Illinois Environmental Protection Agency
Post Office Box 19276, Springfield, IL 62794-9276
Application for Operating Permit
-Instructions Attached-

Facility Name: SOUTH SANGAMON WATER COMMISSION (Sangamon County)
Facility Number: IL1670080

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

Permit Number: 0658-FY2010 Permit Type: Plant Improvement

Title of Project: "Contract C Water Treatment Plant and Contract E Procurement"
Firm: Donohue & Associates, Inc.
Date Issued: December 17, 2010 (mm/dd/yr) Date of Project Completion: FEBRUARY 23, 2012 (mm/dd/yr)
(Check One) Partial ____ (i.e. A, B, C) Final X (See Instructions for Partials)

Certified Operator in Responsible Charge:

TIM HASARA (NAME (PLEASE PRINT)) A (CLASSIFICATION) (217) 971-7233 (TELEPHONE)

Owner of the Completed Project: DEL McCORD (PRINT NAME)
116 E. MULBERRY (STREET) CHATHAM (CITY) IL (STATE) (ZIPCODE)
Signature: Del McCord Date: 2/27/2012 (mm/dd/yr)
Title: DEL McCORD, COMMISSIONER & CHAIRMAN (PRINT NAME AND TITLE) Telephone No: (217) 483-2451

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

**********FOR IEPA USE ONLY**********

This Operating Permit 0658-FY2010 is issued on MAR 0 6 2012 and is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.

RECEIVED
FEB 2 9 2012
DIVISION OF PUBLIC WATER SUPPLIES
ENVIRONMENTAL PROTECTION AGENCY
STATE OF ILLINOIS

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

Verbal Approvals, contact 217.782.4697

Note: For projects requiring disinfection, samples must be attached. Permit number is to be written on each sample sheet.

Draft Response emailed to Michelle Dickson on 3/6/2012

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 0658-FY2010 titled "Contract C Water Treatment Plant and Contract E Procurement" for the South Sangamon Water Commission.

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

a. b. 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.

c. d. e. Tonka Filters 1, 2, 3 & 4 and Plant Softeners 1, 2, 3, & 4 are the same vessels respectively. Once again, for your convenience, I have attached the IEPA Coliform Analysis Report for January 23, 24, 25, 27 and 30, 2012 where these samples came back negative for bacteriological issues. We believe this clears any discrepancy regarding these items and they are no longer an issue.

It is our belief this clears all the issues 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 (823-2206)
March 6, 2012

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: IL 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 Hasara

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 Collctd	Tot Cl2	Free Cl2	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 EPA COLIFORM ANALYSIS REPORT FORM

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

Date and Time Received in Laboratory: 01-16-12 1:50

1.17.12 Date and Time Analyzed: 1-18-12 | 1.17.12 16:00

Results Reported Electronically (circle one) Yes No

SAMPLES MUCH REACH LABORATORY WITHIN 30 HOURS AFTER SAMPLE COLLECTION

1. Mail Report To:

Name:

Address:

2. Contact for Unsatisfactory Results:

DAY TIME PHONE OR CELL NUMBER PLEASE

Name: Tim Hasara Phone: (217) 741-4958

3. Date Collected: 1-17-2012

4. Sample Collector:

Tim Hasara

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. 0658 FY 2010 (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 Collctd	Tot Cl2	Free Cl2	7. Col. Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No.
R	Raw Water Tank	R	1:10pm			0	0			12A0277-01

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical

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

Reported By (Analyst): Adam Dd Date: 1.18.12

Person Notified: Date:

No. of Bottles Sent: Date:

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

IL532-0123 PWS-2a (rev09-09) JL

17.6c

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: 1.23.12 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: 9199 Buckhart Rd. Rochester. IL. 62563

2. Contact for Unsatisfactory Results:

DAY TIME PHONE OR CELL NUMBER PLEASE

Name: Tim Hasara Phone: (217) 971-7233

3. Date Collected: 1-23-12

4. Sample Collector: Tim Hasara

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. 0658 FY 2010 (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 Collctd	Tot Cl2	Free Cl2	7. Col. Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No.
1	Tonka Filter 1	R	8:10am			0	N			12A0409-01
2	Tonka Filter 2	R	8:24am			1	P			12A0409-02

Laboratory Cert Number: 17592 | Lab Name: Prairie Analytical

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

Reported By (Analyst): Adam Dt | 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 : _____

IL532-0123 PWS-2a (rev09-09) JL

10.8c

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: IL 1670080 | Facility Name: South Sangamon Water Comm.

Date and Time Received in Laboratory: Kristi Potts | 1/24/12 11:00

Date and Time Analyzed: 1/24/12 14:10

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: 9199 Buckhart Rd. Rochester, IL. 62563

2. Contact for Unsatisfactory Results:
DAY TIME PHONE OR CELL NUMBER PLEASE
Name: TIM HASARA Phone: (217) 971-7233

3. Date Collected: JANUARY 24, 2012

4. Sample Collector:
DANNY HELO (217) 415-3541

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. 0658 FY 2010 (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, P, or D)	Time Collected	Tot Cl2	Free Cl2	7. Col Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No.
S1	PLANT SOFTENER #1		9:40 AM	-	-	0	N			12A0420-01
S2	PLANT SOFTENER #2		9:30 AM	-	-	0	N			-02
S3	PLANT SOFTENER #3		10:00 AM	-	-	0	N			-03
S4	PLANT SOFTENER #4		10:05 AM	-	-	0	N			-04

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical

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

Reported By (Analyst): [signature] Date: 1.25.12

Person Notified: _____ Date: _____

No. of Bottles Sent: _____ Date: _____

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

IL 532-0123 PWS-2A (rev09-09) IL

Rent

15.1c

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: IL 1670080 | Facility Name: South Sangamon Water Comm.

Date and Time Received in Laboratory: 01-25-12 2:58pm

Date and Time Analyzed: 1.25.12 16:05

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: 9199 Buckhart Rd.
Rochester, IL.
62563

2. Contact for Unsatisfactory Results:
DAY TIME PHONE OR CELL NUMBER PLEASE
Name: TIM HASHER Phone: (217) 971-7233

3. Date Collected: JANUARY 25, 2012

4. Sample Collector:
DAN HELD

5. Sample Purpose (check one):
☐ Routine ☐ Repeat ☐ Replacement
Orig. Lab Sample No.(s)
☐ Bolt Order for Distribution Repair
☐ Bolt Order for Other Reasons:
☐ Well, Tank or Other Repair/Maintenance (MF Method Only):
Notes:
☐ Other
New Construction No. 0658 FY 2010 (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.
T3	SOFTENER #3	-	1:25pm	-	-	0	N			12A0459-01
T4	SOFTENER #4	-	1:25pm	-	-	0	P			02

Laboratory Cert Number: 17597 Lab Name: Prairie Analytical

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

Reported By (Analyst): 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 :*

IL 532-0221 PWS 2a (rev05-09) JC

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: IL 1670080 | Facility Name: South Sangamon Water Comm.

Date and Time Received in Laboratory: 1/25/12 11:50am clint

Date and Time Analyzed: 1/25/12 13:10

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: 9199 Buckhart Rd.
Rochester. IL.
62563

3. Date Collected: 1-25-12

4. Sample Collector:
Dan Held

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. 0658 FY 2010 (MF Only)

2. Contact for Unsatisfactory Results:
DAYTIME PHONE OR CELL NUMBER PLEASE
Name: Tim Hasara 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 of $1,000 for each day the failure continues; a fine up to $3,000 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 Collctd	Tot Cl2	Free Cl2	7. Col Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No
	Tonka Filter 2	R	10:40AM			0	N			12A0449-01

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical

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

Reported By (Analyst): [signature] Date: 1.26.12

Person Notified: Date:

No. of Bottles Sent: Date:

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

IL532-0123 PWS-3 (rev09-09) IL

Rent

10.8

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: IL 1670080 | Facility Name: South Sangamon Water Comm.

Date and Time Received in Laboratory: 01-27-12 10155

Date and Time Analyzed: 1.27.12 12:00

Results Reported Electronically (circle one) Yes (No)

SAMPLES MUCH REACH LABORATORY WITHIN 30 HOURS AFTER SAMPLE COLLECTION

1. Mail Report To:
Name: SouthSangamon WaterComm.
Address: 9199 Buckhart Rd.
Rochester. IL.
62563

2. Contact for Unsatisfactory Results:
DAY TIME PHONE OR CELL NUMBER PLEASE
Name: TIM HASKRA Phone: (217) 971-7233

3. Date Collected: JANUARY 27, 2012

4. Sample Collector:
DAN HELD

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. 0658 FY 2010 (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

But 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.
S4	TONKA SOFTENER #4		10:10 am	0.0	0.0	0	N			12A0501-01

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical

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

Reported By (Analyst): Date: 1.28.12

Person Notified: Date:

No. of Bottles Sent: Date:

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

IL532-0311 PWS 2a (rev09-09) JL

13.7°

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 / 0405 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:
Name: South Sangamon Water Comm.
Address: 9199 Buckhart Rd.
Rochester, IL.
62563

2. Contact for Unsatisfactory Results:
DAY TIME PHONE OR CELL NUMBER PLEASE
Name: Tim Hasara Phone: (217) 971-7233

3. Date Collected: JANUARY 30, 2012

4. Sample Collector:
DAN HELD

5. Sample Purpose (circle 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. 0658 FY 2010 (MP Only)

The Illinois Environmental Protection Agency is authorized to require information under ILLINOIS REVISED STATUTES, 1987, Chapter 111 1/2, Sec. 1015. 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 Collctd	Tot Cl2	Free Cl2	7. Col. Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No.
#4	TOWER #4		9:20 am	0.0	0.0	0	N			12A0511-01

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:

IL532-0153 PWS-2a (rev09-09) JL

15.1 c

Rout

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

PERMIT NUMBER: 0658-FY2010

DATE ISSUED: December 23, 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: 172
TITLE OF PLANS: "Contract C Water Treatment Plant and Contract E Procurement"

PROPOSED IMPROVEMENTS:

***The proposed project shall consist of an aerator, 188,000 gallon detention tank, a membrane filterations system, four (4) ion exchange vessels, a brine system, an aqua ammonia feed system, a fluoride feed system, a polyphosphate feed system, a sodium hypochloride feed system, 282,000 gallon clearwell, three (3) high service pumps, (each with a capacity of 1,150 gpm @ 263 ft TDH), three (3) low service pumps (each with a capacity of 1,500 gpm @ 117 ft TDH), a back-up generator, piping, controls and necessary appurtenances.

The aerator shall include a raw water header/lateral distribution system incorporating low head hollow cone pattern spray nozzles. There shall be ten (10) tiers of trays and two (2) blowers (each with a capacity of 10,800 cfm). Each Tier shall be 12 feet by 12 feet or 144 square feet with a total of 1440 square feet provided. The proposed membrane system, WesTech AltaFilter-UF120 S2, shall be a three skid system and shall be complete with a clean in place (CIP) system, piping, controls and necessary appurtenances. The CIP system shall be complete with an 800 gallon heated tank, two (2) feed pumps (capacity of 240 gpm), chlorine feed system, citric acid feed system, caustic feed system, neutralization system, sodium bisulfate feed, system, ammonium sulfate feed system, hydrofluosilicic acid feed system, piping, controls and necessary appurtenances. Each of the ion exchange vessels shall be 11 feet in diameter with a side shell height of 8 feet. Each unit shall have 12 inches of support gravel, three inches of torpedo sand supporting four feet of resin. The brine system shall have two (2) brine tanks, two (2) brine pumps, piping, controls and necessary appurtenances.

The aqua ammonia feed system shall be complete with two (2) chemical feed pumps (each with a capacity of 2 gph), anti-siphon valves, bulk storage tank (capacity of 6,300 gallons), day tank (capacity of 120 gallon), scale, feed lines, controls and necessary appurtenances. The fluoride feed system shall be complete with two (2) chemical feed pumps

(each with a capacity of 1 gph), anti-siphon valves, tankage, scale, feed lines, controls and necessary appurtenances. The polyphosphate feed system shall be complete with two (2) chemical feed pumps (each with a capacity of 2 gph), anti-siphon valves, tankage, scale, feed lines, controls and necessary appurtenances. The sodium hypochlorite feed system shall be complete with two (2) chemical feed pumps (each with a capacity of 8.4 gph), anti-siphon valves, bulk storage (capacity of 5,500 gallons, day tank (capacity of 175 gallons), scale, feed lines, controls and necessary appurtenances.***

ADDITIONAL CONDITIONS:

1. The hatches on the brine storage tank must be famed at least four inches above the roof at the opening. They shall be fitted with a solid water tight cover which overlaps the famed opening and extends down around the fame and at least two inches. Shall be hinged on one seide and shall have a locking device.

2. Only those chemicals used in the pretreatment process prior to the membranes during the pilot study are acceptable for use.

3. Any changes in chemicals used in the pretreatment process prior to the membrane units must have a certification from the membrane supplier that is acceptable to use and will not negatively impact the efficiency or agreed upon life of the membranes. A construction permit must be obtained from the Agency prior to any chemical feed changes.

4. The DPWS requires that an integrity test be performed at no longer an interval than every eights hours.

   For Integrity Testing the Agency shall require:

   1. The direct integrity test resolution must be such that, at a minimum, the test can respond to a breach of 3 um or less. The direct integrity test sensitivity in terms of log removal value (LRV) must be demonstrated to the Agency by testing on site and by calculation. The USEPA Membrane Filtration Guidance Manual (EPA 815-R-06-009) should be used as general guide with regard to complying with this general condition. The established sensitivity and the procedure used to establish it shall be submitted to the Agency and approved prior to South Sangamon being issued an Operating Permit. Though the direct integrity test based on a resolution of 3 um and it associated sensitivity the Agency recommends that if an integrity breach of any magnitude exists the unit should be taken out of service for diagnostic testing and repair.
   2. An upper and lower control limit must be established within the sensitivity limits of the pressure decay test that shows the membrane unit capable of achieving the LRV. The control limit and the procedure used to establish it shall be submitted to the Agency and approved prior to South Sangamon being issued an Operating Permit.
   3. The sensitivity and frequency of the pressure decay test must be demonstrated to the Illinois EPA for all of the membrane units prior to an operating permit being issued.
   4. If the pressure decay test results exceed the control limit for any membrane unit, that unit must be removed from service.
   5. Any unit taken out of service for exceeding pressure decay test (PDT) control limits cannot be returned to service until a corrective action is taken including repairs, if required. The unit shall not be place back in service until the corrective actions including repairs are confirmed by subsequent direct integrity test within the control limit.
   6. Any pressure decay test results exceeding the control limit, as well as the corrective action taken in response, must be reported to the Illinois EPA no later than 10 days after the end of the month.
   7. The membrane used by South Sangamon Water Commission must undergo challenge testing to evaluate removal efficiency, and the results must be reported to the Agency. Challenge Testing must be conducted in accordance with the LT2 Enhanced Surface Water Rule and establish a quality control release valve (QCRV) for the PDT that demonstrates the removal capabilities of the membrane filtration module and that can be applied to all modules used. The Agency reserves the right to approve the method for determining

the QCRV.

For Indirect Integrity Testing the Agency shall require:

1. Continuous monitoring of the membrane filtrate quality shall be done through the use of turbidimeters and partical counters.
2. Monitoring must be conducted at a frequency of at least one reading every 15 minutes.
3. If the continuous indirect integrity monitoring results exceed the specified control limit for any membrane unit for a period greater than 15 minutes, direct integrity testing (pressure decay) must be immediately conducted on that unit.
4. The control limit for turbidity monitoring is 0.15 NTU.
5. The control limit for particle counters shall be established within 6 months of start of operation of the membranes, utilizing procedures recommended in the USEPA Membrane Filtration Guidance Manual or an alternative method approved by the Agency.

JHK:CLK: dsa

cc: Donohue & Associates, Inc.
Springfield Region

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

Illinois Environmental Protection Agency
Post Office Box 19276, Springfield, IL 62794-9276
Application for Operating Permit
-Instructions Attached-

Facility Name: SOUTH SANGAMON WATER COMMISSION (Sangamon County)
Facility Number: IL1670080

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

Permit Number: 0658-FY2010 **Permit Type: Plant Improvement**

Title of Project: "Contract C Water Treatment Plant and Contract E Procurement"
Firm: Donohue & Associates, Inc.
Date Issued: December 17, 2010 (mm/dd/yr) **Date of Project Completion:** _____ (mm/dd/yr)
(Check One) **Partial** ____ (i.e. A, B, C) **Final** ____ (See Instructions for Partials)

Certified Operator in Responsible Charge:

_____ _____ _____
NAME (PLEASE PRINT) CLASSIFICATION TELEPHONE

Owner of the Completed Project: _____
PRINT NAME

_____
STREET CITY STATE ZIPCODE

Signature: _____ Date: _____ (mm/dd/yr)

Title: _____ Telephone No: _____
PRINT NAME AND TITLE

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

**********FOR IEPA USE ONLY**********

This Operating Permit 0658-FY2010 is issued on _____ and is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.

Verbal Approvals, contact 217.782.4697

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

Note: For projects requiring disinfection, samples must be attached. Permit number is to be written on each sample sheet.

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

Response Letter from EPA asking for clarification on issues

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: 0658-FY2010
Project Title: "Contract C Water Treatment Plant and Contract E Procurement"

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:

wants Detention Tank re-sampl

a. Sample site "Detention Tank" returned unsatisfactory results on 11 and 12 Jan 2012. 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.

same location

b. Sample site "Raw Water Tank" returned satisfactory results on 17 Jan 2012. 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 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.

c. Sample site "Tonka Filter 1" returned satisfactory results on 23 Jan 2012. 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 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.

same location

d. Sample site "Tonka Filter 2" returned unsatisfactory results on 23 Jan 2012. The site was only resampled once with satisfactory results on 24 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.

e. Sample sites "Plant Softener #1" and "Plant Softener #2" returned satisfactory results on 24 Jan 2012. All Plant Improvement projects that touch finished water 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 each site once more with satisfactory results as analyzed by the Membrane Filter technique. Ensure the permit number is written on the report sheet(s) and submit the resampled bacteriological report(s) to the Illinois EPA for review.

4302 N. Main St., Rockford, IL 61103 (815)987-7760
595 S. State, Elgin, IL 60123 (847)608-3131
2125 S. First St., Champaign, IL 61820 (217)278-5800
2009 Mall St., Collinsville, IL 62234 (618)346-5120
9511 Harrison St., Des Plaines, IL 60016 (847)294-4000
5407 N. University St., Arbor 113, Peoria, IL 61614 (309)693-5462
2309 W. Main St., Suite 116, Marion, IL 62959 (618)993-7200
100 W. Randolph, Suite 11-300, Chicago, IL 60601 (312)814-6026

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

4302 N. Main St., Rockford, IL 61103 (815)987-7760
595 S. State, Elgin, IL 60123 (847)608-3131
2125 S. First St., Champaign, IL 61820 (217)278-5800
2009 Mall St., Collinsville, IL 62234 (618)346-5120

9511 Harrison St., Des Plaines, IL 60016 (847)294-4000
5407 N. University St., Arbor 113, Peoria, IL 61614 (309)693-5462
2309 W. Main St., Suite 116, Marion, IL 62959 (618)993-7200
100 W. Randolph, Suite 11-300, Chicago, IL 60601 (312)814-6026

XC - files
mailed
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 Environmental Protection Agency
Post Office Box 19276, Springfield, IL 62794-9276
Application for Operating Permit
-Instructions Attached-

Facility Name: SOUTH SANGAMON WATER COMMISSION (Sangamon County)
Facility Number: IL1670080

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

Permit Number: 0658-FY2010 **Permit Type: Plant Improvement**

Title of Project: "Contract C Water Treatment Plant and Contract E Procurement"
Firm: Donohue & Associates, Inc.
Date Issued: December 17, 2010 (mm/dd/yr) **Date of Project Completion:** FEBRUARY 23, 2012 (mm/dd/yr)
(Check One) Partial ____ (i.e. A, B, C) Final X (See Instructions for Partials)

Certified Operator in Responsible Charge:

TIM HASARA (NAME (PLEASE PRINT)) | A (CLASSIFICATION) | (217) 971-7233 (TELEPHONE)

Owner of the Completed Project: DEL McCORD (PRINT NAME)
116 E. MULBERRY (STREET) CHATHAM (CITY) IL (STATE) (ZIPCODE)
Signature: Del McCord Date: 2/27/2012 (mm/dd/yr)
Title: DEL McCORD, COMMISSIONER & CHAIRMAN (PRINT NAME AND TITLE) Telephone No: (217) 483-2451

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

**********FOR IEPA USE ONLY**********

This Operating Permit 0658-FY2010 is issued on _____ and is valid until revoked. This permit is valid only for the work completed under the Construction Permit of the same number.

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

Verbal Approvals, contact 217.782.4697

Note: For projects requiring disinfection, samples must be attached. Permit number is to be written on each sample sheet.

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: 1.23.12 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: 9199 Buckhart Rd. Rochester. IL. 62563

2. Contact for Unsatisfactory Results:

DAY TIME PHONE OR CELL NUMBER PLEASE

Name: Tim Hasara Phone: (217)971-7233

3. Date Collected: 1-23-12

4. Sample Collector:

Tim Hasara

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. 0658 FY 2010 (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 Collctd	Tot Cl_2	Free Cl_2	7. Col. Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No.
1	Touka Filter 1	R	8:10am			0	N			12A0409-01
2	Touka Filter 2	R	8:24am			1	P			12A0409-02

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical

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

Reported By (Analyst): Adam [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 :

IL532-0123 PWS-2a (rev09-09) JL

10.8c

Plant

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: IL 1670080 | Facility Name: South Sangamon Water Comm.

Kurt Pitts — Date and Time Received in Laboratory: 1/24/12 11:00

Date and Time Analyzed: 1/24/12 14:10

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: 9199 Buckhart Rd. Rochester. IL. 62563

2. Contact for Unsatisfactory Results:

DAY TIME PHONE OR CELL NUMBER PLEASE

Name: TIM HASARA Phone: (217) 971-7233

3. Date Collected: JANUARY 24, 2012

4. Sample Collector:

DANNY HELD (217) 415-3541

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. 0658 FY 2010 (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 Collctd	Tot Cl_2	Free Cl_2	7. Col. Read	8. Total Coli	9. Fecal Coli	10. E Coli	11. Laboratory Sample No.
S1	PLANT SOFTENER #1		9:40 AM	-	-	0	N			12A0420-01
S2	PLANT SOFTENER #2		9:30 AM	-	-	0	N			-02
S3	PLANT SOFTENER #3		10:00 AM	-	-	0	N			-03
S4	PLANT SOFTENER #4		10:05 AM	-	-	0	N			-04

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical

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

Reported By (Analyst): [signature] Date: 1.25.12

Person Notified: Date:

No. of Bottles Sent: Date:

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

IL532-0123 PWS-2a (rev09-09) JL

Kurt

15.1°

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: IL 1670080 | Facility Name: South Sangamon Water Comm.

Date and Time Received in Laboratory	1/25/12 11:50am elnt
Date and Time Analyzed	1/25/12 13:10

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: 9199 Buckhart Rd. Rochester, IL. 62563

3. Date Collected: 1-25-12

4. Sample Collector:
Dan Held

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. 0658 FY 2010 (MF Only)

2. Contact for Unsatisfactory Results:
DAY TIME PHONE OR CELL NUMBER PLEASE
Name: Tim Hasara 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 Collctd	Tot Cls	Free Cls	7. Col Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No
	Tonka Filter 2	R	10:40AM			0	N			12A0449-01

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical

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

Reported By (Analyst): 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:

IL 532-0123 PWS-2A (rev 09-09) IL

Rent

10.8

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: IL 1670080 | Facility Name: South Sangamon Water Comm.

Date and Time Received in Laboratory: 01-25-12 2:58pm

Date and Time Analyzed: 1.25.12 16:05

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: 9199 Buckhart Rd. Rochester. IL. 62563

2. Contact for Unsatisfactory Result(s):

"DAY TIME PHONE OR CELL NUMBER PLEASE"

Name: TIM HASARA Phone: (217) 971-7233

3. Date Collected: JANUARY 25, 2012

4. Sample Collector:

DAN HELD

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. 0658 FY 2010 (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.
T3	SOFTENER #3	-	1:25pm	-	-	0	N			12A0459-01
T4	SOFTENER #4	-	1:25pm	-	-	0	P			02

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical

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

Reported By (Analyst): [signature] Date: 1.26.12

Person Notified: Date:

No. of Bottles Sent: Date:

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

EPA 532-0120 PWS-2a (rev06-05) IL

Paul

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: IL 1670080 | Facility Name: South Sangamon Water Comm.

Date and Time Received in Laboratory: 01-27-12 10155

Date and Time Analyzed: 1.27.12 12:00

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: 9199 Buckhart Rd. Rochester, IL. 62563

2. Contact for Unsatisfactory Results:

DAY TIME PHONE OR CELL NUMBER PLEASE

Name: TIM HASKRA Phone: (217) 971-7233

3. Date Collected: JANUARY 27, 2012

4. Sample Collector: DAN HELD

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. 0658 FY 2010 (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 Collctd	Tot Cl2	Free Cl2	7. Col. Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No
S4	TONKA SOFTENER #4		10:10 am	0.0	0.0	0	N			12A0501-01

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical

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

Reported By (Analyst): [signature] Date: 1.28.12

Person Notified: Date:

No. of Bottles Sent: Date:

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

IL532-0123 PWS 26 (rev05-09) JL

13.7°

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 / 0905AM

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:

Name: South Sangamon Water Comm.

Address: 9199 Buckhart Rd.
Rochester, IL.
62563

2. Contact for Unsatisfactory Results:

DAY TIME PHONE OR CELL NUMBER PLEASE

Name: Tim Hasara Phone: (217) 971-7233

3. Date Collected: JANUARY 30, 2012

4. Sample Collector:

Dan Held

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. 0658 FY 2010 (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 $10,000 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.
#4	Tonka #4		9:20 am	0.0	0.0	0	N			120511-01

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:

IL532-0123 PWS-2a (rev09-08) IL

15.1°C

Rent

ILLINOIS BACTERIOLOGICAL ANALYSIS REPORT FORM

Facility No.: IL 1670080 | Facility Name: South Sangamon Water Comm.

Date and Time Received in Laboratory: 2-21-12 12:45

Date and Time Analyzed: 2.21.12 1350

Results Reported Electronically (circle one) Yes (No)

SAMPLES MUST REACH LABORATORY WITHIN 30 HOURS AFTER SAMPLE COLLECTION

1. Mail Report To:

Name: South Sangamon Water Comm.

Address: 9199 Buckhart Rd. Rochester, IL. 62563

2. Contact for Unsatisfactory Results:

DAY TIME PHONE OR CELL NUMBER PLEASE

Name: TOM HASARA Phone: (217) 971-7233

3. Date Collected: FEBRUARY 21, 2012

4. Sample Collector:

DAN HELD

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. 0658 FY 2010 (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 Collctd	Tot Cl2	Free Cl2	7. Col Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No.
C1	CLEARWELL		12:00 pm			0	N			1280422-0

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical

Method (circle one) Membrane Filter / Multiple Tube / Colilert-24 Presence/Absence / Colisure

Reported By (Analyst): [signature] Date: 2.22.12

Person Notified: Date:

No. of Bottles Sent: Date:

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

IL532-0121 PWS-2a (rev09-09) FL

Dan

4.7°C

ILLINOIS EPA COLIFORM ANALYSIS REPORT FORM

Facility No.: IL 1670080 | Facility Name: South Sangamon Water Comm.

Date and Time Received in Laboratory: 02-22-12 13:21

Date and Time Analyzed: 2.22.12 13:50

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: 9199 Buckhart Rd. Rochester, IL. 62563

2. Contact for Unsatisfactory Results:
DAY TIME PHONE OR CELL NUMBER PLEASE
Name: TIM HASARA Phone: (217) 971-7233

3. Date Collected: FEBRUARY 22, 2012

4. Sample Collector:
RON VANCIL

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. 0658 FY 2010 (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 Collctd	Tot Cl2	Free Cl2	7. Col Read	8. Total Coli	9. Fecal Coli	10. E. Coli	11. Laboratory Sample No
C2	CLEARWELL		12:30pm		0.3	0	N			12B0469-01

Laboratory Cert Number: 17592 Lab Name: Prairie Analytical

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

Reported By (Analyst): Ron Date: 2.23.12

Person Notified: Date:

No. of Bottles Sent: Date:

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

IEPA 532-0521 PWS 2a (rev08-09) JL

Rant

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, DIRECTOR

217/782-1724

February 19, 2013

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

Re: SOUTH SANGAMON WATER COMMISSION (Sangamon County - - 1670080)
Contract "C" Water Treatment Plant - High Service Pump Modifications/Permit No. 0185-FY2013
'As-Built' Operating Permit

Ladies and Gentlemen:

The Illinois Environmental Protection Agency (Agency) is in receipt of the plans and specifications, prepared by Donahue & Associates, Inc., for the installation of two (2) additional high service pumps (each with a capacity of 600 gpm @ 127 ft TDH) and modifications to the three (3) permitted high service pumps (each with a capacity of 1,150 gpm @ 360 ft TDH). This documentation has been received by this office and has been reviewed for compliance to minimum design and construction requirements for Illinois public water supplies.

Based on the "as-built" information submitted, it appears that the improvements made to your public water supply conform to minimum requirements for public water supply construction. Section 15 of the environmental Protection Act states "Owners of public water supplies, their authorized representative, or legal custodians, shall submit plans and specifications to the Agency and obtain written approval before construction of any proposed public water supply installations, changes, or additions is started." Therefore, in the future the plan data for any changes of additions to the supply must be submitted and approved prior to the start of construction.

This letter may be considered an operating permit for the improvements to the public water supply described above. If you have any questions or require further assistance please contact Christopher Kohrmann of my staff at Christopher.Kohrmann@illinois.gov or at 217/782-1724.

Sincerely,

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

DCC:CLK

CC: Donahue & Associates, Inc.

LABORATORY RESULTS

Client: South Sangamon Water Commission
Project: New Well Requirements **Lab Order:** 12H0137
Client Sample ID: Well 2 **Lab ID:** 12H0137-01
Collection Date: 8/7/12 9:00 **Matrix:** Water

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
Environmental Inc.									
Combined Radium									
Combined Radium	**2.1**	0.6		pCi/L	1	8/9/12 0:00	10/8/12 0:00	Combined Ra	SUB
Radium 226 Method 903.1									
Radium 226	**0.3 +/- 0.2**	0.2		pCi/L	1	8/9/12 0:00	10/8/12 0:00	Radium 226 M	SUB
Radium 228 Method Ra-05									
Radium 228	**1.8 +/- 0.9**	0.9		pCi/L	1	8/9/12 0:00	10/8/12 0:00	Radium 228 M	SUB
Volatile Organic Compounds by GC-MS									
*Benzene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*Carbon tetrachloride	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*Chlorobenzene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*1,2-Dichlorobenzene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*1,4-Dichlorobenzene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*1,2-Dichloroethane	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*1,1-Dichloroethene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*cis-1,2-Dichloroethene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*trans-1,2-Dichloroethene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*1,2-Dichloropropane	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*Ethylbenzene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*Methyl tert-butyl ether	U	1.00		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*Methylene chloride	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*Styrene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*Tetrachloroethene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*Toluene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*1,2,4-Trichlorobenzene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*1,1,1-Trichloroethane	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*1,1,2-Trichloroethane	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*Trichloroethene	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*Vinyl chloride	U	0.500		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
*Xylenes (total)	U	1.50		µg/L	1	8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
Surrogate: 4-Bromofluorobenzene		*104 %*		*80-120*		8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
Surrogate: 1,2-Dichlorobenzene-d4		*94 %*		*62-118*		8/15/12 17:09	8/16/12 4:41	EPA 524.2	JKA
Metals by ICP-MS									
*Antimony	U	0.00500		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
*Arsenic	U	0.00500		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
***Barium**	**0.0663**	0.00500		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
*Beryllium	U	0.00400		mg/L	1	8/9/12 9:24	8/15/12 20:29	EPA 200.8	JTC
***Boron**	**0.0206**	0.0100		mg/L	1	8/9/12 9:24	8/15/12 20:29	EPA 200.8	JTC
*Cadmium	U	0.00100		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
*Chromium	U	0.00500		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
*Cobalt	U	0.00500		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
*Copper	U	0.00500		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
***Iron**	**2.14**	0.100		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
*Lead	U	0.00500		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN

LABORATORY RESULTS

Client: South Sangamon Water Commission
Project: New Well Requirements
Client Sample ID: Well 2
Collection Date: 8/7/12 9:00

Lab Order: 12H0137
Lab ID: 12H0137-01
Matrix: Water

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
***Manganese**	**0.181**	0.00500		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
*Mercury	U	0.000200		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
*Nickel	U	0.00500		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
*Selenium	U	0.00500		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
*Silver	U	0.00500		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
*Thallium	U	0.00200		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
*Zinc	U	0.0100		mg/L	1	8/9/12 9:24	8/15/12 11:49	EPA 200.8	JHN
Anions by Ion Chromatography									
***Chloride**	**49.4**	5.00		mg/L	10	8/8/12 11:00	8/8/12 12:57	EPA 300.0	JHN
***Fluoride**	**0.138**	0.0500		mg/L	1	8/8/12 11:00	8/8/12 13:15	EPA 300.0	JHN
***Nitrate (as N)**	**0.479**	0.0500		mg/L	1	8/8/12 11:00	8/8/12 13:15	EPA 300.0	JHN
*Nitrite (as N)	U	0.0500		mg/L	1	8/8/12 11:00	8/8/12 13:15	EPA 300.0	JHN
***Sulfate**	**62.6**	3.00		mg/L	10	8/8/12 11:00	8/8/12 12:57	EPA 300.0	JHN
Conventional Chemistry Parameters									
***Cyanide**	**0.00627**	0.00500		mg/L	1	8/9/12 9:35	8/10/12 11:07	SM 4500-CN	AJD
*Phenolics	U	0.00500		mg/L	1	8/15/12 9:42	8/15/12 15:15	EPA 420.1	RSR
***Total Dissolved Solids**	**328**	100		mg/L	1	8/10/12 12:47	8/13/12 8:41	EPA 160.1	CCD
				Summit					
Org. Chem.	See Report	See Report		See Report	1	8/13/12 0:00	8/13/12 0:00	See Report	SUB

LABORATORY RESULTS

Client: South Sangamon Water Commission
Project: New Well Requirements **Lab Order:** 12H0137

Notes and Definitions

S	Spike recovery outside acceptance limits.
R	RPD outside acceptance limits.
E	Result above quantitation range.
*	NELAC certified compound.
U	Analyte not detected (i.e. less than RL or MDL).

Chain of Custody Record

Central IL - 1210 Capital Airport Drive - Springfield, IL 62707-8490 - Phone (217) 753-1148 - Facsimile (217) 753-1152
Chicago IL Office - 9114 Virginia Rd., Ste 112 - Lake in the Hills, IL 60156 - Phone (847) 651-2604 - Facsimile (847) 458-9660
Central/Southern IL Office - Phone (217) 414-7762 - Facsimile (217) 223-7922

Prairie Analytical Systems, INCORPORATED
www.prairieanalytical.com

Client	SOUTH SANGAMON WATER COMMISSION
Address	9199 BUCKHART ROAD
City, State, Zip Code	ROCHESTER, ILLINOIS 62563
Phone / Facsimile	(217) 381-2206 / (217) 498-7792
Project Name / Number	
Project Location	WELL #2
P.O. # or Invoice To	
Contact Person	TIM HASARA OR DAN HELD

Analysis and/or Method Requested: SEE ATTACHED

Reporting: TACO ☐ Resid ☐ Ind/Comm; CALM ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F; RISC ☐ Resid ☐ Indust

Sample Description	Sampling Date	Sampling Time	Matrix Code	Preserv Code	No. of Containers	Sample Type Comp	Sample Type Grab	Sampler Comments
WELL #2	8/2/2012	9:00 AM						

Matrix Code	A - Aqueous	DW - Drinking Water	GW - Ground Water	NA - Non-Aqueous Liquid	S - Solid	O - Oil	X - Other (Specify)
Preserv Code	0 - None	1 - HCl	2 - H2SO4	3 - HNO3	4 - NaOH	5 - 5035 Kit	X - Other (Specify)

Relinquished By	Date	Time	Received By	Date	Time	Method of Shipment

Special Instructions:

Turnaround Time: Standard ☐ Rush ☐
Date Required:

QC Level 1 ☐ 2 ☐ 3 ☐ 4 ☐

On wet ice? Yes No

Temperature (°C)

Attachment 1 - NEW WELL GROUNDWATER QUALITY SAMPLING PARAMETERS

Inorganic Chemical Constituents

Antimony	Copper	Radium-226
Arsenic	Cyanide	Radium-226
Barium	Fluoride	Selenium
Beryllium	Iron	Silver
Boron	Lead	Sulfate
Cadmium	Manganese	Thalium
Chloride	Mercury	Total Dissolved Solids (TDS)
Chromium	Nickel	Zinc
Cobalt	Nitrate as N	

Organic Chemical Constituents

Alachlor*	ortho-Dichlorobenzene
Aldicarb	para-Dichlorobenzene
Aldrin	Dibromochloropropane*
Atrazine	1,2-Dichloroethane*
Benzene*	**1,2-Dichloropropane**
Benzo(a)pyrene*	1,1-Dichloroethylene
Carbofuran	cis-1,2-Dichloroethylene
Carbon Tetrachloride*	trans-1,2-Dichloroethylene
Chlordane*	Methoxychlor
Chlorobenzene	Methyl Tertiary-Butyl Ether
Dalapon	Monochlorobenzene
Dichloromethane*	**Oxamyl (Vydate)**
DDT	Pentachlorophenol*
Di (2 - Ethylhexyl) Adipate	Phenols
Dieldrin	Picloram
Di(2-ethylhexyl)phthalate*	Polychlorinated Biphenyls(PCBs)(as decachloro- biphenyl)*
Dinoseb	Simazine
Diquat	Styrene
Endothall	2,4,5-TP (Silvex)
Endrin	Tetrachloroethylene*
Ethylbenzene	Toluene
Ethylene Dibromide*	Toxaphene*
Heptachlor*	1,1,1-Trichloroethane
Heptachlor Epoxide*	1,1,2-Trichloroethane
Hexachlorobenzene	1,2,4-Trichlorobenzene
Hexachlorocyclopentadiene	Trichloroethylene*
Lindane (Gamma-Hexachlorocyclohexane)	Vinyl Chloride*
2,4-D	Xylenes (total)

Denotes a carcinogen

List includes constituents listed in Section 620.410 Class I: Potable Resource Groundwater and nine constituents required by Drinking Water Compliance Assurance noted above in **Bold**.

Summit

ENVIRONMENTAL TECHNOLOGIES, INC.
Analytical Laboratories

Safe Drinking Water Program Laboratory Reporting Form

August 27, 2012

Client: Prairie Analytical Systems, Inc
Address: 1210 Capital Airport Drive
Springfield, IL 62707

Date Collected: 8/7/2012
Date Received: 8/9/2012
Project #: 12H0137
Client ID #: 12H0137-01
Laboratory ID #: 1218635-01
Matrix: Drinking Water

Parameter	MCL	Units	Results	Qualifier	Method	PQL	MDL	Date of Analysis	Extraction Date	Analyst
Endrin	0.002	mg/L	ND	U	EPA508	0.000022	0.00002	08/11/2012 03:46 AM	8/10/2012	JRT
Lindane	0.0002	mg/L	ND	U	EPA508	0.000044	0.00002	08/11/2012 03:46 AM	8/10/2012	JRT
Methoxychlor	0.04	mg/L	ND	U	EPA508	0.000022	0.00002	08/11/2012 03:46 AM	8/10/2012	JRT
Toxaphene	0.003	mg/L	ND	U	EPA508	0.0022	0.0007	08/11/2012 03:46 AM	8/10/2012	JRT
Dalapon	0.2	mg/L	ND	U	EPA515.1	0.0022	0.0007	08/24/2012 06:02 PM	8/13/2012	JRT
Diquat	0.02	mg/L	ND	U	EPA549.2	0.01	0.0002	08/13/2012 07:25 PM	8/9/2012	KMG
Endothall	0.1	mg/L	ND	U	EPA548.1	0.005	0.002	08/13/2012 04:57 PM	8/10/2012	JRT
Di(2-ethylhexyl)adipate	0.4	mg/L	ND	U	EPA525.2	0.0013	0.0004	08/21/2012 09:14 AM	8/10/2012	JRT
Oxamyl	0.2	mg/L	ND	U	EPA531.2	0.0044	0.0006	08/16/2012 01:26 AM	NA	KMG
Simazine	0.004	mg/L	ND	U	EPA525.2	0.00015	0.0002	08/21/2012 09:14 AM	8/10/2012	JRT
Di(2-ethylhexyl)phthalate	0.006	mg/L	ND	U	EPA525.2	0.003	0.001	08/21/2012 09:14 AM	8/10/2012	JRT
Picloram	0.5	mg/L	ND	U	EPA515.1	0.00022	0.0001	08/24/2012 06:02 PM	8/13/2012	JRT
Dinoseb	0.007	mg/L	ND	U	EPA515.1	0.00044	0.0003	08/24/2012 06:02 PM	8/13/2012	JRT
Hexachlorocyclopentadiene	0.05	mg/L	ND	U	EPA525.2	0.00022	0.0002	08/21/2012 09:14 AM	8/10/2012	JRT
Carbofuran	0.04	mg/L	ND	U	EPA531.2	0.003	0.0007	08/16/2012 01:26 AM	NA	KMG
Atrazine	0.003	mg/L	ND	U	EPA525.2	0.00022	0.0002	08/21/2012 09:14 AM	8/10/2012	JRT
Alachlor	0.002	mg/L	ND	U	EPA525.2	0.00044	0.0002	08/21/2012 09:14 AM	8/10/2012	JRT
Heptachlor	0.0004	mg/L	ND	U	EPA508	0.000088	0.00005	08/11/2012 03:46 AM	8/10/2012	JRT
Heptachlor Epoxide	0.0002	mg/L	ND	U	EPA508	0.000044	0.00001	08/11/2012 03:46 AM	8/10/2012	JRT
2,4 - D	0.07	mg/L	ND	U	EPA515.1	0.00022	0.0001	08/24/2012 06:02 PM	8/13/2012	JRT

Summit

ENVIRONMENTAL TECHNOLOGIES, INC.
Analytical Laboratories

Safe Drinking Water Program Laboratory Reporting Form

August 27, 2012

Client: Prairie Analytical Systems, Inc
Address: 1210 Capital Airport Drive
Springfield, IL 62707

Date Collected: 8/7/2012
Date Received: 8/9/2012
Project #: 12H0137
Client ID #: 12H0137-01
Laboratory ID #: 1218655-01
Matrix: Drinking Water

Parameter	MCL	Units	Results	Qualifier	Method	PQL	MDL	Date of Analysis	Extraction Date	Analyst
2,4,5 - TP (Silvex)	0.05	mg/L	ND	U	EPA515.1	0.00044	0.0003	08/24/2012 05:02 PM	8/13/2012	JRT
Hexachlorbenzene	0.001	mg/L	ND	U	EPA525.2	0.00022	0.0001	08/21/2012 09:14 AM	8/10/2012	JRT
Benzo(a) pyrene	0.0002	mg/L	ND	U	EPA525.2	0.0001	0.0001	08/21/2012 09:14 AM	8/10/2012	JRT
Pentachlorophenol	0.001	mg/L	ND	U	EPA515.1	0.000098	0.00003	08/24/2012 05:02 PM	8/13/2012	JRT
Aroclor - 1221	0.0005	mg/L	ND	U	EPA508	0.0002	0.00008	08/11/2012 03:46 AM	8/10/2012	JRT
Aroclor - 1232	0.0005	mg/L	ND	U	EPA508	0.0001	0.00003	08/11/2012 03:46 AM	8/10/2012	JRT
Aroclor - 1242	0.0005	mg/L	ND	U	EPA508	0.0001	0.00005	08/11/2012 03:46 AM	8/10/2012	JRT
Aroclor - 1248	0.0005	mg/L	ND	U	EPA508	0.0001	0.00007	08/11/2012 03:46 AM	8/10/2012	JRT
Aroclor - 1016	0.0005	mg/L	ND	U	EPA508	0.0001	0.00003	08/11/2012 03:46 AM	8/10/2012	JRT
Aroclor - 1254	0.0005	mg/L	ND	U	EPA508	0.0001	0.00005	08/11/2012 03:46 AM	8/10/2012	JRT
Aroclor - 1260	0.0005	mg/L	ND	U	EPA508	0.0001	0.00002	08/11/2012 03:46 AM	8/10/2012	JRT
PCBs	0.0005	mg/L	ND	U	EPA508	0.0001	0.00002	08/11/2012 03:46 AM	8/10/2012	JRT
1,2-Dibromo-3-chloropropane	0.0002	mg/L	ND	U	EPA504.1	0.00004	0.00003	08/14/2012 01:53 AM	8/13/2012	JRT
Ethylene Dibromide	0.00005	mg/L	ND	U	EPA504.1	0.00002	0.00001	08/14/2012 01:53 AM	8/13/2012	JRT
Chlordane	0.002	mg/L	ND	U	EPA508	0.00044	0.00003	08/11/2012 03:46 AM	8/10/2012	JRT
Aldicarb	NA	mg/L	ND	U	EPA531.2	0.0009	0.0006	08/16/2012 01:26 AM	NA	KMG
Dieldrin	NA	mg/L	ND	U	EPA508	0.000044	0.00002	08/11/2012 03:46 AM	8/10/2012	JRT
Aldrin	NA	mg/L	ND	U	EPA508	0.000044	0.00002	08/11/2012 03:46 AM	8/10/2012	JRT
4,4'-DDT	NA	mg/L	ND	U	EPA508	0.000044	0.00001	08/11/2012 03:46 AM	8/10/2012	JRT

Prairie Analytical Systems, INCORPORATED

Wednesday, October 10, 2012

Dan Held
South Sangamon Water Commission
P.O. Box 83
New Berlin, IL 62670
TEL: (217) 298-2088
FAX: NA

RE: New Well Requirements PAS WO: 12H0137

Prairie Analytical Systems, Inc. received 1 sample(s) on 8/7/2012 for the analyses presented in the following report.

All applicable quality control procedures met method specific acceptance criteria unless otherwise noted.

If you have any questions, please feel free to contact me at (217) 753-1148.

Respectfully submitted,

Michael D. Brophy
Project Manager

Certifications: NELAP/NELAC - IL #100323

LABORATORY RESULTS

Client: South Sangamon Water Commission
Project: New Well Requirements **Lab Order:** 12H0137

Case Narrative

See attached report for organic chemical constituents analytical results.

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: 07-10-12 Time Received: 11:10 31.5°C

Date Analyzed: 7.10.12 Time Analyzed: 1133

1. Mail Water Supply Copy to:	2. Contact for Unsatisfactory Results:
Name: South Sangamon Water Commission	Name: Dan Held
Address: 9199 Buckhart Road	Email Address: dan.held@sswc.us
City: Rochester State: IL Zip Code: 62563	Phone (area code first): (217) 298-2088 Cell Phone: (area code first): (217) 381-2206
3. Date Collected: 07/10/12	4. Sample Collector: Ron Vancil

5. Sample Purpose:

○ Routine ○ Replacement ○ Repeat

○ Customer Complaint ○ Repair or Maintenance ○ Boil Order

◉ New Construction Permit No. 0201 FY 2011

○ 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 F	Res Cl T	7. Col Read	8. Total coli	9. Fecal/ E. coli	10. 12G0203 Lab Sample No.
2B	WL01942	Plant	8:00 a.m.	0.0	0.0	0	N		01

Method No.: SM 9222B Person Notified: Ron Vancil Date: 7/11/12

Reported by: Analyst: Adam D Date: 7.11.12 No. of Bottles Sent: Date:

Laboratory Cert. No.: 17592 Lab Name: Phone:

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.

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: 7/12 Time Received: 11:38am 23.1

Date Analyzed: 7.11 Time Analyzed: 1245

1. Mail Water Supply Copy to:	2. Contact for Unsatisfactory Results:
Name: South Sangamon Water Commission	Name: Dan Held
Address: 9199 Buckhart Road	Email Address: dan.held@sswc.us
City: Rochester State: IL Zip Code: 62563	Phone (area code first): (217) 298-2088 Cell Phone: (area code first): (217) 381-2206
3. Date Collected: 07/11/12	4. Sample Collector: Ron Vancil

5. 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:

6. Coliform Sampling (for repeat include Site # and Address)

Bottle #	Sample Site #	Address	Time Collected	Res Cl F	Res Cl T	7. Col Read	8. Total coli	9. Fecal/ E. coli	10. Lab Sample No.
2C	WL01942	Plant	10:00 a.m.	0.0	0.0	0	N		126023-01

Method No.: SM 9222B Person Notified: R. Vancil Date: 7/12/12

Reported by:

Analyst: Adam Date: 7.12.12 No. of Bottles Sent: Date:

Laboratory Cert. No.: 17592 Lab Name: Prairie Analytical Phone: 217.753.1143

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.