changes in responsible personnel and who may be contacted in the event such contact is required.

NOTE: Disinfection and bacteriological analysis must be performed for the completed project in accordance with the requirements of AWWA C651 or C65-03. For projects requiring these procedures, the sample results must be attached to the application. Also, the construction permit number should be clearly visible on the sample results. Samples are to be taken every 1,200 feet of new water main. Samples must be taken with membrane filter; Colloret will not be accepted for new construction projects.

\*\*\*\*\* FOR EPA USE ONLY \*\*\*\*\*  
 This operating permit 01091-FY2010 is issued on 4 Nov 2011 and is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.

[Signature]  
 Jerry H. Kuhn, P.E., Manager



# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276 • (217) 782-2829  
James R. Thompson Center, 100 West Randolph, Suite 11-300, Chicago, IL 60601 • (312) 814-6026

PAT QUINN, GOVERNOR

DOUGLAS P. SCOTT, DIRECTOR

217/782-1724

September 17, 2010

Chairman, South Sangamon Water Commission  
P.O. Box 83  
New Berlin, IL 62670-0083

Re: South Sangamon Water Commission -- South Sangamon Water Commission: Village of  
New Berlin Water Transmission Main & Booster Station  
(Sangamon County -- 1670080)  
Log No. 2010-0691-1  
Supplemental Construction Permit No. 0691-FY2010-1

Dear Ladies and/or Gentlemen:

Supplemental approval is hereby given for the changes in the plans for the proposed waterworks improvements, in which the location of the booster station has been moved approximately 1,000 feet to the west along Mansion Road. The revised plans consisting of 7 sheets, were prepared and submitted by your engineers, Greene & Bradford, Inc., acting as your agents and are designated as, "South Sangamon Water Commission: Village of New Berlin Water Transmission Main & Booster Station".

The original permit of the plans and specifications was issued on June 18, 2010.

This permit is void after June 18, 2011, unless construction on this project has started on or prior to that date or a time extension has been granted.

Sincerely,

Jerry H. Kuhn, P.E.  
Manager, Permit Section  
Division of Public Water Supplies

JHK: MPH

cc: Greene & Bradford, Inc.  
Springfield Regional Office

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
1021 North Grand Avenue, East; Post Office Box 19276; Springfield, IL 62794-9276

Division of Public Water Supplies

Telephone 217/782-1724

**PUBLIC WATER SUPPLY CONSTRUCTION PERMIT**

SUBJECT: SOUTH SANGAMON WATER COMMISSION (Sangamon County-1670080)

Permit Issued to:  
Chairman, South Sangamon Water Commission  
P.O. Box 83  
New Berlin, IL 62670-0083

PERMIT NUMBER: 0691-FY2010

DATE ISSUED: June 18, 2010  
PERMIT TYPE: WME & PI

The issuance of this permit is based on plans and specifications prepared by the engineers/architects indicated, and are identified as follows. This permit is issued for the construction and/or installation of the public water supply improvements described in this document, in accordance with the provisions of the "Environmental Protection Act", Title IV, Sections 14 through 17, and Title X, Sections 39 and 40, and is subject to the conditions printed on the last page of this permit and the ADDITIONAL CONDITIONS listed below.

FIRM: Greene & Bradford, Inc..  
NUMBER OF PLAN SHEETS: 108  
TITLE OF PLANS: "South Sangamon Water Commission: Village of New Berlin Water Transmission Main & Booster Station \*\*SR\*\*"

**PROPOSED IMPROVEMENTS:**

\*\*\*Installation of approximately 53,244 feet of 10-inch water main and a packaged booster pump station with two pumps each rated at 148 gpm at 81 feet TDH with an ultimate capability of pumping 300 gpm at 101 feet TDH\*\*\*

**ADDITIONAL CONDITIONS:**

1. All water mains shall be satisfactorily disinfected prior to use. In accordance with the requirements of AWWA C651-99, at least one set of samples shall be collected from every 1,200 feet of new water main, plus one set from the end of the line and at least one set from each branch. Satisfactory disinfection shall be demonstrated in accordance with the requirements of 35 Ill. Adm. Code 652.203.
2. There are no further conditions to this permit.

JHK:MPH: dsa

cc: Greene & Bradford, Inc.  
Springfield Region

  
\_\_\_\_\_  
Jerry H. Kuhn, P.E.  
Manager Permit Section  
Division of Public Water Supplies