



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: IL1670080
 Address 1: 9199 Buckhart Road Construction Permit No.: 0201 -FY 2011
 Address 2: _____ Permit Type: WME & PI
 City: Rochester State: IL Zip Code: 62563 Date Permit Issued: August 7, 2012
 County: Sangamon
 Project Title: Contract A and Well Fields
 Firm Name: Donahue and Associates

RECEIVED

Application Requirements (check when complete): ~~MAY 8 2013~~

Project Status: Final Partial
 (Check One) Permit Number, Facility Number, and Facility Name as Verified on the Lab Report
 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-I application).

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: Aug 7, 2012 (Provide the date construction was completed on the project or partial)

Certified Operator in Responsible Charge:

Name: Tim Hasara Classification: A Number: _____
 Telephone: (217) 971-7233

Owner of the Completed Project:

Name: Del McCord Title: Commissioner & Chairman Telephone: (217) 483-2451
 Address: 116 E. Mulberry City: Chatham State: IL Zip Code: 62929

Del McCord

4/16/13

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 0201 -FY 2011 Issued on MAY 16 2013 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

Instructions for Operating Permit Application

The Operating Permit Application 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.

Fill out the top section using the corresponding Construction Permit for reference.

Facility Name is the name of the village, city or entity distributing community water supplies.

Facility ID Number can be found on the Construction Permit. This number is specific to your facility.

Address is the same as the address on the Construction Permit.

Construction Permit Number is the assigned permit number of the corresponding Construction Permit. The Operating Permit and the corresponding Construction Permit will have the same permit number.

Permit Type identifies whether the project involved is a Water Main, a Plant Improvement or Both.

Date Permit Issued is the date the Construction Permit was granted.

Date of Project Completion is the date construction was completed for the section of project you are requesting the Operating Permit for. If you are requesting an Operating Permit for a Partial project, the Date of Project Completion is the date construction was completed on that partial section. The Date of Project Completion will never be a date in the future, and must be a date *after* the issue date of the Construction Permit.

Title of Project is the same title of project listed on the corresponding Construction Permit. The Operating Permit and the Construction Permit will have the same Title of Project.

Firm Name is the engineering entity that designed the project.

Project Status will either be Final or Partial.

Final: If construction on the project is complete, you will select **Final**.

Partial: If construction on the total project is only *partially* complete, but you want to operate the completed section, you will select **Partial**. If this is the first partial, you will identify it as "Partial A", if this is the second partial, you will identify it as "Partial B" and so forth. Once the last partial section has been completed, identify it as such and also select Final in the Project Status.

The **Certified Operator in Responsible Charge** and **Owner of the Completed Project** should fill out his/her respective section. Please print your name legibly and sign where appropriate. By signing the application, 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.

Requests for **Verbal Approval** and questions can be addressed at (217) 782-4697 or (217) 782-1020/9470.

Disinfection and bacteriological analysis must be performed for the completed project in accordance with the requirements of AWWA C651 or C53-03. For projects requiring these procedures, the sample results must be attached to the application. 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 unless otherwise approved by the Illinois EPA. Samples must be measured using the Membrane Filter technique, Colilert/ Colisure will not be accepted for new construction projects.

This form may be completed online, a copy saved locally and printed before it is signed. You may also complete a printed copy manually. Print this form on yellow paper if possible, and submit the completed form to the Illinois EPA, Bureau of Water, Permit Section at the following address:

Illinois Environmental Protection Agency
Division of Public Water Supplies, Permit Section #13
1021 North Grand Avenue East, PO Box 19276
Springfield, IL 62794-9276

Dan Held

From: Tim Hasara <timh@currangardner.com>
Sent: Tuesday, March 19, 2013 7:15 AM
To: Dan Held
Subject: FW: South Sangamon Water Commission

From: Mark E. Mitchell [<mailto:mitchell@ilrwa.org>]
Sent: Wednesday, March 13, 2013 12:54 PM
To: Tim Hasara
Subject: FW: South Sangamon Water Commission

Tim,
Below is the email I received from Carl Kamp at IEPA (Groundwater Section) when I requested the information necessary from them to get started on Max Zone Applications for these wells.
Please let me know what information you have to help me clear up this issue.
Thanks,

Mark E. Mitchell
Source Water Protection Specialist
Illinois Rural Water Association
3305 Kennedy Road
PO Box 49
Taylorville, IL 62568
217-287-2115 Phone
217-824-8638 Fax
217-820-1565 Cell
mitchell@ilrwa.org Email
www.ilrwa.org Website



From: Kamp, Carl [<mailto:CARL.KAMP@Illinois.gov>]
Sent: Wednesday, March 13, 2013 12:47 PM
To: Mark E. Mitchell
Subject: RE: South Sangamon Water Commission

Mark,

SDWIS says wells 1,3,4,5, and 6 apparently have operating points. However, I reviewed raw water analysis for wells 1, 2, 3, and 4 for operating permits.
Do you know which wells actually have operating permits? Ask the operator, because only operational wells are allowed max zone protection.

Transmissivity GPD/FT

Well 1 (01941)	Contact the WTP operator
Well 2 (01942)	Contact the WTP operator
Well 3 (01943)	Contact the WTP operator
Well 4 (01944)	Contact the WTP operator
Well 5 (01945)	Contact the WTP operator
Well 6 (01946)	Contact the WTP operator
Well 7 (01947)	25,000
Well 8 (01948)	39,000
Well 9 (01949)	75,000
Well 10 (01970)	Contact the WTP operator

I do not have the well logs or pump test data for Wells 1, 2, 3, 4, 5, 6, 7, or 10. Call the operator about this. They were supposed to provide transmissivity information, but with the well location changes at the site back in 2011, I did not receive anything because in the past the permit engineers would not provide me of operating permit information. That has changed, now I review part of the operating permit application data before the CWS receives an operating permit. Inform the WTP operator that you need the transmissivity information, pump test data, and the well logs (or the completion report the engineer sends the ISWS). Unfortunately, I cannot find the permit data because it is in limbo somewhere due to our new Docuware system. If you cannot get the data, I can ask for it.

Carl

From: Mark E. Mitchell [<mailto:mitchell@ilrwa.org>]
Sent: Tuesday, March 12, 2013 10:01 AM
To: Kamp, Carl
Subject: South Sangamon Water Commission

Carl,
I was asked by Tim Hasara, Manager of South Sangamon Water Commission to assist them with determining technical adequacy for their 10 PWS Wells. Could you assist me with any information you have available to help me get started on this, please?
Thank you,

Facility Number 1670080

Well 1 (01941)
Well 2 (01942)
Well 3 (01943)
Well 4 (01944)
Well 5 (01945)
Well 6 (01946)
Well 7 (01947)
Well 8 (01948)
Well 9 (01949)
Well 10 (01970)

Mark E. Mitchell
Source Water Protection Specialist
Illinois Rural Water Association

3305 Kennedy Road
PO Box 49
Taylorville, IL 62568
217-287-2115 Phone
217-824-8638 Fax
217-820-1565 Cell
mitchell@ilrwa.org Email
www.ilrwa.org Website





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Facility Name: South Sangamon Water Commission **Facility ID:** 1670080
Address 1: 9199 Buckhart Road **Construction Permit No.:** 0201 -FY 2011
Address 2: _____ **Permit Type:** Plant Improvement
City: Rochester **State:** IL **Zip Code:** 62563 **Date Permit Issued:** September 15, 2010
County: Sangamon
Project Title: Contract A and Well Fields
Firm Name: Donohue and Associates

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.
Contract A, Well 6 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-I application).
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: N/A LF

Date of Project Completion: Apr 9, 2012 (Provide the date construction was completed on the project or partial)

Certified Operator in Responsible Charge:

Name: Tim Hasara **Classification:** A **Number:** _____
Telephone: (217) 971-7233

Owner of the Completed Project:

Name: Del McCord **Title:** Commissioner & Chairman **Telephone:** (217) 483-2451
Address: 116 E. Mulberry **City:** Chatham **State:** IL **Zip Code:** 62929

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 *****

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Facility Name: South Sangamon Water Commission **Facility ID:** IL 1670080
Address 1: 9199 Buckhart Road **Construction Permit No.:** 0201 -FY 2011
Address 2: _____ **Permit Type:** WME & PI
City: Rochester **State:** IL **Zip Code:** 62563 **Date Permit Issued:** Sep 15, 2010
County: Sangamon
Project Title: Contract A and Well Fields
Firm Name: Donahue and Associates

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).
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: May 17, 2012 (Provide the date construction was completed on the project or partial)

Certified Operator in Responsible Charge:

Name: Tim Hasara **Classification:** A **Number:** _____
Telephone: (217) 971-7233

Owner of the Completed Project:

Name: Del McCord **Title:** Commissioner & Chairman **Telephone:** (217) 483-2451
Address: 116 E. Mulberry **City:** Chatham **State:** IL **Zip Code:** 62929

5/17/2012

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.

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COLIFORM ANALYSIS REPORT

NOTE: Bacteriological samples must reach the laboratory in time for analysis to be started within 30 hours of collection. Items A - D and 1 - 6 must be completed or the sample may be discarded. You may complete this application online, save a copy, print, sign and mail it to the address above.

A. Water System No.: IL 1670080 B. Name: South Sangamon Water Commission
 C. Surface Supply: Yes No D. Chlorine Exempt: Yes No
 Results Reported Electronically? Yes No Date Received: 4-9-12 Time Received: 18:10
 Date Analyzed: 4.9.12.03 Time Analyzed: 12:15

1. Mail Water Supply Copy to: Name: <u>Tim Hasara</u> Address: <u>9199 Buckhart Road</u> City: <u>Rochester</u> State: <u>IL</u> Zip Code: <u>62563</u>	2. Contact for Unsatisfactory Results: Name: <u>Tim Hasara</u> Email Address: <u>timh@currangardner.com</u> Phone (area code first): <u>(217) 546-3981</u> Cell Phone: (area code first): <u>(217) 971-7233</u>
3. Date Collected: <u>04/09/12</u>	4. Sample Collector: <u>Dan Held</u>
5. Sample Purpose: <input type="radio"/> Routine <input type="radio"/> Replacement <input type="radio"/> Repeat <input type="radio"/> Customer Complaint <input type="radio"/> Repair or Maintenance <input type="radio"/> Boil Order <input checked="" type="radio"/> New Construction Permit No. <u>0201</u> FY <u>2011</u> <input type="radio"/> Other Reason: _____	

Coliform Sampling (for repeat include Site # and Address)				Time Collected	Res Cl		7. Col Read	8. Total coll	9. Fecal/ E. coli	10. Lab Sample No.
Bottle #	Sample Site #	Address	F		T					
1	Well 1		9:45 a.m.	0.0	0.0	5			<u>12D0123</u>	
3	Well 3		9:50 a.m.	0.0	0.0	0			<u>-02</u>	
4	Well 4		10:00 a.m.	0.0	0.0	2			<u>-03</u>	
5	Well 5		10:05 a.m.	0.0	0.0	1			<u>-04</u>	
6	Well 6		10:10 a.m.	0.0	0.0	0			<u>-05</u>	

Method No.: SM 9222B Person Notified: _____ Date: _____
 Reported by: [Signature] Date: 4.10.12 No. of Bottles Sent: _____ Date: _____
 Analyst: [Signature] Laboratory Cert. No.: 17592 Lab Name: Prairie Analytical Phone: 217.753.1148

Reason for Replacement: _____



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COLIFORM ANALYSIS REPORT

NOTE: Bacteriological samples must reach the laboratory in time for analysis to be started within 30 hours of collection. Items A, D and 1 - 6 must be completed or the sample may be discarded. You may complete this application online, save a copy, print, sign and mail it to the address above.

A. Water System No.: IL 1670080 B. Name: South Sangamon Water Commission
 C. Surface Supply: Yes No D. Chlorine Exempt: Yes No
 Results Reported Electronically? Yes No Date Received: 04-10-12 Time Received: 11:28 17.5
 Date Analyzed: 4.10.12 Time Analyzed: 12.45

1. Mail Water Supply Copy to: Name: <u>Tim Hasara</u> Address: <u>9199 Buckhart Road</u> City: <u>Rochester</u> State: <u>IL</u> Zip Code: <u>62563</u>		2. Contact for Unsatisfactory Results: Name: <u>Tim Hasara</u> Email Address: <u>timh@currangardner.com</u> Phone (area code first): <u>(217) 546-3981</u> Cell Phone: (area code first): <u>(217) 971-7233</u>	
3. Date Collected: <u>04/10/12</u>		4. Sample Collector: <u>Dan Held</u>	
5. Sample Purpose: <input type="radio"/> Routine <input type="radio"/> Replacement <input type="radio"/> Repeat <input type="radio"/> Customer Complaint <input type="radio"/> Repair or Maintenance <input type="radio"/> Boil Order <input checked="" type="radio"/> New Construction Permit No. <u>0201</u> FY <u>2011</u> <input type="radio"/> Other Reason: _____		****For Repeats Only**** Original Sample No. _____ Orig. Collection Date: _____ Orig. Lab ID: IL _____	

6. Coliform Sampling (for repeat include Site # and Address)			Time Collected	Res CI		7. Col Read	8. Total coli	9. Fecal/ E. coli	10. Lab Sample No.
Bottle #	Sample Site #	Address		F	T				
1	Well 1		9:55 a.m.	0.0	0.0	2			01
3	Well 3		10:05 a.m.	0.0	0.0	0			02
4	Well 4		10:40 a.m.	0.0	0.0	1			03
5	Well 5		10:15 a.m.	0.0	0.0	0			04
6	Well 6		10:30 a.m.	0.0	0.0	0			05

Method No.: SM 9222B Person Notified: _____ Date: _____
 Reported by: Adam [Signature] Date: 4.11.12 No. of Bottles Sent: _____ Date: _____
 Analyst: Adam [Signature] Laboratory Cert. No.: 17592 Lab Name: Prairie Analytical Phone: 217-753-1148

Reason for Replacement: _____



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COLIFORM ANALYSIS REPORT

NOTE: Bacteriological samples must reach the laboratory in time for analysis to be started within 30 hours of collection. Items A - D and 1 - 6 must be completed or the sample may be discarded. You may complete this application online, save a copy, print, sign and mail it to the address above.

A. Water System No.: IL 1670080 B. Name: South Sangamon Water Commission
 C. Surface Supply: Yes No D. Chlorine Exempt: Yes No
 Results Reported Electronically? Yes No Date Received: 04-23-12 Time Received: 11:00am
 Date Analyzed: 4-23-12 Time Analyzed: 1120 16.4c'

1. Mail Water Supply Copy to: Name: <u>Tim Hasara</u> Address: <u>9199 Buckhart Road</u> City: <u>Rochester</u> State: <u>IL</u> Zip Code: <u>62563</u>				2. Contact for Unsatisfactory Results: Name: <u>Tim Hasara</u> Email Address: <u>limh@currangardner.com</u> Phone (area code first): <u>(217) 546-3981</u> Cell Phone: <u>(217) 971-7233</u>					
3. Date Collected: <u>04/23/12</u>				4. Sample Collector: <u>Danny Held (217) 381-2206</u>					
5. Sample Purpose: <input type="radio"/> Routine <input type="radio"/> Replacement <input type="radio"/> Repeat <input type="radio"/> Customer Complaint <input type="radio"/> Repair or Maintenance <input type="radio"/> Bolt Order <input checked="" type="radio"/> New Construction Permit No. <u>0201</u> FY <u>2011</u> <input type="radio"/> Other Reason: _____				****For Repeats Only**** Original Sample No. _____ Orig. Collection Date: _____ Orig. Lab ID: IL _____					
6. Coliform Sampling (for repeat include Site # and Address)				Res Cl		7.	8.	9.	10.
Bottle #	Sample Site #	Address	Time Collected	F	T	Col Read	Total coli	Fecal/ E. coli	Lab Sample No.
1	Well 1		9:35 a.m.	0.0	0.0	0			-01
4	Well 4		9:55 a.m.	0.0	0.0	0			-02
5	Well 5		10:05 a.m.	0.0	0.0	2			-03

Method No.: SM 92213 Person Notified: _____ Date: _____
 Reported by: Alan [Signature] Date: 4-24-12 No. of Bottles Sent: _____ Date: _____
 Analyst: [Signature] Laboratory Cert. No.: 17592 Lab Name: Prairie Analytical Phone: 217.953.1142

Reason for Replacement: _____



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COLIFORM ANALYSIS REPORT

NOTE: Bacteriological samples must reach the laboratory in time for analysis to be started within 30 hours of collection. Items A - D and 1 - 6 must be completed or the sample may be discarded. You may complete this application online, save a copy, print, sign and mail it to the address above.

A. Water System No.: IL 1670080 B. Name: South Sangamon Water Commission
 C. Surface Supply: Yes No D. Chlorine Exempt: Yes No
 Results Reported Electronically? Yes No Date Received: 4/24/12 Time Received: 12:35 20.1°C KAP
 Date Analyzed: 4.24.12 Time Analyzed: 12 40

1. Mail Water Supply Copy to: Name: Tim Hasara Address: 9199 Buckhart Road City: Rochester State: IL Zip Code: 62563				2. Contact for Unsatisfactory Results: Name: Tim Hasara Email Address: <u>timh@currangardner.com</u> Phone (area code first): <u>(217) 546-3981</u> Cell Phone: (area code first): <u>(217) 971-7233</u>							
3. Date Collected: <u>04/24/12</u>				4. Sample Collector: Danny Held (217) 381-2206							
5. Sample Purpose: <input type="radio"/> Routine <input type="radio"/> Replacement <input type="radio"/> Repeat <input type="radio"/> Customer Complaint <input type="radio"/> Repair or Maintenance <input type="radio"/> Boil Order <input checked="" type="radio"/> New Construction <u>0201</u> <u>FY 2011</u> <input type="radio"/> Other Reason: _____				****For Repeats Only**** Original Sample No. _____ Orig. Collection Date: _____ Orig. Lab ID: IL _____							
6. Coliform Sampling (for repeat include Site # and Address)				Time Collected		Res Cl		7. Col Read	8. Total coli	9. Fecal/ E. coli	10. Lab Sample No.
Bottle #	Sample Site #	Address		F	T	F	T				
1	Well 1			0.0	0.0	0	0	0	N		01
4	Well 4			0.0	0.0	0	0	0	N		02
5	Well 5			0.0	0.0	0	0	0	N		03

Method No.: SM 922B Person Notified: _____ Date: _____
 Reported by: Adam ID Date: 4.25.12 No. of Bottles Sent: _____ Date: _____
 Analyst: _____ Laboratory Cert. No.: 17592 Lab Name: Prairie Analytical Phone: 217.753.1148

Reason for Replacement: _____

IL 532-0123 PWS 2a Rev. 12/2011 This Agency is authorized to require this information under 415 ILCS 5/19. Failure to disclose this information may result in a civil penalty of not to exceed \$50,000 for the violation and an additional civil penalty of not to exceed \$10,000 for each day during which the violation continues (415 ILCS 5/42). This has been approved by the Forms Management Center.



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COLIFORM ANALYSIS REPORT

NOTE: Bacteriological samples must reach the laboratory in time for analysis to be started within 30 hours of collection. Items A - D and 1 - 6 must be completed or the sample may be discarded. You may complete this application online, save a copy, print, sign and mail it to the address above.

A. Water System No.: IL 1670080 B. Name: South Sangamon Water Commission
 C. Surface Supply: Yes No D. Chlorine Exempt: Yes No
 Results Reported Electronically? Yes No Date Received: 04-25-12 Time Received: 2:06pm 23.8°C
 Date Analyzed: 4-25-12 Time Analyzed: 1500

1. Mail Water Supply Copy to: Name: <u>Tim Hasara</u> Address: <u>9199 Buckhart Road</u> City: <u>Rochester</u> State: <u>IL</u> Zip Code: <u>62563</u>				2. Contact for Unsatisfactory Results: Name: <u>Tim Hasara</u> Email Address: <u>timh@currangardner.com</u> Phone (area code first): <u>(217) 546-3981</u> Cell Phone: (area code first): <u>(217) 971-7233</u>					
3. Date Collected: <u>04/25/12</u>				4. Sample Collector: <u>Danny Held (217) 381-2206</u>					
5. Sample Purpose: <input type="radio"/> Routine <input type="radio"/> Replacement <input type="radio"/> Repeat <input type="radio"/> Customer Complaint <input type="radio"/> Repair or Maintenance <input type="radio"/> Boil Order <input checked="" type="radio"/> New Construction Permit No. <u>0201</u> FY <u>2011</u> <input type="radio"/> Other Reason: _____				****For Repeats Only**** Original Sample No. _____ Orig. Collection Date: _____ Orig. Lab ID: IL _____					
6. Coliform Sampling (for repeat include Site # and Address)				Res. Cl		7.	8.	9.	10.
Bottle #	Sample Site #	Address	Time Collected	F	T	Col Read	Total coll	Fecal/ E. coli	Lab Sample No.
<u>5</u>	<u>Well 5</u>		<u>1:20 p.m.</u>	<u>0.0</u>	<u>0.0</u>	<u>0</u>	<u>N</u>		<u>12 D0125</u> <u>01</u>

Method No.: SM 9222B Person Notified: Dan Held Date: 4/26/12
 Reported by: [Signature] Date: 4-26-12 No. of Bottles Sent: _____ Date: _____
 Analyst: [Signature] Laboratory Cert. No.: 17592 Lab Name: Pravic Analytical Phone: 217.753.1140

Reason for Replacement: _____

IL 532-0123 PWS 2a Rev. 12/2011
 This Agency is authorized to require this information under 415 ILCS 5/19. Failure to disclose this information may result in a civil penalty of not to exceed \$50,000 for the violation and an additional civil penalty of not to exceed \$10,000 for each day during which the violation continues (415 ILCS 5/42). This has been approved by the Forms Management Center.



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A. Water System No.: IL 1670080 B. Name: South Sangamon Water Commission
 C. Surface Supply: Yes No D. Chlorine Exempt: Yes No
 Results Reported Electronically? Yes No Date Received: 05-16-12 Time Received: 11:22 AM 22.9°
 Date Analyzed: 5.16.12 Time Analyzed: 12:45

1. Mail Water Supply Copy to: Name: <u>Tim Hasara</u> Address: <u>9199 Buckhart Road</u> City: <u>Rochester</u> State: <u>IL</u> Zip Code: <u>62563</u>		2. Contact for Unsatisfactory Results: Name: <u>Tim Hasara</u> Email Address: <u>timh@currangardner.com</u> Phone (area code first): <u>(217) 546-3981</u> Cell Phone (area code first): <u>(217) 971-7233</u>							
3. Date Collected: <u>05/16/12</u>		4. Sample Collector: <u>tim hasara(217) 381-2206</u>							
5. Sample Purpose: <input type="radio"/> Routine <input type="radio"/> Replacement <input type="radio"/> Repeat <input type="radio"/> Customer Complaint <input type="radio"/> Repair or Maintenance <input type="radio"/> Boil Order <input checked="" type="radio"/> New Construction Permit No. <u>0201</u> FY <u>2011</u> <input type="radio"/> Other Reason: _____		****For Repeats Only**** Original Sample No. _____ Orig. Collection Date: _____ Orig. Lab ID: IL _____							
6. Coliform Sampling (for repeat include Site # and Address)									
Bottle #	Sample Site #	Address	Time Collected	Res Cl		7. Col Read	8. Total coli	9. Fecal/ E. coli	10. Lab Sample No.
				F	T				
Raw	N. Hydrant		10:15 a.m.	0.0	0.0	0	N		12E0397-01

Method No.: SM 9222B Person Notified: T. HASARA Date: 5-17-12
 Reported by: [Signature]
 Analyst: [Signature] Date: 5.17.12 No. of Bottles Sent: _____ Date: _____
 Laboratory Cert. No.: 17592 Lab Name: Trairic Analytical Phone: 217.253.1147

Reason for Replacement: _____

IL 532-0123 PWS 2a Rev. 12/2011 This Agency is authorized to require this information under 415 ILCS 5/19. Failure to disclose this information may result in a civil penalty of not to exceed \$50,000 for the violation and an additional civil penalty of not to exceed \$10,000 for each day during which the violation continues (415 ILCS 5/42). This has been approved by the Forms Management Center.

Dan Held

From: Dan Held [dan.held@sswc.us]
Sent: Thursday, April 26, 2012 3:06 PM
To: Michelle Dickson (work email)
Subject: Well Bac-T's, map and Permit Application
Attachments: Attachment to IEPA email to Michelle Dickson - Bac-T results for 1, 3, 4, 5, & 6, map & permit.pdf

Michelle:

Attached for your review are the Bac-T results for several wells. This will complete each of the wells with the exception of #2 which is still a ways away from being completed.

I also included a map so IEPA could have some points of reference. I asked you about flushing earlier this week. As you can see, the transmission line for Well 6 was completed as part of the samples we did for Wells 7, 8, 9 & 10. However, Well 6 had not been permitted. I was asking if it would be okay to start Well 6 and push the 450' of transmission line and the 80-feet of line from Well 6 to the transmission line to the flushing hydrant to the north. After I flush the line I would close that valve to the main again. Dave Cook said he would give me a verbal on that but I just want to make sure we're all on the same page.

From that point forward, I would apply for the Operating Permit for Well 6 and use it for the plant. The remaining transmission line will be Bac-T'd next week and I'll flush it with Wells 1 and 3 and then provide an operating permit for Wells 1, 3, 4, 5 and the transmission line simultaneously.

Hope this makes sense, if not please let me know if there's anything I need to do to help. Del McCord is out of town until Saturday or I would have had him sign a permit today and bring it by.

Dan



Illinois Environmental Protection Agency

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

COLIFORM ANALYSIS REPORT

NOTE: Bacteriological samples must reach the laboratory in time for analysis to be started within 30 hours of collection. Items A - D and 1 - 6 must be completed or the sample may be discarded. You may complete this application online, save a copy, print, sign and mail it to the address above.

A. Water System No.: IL 1670080 B. Name: South Sangamon Water Commission
 C. Surface Supply: Yes No D. Chlorine Exempt: Yes No
 Results Reported Electronically? Yes No Date Received: 4-9-12 Time Received: 18:10
 Date Analyzed: 4.9.12.03 Time Analyzed: 12:15

1. Mail Water Supply Copy to: Name: <u>Tim Hasara</u> Address: <u>9199 Buckhart Road</u> City: <u>Rochester</u> State: <u>IL</u> Zip Code: <u>62563</u>	2. Contact for Unsatisfactory Results: Name: <u>Tim Hasara</u> Email Address: <u>timh@currangardner.com</u> Phone (area code first): <u>(217) 546-3981</u> Cell Phone: <u>(217) 971-7233</u>
3. Date Collected: <u>04/09/12</u>	4. Sample Collector: <u>Dan Held</u>
5. Sample Purpose: <input type="radio"/> Routine <input type="radio"/> Replacement <input type="radio"/> Repeat <input type="radio"/> Customer Complaint <input type="radio"/> Repair or Maintenance <input type="radio"/> Boil Order <input checked="" type="radio"/> New Construction Permit No. <u>0201</u> FY <u>2011</u> Original Sample No. _____ <input type="radio"/> Other Reason: _____ Orig. Collection Date: _____ Orig. Lab ID: IL _____	

Coliform Sampling (for repeat include Site # and Address)			Time Collected	Res CI		7. Col Read	8. Total coli	9. Focal/E. coli	10. Lab Sample No.
Bottle #	Sample Site #	Address		F	T				
1	Well 1		9:45 a.m.	0.0	0.0	5			-01
3	Well 3		9:50 a.m.	0.0	0.0	0			-02
4	Well 4		10:00 a.m.	0.0	0.0	2			-03
5	Well 5		10:05 a.m.	0.0	0.0	1			-04
6	Well 6		10:10 a.m.	0.0	0.0	0			-05

Method No.: SM 9222B Person Notified: _____ Date: _____
 Reported by: [Signature] No. of Bottles Sent: _____ Date: _____
 Analyst: [Signature] Date: 4.10.12
 Laboratory Cert. No.: 17592 Lab Name: Prairie Analytical Phone: 217.753.1148

Reason for Replacement: _____



Illinois Environmental Protection Agency

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

COLIFORM ANALYSIS REPORT

NOTE: Bacteriological samples must reach the laboratory in time for analysis to be started within 30 hours of collection. Items A and 1 - 6 must be completed or the sample may be discarded. You may complete this application online, save a copy, print, sign and mail it to the address above.

A. Water System No.: IL 1670080 B. Name: South Sangamon Water Commission
 C. Surface Supply: Yes No D. Chlorine Exempt: Yes No
 Results Reported Electronically? Yes No Date Received: 04-10-12 Time Received: 11:28 17.5
 Date Analyzed: 4.10.12 Time Analyzed: 12:45

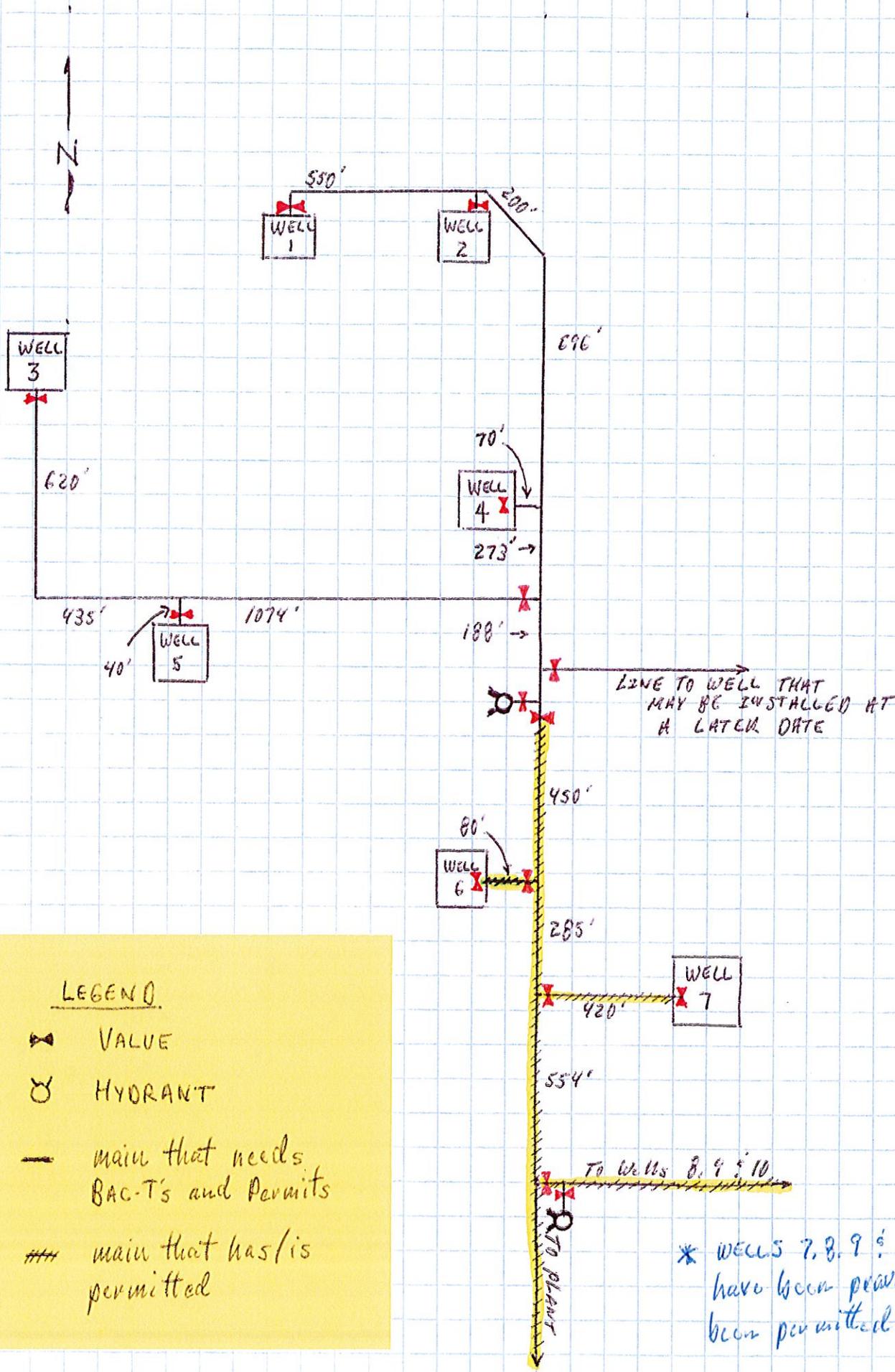
1. Mail Water Supply Copy to:
 Name: Tim Hasara
 Address: 9199 Buckhart Road
 City: Rochester State: IL Zip Code: 62563
 2. Contact for Unsatisfactory Results:
 Name: Tim Hasara
 Email Address: timh@currangardner.com
 Phone (area code first): (217) 546-3981 Cell Phone: (217) 971-7233

3. Date Collected: 04/10/12 4. Sample Collector: Dan Held

i. Sample Purpose: ******For Repeats Only******
 Routine Replacement Repeat Original Sample No. _____
 Customer Complaint Repair or Maintenance Boil Order Orig. Collection Date: _____
 New Construction Permit No. 0201 FY 2011 Orig. Lab ID: IL _____
 Other Reason: _____

Coliform Sampling (for repeat include Site # and Address)			Time Collected	Res Cl		7. Col Read	8. Total coli	9. Fecal/ E. coli	10. Lab Sample No. <u>12D0139</u>
Bottle #	Sample Site #	Address		F	T				
	Well 1		9:55 a.m.	0.0	0.0	2			01
	Well 3		10:05 a.m.	0.0	0.0	0			02
	Well 4		10:40 a.m.	0.0	0.0	1			03
	Well 5		10:15 a.m.	0.0	0.0	0			04
	Well 6		10:30 a.m.	0.0	0.0	0			05

Method No.: SM 9222B Person Notified: _____ Date: _____
 Reported by: Adam [Signature] Date: 4.11.12 No. of Bottles Sent: _____ Date: _____
 Laboratory Cert. No.: 17592 Lab Name: Pravie Analytical Phone: 217-753-1148
 Reason for Replacement: _____



LEGEND

- VALVE
- HYDRANT
- main that needs BAC-T's and Permits
- main that has/is permitted

* WELLS 7, 8, 9 & 10 have been previously been permitted



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: 9199 Buckhart Road **Construction Permit No.:** 0201 -FY 2011
Address 2: _____ **Permit Type:** Plant Improvement
City: Rochester **State:** IL **Zip Code:** 62563 **Date Permit Issued:** September 15, 2010
County: Sangamon
Project Title: Contract A and Well Fields
Firm Name: Donohue and Associates

Application Requirements (check when complete):

Project Status: Final Permit Number, Facility Number, and Facility Name identified on the Lab Report(s).
(Check One) Partial Samples analyzed by the Membrane Filter technique.
 Contract A, Well 6 Sample results attached to the Application. (If a new well was constructed, provide a copy of
 Partial A, B, C, etc. the sample results as required by Section II, Part
 g of the C-I application).

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: N/A LF

Date of Project Completion: Apr 9, 2012 (Provide the date construction was completed on the project or partial)

Certified Operator in Responsible Charge:

Name: Tim Hasara **Classification:** A **Number:** _____
Telephone: (217) 971-7233

Owner of the Completed Project:

Name: Del McCord **Title:** Commissioner & Chairman **Telephone:** (217) 483-2451
Address: 116 E. Mulberry **City:** Chatham **State:** IL **Zip Code:** 62929

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 _____ -FY _____ issued on _____ is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.



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 1620080
 Address 1: 9199 BUCKHART ROAD Construction Permit No.: 0201 -FY 2011
 Address 2: _____ Permit Type: WM & PLANT IMPROVEMENT
 City: ROCHESTER State: IL Zip Code: 62563 Date Permit Issued: SEPTEMBER 15, 2011
 County: SANGAMON
 Project Title: CONTRACT A AND WELL FIELDS
 Firm Name: DONAHUE AND ASSOCIATES

Application Requirements (check when complete):

Project Status: 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 11. Part g of the CA application).
 CONTRACT A - WELLS 7, 8, 9, 10
 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: STATE OF ILLINOIS LF

Date of Project Completion: 02/08/2012 (Provide the date construction was completed on the project or partial)

Certified Operator in Responsible Charge:

Name: TIM HASARA Classification: A Number: _____
 Telephone: (217) 971-7233

Owner of the Completed Project:

Name: DEL McCORD Title: COMMISSIONER AND CHAIRMAN Telephone: (217) 483-2451
 Address: 116 E. MULBERRY City: CHATHAM State: IL Zip Code: 62629

Del McCord

Owner/Authorized Personnel Signature

2/27/2012

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

***** Partial A *****
 This operating permit 0201-FY 2011 issued on MAR 26 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

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: 9199 Buckhart Road Construction Permit No.: 0201 -FY 2011
 Address 2: _____ Permit Type: WME & PI
 City: Rochester State: IL Zip Code: 62563 Date Permit Issued: September 15, 2010
 County: Sangamon
 Project Title: Contract A and Well Fields
 Firm Name: Donahue and Associates

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.
B 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-I application).
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: _____ (Provide the date construction was completed on the project or partial)

Certified Operator in Responsible Charge:

Name: _____ Classification: _____ Number: _____
 Telephone: _____

Owner of the Completed Project:

Name: _____ Title: _____ Telephone: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

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 0201 -FY 2011 issued on _____ is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.

Instructions for Operating Permit Application

The Operating Permit Application 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.

Fill out the top section using the corresponding Construction Permit for reference.

Facility Name is the name of the village, city or entity distributing community water supplies.

Facility ID Number can be found on the Construction Permit. This number is specific to your facility.

Address is the same as the address on the Construction Permit.

Construction Permit Number is the assigned permit number of the corresponding Construction Permit. The Operating Permit and the corresponding Construction Permit will have the same permit number.

Permit Type identifies whether the project involved is a Water Main, a Plant Improvement or Both.

Date Permit Issued is the date the Construction Permit was granted.

Date of Project Completion is the date construction was completed for the section of project you are requesting the Operating Permit for. If you are requesting an Operating Permit for a Partial project, the Date of Project Completion is the date construction was completed on that partial section. The Date of Project Completion will never be a date in the future, and must be a date *after* the issue date of the Construction Permit.

Title of Project is the same title of project listed on the corresponding Construction Permit. The Operating Permit and the Construction Permit will have the same Title of Project.

Firm Name is the engineering entity that designed the project.

Project Status will either be Final or Partial.

Final: If construction on the project is complete, you will select **Final**.

Partial: If construction on the total project is only *partially* complete, but you want to operate the completed section, you will select **Partial**. If this is the first partial, you will identify it as "Partial A", if this is the second partial, you will identify it as "Partial B" and so forth. Once the last partial section has been completed, identify it as such and also select Final in the Project Status.

The **Certified Operator in Responsible Charge** and **Owner of the Completed Project** should fill out his/her respective section. Please print your name legibly and sign where appropriate. By signing the application, 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.

Requests for **Verbal Approval** and questions can be addressed at (217) 782-4697 or (217) 782-1020/9470.

Disinfection and bacteriological analysis must be performed for the completed project in accordance with the requirements of AWWA C651 or C53-03. For projects requiring these procedures, the sample results must be attached to the application. 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 unless otherwise approved by the Illinois EPA. Samples must be measured using the Membrane Filter technique, Colilert/ Colisure will not be accepted for new construction projects.

This form may be completed online, a copy saved locally and printed before it is signed. You may also complete a printed copy manually. Print this form on yellow paper if possible, and submit the completed form to the Illinois EPA, Bureau of Water, Permit Section at the following address:

Illinois Environmental Protection Agency
Division of Public Water Supplies, Permit Section #13
1021 North Grand Avenue East, PO Box 19276
Springfield, IL 62794-9276

South Sangamon Water Commission

Mailing Address
P.O. Box 83
New Berlin, Illinois 62670
(217) 483-2451

Treatment Plant
9199 Buckhart Road
Rochester, Illinois 62563
(217) 498-2088

March 5, 2012

Illinois Environmental Protection Agency
Bureau of Water, Division of Public Water Supplies
Michelle Dickson, Permits Section
1021 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9276

Dear Ms. Dickson:

Thank you for your assistance during our phone conversation this morning regarding Permit 0201-FY2011, Partial A titled "Contract A and Well Fields" for the South Sangamon Water Commission (SSWC).

The purpose of this letter is to follow-up our discussions regarding discrepancies that need corrected before an Operating Permit can be approved. As a matter of convenience, I will address the items we discussed in the same order as your March 2, 2012 letter.

- a. b. Well 7 at one time was Well 13. At the request of Jerry Kuhn, we changed the name of Well 13 to Well 7 near the end of the 2011. As a result, there is no Well 13 at this time. We are in agreement that two new samples need to be taken and those results submitted to the Illinois Environmental Protection Agency (IEPA) as soon as possible. The SSWC will submit those results perhaps as soon as the end of the week.
- c. d. There is no location by which to obtain a sample of the Raw Water Main between the last hydrant and essentially the Detention Tank. However, any sample taken from the Detention Tank would indicate not only if there were any bacteriological issues at the vessel, but it would also indicate issues with the Raw Water Line near the plant as well. This being the case, samples from the Detention Tank satisfies the requirement for the Raw Water Main. For your convenience I have attached a copy of the Illinois Environmental Protection Agency (IEPA) Coliform Analysis Report for January 16 and 17, 2012 where the samples came back negative.

Please be aware as part of Permit 0201-FY2011 titled "Contract A and Well Fields", Coliform Analysis samples have also been taken to insure the Raw

Water Main is free from bacteriological issues from the well field to the treatment plant. We believe this clears any discrepancy regarding these items and they are no longer an issue.

- e. We have called Prairie Analytical and requested clarity regarding this sample submittal. Prairie Analytical has transferred a copy of the report with information and has stated the zero colonies were found in the sample. Attached is the verification we received from Prairie Analytical. We believe the information contained in the letter eliminates this item and it is no longer issue.
- f. We are in agreement that two new samples need to be taken and those results submitted to the Illinois Environmental Protection Agency (IEPA) as soon as possible for Well 9. The SSWC will submit those results perhaps as soon as the end of the week.
- g. We are in the process of securing samples bottles in order to comply with the requirement in Section II, Part g of the C-1 application. It is our understanding the SSWC has up to 90 days to provide these test results. The March 2, 2012 letter indicates these results must be submitted prior to an Operating Permit being issued. We respectfully request guidance on this issue at your earliest convenience.

It is our belief this outlines our discussions associated with this permit, please do not hesitate to contact me if I have overlooked an issue or if you are in need of further information regarding this or any issue. I can be reached by phone at (217) 381-2206 or by email at dan.held@sswc.us.

Thank you once again for all your assistance in this matter. It was been a pleasure working with you to move the permit process along as quickly as possible.

Sincerely,

Daniel L. Held, Operator
South Sangamon Water Commission

Attachments

bcc: Honorable Del McCord
Honorable William Pfeffer
Honorable Craig Hall
Tim Hasara

Prepared by Dan Held (381-2206)
March 6, 2012

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: Ih 1670080 Facility Name: South Sangamon Water Comm.

Date and Time Received in Laboratory: 01-16-12 11:45

Date and Time Analyzed: 1.16.12 13:30

Results Reported Electronically (circle one) Yes No

SAMPLES MUCH REACH LABORATORY WITHIN 30 HOURS AFTER SAMPLE COLLECTION

1. Mail Report To:
Name: South Sangamon Water Comm.
Address: 9099 Buckhart Rd
Rochester IL. 62563

3. Date Collected: 1-16-12

4. Sample Collector: Tim Nasara

5. Sample Purpose (check one):
 Routine Repeat Replacement
 Orig. Lab Sample No.(s) _____
 Boil Order for Distribution Repair
 Boil Order for Other Reasons: _____
 Well, Tank or Other Repair/Maintenance (MF Method Only):
 Notes: _____
 Other _____

2. Contact for Unsatisfactory Results
DAY TIME PHONE OR CELL NUMBER PLEASE
Name: _____ Phone: (971-7233)

The Illinois Environmental Protection Agency is authorized to require information under ILLINOIS REVISED STATUTES, 1987, Chapter 111 1/2, Sec. 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000 and an additional civil penalty up to \$1,000 for each day the failure continues, a fine up to \$1,000 and imprisonment up to one year. This form has been approved by the Forms Management Center. Completed report must be maintained for a minimum of five years.

6. Sample Information

Bot No.	Sample Site Number (SSN) If no Site Number assigned, list address Must use site number for ROUTINE samples	Sample Type (R, F, or D)	Time Collected	Tot Clz	Free Clz	7. Col. Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No.
R	Raw Water Main	R	10 AM			44	44			12A0254 - 01A
T	Detention Tank	R	10:20 AM			0	0			- 02A
	Detention Tank									
	0658 FY 2010									
	Raw Water Line									
	0785 FY 2010									

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical

Method (circle one) Membrane Filter Multiple Tube Colilert Presence/Absence Colisure

Reported By (Analyst): Adam Peter Date: 1.17.12 11:35

Person Notified: _____ Date: _____

No. of Bottles Sent: _____ Date: _____

Reason for Replacement (circle one) Sample > 30 hours No Date/Time of Collection Other: _____



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 • (217) 782-3397

PAT QUINN, GOVERNOR

JOHN J. KIM, INTERIM DIRECTOR

March 2, 2012

Chairman and Board of Trustees
South Sangamon Water Commission
P.O. Box 83
New Berlin, IL 62670

Re: OPERATING PERMIT DISCREPANCY NOTIFICATION

Facility Name: SOUTH SANGAMON WATER COMMISSION
Facility ID: IL 1670080
Permit Number: 0201-FY2011, PARTIAL A
Project Title: "Contract A and Well Fields"

Director:

The Illinois Environmental Protection Agency (EPA) received your Operating Permit application and supporting documents on 29 Feb 2012. After review of the Operating Permit application, the Agency has identified discrepancies that need corrected before the application can be approved.

1. The following information is required to complete the Operating Permit application:

*Well 7 was
Well 13.
Done*

a. ~~The Operating Permit application detailed that the project in question, Partial A, covered wells 7, 8, 9, and 10. Of the wells identified, only wells 8, 9, and 10 were sampled, including an additional site labeled "Well 13". No samples were provided from well 7. You are requested to provide all samples from well 7 to the Illinois EPA for review, including two consecutive samples, at least 24 hours apart, with satisfactory results as analyzed by the Membrane Filter technique. Ensure the permit number is written on the report sheet.~~

b. ~~Sample site "Well 13" returned unsatisfactory results on 21 and 22 Dec 2011. The site has not been resampled. You are requested to resample the site twice consecutively, at least 24 hours apart with satisfactory results as measured by the Membrane Filter technique. Ensure the permit number is written on the report sheet and submit the resampled bacteriological reports to the Illinois EPA for review.~~

*Trace, but
this is connected
to the Detention
tank
Contract
not we have
tests from
1/16 - 1/17
Done.*

c. ~~Sample site "Raw Water Line to Plant" returned unsatisfactory results on 9 Jan 2012. The site was only resampled once with satisfactory results on 23 Jan 2012. To meet the state requirement, two consecutive satisfactory samples taken at least 24 hours apart must be achieved after an unsatisfactory water sample. You are requested to resample the site once more with satisfactory results as measured by the Membrane Filter technique. Ensure the permit number is written on the report sheet and submit the resampled bacteriological report to the Illinois EPA for review.~~

d. ~~Results from sample site "Detention Tank" returned satisfactory results on 9 Jan 2012, however the collection time is not identified. The site has not been resampled. All Plant Improvement projects must be sampled twice consecutively, at least 24 hours apart with satisfactory results as measured by the Membrane Filter technique. You are requested to correctly identify and report the time the first sample was collected to the lab and have them annotate the correct collection time on the 9 Jan 2012 bacteriological report. You are also requested to resample the site once more with satisfactory results as measured by the Membrane Filter technique. Once the collection time has been corrected and the site resampled, resubmit the bacteriological reports to the Illinois EPA for review.~~

e. ~~Sample site "Well 10" returned unsatisfactory results on 1 Feb 2012. The site was resampled on 6 and 7 Feb 2012, however it is not explicitly clear that the sample result from 6 Feb 2012 shows zero colonies, raising question as to whether the facility produced bacteriologically safe water from "Well 10". You are requested to contact the~~

*Need clean feed
on what
pass so s.*

*Need to
call TATE
and verify*



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 • (217) 782-3397

PAT QUINN, GOVERNOR

JOHN J. KIM, INTERIM DIRECTOR

~~Tab and have them more clearly identify the number of colonies read from "Well 10" on 6 Feb 2012. Once verified and corrected, resubmit the bacteriological reports to the IEPA.~~

1 hour window?

f. Sample site "Well 9" returned satisfactory results on 23 and 24 Jan 2012, however the samples are not at least 24 hours apart. All Plant Improvement projects must be sampled twice consecutively, *at least* 24 hours apart with satisfactory results as measured by the Membrane Filter technique. You are requested to resample the site once more with satisfactory results as measured by the Membrane Filter technique. Ensure the permit number is written on the report sheet and submit the resampled bacteriological reports to the Illinois EPA for review.

g. Because the project involves the construction of new wells, you are requested to provide a copy of the collection and analysis of water sample results for each new well as required by Section II, Part g of the C-I application to determine the presence of organic and inorganic contaminants in the source water. The list of constituents to be sampled is provided in Appendix 1 of the C-I Application instructions. An Operating Permit for the wells will not be issued unless copies of the sample results are included with the Operating Permit application.

samples were taken on 3/12/12 to Prairie County! PDC

2. You may mail, scan, or fax the requisite items identified above to the Illinois EPA Permit Section to complete your Operating Permit Application.

3. **Failure to acknowledge receipt of this letter and inform the Illinois EPA that corrective action is being taken by 21 Mar 2012 may result in the denial of the Facility's Operating Permit Application.**

If you have any questions regarding the facility's Operating Permit Application, please contact Michelle Dickson at (217) 782-4697, via email at Michelle.Dickson@Illinois.gov, or by fax at (217) 782-0075.

Sincerely,

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

RV 7105
dated
2/28/2012

South Sangamon Water Commission

P.O. Box 83

New Berlin, Illinois 62670

Treatment Plant Site

9199 Buckhart Road

Rochester, IL 62563

February 23, 2012

Illinois Environmental Protection Agency

Bureau of Water

1021 North Grand Avenue East

P.O. Box 19276

Springfield, IL 62794-9276

Re: Permit Number: 0658-FY2010

To Whom It May Concern:

Attached please find a Final Application for an Operating Permit for Contract C Water Treatment Plant & Contract E Procurement.

Also included is a Partial Operating Permit for Contract A, Well Field.

Sincerely,



Del McCord, Commissioner & Chairman

Attachment

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: <u>IL 670080</u>	Facility Name: <u>South Sangamon Water Comm.</u>
Date and Time Received in Laboratory: <u>1/9/12 1:32 pm</u>	Water Temp: <u>19.5°C</u>
Date and Time Analyzed: <u>1-10-12 1:4:12 (g) 16:44</u>	
Results Reported Electronically (circle one) Yes No	

SAMPLES MUCH REACH LABORATORY WITHIN 30 HOURS AFTER SAMPLE COLLECTION

1. Mail Report To: Name: _____ Address: _____	3. Date Collected: <u>1-9-12</u> 4. Sample Collector: <u>Tim Hasam</u> 5. Sample Purpose (check one): <input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Replacement Orig. Lab Sample No.(s) _____ <input type="checkbox"/> Boil Order for Distribution Repair <input type="checkbox"/> Boil Order for Other Reasons: _____ <input type="checkbox"/> Well, Tank or Other Repair/Maintenance (MF Method Only): Notes: _____ <input type="checkbox"/> Other <u>New Construction No 0201</u> <u>FY2011</u> (MF Only)
2. Contact for Unsatisfactory Results: *DAY TIME PHONE OR CELL NUMBER PLEASE* Name: <u>Tim Hasam</u> Phone: (<u>711-4958</u>)	

The Illinois Environmental Protection Agency is authorized to require information under ILLINOIS REVISED STATUTES, 1987, Chapter 111 1/2, Sec. 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000 and an additional civil penalty up to \$1,000 for each day the failure continues, a fine up to \$1,000 and imprisonment up to one year. This form has been approved by the Forms Management Center. Completed report must be maintained for a minimum of five years.

6. Sample Information:

Bot No.	Sample Site Number (SSN) <small>If no Site Number assigned, list address Must use site number for ROUTINE samples</small>	Sample Type <small>(R, F, or D)</small>	Time Colctd	Tot Clz	Free Clz	7. Col. Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No.
<u>R</u>	<u>Raw Water line to Part R</u>	<u>R</u>				<u>22</u>	<u>22</u>			<u>12A0128</u>
<u>Tank</u>	<u>Detention Tank</u>					<u>0</u>	<u>0</u>			<u>02</u>

Laboratory Cert Number: <u>17592</u>	Lab Name: _____
Method (circle one) <u>Membrane Filter</u> <u>Multiple Tube</u> <u>Colilert</u> <u>Presence/Absence</u> <u>Colisure</u>	
Reported By (Analyst): <u>Adam B</u>	Date: <u>1.14.12</u>
Person Notified: _____	Date: _____
No. of Bottles Sent: _____	Date: _____
Reason for Replacement (circle one) <u>Sample >30 hours</u> <u>No Date/Time of Collection</u> Other: _____	

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: Ih 1670080 Facility Name: South Sangamon Water Comm.

Date and Time Received in Laboratory: 01-16-12 11:45

Date and Time Analyzed: 1.16.12 13:30

Results Reported Electronically (circle one) Yes No

SAMPLES MUCH REACH LABORATORY WITHIN 30 HOURS AFTER SAMPLE COLLECTION

1. Mail Report To:
 Name: South Sangamon Water Comm.
 Address: 9899 Buckhart Rd Rochester IL. 62563

2. Contact for Unsatisfactory Results:
 DAY TIME PHONE OR CELL NUMBER PLEASE
 Name: _____ Phone: (971-7233)

3. Date Collected: 1-16-12

4. Sample Collector:
Tim Masara

5. Sample Purpose (check one):
 Routine Repeat Replacement
 Orig. Lab Sample No.(s) _____
 Boil Order for Distribution Repair
 Boil Order for Other Reasons: _____
 Well, Tank or Other Repair/Maintenance (MF Method Only):
 Notes: _____
 Other _____
 New Construction No. _____ FY _____ (MF Only)

The Illinois Environmental Protection Agency is authorized to require information under ILLINOIS REVISED STATUTES, 1987, Chapter 111 1/2, Sec. 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000 and an additional civil penalty up to \$1,000 for each day the failure continues, a fine up to \$1,000 and imprisonment up to one year. This form has been approved by the Forms Management Center. Completed report must be maintained for a minimum of five years.

6. Sample Information:

Bot No.	Sample Site Number (SSN) If no Site Number assigned, list address Must use site number for ROUTINE samples	Sample Type (R, F, or D)	Time Collected	Tot Cl2	Free Cl2	7. Col. Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No.
<u>R</u>	<u>Raw Water Main</u>	<u>R</u>	<u>10 AM</u>			<u>44</u>	<u>44</u>			<u>12A0254 - 01A</u>
<u>T</u>	<u>Detention Tank</u>	<u>R</u>	<u>10:20 AM</u>			<u>0</u>	<u>0</u>			<u>- 02A</u>
	<u>Detention Tank</u>									
	<u>0658 FY 2010</u>									
	<u>Raw Water Line</u>									
	<u>0785 FY 2010</u>									

Laboratory Cert Number: 17592 Lab Name: Pravie Analytical

Method (circle one) Membrane Filtered Multiple Tube Colilert Presence/Absence Colisure

Reported By (Analyst): Adam Pelt Date: 1.17.12 11:35

Person Notified: _____ Date: _____

No. of Bottles Sent: _____ Date: _____

Reason for Replacement (circle one) Sample > 30 hours No Date/Time of Collection Other: _____



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: 9199 BUCKHART ROAD Construction Permit No.: 0201 -FY 2011
 Address 2: _____ Permit Type: PLANT IMPROVEMENT
 City: ROCHESTER State: IL Zip Code: 62563 Date Permit Issued: SEPTEMBER 15, 2010
 County: SANGAMON
 Project Title: CONTRACT A AND WELL FIELDS
 Firm Name: DONAHUE AND ASSOCIATES

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.
CONTRACT A - WELLS 7, 8, 9, 10 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-I application).
 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: N/A LF

Date of Project Completion: 02/08/2012 (Provide the date construction was completed on the project or partial)

Certified Operator in Responsible Charge:

Name: TIM HASARA Classification: A Number: _____

Telephone: (217) 971-7233

Owner of the Completed Project:

Name: DEL McCORD Title: COMMISSIONER AND CHAIRMAN Telephone: (217) 483-2451

Address: 116 E. MULBERRY City: CHATHAM State: IL Zip Code: 62629

Del McCord

2/27/2012

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 17-782-4697.

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 _____ -FY _____ issued on _____ is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.

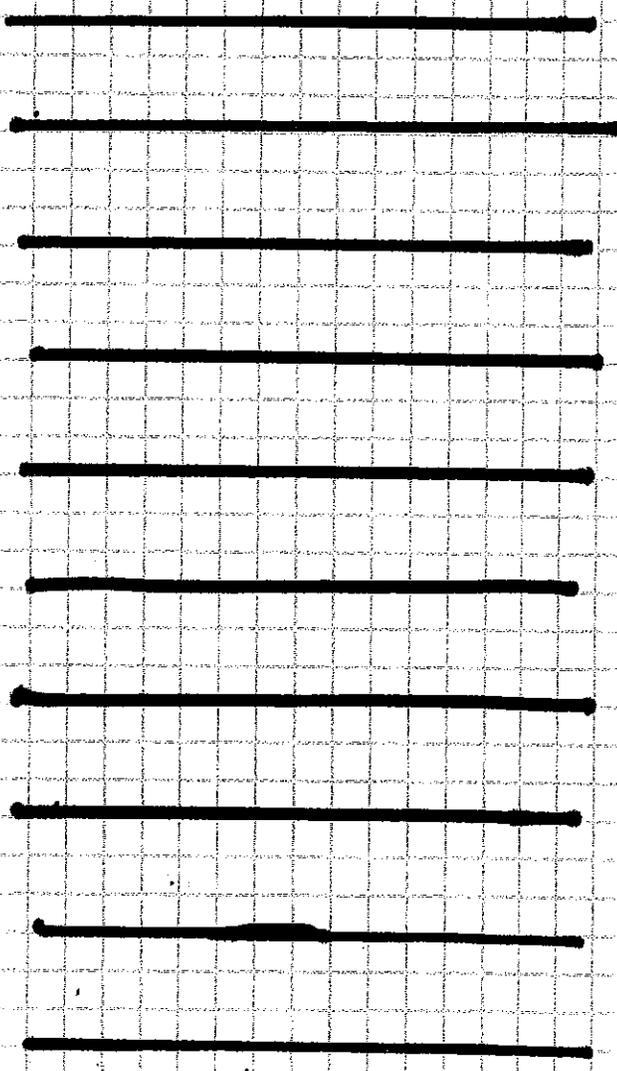
PROJECT	
NAME	DATE
CHECKED	DATE
SUBJECT	
LOCATION	SHEET OF

WELLS

NEW

OLD

10
9
8
7
6
5
4
3
2
1



14
9
10
13
5
4
3
2
11
11
1

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

COLIFORM ANALYSIS REPORT

Community Water Supply Testing Fund Program

A. Facility No. EL1670080 B. Facility Name: S.S.W.C.
 C. Sampling Period: _____
 D. Surface Supply Yes No Date and Time Received: 12-21-11 12:30P
 E. Chlorine Exempt Yes No Date and Time Analyzed: 12-21-11 5:30P
 Samples must reach laboratory within 30 hours after collection.
 Items A-E & 1-6 must be completed or sample may be discarded.

1. Mail Water Supply Copy To: Name: <u>Tim Harasa</u> Address: _____ City: _____ State: _____ Zip Code: _____	3. Date Collected: <u>12-21-11</u> 4. Sample Collector: <u>Tim Harasa</u> 5. Sample Purpose <input type="checkbox"/> Routine <input type="checkbox"/> Replacement <input type="checkbox"/> Invalid Replacement <input type="checkbox"/> Repeat Original Lab Sample No(s): _____ <input type="checkbox"/> Boil Order <input type="checkbox"/> Other _____ <input type="checkbox"/> Customer Complaint <input type="checkbox"/> Repair or Maintenance <input checked="" type="checkbox"/> New Construction Permit No. <u>P785</u> <u>FY 2010</u>
2. Contact for Unsatisfactory Results Name: _____ Phone: (include area code) _____	

The Illinois Environmental Protection Agency is authorized to require information under ILLINOIS REVISED STATUTES, 1987, Chapter 111 1/2, Sec. 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000 and an additional civil penalty up to \$1,000 for each day the failure continues, a fine up to \$1,000 and imprisonment up to one year. This form has been approved by the Forms Management Center. Completed report must be maintained for a minimum of five years.

5. Coliform Sampling					7.	8.	9.	10.	11.
Btl #	Smpl Site # or Address	Smpl Type	Time Collected	Res Cl	Col Read	Total Coli	Fecal Coli	Opin	Laboratory Sample No.
<u>W</u>	<u>Well 13</u>	<u>R</u>	<u>11:10 Am</u>		<u>7</u>	<u>N</u>	<u>-</u>	<u>-</u>	<u>1112042-001</u>
<u>D</u>	<u>Transmission Line</u>	<u>R</u>	<u>11:00 Am</u>		<u>0</u>	<u>N</u>	<u>-</u>	<u>-</u>	<u>1112042-002</u>

Method: Membrane Filter Multiple Tube
 Colilert Absence/Presence Colisure
 Person Notified: _____ Date: _____
 No. of Bottles Sent: _____ Date: _____
 Reported by: DAVID CARPENTER Date: 12-20-11
 Analyst: DAVID CARPENTER Date: 12-20-11
 Laboratory Cert. No.: 17592 Name: TMI Analytical
 Reason for Replacement:
 Samples more than 30 hours old
 No Date/Time of Collection
 Other: _____

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

COLIFORM ANALYSIS REPORT

Community Water Supply Testing Fund Program

A. Facility No. IL 1670080 B. Facility Name: SSWC *Client*

C. Sampling Period: _____
 D. Surface Supply Yes No Date and Time Received: 12-22-11 14:30
 E. Chlorine Exempt Yes No Date and Time Analyzed: 12-22-11 2:50P

Samples must reach laboratory within 30 hours after collection.
 Items A-E & 1-6 must be completed or sample may be discarded.

1. Mail Water Supply Copy To: Name: <u>SSWC</u> Address: <u>P.O. Box 83</u> City: _____ State: _____ Zip Code: _____ <u>New Berlin IL 62670</u>	3. Date Collected: <u>12-22-11</u> 4. Sample Collector: <u>Quinton Witt</u> 5. Sample Purpose <input type="checkbox"/> Routine <input type="checkbox"/> Replacement <input type="checkbox"/> Invalid Replacement <input type="checkbox"/> Repeat Original Lab Sample No(s): _____ <input type="checkbox"/> Boil Order <input type="checkbox"/> Other <u>Well Permit 024-2011</u> <input type="checkbox"/> Customer Complaint <input type="checkbox"/> Repair or Maintenance <input checked="" type="checkbox"/> New Construction Permit No. <u>0785</u> FY <u>2010</u>
2. Contact for Unsatisfactory Results Name: <u>Tim MARASA</u> Phone: (include area code) <u>217-741-4958</u>	

The Illinois Environmental Protection Agency is authorized to require information under ILLINOIS REVISED STATUTES, 1987, Chapter 111 1/2, Sec. 1619. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000 and an additional civil penalty up to \$1,000 for each day the failure continues, a fine up to \$1,000 and imprisonment up to one year. This form has been approved by the Water Management Center. Completed report must be maintained for a minimum of five years.

6. Coliform Sampling					7.	8.	9.	10.	11.
Btl #	Smpl Site # or Address	Smpl Type	Time Collected	Res Cl	Col Read	Total Coli	Fecal Coli	Opin	Laboratory Sample No.
D	Transmission line	R	1:40		0	N	-	S	1112043-001
W	Well 13	R	1:50		5	N	-	S	1112043-002

Method: Membrane Filter Multiple Tube
 Colilert Absence/Presence Colisure
 Person Notified: _____ Date: _____
 Reported by: DAVID CARPENTER Date: 12-23-11 2:55P
 Analyst: DAVID CARPENTER No. of Bottles Sent: _____ Date: _____
 Reason for Replacement: Samples more than 30 hours old

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: IL 1670080 Facility Name: South Sangamon Water Comm.
 Date and Time Received in Laboratory: 01-23-12 11:13AM
 Date and Time Analyzed: 1, 26, 12 13:30
 Results Reported Electronically (circle one) Yes No

SAMPLES MUCH REACH LABORATORY WITHIN 30 HOURS AFTER SAMPLE COLLECTION

1. Mail Report To: South Sangamon Water Comm. 3. Date Collected: 1-23-12
 Name: South Sangamon Water Comm. 4. Sample Collector: Tim Hasara
 Address: 9199 Buckhart Rd 5. Sample Purpose (check one):
Rochester, IL. Routine Repeat Replacement
62563 Orig. Lab Sample No.(s) _____
 2. Contact for Unsatisfactory Results:
 DAY TIME PHONE OR CELL NUMBER PLEASE
 Name: Tim Hasara Phone: () 971-7233
 Boil Order for Distribution Repair
 Boil Order for Other Reasons: _____
 Well, Tank or Other Repair/Maintenance (MF Method Only):
 Notes: _____
 Other
 New Construction No. 0201 FY 2011 (MF Only)

The Illinois Environmental Protection Agency is authorized to require information under ILLINOIS REVISED STATUTES, 1917, Chapter 111 1/2, Sec. 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000 and an additional civil penalty up to \$1,000 for each day the failure continues, a fine up to \$1,000 and imprisonment up to one year. This form has been approved by the Permit Management Center. Completed report must be maintained for a minimum of five years.

6. Sample Information:

Bot No.	Sample Site Number (SSN) <small>If no Site Number assigned, list address Must use site number for ROUTINE samples</small>	Sample Type <small>(R, F, or D)</small>	Time Collected	Tot Cl	Free Cl	7. Col. Real	8. Total Coli	9. Fecal Coli	10. E Coli	11. Laboratory Sample No.
10	Well 10 New Well	R	9 AM			2	P			12A0410-01
9	Well 9 New Well	R	9:10 AM			0	N			12A0410-02
8	Well 8 New Well	R	9:25 AM			0	N			12A0410-03
R	Road Water Line	R	9:30 AM			0	N			12A0410-04

Laboratory Cert Number: 17592 Lab Name: Pravie Analytical
 Method (circle one) Membrane Filtered Multiple Tube Colilert Presence/Absence Colisure
 Reported By (Analyst): Alan [Signature] Date: 1.26.12
 Person Notified: _____ Date: _____
 No. of Bottles Sent: _____ Date: _____
 Reason for Replacement (circle one) Sample > 30 hours No Date/Time of Collection Other: _____

Well Field

10.80

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: IL 1670080 Facility Name: South Sangamon Water Comm.
 Date and Time Received in Laboratory: 01-30-12 10:05 AM
 Date and Time Analyzed: 1.30.12 11:00

Results Reported Electronically (circle one) Yes No

SAMPLES MUCH REACH LABORATORY WITHIN 30 HOURS AFTER SAMPLE COLLECTION

1. Mail Report To: South Sangamon Water Comm. 3. Date Collected: JANUARY 30, 2012
 Name: South Sangamon Water Comm. 4. Sample Collector: DAN HELO
 Address: 9199 Buckhart Rd 5. Sample Purpose (check one):
Rochester, IL. Routine Repeat Replacement
62563 Orig. Lab Sample No.(s) _____
 2. Contact for Unsatisfactory Results:
 DAY TIME PHONE OR CELL NUMBER PLEASE
 Name: JEM HASIARA Phone: (217) 971-7233
 Notes: _____
 Other
 New Construction No. 0201 FY 2011 (MF Only)

The Illinois Environmental Protection Agency is authorized to require information under ILLINOIS REVISED STATUTES, 1987, Chapter 111 1/2, Sec. 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000 and an additional civil penalty up to \$1,000 for each day the failure continues, a fine up to \$1,000 and imprisonment up to one year. This form has been approved by the Form Management Center. Completed report must be maintained for a minimum of five years.

6. Sample Information:

Bot No.	Sample Site Number (SSN) <small>If no Site Number assigned, list address Must use site number for ROUTINE samples</small>	Sample Type <small>(R, F, or D)</small>	Time Collected	Tot Cl:	Free Cl:	7. Col. Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No.
<u>8</u>	<u>Well #8</u>	<u>R</u>	<u>9:00 am</u>	<u>0.0</u>	<u>0.0</u>	<u>0</u>	<u>N</u>			<u>12A0512-01</u>
<u>10</u>	<u>Well #10</u>	<u>R</u>	<u>9:05 am</u>	<u>0.0</u>	<u>0.0</u>	<u>1</u>	<u>F</u>			<u>-02</u>
<u>HY</u>	<u>Hydant</u>	<u>R</u>	<u>9:15 am</u>	<u>0.0</u>	<u>0.0</u>	<u>0</u>	<u>N</u>			<u>-03</u>

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical
 Method (circle one) Membrane-Filter Multiple Tube Colilert Presence/Absence Colisure
 Reported By (Analyst): [Signature] Date: 1.31.12
 Person Notified: _____ Date: _____
 No. of Bottles Sent: _____ Date: _____
 Reason for Replacement (circle one) Sample > 30 hours No Date/Time of Collection Other: _____

11-1112-0112V PWS-24 (rev 09/09) IL

Well Field.

15.1°

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: <u>IL 1670080</u>	Facility Name: <u>South Sangamon Water Comm.</u>
Date and Time Received in Laboratory: <u>1-31-12, 11:10 am</u>	
Date and Time Analyzed: _____	

Results Reported Electronically (circle one) Yes No

SAMPLES MUCH REACH LABORATORY WITHIN 30 HOURS AFTER SAMPLE COLLECTION

1. Mail Report To: Name: <u>South Sangamon Water Comm.</u> Address: <u>9199 Buckhart Rd</u> <u>Rochester, IL</u> <u>62563</u>	3. Date Collected: <u>JANUARY 31, 2012</u> 4. Sample Collector: <u>DAN HELO</u>
5. Sample Purpose (check one): <input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Replacement Orig. Lab Sample No.(s) _____ <input type="checkbox"/> Boil Order for Distribution Repair <input type="checkbox"/> Boil Order for Other Reasons: _____ <input type="checkbox"/> Well, Tank or Other Repair/Maintenance (MF Method Only): Notes: _____ <input type="checkbox"/> Other New Construction No. <u>0201</u> FY <u>2011</u> (MF Only)	
2. Contact for Unsatisfactory Results: *DAY TIME PHONE OR CELL NUMBER PLEASE* Name: <u>Tim Hasane</u> Phone: <u>(217) 971-7233</u>	

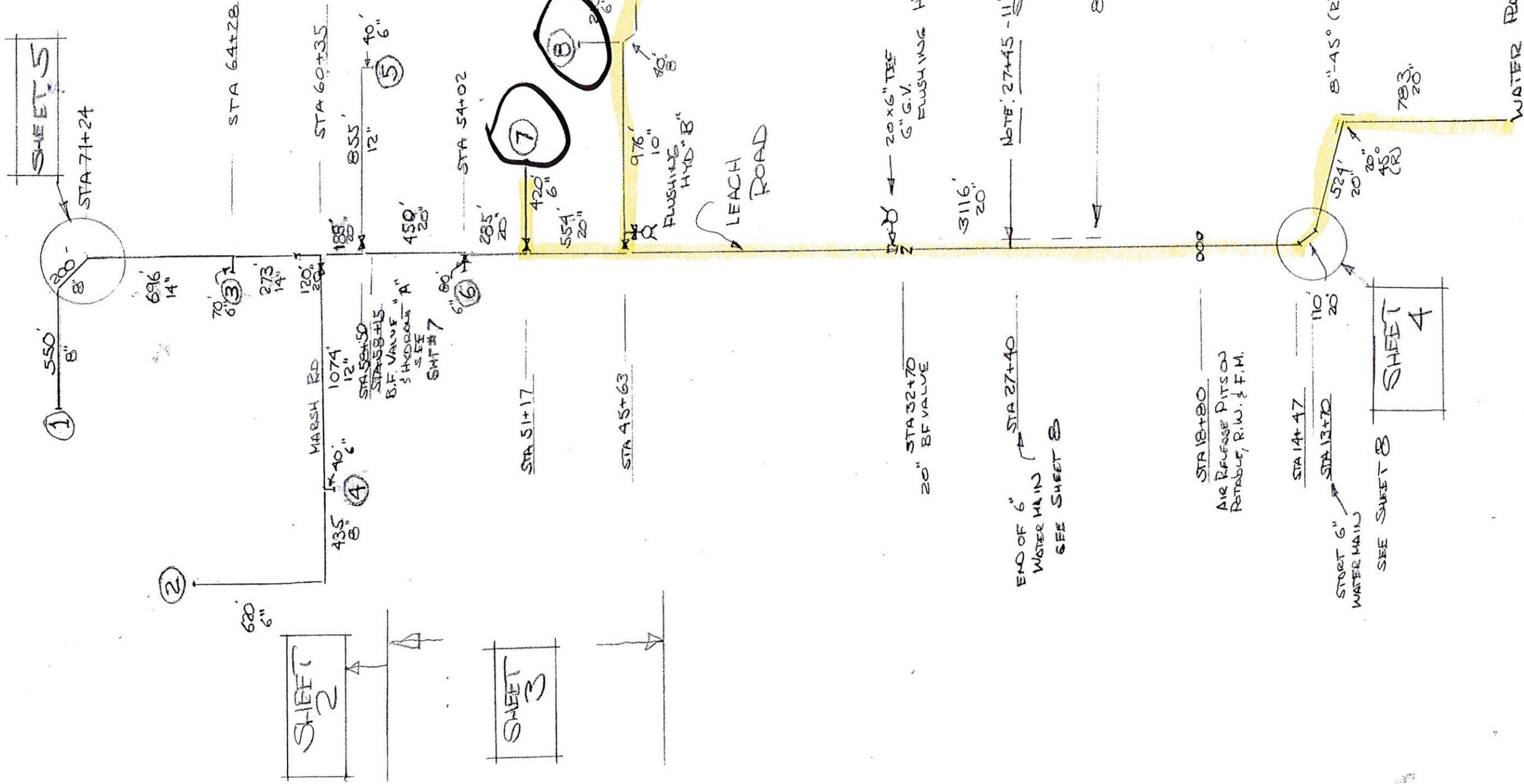
The Illinois Environmental Protection Agency is authorized to require information under ILLINOIS REVISED STATUTES, 1981, Chapter 111 1/2, Sec. 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000 and an additional civil penalty up to \$1,000 for each day the failure continues. A fine up to \$1,000 and imprisonment up to one year. This form has been approved by the Forms Management Center. Completed reports must be maintained for a minimum of five years.

6. Sample Information:										
Bot No	Sample Site Number (SSN) <small>If no Site Number assigned, list address Must use site number for ROUTINE samples</small>	Sample Type <small>(R, F, or D)</small>	Time Collected	Tot Cl:	Free Cl:	7. Col. Read	8. Total Coli	9. Fecal Coli	10. E Coli	11. Laboratory Sample No
8	Well #8	R	9:45 am	0.0	0.0		0			17A0534-01
10	Well #10	R	9:50 am	0.0	0.0		0			17A0531-02

Laboratory Cert Number: _____	Lab Name: _____
Method (circle one) <u>Membrane Filter</u> <u>Multiple Tube</u> <u>Colilert</u> <u>Presence/Absence</u> <u>Colisure</u>	
Reported By (Analyst): _____	Date: _____
Person Notified: _____	Date: _____
No. of Bottles Sent: _____	Date: _____
Reason for Replacement (circle one) <u>Sample >30 hours</u> <u>No Date/Time of Collection</u> <u>Other</u> _____	

IL 513 0121 PWS-2a (rev. 10/93) 11

Well Field.



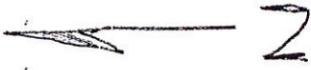
END OF 6" WATER MAIN SEE SHEET B

NOTE: 27+45 - 11 1/2° DEFLECTIONS 20" ± 8" SEE SHEET B

TYPICAL
8" FORCE MAIN x 6,950 L.F.
EAST OF R.W. - MAINTAIN 10' MINIMUM DEFLECT DOWN AT CROSSES (3 LOCATIONS) FOR 18' VERTICAL CUR

STA 18+80
AIR RELEASE PITS ON POTABLE, R.W. & F.M.

SHEET 4



NOTE: SEE TYPICAL WELL PLAN FOR CONEX TO WELL & SET METER & VALVE PITS
10 LOCATIONS

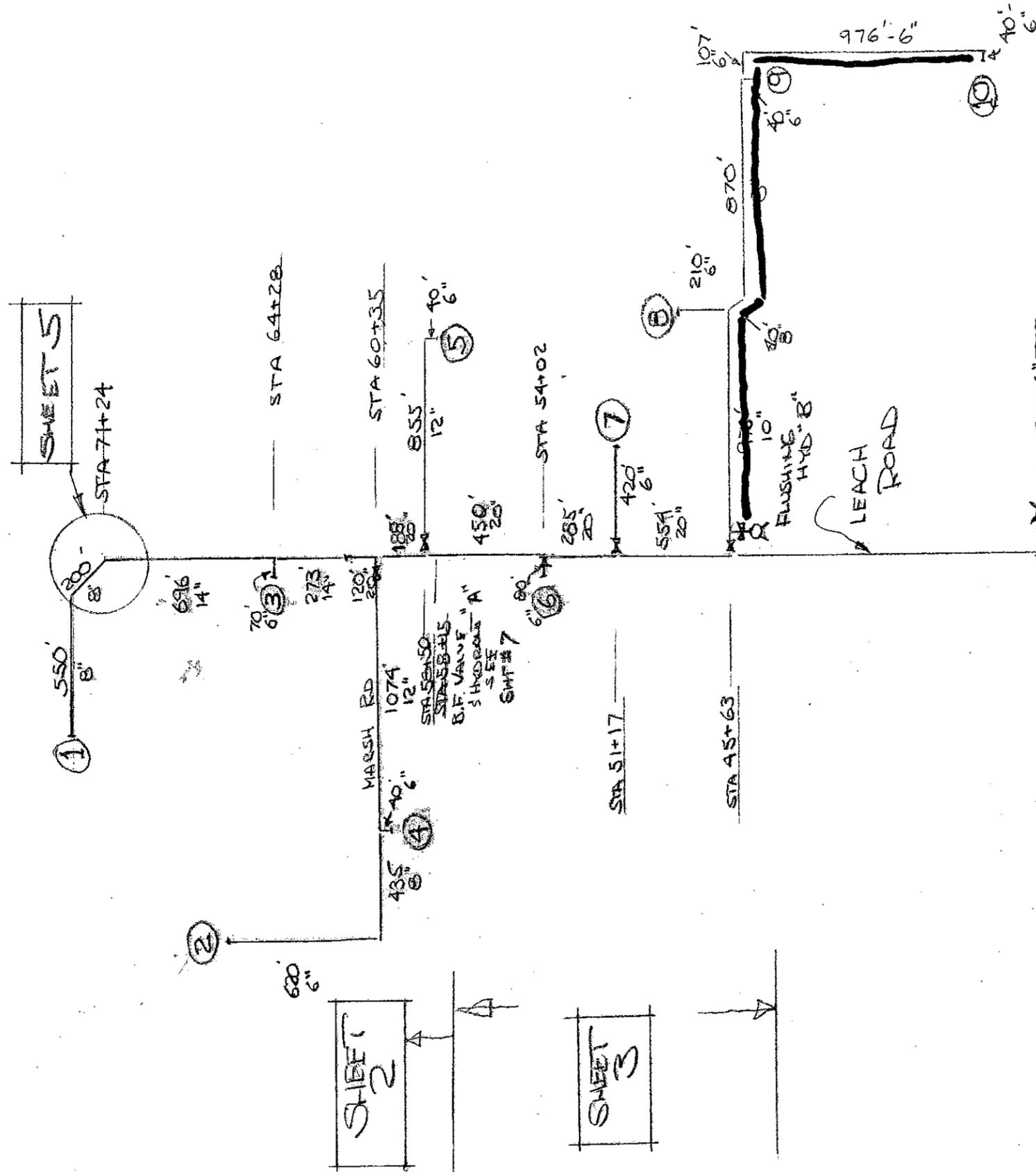
SSWC
RAW WATER FIRING
SCALE 1" = 500'

WELL LOCATION

VANCIL 7-30-11

WATER POINT

SHEET

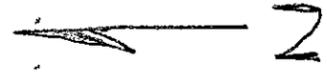
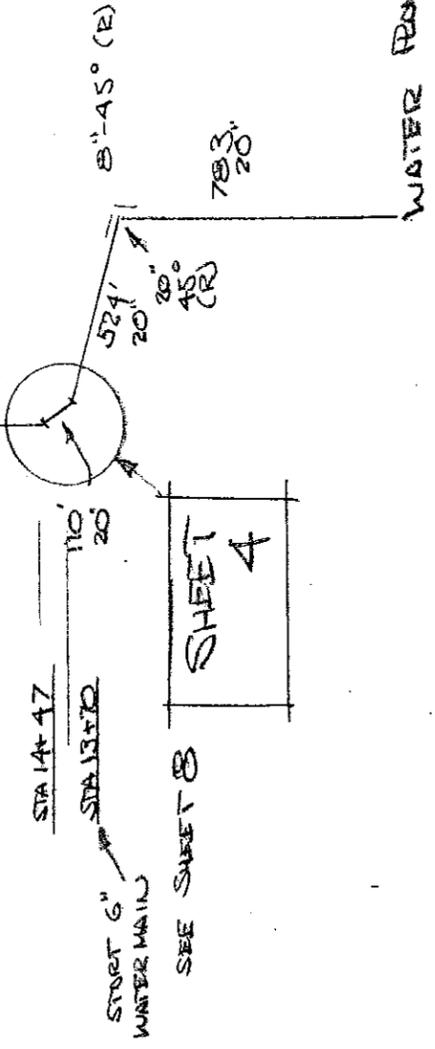


END OF 6" WATER MAIN SEE SHEET 8

NOTE: 27+45 - 11 1/2° DEFLECTION 20" x 8" SEE SHEET 8

TYPICAL 8" FORCE MAIN x 6,950 L.F. EAST OF R.W. - MAINTAIN 10' HORIZ DEFLECT DOWN AT CROSSES (3 LOCATIONS) FOR 18" VERTICAL CLR

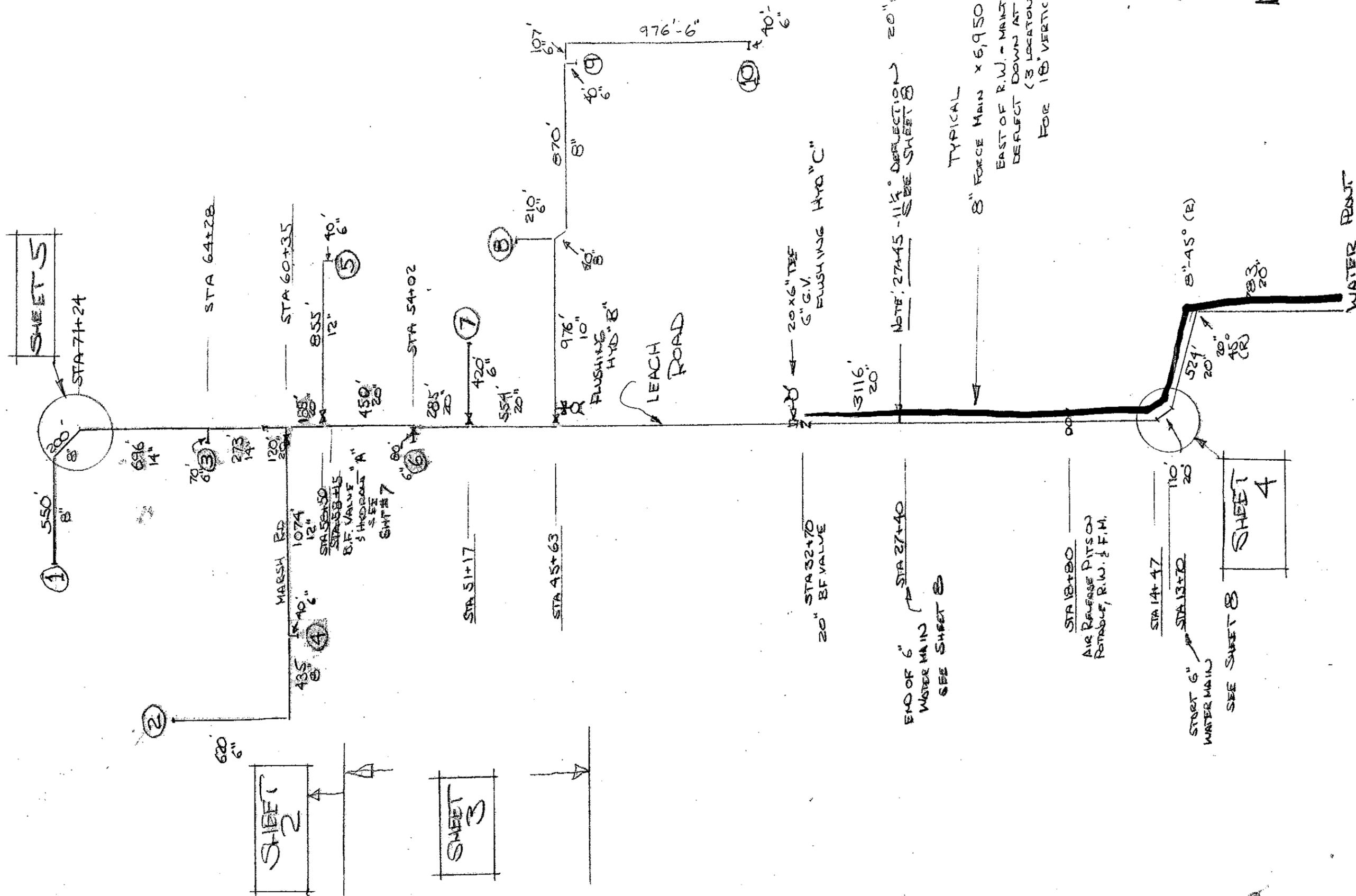
STA 18+80 AIR RELEASE PITS ON POTABLE, R.W. & F.M.



NOTE: SEE TYPICAL WELL PLAN FOR CONEX TO WELL & SET METER & VALVE PITS 10 LOCATIONS

SSWC. SHEET 1

RAW WATER TAPPING SCALE 1" = 500' WELL LOCATION VANDUILL 7-30-11



SHEET 1

SSWC.

RAW WATER FIRING

SCALE 1"=500'

WELL LOCATION

VANDIL 7-30-11

NOTE: SEE TYPICAL WELL PLAN FOR CONEX TO WELL & SET METER & VALVE PITS 10 LOCATIONS

TYPICAL

8" FORCE MAIN x 6,950 L.F.

EAST OF R.W. - MAINTAIN 10' HORIZ DEFLECT DOWN AT CROSSES (3 LOCATIONS) FOR 18' VERTICAL CUR

NOTE: 27+45 - 11 1/2° DEFLECTION SEE SHEET 8

20x6" TEE 6" C.V. FLUSHING HYD "C"

END OF 6" WATER MAIN SEE SHEET 8

10" WATER MAIN AIR RELEASE PITSON Potomac, R.W. & F.M.

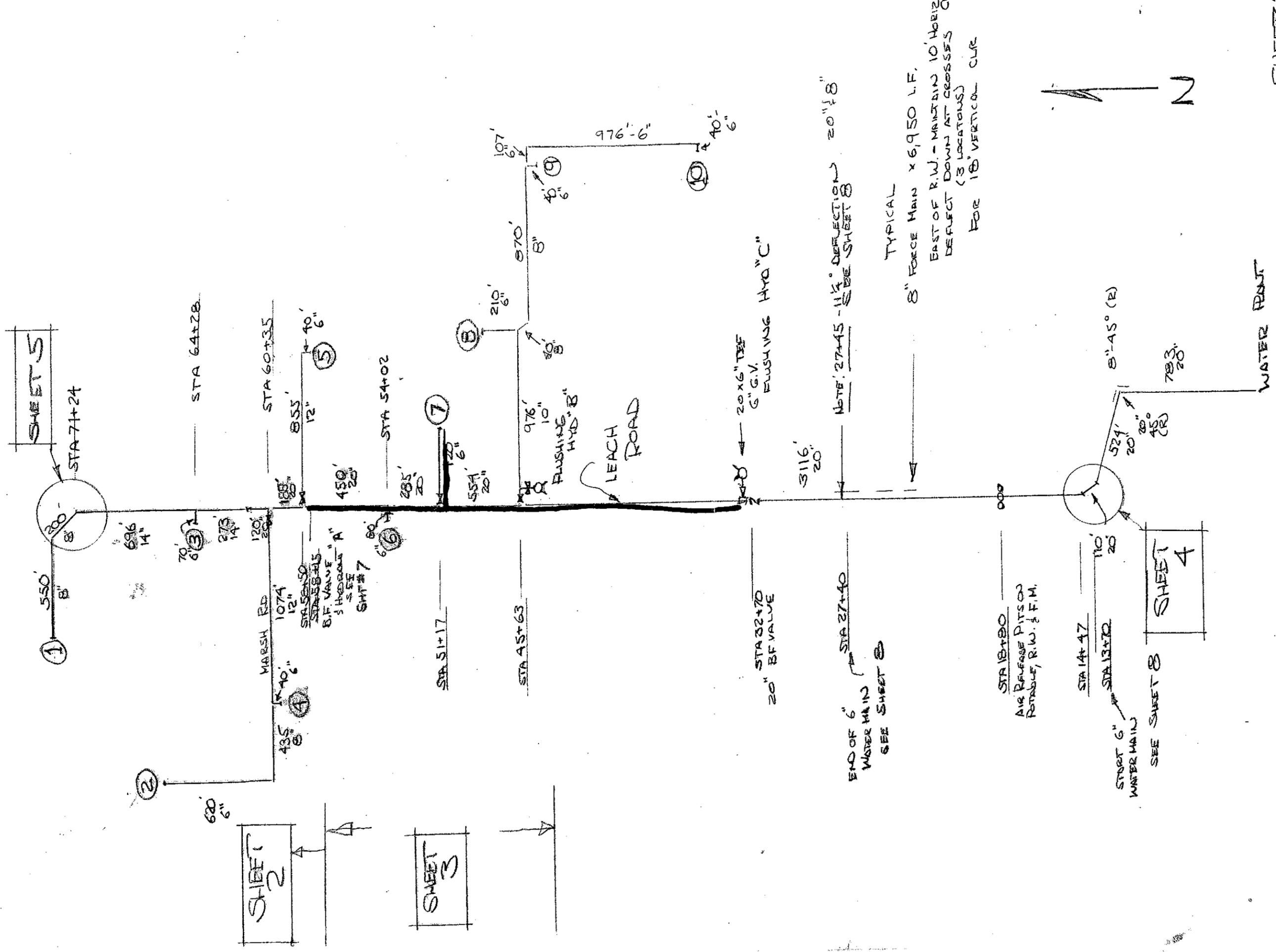
START 6" WATER MAIN SEE SHEET 8

SHEET 4

SHEET 2

SHEET 3

SHEET 5



NOTE: 27+45 - 11 1/2° DEFLECTION 20"±8"
SEE SHEET 8

TYPICAL

8" FORCE MAIN x 6,950 L.F.
EAST OF R.W. - MAINTAIN 10' HORIZ
DEFLECT DOWN AT CROSSES (3 LOCATIONS)
FOR 18' VERTICAL CUR



WATER PANT

SHEET 1

SSWC.

RAW WATER FIRING

SCALE 1"=500'

WELL LOCATION

VANCIL

7-30-11

NOTE: SEE TYPICAL WELL PLAN
FOR CONEX TO WELL & SET
METER & VALVE PITS
10 LOCATIONS

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 North Grand Avenue, East; Post Office Box 192/b; Springfield, IL 62794-9216

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 & Board of Trustees
South Sangamon Water Commission
P.O. Box 83
New Berlin, IL 62670

PERMIT NUMBER: 0201-FY2011

DATE ISSUED: September 15, 2010

PERMIT TYPE: Plant Improvement

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: Donohue & Associates, Inc.

NUMBER OF PLAN SHEETS: 35

TITLE OF PLANS: "Contract A: Well Field"

PROPOSED IMPROVEMENTS:

Drill, develop and connect Wells #1 (16" x 54'), #2 (16" x 54'), #3 (16" x 54') #4 (16" x 54'), #5 (16" x 54'), #6 (16" x 54'), #7 (16" x 50'), #8 (16" x 50'), and #9 (16" x 54') to the system. Install pumps in each well, six rated at 250 gpm @ 148 feet TDH and three rated at 400 gpm @ 149 feet TDH. Install approximately 1,600 feet of 6-inch, 3,475 feet of 8-inch, 2,150 feet of 10-inch, 840 feet of 12-inch, 80 feet of 16-inch, and 80 feet of 18-inch raw water main

ADDITIONAL CONDITIONS:

1. The Illinois Groundwater Protection Act (P.A. 85-863, effective September 24, 1987) and the Environmental Protection Act (Ill. Rev. Stat., Ch. 111 1/2, pars, 1001 eq seq., as amended by P.A. 85-863) establishes a minimum setback zone for new community water supply wells. The minimum setback zone for the well permitted hereunder is 400 feet.

The permittee shall not construct this well within 400 feet of a potential route. The permittee shall not construct this well within 400 feet of a potential primary source or a potential secondary source unless all of the following conditions are met: the owner of the site which contains the potential primary source or potential secondary source has filed a certification of minimum hazard with the Agency; the Agency has notified the owner of the site in writing that the certification is complete and adequate, or the Agency has failed to act in a timely manner under Section 14.5(c) of the Environmental Protection Act; the certification has not expired; the site has not been decertified; and each potential primary source and potential secondary source at the site for which certification has been issued is located more than 200 feet from this well.

Nothing in this Special Condition shall affect the minimum distance requirements for new community water supply wells relative to common sources of sanitary pollution as specified by rules adopted under Section 17 of the Environmental Protection Act.

2. There are no further conditions to this permit.

JHK:GAZ: dsa

cc: Donohue & Associates, Inc.
Springfield Region



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



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

DIRECTOR

217/782-1724

April 7, 2011

Joseph V. Pisula, P.E.
Donohue & Associates
2919 Crossing Ct., Ste. 12
Champaign, IL 61822

 **COPY**

Re: South Sangamon Water Comm. (Sangamon County - 1670080) Supplemental,
Review Letter- **Log No. 2011-0201-1**

Dear Mr. Pisula:

We reviewed the referenced project and the following revisions must be made or points addressed:

1. Revise the Schedule "C-I", item #1a, to change the well names to 1 through 6 instead of 11 through 16.
2. Provide the distance and direction the new well locations are from the old locations, for each well.
3. Revise the plans and the site map changing Wells #11 through #16 to #1 through #6.
4. Revise the Schedule "B" to cite all of the raw water main (6" through 18").

Please submit two copies of any revisions.

Please respond to this letter, with reference to **Log No. 2011-0201-1**, before July 3, 2011, so our Agency can take a final action on the application.

If you have any questions please call.

Sincerely,



Gerard A. Zimmer
Permit Section
Division of Public Water Supplies



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

DIVISION OF PUBLIC WATER SUPPLIES
TELEPHONE 217/782-1724/FAX 217/782-0075

Joseph V Pisula P.E.
Donohue & Associates, Inc.
2919 Crossing court, Ste. 12
Champaign, IL 61822

Project Received Date: 4/5/2011
Fee Paid: \$0.00

Facility Number: IL1670080
Letter Mail Date: 4/6/2011

LOG NUMBER: 2011-0201 - 1

Facility Name: SOUTH SANGAMON WATER COMMISSION

Title: Contract "A" Re-Design: Well Field

PLEASE REFER TO THE ABOVE LOG NUMBER IN ANY CORRESPONDENCE CONCERNING THIS PROJECT. PLEASE DIRECT ANY RESPONSE TO THE PERMIT SECTION.

Your Application for Construction Permit package has been received and is ready for detailed review by permit section engineers.

At this time there is a 40 day turn around time for issuance of permits. This 40 day time period includes the date of receipt. Please hold calls until after this period has elapsed.

Public Water Supply forms are available on the I.E.P.A. web site (www.epa.state.il.us). One original and one copy of every form and sealed plans are required.

JHK: cdb

CC: DEL MCCORD
SOUTH SANGAMON WATER COMMISSION
PO BOX 83
NEW BERLIN, IL 62670



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

DIRECTOR

217/782-1724

April 20, 2011

Chairman & Board of Trustees
South Sangamon Water Commission
P.O. Box 83
New Berlin, IL 62670

Re: South Sangamon Water Commission (Sangamon County - 1670080) Supplemental
Approval for Plant Improvement Construction Permit No. 1-0201-FY2011

Gentlemen:

Supplemental approval is hereby given of the changes in the plans for the proposed waterworks improvements, in which Wells #1 through #6 were relocated in the following ways: Well #1 to the SW by 1600 feet, Well #2 to the SW by 1800 feet, Well #3 to the SW by 3180 feet, Well #4 to the SE by 1700 feet, Well #5 to the SW by 2750 feet, and Well #6 to the SW by 3600 feet. Also, drill, develop, and connect Well #10 (16" x 50') to the system and install a pump rated at 250 gpm @ 148 feet TDH. Changes to the lengths of raw water mains are as follows: 6-inch increased by 653 feet, 8-inch reduced by 2675 feet, 10-inch reduced by 250 feet, 12-inch increased by 1162 feet, 16-inch reduced by 80 feet, and 18-inch reduced by 80 feet. These revised plans, consisting of 37 sheets, were prepared and submitted by your engineers, Donohue & Associates, acting as your agents and are designated as, "Contract A: Well Field".

The Illinois Groundwater Protection Act (P.A. 85-863m effective September 24, 1987) and the Environmental Protection Act (Ill. Rev. Stat., Ch. 111 ½, pars. 1001 eq seq., as amended by P.A. 85-863) establishes a minimum setback zone for new community water supply wells. The minimum setback zone for the well approved hereunder is 400 feet.

The original permit of the plans and specifications was given September 15, 2010.

This permit is void after April 19, 2012, unless construction on this project has started on or prior to that date.

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

JHK: GAZ

cc: Donohue & Associates, Inc.
Springfield Regional Office



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

DIRECTOR

217/782-1724

April 7, 2011

Joseph V. Pisula, P.E.
Donohue & Associates
2919 Crossing Ct., Ste. 12
Champaign, IL 61822

 **COPY**

Re: South Sangamon Water Comm. (Sangamon County - 1670080) Supplemental,
Review Letter- **Log No. 2011-0201-1**

Dear Mr. Pisula:

We reviewed the referenced project and the following revisions must be made or points addressed:

1. Revise the Schedule "C-I", item #1a, to change the well names to 1 through 6 instead of 11 through 16.
2. Provide the distance and direction the new well locations are from the old locations, for each well.
3. Revise the plans and the site map changing Wells #11 through #16 to #1 through #6.
4. Revise the Schedule "B" to cite all of the raw water main (6" through 18").

Please submit two copies of any revisions.

Please respond to this letter, with reference to **Log No. 2011-0201-1**, before July 3, 2011, so our Agency can take a final action on the application.

If you have any questions please call.

Sincerely,

Gerard A. Zimmer
Permit Section
Division of Public Water Supplies

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 & Board of Trustees
South Sangamon Water Commission
P.O. Box 83
New Berlin, IL 62670

PERMIT NUMBER: 0201-FY2011

DATE ISSUED: September 15, 2010

PERMIT TYPE: Plant Improvement

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: Donohue & Associates, Inc.

NUMBER OF PLAN SHEETS: 35

TITLE OF PLANS: "Contract A: Well Field"

PROPOSED IMPROVEMENTS:

Drill, develop and connect Wells #1 (16" x 54'), #2 (16" x 54'), #3 (16" x 54') #4 (16" x 54'), #5 (16" x 54'), #6 (16" x 54'), #7 (16" x 50'), #8 (16" x 50'), and #9 (16" x 54') to the system. Install pumps in each well, six rated at 250 gpm @ 148 feet TDH and three rated at 400 gpm @ 149 feet TDH. Install approximately 1,600 feet of 6-inch, 3,475 feet of 8-inch, 2,150 feet of 10-inch, 840 feet of 12-inch, 80 feet of 16-inch, and 80 feet of 18-inch raw water main

ADDITIONAL CONDITIONS:

1. The Illinois Groundwater Protection Act (P.A. 85-863, effective September 24, 1987) and the Environmental Protection Act (Ill. Rev. Stat., Ch. 111 1/2, pars. 1001 eq seq., as amended by P.A. 85-863) establishes a minimum setback zone for new community water supply wells. The minimum setback zone for the well permitted hereunder is 400 feet.

The permittee shall not construct this well within 400 feet of a potential route. The permittee shall not construct this well within 400 feet of a potential primary source or a potential secondary source unless all of the following conditions are met: the owner of the site which contains the potential primary source or potential secondary source has filed a certification of minimum hazard with the Agency; the Agency has notified the owner of the site in writing that the certification is complete and adequate, or the Agency has failed to act in a timely manner under Section 14.5(c) of the Environmental Protection Act; the certification has not expired; the site has not been decertified; and each potential primary source and potential secondary source at the site for which certification has been issued is located more than 200 feet from this well.

Nothing in this Special Condition shall affect the minimum distance requirements for new community water supply wells relative to common sources of sanitary pollution as specified by rules adopted under Section 17 of the Environmental Protection Act.

2. There are no further conditions to this permit.

JHK:GAZ: dsa

cc: Donohue & Associates, Inc.
Springfield Region



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



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

DIVISION OF PUBLIC WATER SUPPLIES TELEPHONE 217/782-1724/FAX 217/782-0075

Joseph V Pisula P.E.
Donohue & Associates, Inc.
2919 Crossing court, Ste. 12
Champaign, IL 61822

Project Received Date: 8/17/2010
Fee Paid: \$0.00

Facility Number: IL1670080
Letter Mail Date: 8/18/2010

LOG NUMBER: 2011-0201 - 0

Facility Name: SOUTH SANGAMON WATER COMMISSION

Title: Contract "A" Well Field

PLEASE REFER TO THE ABOVE LOG NUMBER IN ANY CORRESPONDENCE CONCERNING THIS PROJECT. PLEASE DIRECT ANY RESPONSE TO THE PERMIT SECTION.

Your Application for Construction Permit package has been received and is ready for detailed review by permit section engineers.

At this time there is a 40 day turn around time for issuance of permits. This 40 day time period includes the date of receipt. Please hold calls until after this period has elapsed.

Public Water Supply forms are available on the I.E.P.A. web site (www.epa.state.il.us). One original and one copy of every form and sealed plans are required.

JHK: cdb

CC: DEL MCCORD
SOUTH SANGAMON WATER COMMISSION
PO BOX 83
NEW BERLIN, IL 62670

Permit 0658-FY2010

Date	Softener 1	Softener 2	Softener 3	Softener 4	Clearwell	Description
January						
1/23/2012 at 8:10 & 8:24	N	P				Tonka 1 & 2
1/24/2012 at 9:40 thru 10:05	N	N	N	P		Plant Softener 1, 2,3 & 4
1/25/2012 at 10:40 and 1:25		N	N	P		Tonka Filter 2 and Softener 3 & 4
1/27/2012 at 10:10				N		Tonka Softener 4
1/30/2012 at 9:20				N		Tonka 4
February						
2/21/2012 at 12:00					N	Clearwell
2/22/2012 at 12:30					N	Clearwell

Permit 0201-FY2011, Partial A

Date	Well 7 (was 13)	Well 8 (was 10)	Well 9	Well 10 (was 14)	Raw Water	Transmission	Hydrant	Detention Tank
December 21, 2011 at 11:10	N					N		
December 22, 2011 at 1:40	N					N		
January 16, 2012 at 10:00					P			N
January 17, 2011 at 1:10								N
January 23, 2012 at 9:00		N	N	P	N			
January 24, 2012 at 8:00		P	N	P			P	
January 30, 2012 at 9:05		N		P			N	
January 31, 2012 at 9:45		N		N				
February 6, 2012 at 9:15				N				
February 7, 2012 at 8:15				N				



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: _____ Facility ID: IL _____
 Address 1: _____ Construction Permit No.: _____ -FY _____
 Address 2: _____ Permit Type: _____
 City: _____ State: _____ Zip Code: _____ Date Permit Issued: _____
 County: _____
 Project Title: _____
 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-I application).
- _____ Partial A, B, C, etc.

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

- Cover letter describing which sections were completed.

_____ Identify the length the Partial: _____ LF

_____ was completed on the project or partial)

Date of Project Completion: _____

Certified Operator in Responsible Charge

Name: _____ Number: _____

Telephone: _____

Owner of the Completed Project:

Name: _____ Title: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

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 _____ -FY _____ issued on _____ is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.

Instructions for Operating Permit Application

The Operating Permit Application 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.

Fill out the top section using the corresponding Construction Permit for reference.

Facility Name is the name of the village, city or entity distributing community water supplies.

Facility ID Number can be found on the Construction Permit. This number is specific to your facility.

Address is the same as the address on the Construction Permit.

Construction Permit Number is the assigned permit number of the corresponding Construction Permit. The Operating Permit and the corresponding Construction Permit will have the same permit number.

Permit Type identifies whether the project involved is a Water Main, a Plant Improvement or Both.

Date Permit Issued is the date the Construction Permit was granted.

Date of Project Completion is the date construction was completed for the section of project you are requesting the Operating Permit for. If you are requesting an Operating Permit for a Partial project, the Date of Project Completion is the date construction was completed on that partial section. The Date of Project Completion will never be a date in the future, and must be a date *after* the issue date of the Construction Permit.

Title of Project is the same title of project listed on the corresponding Construction Permit. The Operating Permit and the Construction Permit will have the same Title of Project.

Firm Name is the engineering entity that designed the project.

Project Status will either be Final or Partial.

Final: If construction on the project is complete, you will select **Final**.

Partial: If construction on the total project is only *partially* complete, but you want to operate the completed section, you will select **Partial**. If this is the first partial, you will identify it as "Partial A", if this is the second partial, you will identify it as "Partial B" and so forth. Once the last partial section has been completed, identify it as such and also select Final in the Project Status.

The **Certified Operator in Responsible Charge** and **Owner of the Completed Project** should fill out his/her respective section. Please print your name legibly and sign where appropriate. By signing the application, 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.

Requests for **Verbal Approval** and questions can be addressed at (217) 782-4697 or (217) 782-1020/9470.

Disinfection and bacteriological analysis must be performed for the completed project in accordance with the requirements of AWWA C651 or C53-03. For projects requiring these procedures, the sample results must be attached to the application. 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 unless otherwise approved by the Illinois EPA. Samples must be measured using the Membrane Filter technique, Colilert/ Colisure will not be accepted for new construction projects.

This form may be completed online, a copy saved locally and printed before it is signed. You may also complete a printed copy manually. Print this form on yellow paper if possible, and submit the completed form to the Illinois EPA, Bureau of Water, Permit Section at the following address:

Illinois Environmental Protection Agency
Division of Public Water Supplies, Permit Section #13
1021 North Grand Avenue East, PO Box 19276
Springfield, IL 62794-9276

3017 North Eighth Street
Springfield, Illinois 62707
217-528-0491 TEL
217-528-0497 FAX



Permit Number: 2011-3
Date: March 4, 2011

Board of Trustees

Permit is hereby issued to:

Richard T. Ciotti
President

South Sangamon Water Commission
PO Box 83
New Berlin, IL 62670

A handwritten signature in black ink, appearing to be 'J. ...', is written over the address of the South Sangamon Water Commission.

John M. Pasko
Clerk

For the Following Improvement:

Harold D. Maples
Trustee

This permit is hereby issued for the project known as **Discharge of High Chloride Wastewater** and is based upon plans and specifications submitted by Donohue & Associates, 115 N. Neil Street, Suite 213 Champaign, IL 61820.

Jim M. Reinhart
Trustee

Morris Wooden
Trustee

This permit is issued subject to the following conditions:

Paul Ed Vehovic
Treasurer

1. There shall be no deviations from the plans and specifications as approved by the Springfield Metro Sanitary District (SMSD) unless revised plans and specifications have been submitted to the Illinois Environmental Protection Agency and SMSD and supplemental permits are issued by both agencies. Where no specifications are included in the submittal to SMSD, the Standard Specifications for Water and Sewer Main Construction in Illinois, latest edition, shall apply to the sewers and appurtenances being constructed. Plans, specifications and other documentation submitted shall constitute a part of the application and, when approved shall be considered a part of this permit.
2. The installation of the sanitary sewers and appurtenances shall be made under the supervision of a Professional Engineer, licensed in the State of Illinois.
3. Before, during and after construction of the sewer project, any agent authorized by SMSD shall have the right and authority to enter the property the project is located on and to inspect such work and its manner of construction.
4. During construction of the sewer project, no ground or surface water may be purposely drained, titled, or pumped into the sanitary sewer system. Small amounts of ground water that accumulate in the sewer trench during construction operations may be permitted to enter the sanitary sewer system. SMSD reserves the right to have a plug installed in the downstream existing manhole on SMSD's system which shall guarantee extraneous water is prevented from entering SMSD's sewers until the completed project has been tested and approved by SMSD.
5. The Springfield Metro Sanitary District shall be notified five (5) days prior to the start of construction, and five (5) days prior to the date of completion.
6. SMSD shall be notified five (5) days prior to the start of any tests of the sanitary sewer system and appurtenances. All exfiltration, infiltration, air, manhole or deflection tests conducted upon the sewer system and appurtenances shall be conducted under the supervision of a Professional Engineer licensed in the State of Illinois. The District Engineer shall determine whether an air, infiltration, exfiltration, manhole or deflection test shall be conducted. The manner and evaluation of such tests shall be governed by the Standard Specifications for Water and Sewer Main Construction in Illinois, latest edition. The test shall be conducted on the entire system unless written permission is otherwise given by the District Engineer.

Brian Schackmann
Secretary

Bruce Stratton
Attorney

Justin Reichert
Human Resources Officer

Gregg S. Humphrey PE PLS
Director/Engineer

Fred W. Nika, Jr. PE
District Engineer



MEMBER
Illinois Association of
Wastewater Agencies

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
WATER POLLUTION CONTROL PERMIT

LOG NUMBERS: 0956-10

PERMIT NO.: 2011-EE-0956

FINAL PLANS, SPECIFICATIONS, APPLICATION
AND SUPPORTING DOCUMENTS

DATE ISSUED: March 2, 2011

PREPARED BY: Donohue & Associates, Inc.

SUBJECT: SOUTH SANGAMON WATER COMMISSION – Discharge of High Chloride Wastewater Generated by the Ion Exchange Softening Process – Springfield Metro Sanitary District (Spring Creek)

PERMITTEE TO CONSTRUCT

South Sangamon Water Commission
Post Office Box 83
New Berlin, Illinois 62670

Permit is hereby granted to the above designated permittee(s) to construct and/or operate water pollution control facilities described as follows:

One 39 feet diameter x 15 feet tall 123,270 gallon high chloride tank, a sewer connection consisting of 355 feet of 8-inch pipe, two manholes, and all the pumps and appurtenances necessary for the discharge of 31,771 gpd DAF, and 38,972 gpd DMF of high chloride water which will be trucked to Village of Chatham and discharged to a dedicated manhole tributary to Springfield Metro Sanitary District – Spring Creek Plant.

This Permit is issued subject to the following Special Condition(s). If such Special Condition(s) require(s) additional or revised facilities, satisfactory engineering plan documents must be submitted to this Agency for review and approval for issuance of a Supplemental Permit.

SPECIAL CONDITION 1: The Permittee to Construct shall be responsible for obtaining an NPDES Storm Water Permit prior to initiating construction if the construction activities associated with this project will result in the disturbance of one (1) or more acres total land area.

An NPDES Storm Water Permit may be obtained by submitting a properly completed Notice of Intent (NOI) form by certified mail to the Agency's Division of Water Pollution Control - Permit Section."

SPECIAL CONDITION 2: The operational portion of this permit shall be governed by the Springfield Metro Sanitary District.

SPECIAL CONDITION 3: All sludges generated on site shall be disposed of at a site and in a manner acceptable to the Agency.

Page 1 of 2

THE STANDARD CONDITIONS OF ISSUANCE INDICATED ON THE REVERSE SIDE MUST BE COMPLIED WITH IN FULL. READ ALL CONDITIONS CAREFULLY.

SAK:SMT:0956-10.docx

DIVISION OF WATER POLLUTION CONTROL

cc: EPA-Springfield FOS
Donohue & Associates, Inc.
Springfield Metro Sanitary District - Spring Creek
Village of Chatham
Records - Industrial
Binds


Alan Keller, P.E.
Manager, Permit Section

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
WATER POLLUTION CONTROL PERMIT

LOG NUMBERS: 0956-10

PERMIT NO.: 2011-EE-0956

FINAL PLANS, SPECIFICATIONS, APPLICATION
AND SUPPORTING DOCUMENTS

DATE ISSUED: March 2, 2011

PREPARED BY: Donohue & Associates, Inc.

SUBJECT: SOUTH SANGAMON WATER COMMISSION – Discharge of High Chloride Wastewater Generated by the Ion Exchange Softening Process – Springfield Metro Sanitary District (Spring Creek)

PERMITTEE TO CONSTRUCT

South Sangamon Water Commission
Post Office Box 83
New Berlin, Illinois 62670

Permit is hereby granted to the above designated permittee(s) to construct and/or operate water pollution control facilities described as follows:

One 39 feet diameter x 15 feet tall 123,270 gallon high chloride tank, a sewer connection consisting of 355 feet of 8-inch pipe, two manholes, and all the pumps and appurtenances necessary for the discharge of 31,771 gpd DAF, and 38,972 gpd DMF of high chloride water which will be trucked to Village of Chatham and discharged to a dedicated manhole tributary to Springfield Metro Sanitary District – Spring Creek Plant.

This Permit is issued subject to the following Special Condition(s). If such Special Condition(s) require(s) additional or revised facilities, satisfactory engineering plan documents must be submitted to this Agency for review and approval for issuance of a Supplemental Permit.

SPECIAL CONDITION 1: The Permittee to Construct shall be responsible for obtaining an NPDES Storm Water Permit prior to initiating construction if the construction activities associated with this project will result in the disturbance of one (1) or more acres total land area.

An NPDES Storm Water Permit may be obtained by submitting a properly completed Notice of Intent (NOI) form by certified mail to the Agency's Division of Water Pollution Control - Permit Section."

SPECIAL CONDITION 2: The operational portion of this permit shall be governed by the Springfield Metro Sanitary District.

SPECIAL CONDITION 3: All sludges generated on site shall be disposed of at a site and in a manner acceptable to the Agency.

Page 1 of 2

THE STANDARD CONDITIONS OF ISSUANCE INDICATED ON THE REVERSE SIDE MUST BE COMPLIED WITH IN FULL. READ ALL CONDITIONS CAREFULLY.

SAK:SMT:0956-10.docx

DIVISION OF WATER POLLUTION CONTROL

cc: EPA-Springfield FOS
Donohue & Associates, Inc.
Springfield Metro Sanitary District - Spring Creek
Village of Chatham
Records - Industrial
Binds


Alan Keller, P.E.
Manager, Permit Section

 COPY

PRN 6
 ORIGINAL

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is between the South Sangamon Water Commission (SSWC) of Sangamon County, Illinois and Prairie Rivers Network (PRN) of Champaign, Illinois.

PURPOSE OF THIS AGREEMENT

1. To ensure the provision of a reliable, independent and affordable source of potable water to the Villages of New Berlin and Chatham, and other communities served by the South Sangamon Water Commission;
2. To improve on-site storm water management in order to reduce the amount of pollutant laden runoff entering the Sangamon River; and
3. To reduce the amount of chlorides, suspended solids and other pollutants entering the Sangamon River.

BACKGROUND

The South Sangamon Water Commission is an Illinois municipal corporation formed for the purpose of developing a new water treatment plant and water main to sell and deliver potable water to the Villages of Chatham and New Berlin in Sangamon County, Illinois, and to future municipal or wholesale customers. The Village of Chatham currently purchases potable water from the City of Springfield's City Water, Light and Power (CWLPL) utility, but seeks an independent source of potable water to better control the costs and environmental impacts of its water use. New Berlin currently operates its own water treatment facility but due to aging infrastructure and insufficient capacity, is in need of an alternative source of potable water.

The SSWC is seeking a National Pollution Discharge Elimination System (NPDES) permit from the Illinois Environmental Protection Agency (IEPA) to authorize the discharge of various pollutants from the proposed new water treatment plant. Because the proposed plant would increase pollutant loadings to the Sangamon River, Illinois antidegradation regulations apply and require the SSWC to avoid or minimize such pollutant loadings.

The SSWC worked with Prairie Rivers Network, a non-profit river protection organization, to assist it in meeting the state's antidegradation requirements. This MOU sets forth the duties of both parties as accepted by their signatures below.

AGREEMENT

The SSWC will utilize microfiltration to remove iron and turbidity and ion exchange for water softening. High Chloride wastewater will be transported via sewer line to the Springfield Metro Sanitary District Spring Creek wastewater treatment plant (SMSD), combined with plant influent and discharged to Spring Creek. SSWC has provided PRN with written confirmation that the total mass and concentration of chlorides sent from the

= 39,027 GAL.

3,880Z / GAL.

SSWC plant to the SMSD plant shall not exceed 9,464 pounds per day or 29,100, mg/L. After reviewing influent data, the Illinois Environmental Protection Agency has provided Prairie Rivers Network and the SSWC with confirmation that the mass of chlorides entering the SMSD plant from the SSWC plant and all other sources will allow the SMSD plant to meet the state's water quality standard for chlorides (500 mg/L) in the plant's effluent. Attached hereto and incorporated herein by reference is Exhibit A containing calculations demonstrating that the SMSD plant will be capable of meeting the water quality standard for chlorides upon acceptance of the SSWC high chloride wastewater.

The SSWC will investigate reuse options for the high chloride wastewater, including for example, the potential for use as a de-icing agent, and will pursue all viable options. PRN will assist SSWC in these efforts.

Low chloride wastewater shall be treated on-site in a red water lagoon before discharge to the Sangamon River. The SSWC will make every effort to reuse this low chloride effluent for on-site irrigation and will make the effluent available as a source of irrigation water for other interested users.

In order to minimize storm water runoff from the SSWC water treatment plant site and the transport of pollutants associated with such runoff, the SSWC will implement various green infrastructure practices at the facility site including the use of bioswales, bioretention, native plantings and permeable pavers in accordance with the site plan attached hereto as Exhibit B and incorporated into this MOU.

SSWC will plant and maintain meadow fescue or other low-maintenance grass in those areas indicated on the attached site plan.

SSWC will institute a "no mow" policy and refrain from mowing those areas indicated as "no mow" on the attached site plan. Should the native plantings and other seeding fail, SSWC will replant and reseed as needed.

SSWC has obtained written approval from the Springfield Sangamon County Regional Planning Commission for use of permeable pavers in the area indicated on the attached site plan.

SSWC recognizes that regular maintenance of green infrastructure is essential to maximize on-site infiltration of storm water. To that end, SSWC agrees to the following maintenance provisions:

GeoWeb Porous Pavement (on an annual basis or more if needed):

- Remove heavy deposits of dirt or sand
- Scrape the lot with a scraper box to remove any sediment or fine material from the surface of the stone
- Remove degradables such as leaves, litter, excess salt, etc.

Bioswale:

- Routine visual inspection to ensure storm water is infiltrating and being conveyed through length of bioswale
- Periodic mowing, clearing of debris and blockages, and sediment removal
- Annual reseeding of bare areas
- Replacement or amendment of bioretention media if required to restore flow rate

Bioretention Areas:

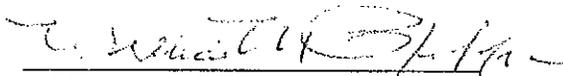
- Pruning, mowing, and mulching as needed
- Removal and replacement of dead plants
- Occasional removal of mulch and top layer of fill soil as needed to prevent clogging

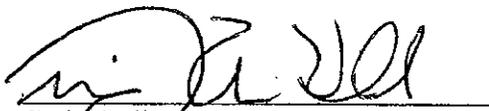
In exchange for the covenants made herein by SSWC, PRN will compose and deliver a letter to the IEPA recommending issuance of the state NPDES permit following receipt and review of a draft permit from IEPA.

By our signatures below, we agree to abide by the terms of this Memorandum of Agreement.

Dated this 3rd day of December 2010.


Del McCord
Chairman, SSWC


William M. Pfeffer
Treasurer, SSWC


Craig Hall
Commissioner, SSWC


Kim Knowles
Prairie Rivers Network

Chlorides on Composite Samples										
Date	Spring Creek					Sugar Creek				
	Flow MGD	Chloride mg/L		Chloride lbs/day		Flow MGD	Chloride mg/L		Chloride lbs/day	
		SpR	SpT	SpR	SpT		SuR	SuT	SuR	SuT
2/4/2010	28.3		180		42484					
3/26/2010	40.6	105	130	35553	44019					
3/31/2010	36.9	115	125	35391	38468					
4/12/2010	22.5	135	130	25333	24395					
4/19/2010	23.2	125	135	24186	26121	12.7	90	100	9533	10592
4/20/2010	23.0	140	145	26855	27814	12.1	90	95	9082	9587
4/21/2010	23.3	155	160	30120	31092	11.6	95	105	9191	10158
4/22/2010	23.5	130	150	25479	29399	10.9	95	100	8636	9091
4/23/2010	34.1	125	85	35549	24173	21.0	90	90	15763	15763
4/26/2010	36.8	135	120	41433	36829	20.5	85	75	14532	12823
4/27/2010	32.3	120	115	32326	30979	19.2	95	90	15212	14412
4/28/2010	28.2	155	145	36454	34102	18.7	105	90	16376	14035
4/29/2010	26.5	130	145	28731	32046	18.1	95	105	14341	15850
4/30/2010	28.7	140	145	33510	34707	17.2	100	105	14345	15062
5/3/2010	23.5	140	150	27439	29399	14.9	95	100	11805	12427
5/5/2010	22.5	135	140	25333	26271	11.5	95	90	9111	8632
5/10/2010	31.1					17.1	95	100	13548	14261
5/11/2010	36.3	120	105	36329	31788	18.2				
5/12/2010	34.6	120	115	34628	33185	17.5	100	95	14595	13865
5/17/2010	41.2	90	95	30925	32643	26.5	70	80	15471	17681
5/19/2010	41.8	115	120	40090	41833	22.4	95	80	17748	14945
5/24/2010	37.4	150	115	46787	35870	21.3	75	85	13323	15100
5/26/2010	41.4	95	120	32801	41433	25.9	80	80	17280	17280
6/1/2010	41.6	125	120	43368	41633	21.3	80	80	14211	14211
6/2/2010	39.7	125	130	41387	43043	22.2	90	95	16663	17589
6/7/2010	25.0	145	175	30233	36488	17.1	85	80	12122	11409
6/9/2010	37.2	115	115	35679	35679	19.6	75	75	12260	12260

13226 ppd added by SSWC

500 mg/L daily max

	mg/L at SpT with SSWC added	
55710	6680	236
57245	6864	169
51694	6198	168
37621	4511	200
39347	4718	203
41040	4921	214
44318	5314	228
42625	5111	217
37399	4484	132
50055	6002	163
44205	5300	164
47328	5675	201
45272	5428	205
47933	5747	200
42625	5111	217
39497	4736	210
45014	5397	149
46411	5565	161
45869	5500	133
55059	6602	158
49096	5887	157
54659	6554	158
54859	6578	158
56269	6747	170
49714	5961	238
48905	5864	158

7-14-10
 By: [Signature]
 Check: [Signature]
 Date: 7-14-10

Revision Description
 1. [Revision Description]

Approved By: [Signature]
 Project No. 00000000
 Project Date

DESIGNED BY: [Signature]
 DRAWN BY: [Signature]
 CHECKED BY: [Signature]
 APPROVED BY: [Signature]

SOUTH SANGAMON WATER COMMISSION
 NEW WATER TREATMENT SYSTEM
 CONTRACT C: WATER TREATMENT FACILITIES
 SANGAMON COUNTY, ILLINOIS
 SITE
 KEY MAP & EROSION CONTROL PLAN

EMC
 DONOHUE
 CONSULTANTS
 Sheet No. 7
 Drawing No. 002-CK-1

GENERAL NOTES:
 1. REFER TO SPECIFICATIONS SECTION 01400 FOR STAKING REQUIREMENTS. UPON COMPLETION OF CONSTRUCTION, REMOVE CRUSHED STONE SURFACING AND REGRADE TO MATCH EXISTING FINISH WITH TOPSOIL, GRASS SEED, FERTILIZER, AND MULCH.
 2. STRUCTURES 110, 120, AND 130 ARE TO BE FURNISHED AND CONSTRUCTED BY OTHERS UNDER CONTRACT "A".

STRUCTURE INDEX

100	WATER TREATMENT PLANT
110	APPROX AND DETENTION TANK (BY OTHERS)
120	HIGH CHLORIDE WASTE TANK (BY OTHERS)
130	HIGH CHLORIDE WASTE TANK (BY OTHERS)
140	BRINE STORAGE TANKS
150	BRINE STORAGE TANKS
200	LAGOON INFLUENT PUMP STATION
210	LAGOON EFFLUENT PUMP STATION
215	GRINDER PUMP STATION
220	HIGH CHLORIDE PUMP STATION

PROPOSED TEMPORARY CONSTRUCTION EASEMENT
 PROPOSED PERMANENT CONSTRUCTION EASEMENT

PLAN NOTES:
 1. 5 FT FENCE PER DETAIL C303D.



* HANDICAP PARKING SPACE SHALL BE PORTLAND CEMENT CONCRETE PAVEMENT.

EXHIBIT "B"

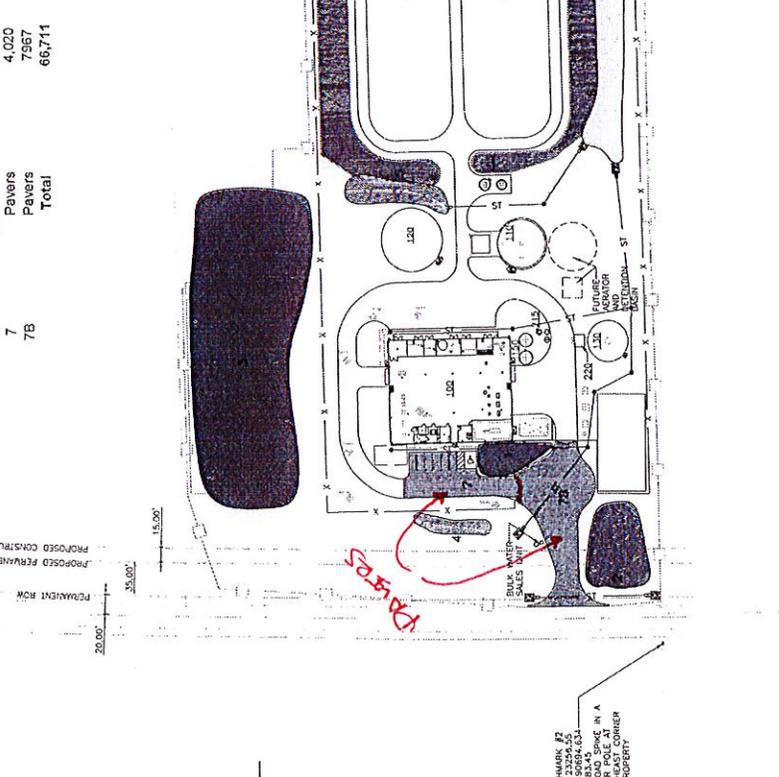
Area #	Type	Area (sf)
07/12/10		
1	Prairie Plants	1,390
2	Prairie Seeded	4,865
3	Bio-Swale	35,467
4	Bio-Swale	1,174
5	Bio-Retention	2,695
6	Pavers	8,562
7	Pavers	4,020
7B	Pavers	7,957
	Total	66,711

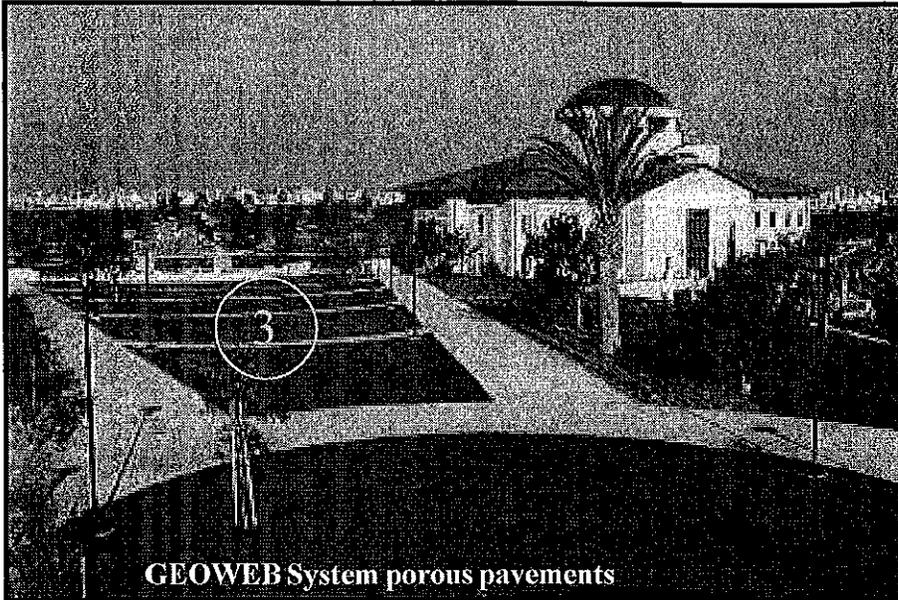
PERMANENT ROW
 PROPOSED PERMANENT EASEMENT
 PROPOSED CONSTRUCTION EASEMENT

BUCKHART ROAD
 LEACH ROAD

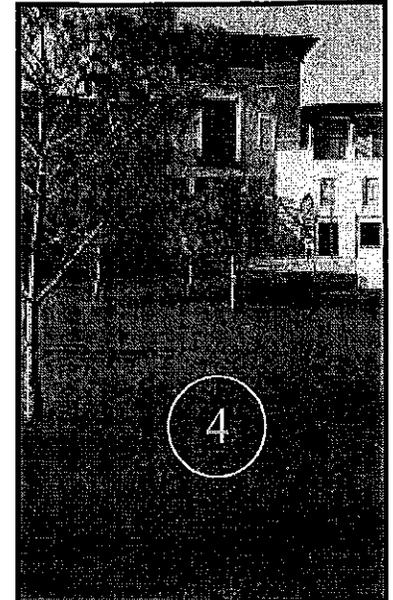
BENCHMARK #1
 N: 1123326.29
 E: 783346.68
 ELEV: 282.51
 TOP ROW MARKER, LEACH ROAD AND BUCKHART ROAD

BENCHMARK #2
 N: 1123249.55
 E: 783346.68
 ELEV: 283.45
 PAVERING SPKS IN A PARALLEL LINE IN A SOUTHEAST CORNER OF PROPERTY





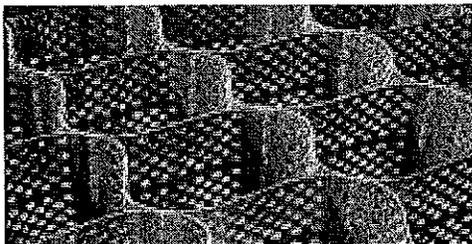
GEOWEB System porous pavements



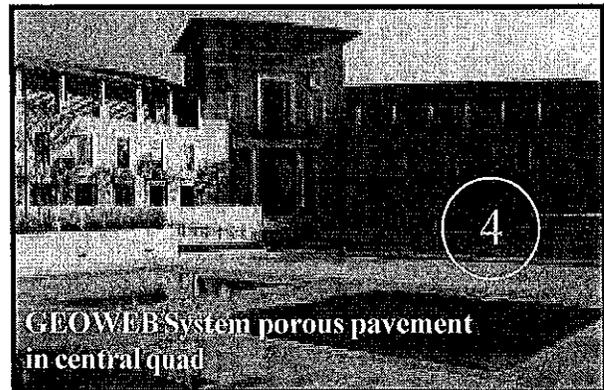
GEOBLOCK® & GEOWEB® Porous Pavement Systems **SOKA University of America, Aliso Viejo, CA**

Located in Aliso Viejo, California, just inland from the City of Laguna Beach, the newly opened SOKA University campus is designed as a Mediterranean hilltop village, reminiscent of Tuscany, Italy, with buildings stepping down a sloped hillside. With 80% of the campus perimeter adjacent to a wilderness park, designers working with Soil Stabilization Products Company, Inc. (SSPCo) focused on limiting the visual impact of the facility and incorporating as many natural elements into the perimeter landscape as possible. State-of-the-art porous pavements are used extensively within the campus to maximize the area of permeable lawn surfaces for on-site storm water retention. Grassed fire access lanes are reinforced by SSPCo's Presto **GEOBLOCK** System, while other locations where heavy duty use is planned, such as the campus "Quad" area, are reinforced by SSPCo's economical Presto **GEOWEB** System.

Cellular confinement with the **GEOWEB** System produces a stiff base with high flexural strength. Acting like a semi-rigid slab, loads are distributed laterally reducing subgrade contact pressures. The **GEOWEB** System provides a stable base for paved surfaces and surface stabilization for unpaved and grassed surfaces.

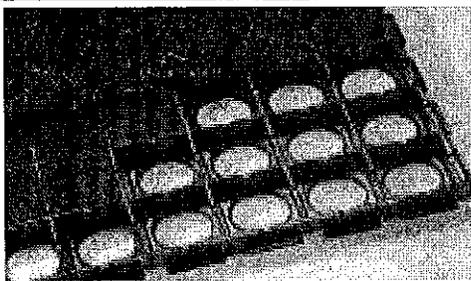


GEOWEB
Cellular Confinement System



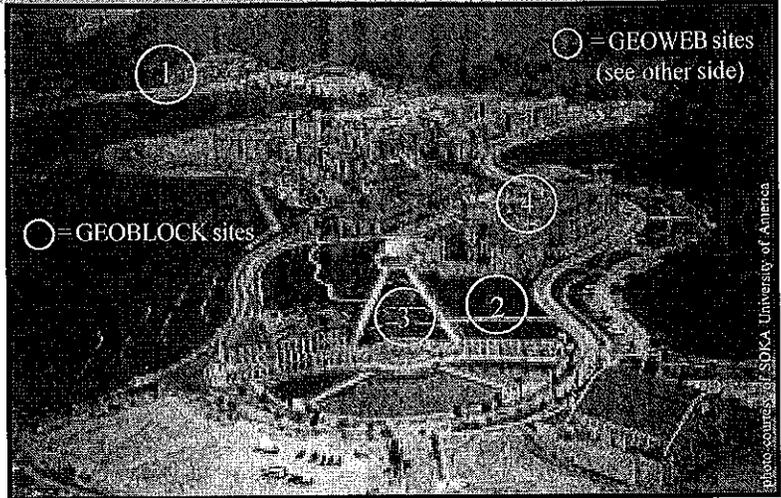
For more information on SOKA University of America, Aliso Viejo, and its primary funding organization, SOKA Gakkai International (SGI), access www.soka.edu and www.sgi-usa.org. For additional information on the **GEOBLOCK** and **GEOWEB** Systems, access or contact SSPCo directly at (800) 523-9992.

GEOBLOCK® & GEOWEB® Porous Pavement Systems at SOKA University of America, Aliso Viejo, CA

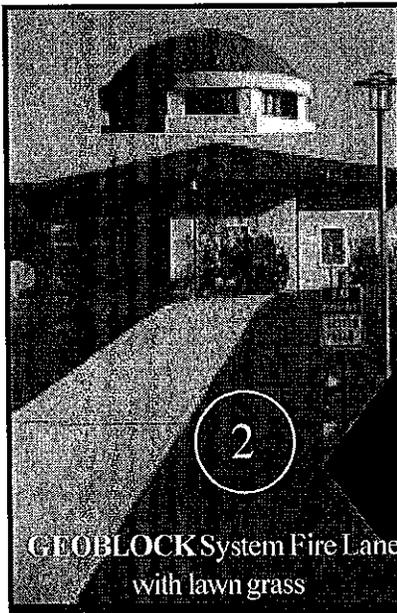


GEOBLOCK Porous Pavement System

The **GEOBLOCK** Porous Pavement System provides vehicular and pedestrian load support over grass areas while protecting the grass from the harmful effects of traffic. The **GEOBLOCK** System is a series of interlocking, high-strength blocks made from recycled plastic materials. The system is designed to handle the most demanding turf protection and load support requirements while allowing for vigorous growth of turf grass.



The **GEOBLOCK** System is an ideal paving solution in traffic areas where the natural beauty of grass and the permeability of topsoil are desired and the performance of an *engineered paving system* is required.

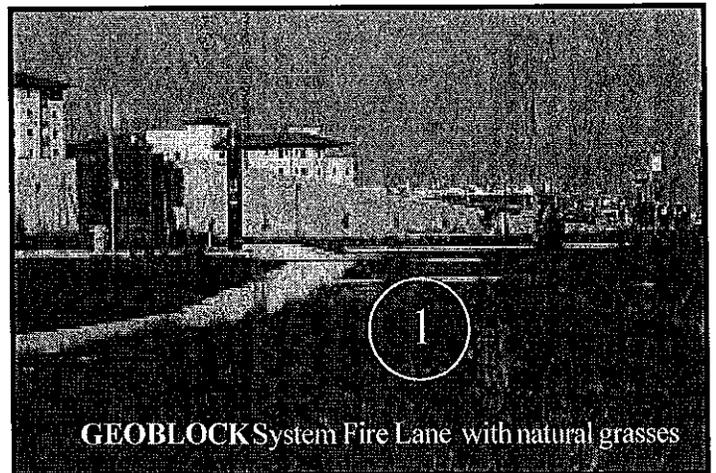


GEOBLOCK System Fire Lanes
with lawn grass

Design Architects:
Summit Architects Inc.

Landscape Architects:
SWA Group

Civil Engineers:
RBF Consulting



GEOBLOCK System Fire Lane with natural grasses



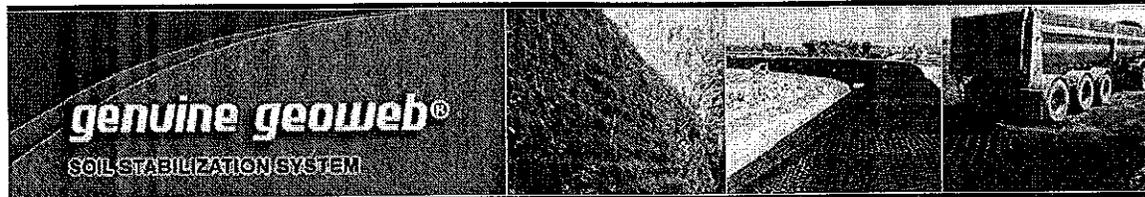
Soil Stabilization Products Company, Inc.
(800) 523-9992 FAX: (209) 383-7849
e-mail: info@www.sspco.com
website: www.sspco.com



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GEOWEB® CELLULAR CONFINEMENT SYSTEM: HIGH-QUALITY ORIGINAL GEOCELL

Construct roads over soft soils and naturally-vegetated retaining walls, stabilize steepened embankments, channels and shorelines, and protect geomembranes. Create reliable solutions that perform long after they're installed.

TRUSTED QUALITY & PERFORMANCE

The **Presto Geoweb® system** is the original cellular confinement system developed by Presto Geosystems over 30 years ago for creating solutions to challenging soil stabilization problems. Genuine Geoweb has always been manufactured in the USA from high-quality, high-strength polyethylene so quality and performance are always dependable. [The Significance of High Quality Standards](#)

GEOWEB KEY APPLICATIONS

Load Support: Economical system solves unacceptable road, parking, and yard surface problems.

- 3D structure stabilizes infill and controls shearing, lateral and vertical movement. Allows use of less costly on-site infill materials. Reduces base material requirements & costs by half.
- Beneficial for load distribution over weak soils, base stabilization for paved surfaces and surface stabilization for unpaved surfaces.

Slope Protection: Creates a stable environment for and long-term sustainability of embankment material.

- 3D structure reinforces the upper soil layer and resists erosive conditions and sliding forces beyond limits of other systems. Long-term solution for sustainable vegetation, permeable aggregate, hard-armored concrete or geomembrane protection.
- Reduces land space requirements & costs by allowing slopes to be designed steeper than when unconfined.

Channel Protection: Ensures stability and protection of channels exposed to all types of erosive conditions.

- Effective with low or high, intermittent or continuous flows. Can be designed to withstand the highest velocities with appropriate infill materials.
- Research substantiates the effectiveness of the vegetated Geoweb/TRM system for sustaining velocities as high as 30 ft/sec (9m/sec). Vegetation can replace costly rip rap in drainage ditches and stormwater channels. [*CSU Research Results](#)

Vegetated Retaining Walls: Creates economical, vegetated retaining walls that meet all design requirements.

- Typical wall structures include steepened slopes, geocomposite retaining walls, gravity walls and multi-layered channel systems.
- Quicker installation is contractor-friendly. Handling light-weight sections causes less stress on workers compared to block wall systems.

Key Applications

- [Load Support](#)
- [Slope Protection](#)
- [Shoreline Protection](#)
- [Channel Protection](#)
- [Erosion Control](#)
- [Vegetated Retaining Walls](#)

Quality & Innovation

The Geoweb manufacturing process is certified to ISO 9001:2008 and CE standards. Continued research and development and product innovations offer the highest performing, lowest cost solutions. [ISO Certificate](#)

Specification Development Tools

Build a customized specification the easy way with the Presto [SPECMaker®](#) Specification Tool.

Green Solutions

Presto manufactures eco-friendly, low-environmental-impact products that contribute to [LEED® green building credits](#).

Design Assistance

Rely on the technology leaders for design assistance. Complimentary [project evaluation service](#) available.

GENERAL INFORMATION SPECIFICATIONS CAD DRAWINGS

[View all CAD drawings](#)

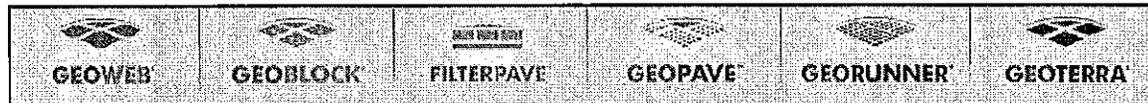
CONSTRUCTION TOOLS

Contractor-Friendly Tools

Time-savings accessories and tools improve productivity, offer tangible cost savings. [ATRA® Keys](#), [ATRA® Anchors](#), [ATRA® Driver System](#)

Request Literature

If you would like information mailed to you, please fill out our [Literature Request Form](#).



- **Presto Geosystems**
670 N Perkins Street, PO Box 2399
Appleton, Wisconsin 54912-2399
Phone: 800-548-3424 : 920-738-1328
Fax: 920-738-1222
Email: info@prestogeo.com
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May 27, 2010

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

www.donohue-associates.com

2919 CROSSING COURT, SUITE 12

CHAMPAIGN, IL 61822

PHONE 217-352-9990

FAX 217-352-9942

Attention: Del McCord

Re: **New Water Treatment System – Contract “C”**

Dear Del:

As you know, Herb Butler of EMC was verbally informed by Chris Kohrmann of IEPA on May 25th that that Agency's position now is that the Construction Permit for the Water Production Facilities covered by the referenced contract will not be issued until the NPDES permit for the plant's waste flows is issued. As we were told during our March 30th meeting at IEPA, the IEPA's Division of Water Pollution Control has stated that it will not issue that permit until the SSWC and the Prairie Rivers Network agree on waste disposal and after that, the NPDES permit application is processed and approved. As you know, we have not resolved the waste disposal issues with the Prairie Rivers Network at this time. I would expect that that process and the issuance of the NPDES permit could take another 2 to 3 months to play out.

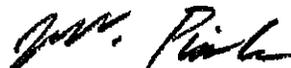
As you, I, and Mike Williamsen understood it when we attended the meeting at IEPA, the Public Water Supplies Construction Permit would not be held up due to the waste handling permit. It appears that IEPA has now changed its position on the water production facility permit. When I specifically asked him about permitting at the meeting, Al Keller of the Div. of Water Pollution Control made it clear that he will not issue the waste facilities (Red Water Lagoon or force main) permit until the NPDES permit for the discharge is issued. Immediately thereafter, Donohue then informed Plocher construction of this setback. However, the attendees from the Div. of Public Water Supplies (Roger Selburg, Liam McConnell, and Chris Kohrmann) did not say such a thing when we went over that subject. The only item that they indicated was needed for their permit was to get the Capacity Demonstration Report approved (which was approved last week).

I would suggest that the SSWC contact IEPA and get some sort of formal correspondence from IEPA on their change in their stance, with an explanation as to why. Donohue suggests that the SSWC request that as a compromise, IEPA issue the Construction Permit now, but not issue the Operating Permit until the NPDES permit is issued.

As the attached May 9th transmittal letter to Plocher Construction states, I advised Plocher Construction Company that they cannot start on the plant since we do not have all of the permits. As a minimum, I suggest that we at least advise Plocher Construction Company of IEPA's change in stance, which we have just become aware of, and we should advise them that the project could be delayed another 2 to 3 months. Please contact me at 352-9990 if you have any questions about this concern.

Very truly yours,

DONOHUE & ASSOCIATES, INC.


Joseph V. Pisula, P.E.

[1629] 5-31-2010 is in a future GL period.

POST ENTRIES SUMMARY

Entries from CM Edit Register, 6-01-2010

	Posted	Rejected
Number of transactions	1	0
Amount of transactions	8.00-	.00

POST ENTRIES TOTALS

Bank Account T&C DIP PR

Transactions	Subtraction	Addition
Withdrawal	8.00	.00

GENERAL LEDGER RECAP

Account	Account Title	Debit	Credit
1096.00	T&C D.I.P. Payroll Acct.	.00	8.00
6135.00	Bank Service Charges	8.00	.00
		<u>8.00</u>	<u>8.00</u>

Number of entries created: 2

GL POSTING SUMMARY REPORT

Entries from CM Edit Register 6-01-10

	Posted	Rejected
Number of entries	2	0
Debit Amount	8.00	.00
Credit Amount	8.00	.00

POSTING TOTALS

	Posted	Rejected
Number of entries	2	0
Debit Amount	8.00	.00
Credit Amount	8.00	.00
Proof	.00	



2919 CROSSING COURT, SUITE 12
 CHAMPAIGN, IL 61822
 PHONE: 217-352-9990
 FAX: 217-352-9942
 Web site: www.donohue-associates.com

LETTER OF TRANSMITTAL

Date	May 9, 2010	Job No:	11294
Attn:	Scott Plocher		
RE:	South Sangamon Water Commission New Water Treatment System Contract "C" - Water Treatment Facilities		

TO: Plocher Construction Company, Inc.
 2808 Thole-Plocher Road

Highland IL 62249

We are sending you: Attached Under separate cover via _____ the following items:

Copies	Date	No.	Description
1			Project Manual with signed documents

1 COPY

These are transmitted as checked below:

- For approval
- For your use
- As requested
- For review and comment
- Approved
- Approved as noted
- Returned for corrections
- For Signature(s)
- Resubmit _____ copies for approval
- Follow-up Response Required
- _____
- Prints Returned After Loan To Us

Remarks:

Scott:

Enclosed is the Project Manual for the referenced project with the signed legal documents bound within - including your Notice to Proceed. Please be reminded of the following outstanding issues: 1) The IEPA Public Water Supplies permit for the water production facilities (i.e., everything but the Red Water Lagoons and their pump stations and force main) has not yet been issued, but should be within the next two weeks or so. You cannot start on those items until said permit is in. 2) The IEPA wastewater permits for the Red Water Lagoons and their pump stations and force main have been held up by the NPDES permit. It is unknown as to when IEPA will have those for us. We will advise when they are issued. Again, you cannot start on those facilities until the permit is in. 3) The Sangamon County Building Permit that you applied for has not been issued. We expect to receive said permit by mid-June. Do not start construction on said building until the permit is in.

Please call me at 217-352-9990 if you have any questions on this.

Copy to: Del McCord @ SSWC (w/ same executed bk.)

Signed

Joseph A. Rigula
 JOSEPH A. RIGULA, P.E.

If enclosures are not as noted, please notify us at once.

Transaction Information						Withdrawal Detail			Deposit Detail				
Type	Description	Date	Subtraction	Addition	GL Debit	GL Credit	GL Debit	Amount	Check	Date	Amount	GL Credit	Amount
Bank: TIC DIP TX - TIC D.I.P. Tax Escrow Account													
Wdl	Bnk Svcs Chr	05-31-2010	8.00		1097.00		6135.00	8.00					



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

Fax 217/782-0075

Special Exception Permit

May 21, 2010

Commissioners, South Sangamon Water Commission
Post Office Box 83
New Berlin, Illinois 62670

Re: South Sangamon Water Commission (Sangamon County - - 1670080)
Capacity Demonstration/Log No. 2010-0941
Capacity Demonstration

Ladies and Gentlemen:

The Illinois Environmental Protection Agency (Agency) has reviewed the Capacity Demonstration submitted on April 28, 2010, for your proposed community water supply, South Sangamon Water Commission.

Based upon the information provided, the Agency has determined that technical capacity, financial capacity, and managerial capacity have been satisfactorily demonstrated for this supply according to the requirements of Ill. Adm. Code, Title 35, Subtitle F, Chapter II, Section 652.701 and Section 652.702. A capacity demonstration is required for all new water supplies according to Section 15b of the Environmental Protection Act.

Please retain your Capacity Demonstration in your files and continue to update it as the community water supply develops. Capacity demonstrations are not limited to new supplies only. The Agency will require capacity demonstrations as part of Drinking Water State Revolving Fund loan applications (beginning on October 1, 2000) and for existing supplies that the Agency has determined lack or are close to losing capacity.

Sincerely,

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

cc: 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) 693-5462
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) 278-5800
Marion • 2309 W. Main St., Suite 116, Marion, IL 62959 • (618) 993-7200

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
WATER POLLUTION CONTROL PERMIT

LOG NUMBERS: 0248-10

PERMIT NO.: 2011-EA-0248

FINAL PLANS, SPECIFICATIONS, APPLICATION
AND SUPPORTING DOCUMENTS

DATE ISSUED: March 1, 2011

PREPARED BY: Donohue & Associates, Inc.

SUBJECT: SOUTH SANGAMON WATER COMMISSION – Treatment System for Lagoon Wastewater - Discharge to an Unnamed Tributary of the Sangamon River

PERMITTEE TO CONSTRUCT

South Sangamon Water Commission
Post Office Box 83
New Berlin, Illinois 62670

Permit is hereby granted to the above designated permittee(s) to construct and/or operate water pollution control facilities described as follows:

A treatment system consisting of two red water lagoons with a total capacity of approximately 2.50 million gallons, an outfall forcemain consisting of 7,174 feet of 8-inch PVC pipe, a lift station consisting of two 30 horse power submersible pumps each rated at 700 gpm at 55 feet TDH and all the appurtenances necessary for the discharge of 237,266 gpd DAF, and 253,256 gpd DMF of filter backwash and the low chloride portion of the ion exchange backwash to an unnamed tributary to the Sangamon River.

This Permit is issued subject to the following Special Condition(s). If such Special Condition(s) require(s) additional or revised facilities, satisfactory engineering plan documents must be submitted to this Agency for review and approval for issuance of a Supplemental Permit.

SPECIAL CONDITION 1: There shall be no arrangement or cross connection by which an unsafe substance may enter the potable portion of a public water supply. The permittee shall comply with Illinois Pollution Control Board regulations 35 Ill. Adm. Code, Subtitle F: Public Water Supplies, Section 607.104 and Illinois Environmental Protection Agency Technical Policy Statements 35 Ill. Adm. Code, Subtitle F, Chapter II, Sections 653.801 through 653.805.

SPECIAL CONDITION 2: The Permittee to Construct shall be responsible for obtaining an NPDES Storm Water Permit prior to initiating construction if the construction activities associated with this project will result in the disturbance of one (1) or more acres total land area.

An NPDES Storm Water Permit may be obtained by submitting a properly completed Notice of Intent (NOI) form by certified mail to the Agency's Division of Water Pollution Control - Permit Section."

SPECIAL CONDITION 3: The operational portion of this permit shall be governed by NPDES Permit No. IL0079251.

SPECIAL CONDITION 4: All sludges generated on site shall be disposed of at a site and in a manner acceptable to the Agency.

THE STANDARD CONDITIONS OF ISSUANCE INDICATED ON THE REVERSE SIDE MUST BE COMPLIED WITH IN FULL. READ ALL CONDITIONS CAREFULLY.

SAK:SMT:0248-10.docx

DIVISION OF WATER POLLUTION CONTROL

cc: EPA-Springfield FOS
Donohue & Associates, Inc.
Village of Chatham
Records - Industrial
Binds


Alan Keller, P.E.
Manager, Permit Section



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

217/782-0610

PAT QUINN, GOVERNOR

DOUGLAS P. SCOTT, DIRECTOR

November 19, 2010

South Sangamon Water Commission Water Treatment Plant
Post Office Box 83
New Berlin, Illinois 62670

Re: South Sangamon Water Commission Water Treatment Plant
NPDES Permit No. IL0079251
Draft Permit

Gentlemen:

Attached to this letter is a copy of the draft Permit, Public Notice/Fact Sheet for your discharge. The Agency proposes to issue the NPDES Permit for your discharge as shown in the draft Permit.

Fifteen days from the date of this letter, the Agency proposes to distribute the attached Public Notice/Fact Sheet statewide. If you have objections to the content of the Public Notice/Fact Sheet, a written statement must be received by the Agency at the indicated address, attention: NPDES PN Clerk within 10 days.

The Agency will receive comments regarding the Permit for a period of 30 days after the Public Notice is issued. If you wish to comment or object to any of the terms and conditions of the Permit, you must state the objections in writing prior to the end of the public notice. The Agency may or may not change the Permit based on comments received from you or the public.

If you should have questions or comments regarding the above, please contact Shu-Mei Tsai at 217/782-0610.

Sincerely,

Darin E. LeCrone, P.E.
Manager, Industrial Unit, Permit Section
Division of Water Pollution Control

SAK:SMT:10060802.bah

Attachments: Draft Permit, Public Notice/Fact Sheet

cc: Records Unit
Compliance Assurance Section
Donohue & Associates, Inc.

DRAFT

NPDES Permit No. IL0079251
Notice No. SMT:10060802.bah

Public Notice Beginning Date:

Public Notice Ending Date:

National Pollutant Discharge Elimination System (NPDES)
Permit Program

Draft New NPDES Permit to Discharge into Waters of the State

Public Notice/Fact Sheet Issued By:

Illinois Environmental Protection Agency
Bureau of Water,
Division of Water Pollution Control
Permit Section
1021 North Grand Avenue East
Post Office Box 19276
Springfield, Illinois 62794-9276
217/782-0610

Name and Address of Discharger:

Name and Address of Facility:

South Sangamon Water Commission Water Treatment Plant
Post Office Box 83
New Berlin, Illinois 62670

South Sangamon Water Commission Water Treatment Plant
9199 Buckhart Road
Rochester, Illinois 62563
(Sangamon County)

The Illinois Environmental Protection Agency (IEPA) has made a tentative determination to issue a NPDES permit to discharge into the waters of the state and has prepared a draft permit and associated fact sheet for the above named discharger. The Public Notice period will begin and end on the dates indicated in the heading of this Public Notice/Fact Sheet. The last day comments will be received will be on the Public Notice period ending date unless a commentor demonstrating the need for additional time requests an extension to this comment period and the request is granted by the IEPA. Interested persons are invited to submit written comments on the draft permit to the IEPA at the above address. Commentors shall provide his or her name and address and the nature of the issues proposed to be raised and the evidence proposed to be presented with regards to those issues. Commentors may include a request for public hearing. Persons submitting comments and/or requests for public hearing shall also send a copy of such comments or requests to the permit applicant. The NPDES permit and notice number(s) must appear on each comment page.

The application, engineer's review notes including load limit calculations, Public Notice/Fact Sheet, draft permit, comments received, and other documents are available for inspection and may be copied at the IEPA between 9:30 a.m. and 3:30 p.m. Monday through Friday when scheduled by the interested person.

If written comments or requests indicate a significant degree of public interest in the draft permit, the permitting authority may, at its discretion, hold a public hearing. Public notice will be given 45 days before any public hearing. Response to comments will be provided when the final permit is issued. For further information, please call Shu-Mei Tsai at 217/782-0610.

The applicant is a public water supply facility (SIC 4449). Waste water is generated through treatment of the groundwater. Plant operation results in an average discharge of 0.237 MGD of filtration backwash and softener flushing wastewater from outfall 001.

Application is made for a new discharge which is located in Sangamon County, Illinois. The following information identifies the discharge point, receiving stream and stream classifications:

Outfall	Receiving Stream	Latitude	Longitude	Stream Classification	Biological Stream Characterization
001	Sangamon River	39° 46' 39" North	89° 28' 56" West	General Use	Not Rated

To assist you further in identifying the location of the discharge please see the attached map.

The stream segment receiving the discharge from outfall(s) 001 is on the 303 (d) list – 2006 of impaired waters.

Pollutants	Potential Contributors
Total Nitrogen, Total Phosphorus, Total Dissolved Solids, and Total Suspended Solids	Aquatic Life, Fish Consumption, and Primary Contact Uses

The discharge(s) from the facility shall be monitored and limited at all times as follows:

Outfall: 001 Filtration Backwash and Softener Flush Water (DAF = 0.237 MGD, DMF = 0.253 MGD)

PARAMETER	LOAD LIMITS lbs/day			CONCENTRATION LIMITS mg/l		
	30 DAY AVERAGE	DAILY MAXIMUM	REGULATION	30 DAY AVERAGE	DAILY MAXIMUM	REGULATION
pH	Shall be in the range of 6.0 - 9.0 standard units					35 IAC 304.125
Chloride					500	35 IAC 302.208
Iron (Total)				2.0	4.0	35 IAC 304.124
Manganese (Total)				1.0	2.0	35 IAC 304.124
Total Suspended Solids				15	30	35 IAC 304.124
Total Residual Chlorine					0.05	40 CFR 125.3

The following explain the conditions of the proposed permit:

Special Conditions include the descriptions of flow reporting, pH limitation, the monitoring location, DMR submission, re-opener, total residual chlorine and no offensive condition.

**Antidegradation Assessment for South Sangamon Water Commission
NPDES Permit No. IL0079251 Sangamon County**

The subject facility has applied for an NPDES permit for a new public water supply discharge. Two communities, Chatham and New Berlin, are joining together to create a public water supply that will utilize groundwater. Chatham currently obtains drinking water from Springfield; New Berlin has its own surface water treatment plant. According to the Illinois EPA DPWS, the current New Berlin supply (Spring Creek) is inadequate and its treatment plant is in need of replacement. Chatham has concerns that the water it purchases from Springfield will become more costly in the future due to Springfield's plans to construct a new water supply lake. The new water supply will be a 3.3 MGD (1.9 MGD average daily water usage) capacity groundwater treatment plant using a sodium chloride ion exchange system to soften the water. The plant will have a red water lagoon that will discharge to the Sangamon River. The lagoon will receive microfiltration unit cleaning solution which will include citric acid, caustic soda and other cleaning agents. Also, the lagoon will receive the low chloride portions of the ion exchange process wastewater. The lagoon will discharge approximately 0.237 MGD on average and 0.253 MGD at peak production. The high chloride ion exchange waste water will be hauled to a Springfield Metro Sanitary District sewer

at an average rate of 0.018 MGD. Finished water will be transported to the villages through approximately 19 miles of pipeline. The antidegradation assessment for this project was submitted to the Illinois EPA in a document entitled New Water Treatment System Anti-Degradation Assessment, March 29, 2010 by Donahue & Associates. A supplement to this document entitled Memorandum of Understanding was submitted on October 13, 2010 and includes specifications for the effluent quality discharged to the Springfield Metro Sanitary District and green infrastructure agreements at the plant site between the Water Commission and an environmental group.

Identification and Characterization of the Affected Water Body.

The Sangamon River (segment E-16) has a 7Q10 flow of 37.6 cfs and is a General Use water. The stream is listed on the Illinois Integrated Water Quality Report and Section 303(d) List – 2006 as impaired for aquatic life, fish consumption and primary contact uses. The potential causes given for impairment of aquatic life uses are total nitrogen, total phosphorus, total dissolved solids and total suspended solids. For fish consumption use, the cause is PCBs. For primary contact use, the cause is fecal coliform bacteria. The partially approved 2008 303(d) List is identical except that total nitrogen and total dissolved solids have been excluded as potential causes. The draft 2010 List drops aquatic life use impairment status as aquatic life use is now fully supported. The fish consumption and primary contact use impairments remain. The Sangamon River at this location is not listed as a biologically significant stream in the 2008 Illinois Department of Natural Resources Publication *Integrating Multiple Taxa in a Biological Stream Rating System*, nor is it given an integrity rating. The Sangamon River is not designated as an enhanced water pursuant to the dissolved oxygen water quality standard. The IDNR WIRT system does not list any state threatened or endangered aquatic species as residing in the receiving stream.

Identification of Proposed Pollutant Load Increases or Potential Impacts on Uses.

The red water lagoon discharge will contain insignificant amounts of the chemicals listed above. These will be neutralized and degraded in the lagoon. Chloride concentrations are predicted to range between 247 and 358 mg/L. Loading of chloride to the Sangamon River through the discharge will be 488 pounds per day during average production and 755 pounds during peak production. Additionally, hardness substances removed from the groundwater will be discharged. All water quality standards will be met at end-of-pipe. This effluent will not have any adverse impact on aquatic life.

Total suspended solids from the process will be sent to the lagoon. While suspended solids will settle out in the lagoon a suspended solids loading will be discharged to the Sangamon River. In order to offset this increase in loading to the Sangamon River, cropland (7.19 acres) at the site of the treatment plant will be taken out of row crop production and planted in grass. Total solids now leaving the 7.19 acres in the form of soil loss will be reduced to near zero, thus offsetting the new solids load from the discharged wastewater.

The facility will send most of the chloride in the softening process wastewater to the POTW (Springfield Metro Sanitary District Spring Creek Plant) where it will be diluted by other wastewaters before it is discharged to the Sangamon River. Calculations indicate that the high chloride wastewater hauled to the sewer will not cause the POTW effluent to exceed the water quality standard for chloride (500 mg/L). Given chloride data for the Spring Creek Plant effluent currently available, the chloride concentration in the final POTW effluent after mixing with the high chloride wastewater from South Sangamon Water Commission at predicted worst-case loading would be 277 mg/L. The Sanitary District has an ordinance that will penalize the Water Commission if its discharges cause unacceptable final effluent chloride concentrations. The loading of chloride to the Sangamon River through this route is estimated to be 6,886 pounds per day during average water production and 8,196 pounds per day during peak production. No adverse impact to the Sangamon River is anticipated from the increase in chloride loading.

Fate and Effect of Parameters Proposed for Increased Loading.

Chloride will remain in a dissolved state and will flow downstream. It will be increasingly diluted as it moves downstream. The water quality standard will be met at end-of-pipe and no adverse impacts are anticipated.

Purpose and Social & Economic Benefits of the Proposed Activity.

The current water treatment plant at New Berlin is antiquated and cannot meet capacity requirements. The source of water currently used at New Berlin is Spring Creek, a very small stream that has little or no flow during drought periods to replenish the side channel reservoir. The citizens served by New Berlin will benefit from this project in that a dependable, well treated, and reasonably priced source of drinking water will become available. Chatham will attain control of the water supply for the Village and will no longer be subject to another entity setting rates, thereby procuring this benefit for citizens served by the public water supply.

Assessments of Alternatives for Less Increase in Loading or Minimal Environmental Degradation.

Several alternatives to the chosen method of water treatment and wastewater discharge were investigated. These are presented in a document entitled New Water Treatment System Anti-Degradation Assessment, March 29, 2010 by Donahue & Associates. Five alternatives including the preferred option were presented.

Alternative A: Ion Exchange softening and land application of the spent process water. The high chloride wastewater would be sent to the red water lagoon along with the other wastewaters under this alternative. Instead of discharge of the lagoon overflow, all lagoon effluent would be stored until it could be land applied as irrigation water. Storage would be accomplished in a lagoon, which would require 15 acres of land. For irrigation, 249 acres of land would have to be purchased using standard USDA guidelines, plus 25% over

this amount was added because of the high salt content. Even so, the salt content is thought to be too high to sustain vegetative growth, making this alternative infeasible. Increasing the acreage to avoid salt toxicity would be economically prohibitive above the already prohibitive cost of ordinary land application.

Alternative B: The preferred option described in this review.

Alternative C: Cold lime softening and convert 7.19 acres of cropland to grassland. Cold lime softening would replace ion exchange softening thereby eliminating discharge of chloride. This system would still require the discharge of suspended solids, which are offset by the cropland conversion. This alternative is beneficial to the environment but is more costly to the Commission's customers. Rounded to the nearest million dollars, this option has a total present worth of \$38 M while the preferred option costs are \$30 M.

Alternative D: Nanofiltration softening and convert 7.19 acres of cropland to grassland. Nanofiltration uses high pressure membranes to reduce dissolved solids in water. An offset for solids discharge is necessary as in Alternatives B and C. As in Alternative C, this option is feasible but more costly, with a total present worth of \$39 M.

Alternative E: Cold lime softening and land application of the spent process water. This is a hybrid of alternatives A and C. No solids or chlorides are discharged to the Sangamon River. Land application is not impaired by high chloride. The total present worth is \$ 41 M. This is also a feasible, but more costly alternative.

An affordability analysis was conducted regarding the above alternatives. The above referenced document reports that only Alternative B is unquestionably affordable to both communities according to calculations done with median household income and the guidelines found in the USEPA document Interim Economic Guidance for Water Quality Standards.

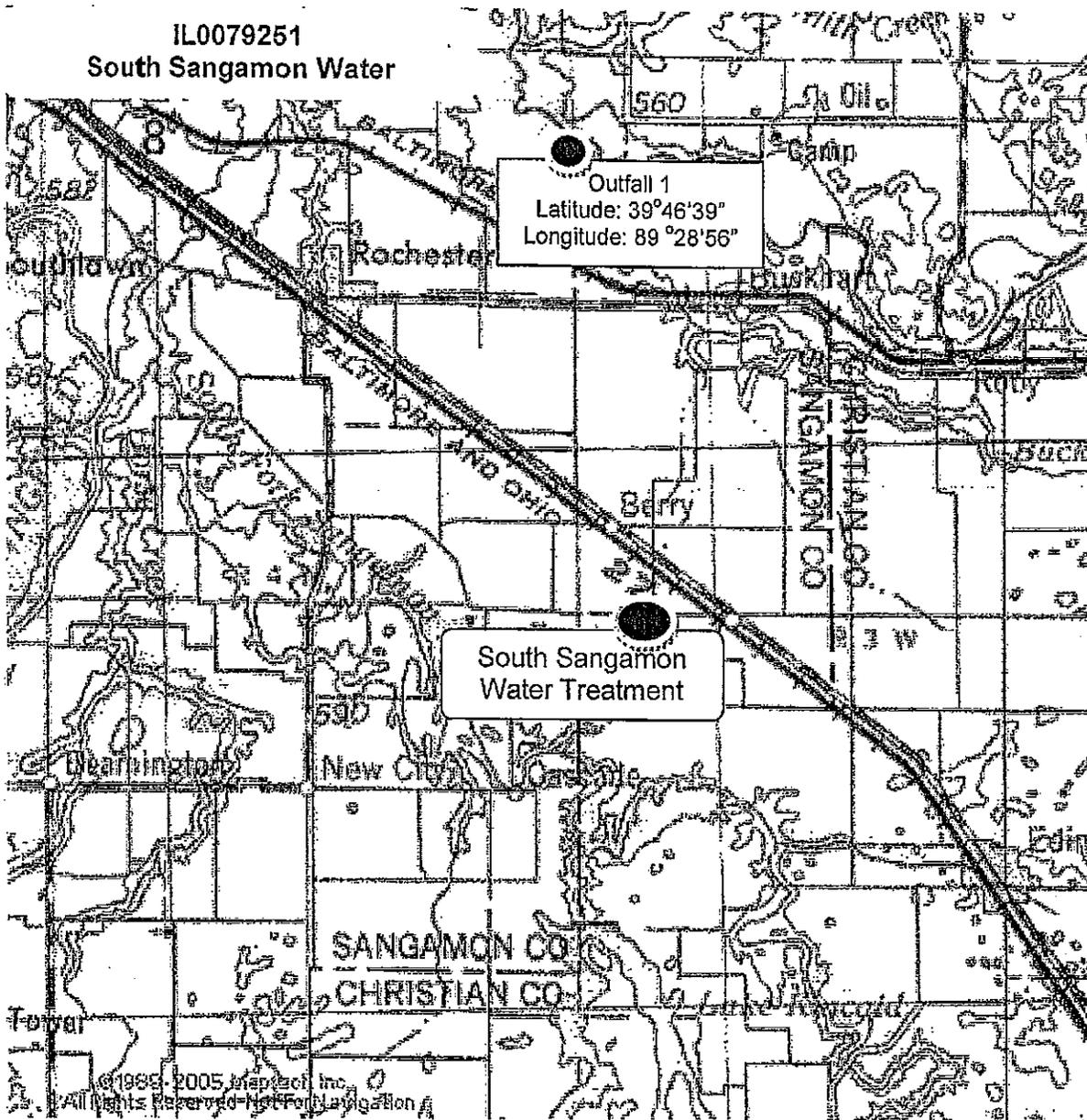
Summary Comments of the Illinois Department of Natural Resources, Regional Planning Commissions, Zoning Boards or Other Entities

The Illinois Department of Natural Resources was consulted regarding threatened and endangered species issues via the EcoCAT system on May 27, 2010. It was immediately determined that no threatened or endangered aquatic species reside in the receiving stream. IDNR terminated consultation in a letter dated May 28, 2010, concluding that adverse impacts are unlikely.

Agency Conclusion.

This preliminary assessment was conducted pursuant to the Illinois Pollution Control Board regulation for Antidegradation found at 35 Ill. Adm. Code 302.105 (antidegradation standard) and was based on the information available to the Agency at the time the draft permit was written. We tentatively find that the proposed activity will result in the attainment of water quality standards; that all existing uses of the receiving stream will be maintained; that all technically and economically reasonable measures to avoid or minimize the extent of the proposed increase in pollutant loading have been incorporated into the proposed activity; and that this activity will benefit the communities by providing a dependable and economical water supply. Comments received during the NPDES permit public notice period will be evaluated before a final decision is made by the Agency.

IL0079251
South Sangamon Water



NPDES Permit No. IL0079251

Illinois Environmental Protection Agency

Division of Water Pollution Control

1021 North Grand Avenue East

Post Office Box 19276

Springfield, Illinois 62794-9276

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

New (NPDES) Permit

Expiration Date:

Issue Date:
Effective Date:

Name and Address of Permittee:

Facility Name and Address:

South Sangamon Water Commission Water Treatment Plant
Post Office Box 83
New Berlin, Illinois 62670

South Sangamon Water Commission Water Treatment Plant
9199 Buckhart Road
Rochester, Illinois 62563
(Sangamon County)

Discharge Number and Name:

Receiving Waters:

001 Filtration Backwash and Softener Flush Water

Sangamon River

In compliance with the provisions of the Illinois Environmental Protection Act, Title 35 of Ill. Adm. Code, Subtitle C and/or Subtitle D, Chapter 1, and the Clean Water Act (CWA), the above-named permittee is hereby authorized to discharge at the above location to the above-named receiving stream in accordance with the standard conditions and attachments herein.

Permittee is not authorized to discharge after the above expiration date. In order to receive authorization to discharge beyond the expiration date, the permittee shall submit the proper application as required by the Illinois Environmental Protection Agency (IEPA) not later than 180 days prior to the expiration date.

Alan Keller, P.E.
Manager, Permit Section
Division of Water Pollution Control

SAK:SMT:10060802.bah

NPDES Permit No. IL0079251

DRAFTEffluent Limitations and Monitoring

From the effective date of this permit until the expiration date, the effluent of the following discharge(s) shall be monitored and limited at all times as follows:

Outfall(s): 001 Filtration Backwash and Softener Flush Water (DAF = 0.237 MGD, DMF = 0.253 MGD)

PARAMETER	LOAD LIMITS lbs/day <u>DAF (DMF)</u>		CONCENTRATION <u>LIMITS mg/l</u>		SAMPLE FREQUENCY	SAMPLE TYPE
	30 DAY AVERAGE	DAILY MAXIMUM	30 DAY AVERAGE	DAILY MAXIMUM		
Flow*					Continuous	
pH	Shall be in the range of 6.0 -- 9.0 standard units				Once per Week	Grab
Chloride				500	Once per Week	Grab
Iron (Total)			2.0	4.0	Once per Week	Grab
Manganese (Total)			1.0	2.0	Once per Week	Grab
Total Suspended Solids			15	30	Once per Week	Grab
Total Residual Chlorine				0.05	Once per Week	Grab

*See Special Condition 1.

NPDES Permit No. IL0079251

Special Conditions

SPECIAL CONDITION 1. Flow shall be reported in million gallons per day as a daily maximum and monthly average on the DMR form.

SPECIAL CONDITION 2. The pH shall be in the range 6.0 to 9.0. The monthly minimum and monthly maximum values shall be reported on the DMR form.

SPECIAL CONDITION 3. Samples taken in compliance with the effluent monitoring requirements shall be taken at a point representative of the discharge, but prior to entry into the receiving stream.

SPECIAL CONDITION 4. The Permittee shall record monitoring results on Discharge Monitoring Report (DMR) Forms using one such form for each outfall each month.

In the event that an outfall does not discharge during a monthly reporting period, the DMR Form shall be submitted with no discharge indicated.

The Permittee may choose to submit electronic DMRs (eDMRs) instead of mailing paper DMRs to the IEPA. More information, including registration information for the eDMR program, can be obtained on the IEPA website, <http://www.epa.state.il.us/water/edmr/index.html>.

The completed Discharge Monitoring Report forms shall be submitted to IEPA no later than the 15th day of the following month, unless otherwise specified by the permitting authority.

Permittees not using eDMRs shall mail Discharge Monitoring Reports with an original signature to the IEPA at the following address:

Illinois Environmental Protection Agency
Division of Water Pollution Control
1021 North Grand Avenue East
Post Office Box 19276
Springfield, Illinois 62794-9276

Attention: Compliance Assurance Section, Mail Code # 19

SPECIAL CONDITION 5. In addition to the other requirements of this permit, no effluent shall contain settleable solids, floating debris, visible oil, grease, scum or sludge solids, color, odor, and turbidity shall be reduced to below obvious levels.

SPECIAL CONDITION 6. If an applicable effluent standard or limitation is promulgated under Sections 301(b)(2)(C) and (D), 304(b)(2), and 307(a)(2) of the Clean Water Act and that effluent standard or limitation is more stringent than any effluent limitation in the permit or controls a pollutant not limited in the NPDES Permit, the Agency shall revise or modify the permit in accordance with the more stringent standard or prohibition and shall so notify the permittee.

SPECIAL CONDITION 7. The use or operation of this facility shall be by or under the supervision of a Certified Class K operator.

SPECIAL CONDITION 8. All samples for total residual chlorine shall be analyzed by applicable method contain in 40 CFR 136, equivalent in accuracy to low-level amperometric titration. Any analytical variability of the method used shall be considered when determining the accuracy and precision of the results obtained.

Attachment H
Standard Conditions
Definitions

Act means the Illinois Environmental Protection Act, 415 ILCS 5 as Amended.

Agency means the Illinois Environmental Protection Agency.

Board means the Illinois Pollution Control Board.

Clean Water Act (formerly referred to as the Federal Water Pollution Control Act) means Pub. L. 92-500, as amended. 33 U.S.C. 1251 et seq.

NPDES (National Pollutant Discharge Elimination System) means the national program for issuing, modifying, revoking and reissuing, terminating, monitoring and enforcing permits, and imposing and enforcing pretreatment requirements, under Sections 307, 402, 318 and 405 of the Clean Water Act.

USEPA means the United States Environmental Protection Agency.

Daily Discharge means the discharge of a pollutant measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the "daily discharge" is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurements, the "daily discharge" is calculated as the average measurement of the pollutant over the day.

Maximum Daily Discharge Limitation (daily maximum) means the highest allowable daily discharge.

Average Monthly Discharge Limitation (30 day average) means the highest allowable average of daily discharges over a calendar month, calculated as the sum of all daily discharges measured during a calendar month divided by the number of daily discharges measured during that month.

Average Weekly Discharge Limitation (7 day average) means the highest allowable average of daily discharges over a calendar week, calculated as the sum of all daily discharges measured during a calendar week divided by the number of daily discharges measured during that week.

Best Management Practices (BMPs) means schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the State. BMPs also include treatment requirements, operating procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.

Alliquot means a sample of specified volume used to make up a total composite sample.

Grab Sample means an individual sample of at least 100 milliliters collected at a randomly-selected time over a period not exceeding 15 minutes.

24 Hour Composite Sample means a combination of at least 8 sample aliquots of at least 100 milliliters, collected at periodic intervals during the operating hours of a facility over a 24-hour period.

8 Hour Composite Sample means a combination of at least 3 sample aliquots of at least 100 milliliters, collected at periodic intervals during the operating hours of a facility over an 8-hour period.

Flow Proportional Composite Sample means a combination of sample aliquots of at least 100 milliliters collected at periodic intervals such that either the time interval between each aliquot or the volume of each aliquot is proportional to either the stream flow at the time of sampling or the total stream flow since the collection of the previous aliquot.

- (1) **Duty to comply.** The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Act and is grounds for enforcement action, permit termination, revocation and reissuance, modification, or for denial of a permit renewal application. The permittee shall comply with effluent standards or prohibitions established under Section 307(a) of the Clean Water Act for toxic pollutants within the time provided in the regulations that establish these standards or prohibitions, even if the permit has not yet been modified to incorporate the requirement.
 - (2) **Duty to reapply.** If the permittee wishes to continue an activity regulated by this permit after the expiration date of this permit, the permittee must apply for and obtain a new permit. If the permittee submits a proper application as required by the Agency no later than 180 days prior to the expiration date, this permit shall continue in full force and effect until the final Agency decision on the application has been made.
 - (3) **Need to halt or reduce activity not a defense.** It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.
 - (4) **Duty to mitigate.** The permittee shall take all reasonable steps to minimize or prevent any discharge in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment.
 - (5) **Proper operation and maintenance.** The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with conditions of this permit. Proper operation and maintenance includes effective performance, adequate funding, adequate operator staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. This provision requires the operation of back-up, or auxiliary facilities, or similar systems only when necessary to achieve compliance with the conditions of the permit.
- (6) **Permit actions.** This permit may be modified, revoked and reissued, or terminated for cause by the Agency pursuant to 40 CFR 122.62. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.
 - (7) **Property rights.** This permit does not convey any property rights of any sort, or any exclusive privilege.
 - (8) **Duty to provide information.** The permittee shall furnish to the Agency within a reasonable time, any information which the Agency may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also furnish to the Agency, upon request, copies of records required to be kept by this permit.
 - (9) **Inspection and entry.** The permittee shall allow an authorized representative of the Agency, upon the presentation of credentials and other documents as may be required by law, to:
 - (a) Enter upon the permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit;
 - (b) Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
 - (c) Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and
 - (d) Sample or monitor at reasonable times, for the purpose of assuring permit compliance, or as otherwise authorized by the Act, any substances or parameters at any location.
 - (10) **Monitoring and records.**
 - (a) Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.
 - (b) The permittee shall retain records of all monitoring information, including all calibration and maintenance records, and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by this permit, and records of all data used to complete the application for this permit, for a period of at least 3 years from the date of this permit, measurement, report or application. This period may be extended by request of the Agency at any time.
 - (c) Records of monitoring information shall include:
 - (1) The date, exact place, and time of sampling or measurements;
 - (2) The individual(s) who performed the sampling or measurements;
 - (3) The date(s) analyses were performed;
 - (4) The individual(s) who performed the analyses;
 - (5) The analytical techniques or methods used; and
 - (6) The results of such analyses.
 - (d) Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit. Where no test procedure under 40 CFR Part 136 has been approved, the permittee must submit to the Agency a test method for approval. The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instrumentation at intervals to ensure accuracy of measurements.
 - (11) **Signatory requirement.** All applications, reports or information submitted to the Agency shall be signed and certified.
 - (a) **Application.** All permit applications shall be signed as follows:
 - (1) For a corporation: by a principal executive officer of at least the level of vice president or a person or position having overall responsibility for environmental matters for the corporation;
 - (2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
 - (3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official.
 - (b) **Reports.** All reports required by permits, or other information requested by the Agency shall be signed by a person described in paragraph (a) or by a duly authorized representative of that person. A person is a duly authorized representative only if:
 - (1) The authorization is made in writing by a person described in paragraph (a); and
 - (2) The authorization specifies either an individual or a position responsible for the overall operation of the facility, from which the discharge originates, such as a plant manager, superintendent or person of equivalent responsibility; and
 - (3) The written authorization is submitted to the Agency.