

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

IN THE MATTER OF:)	
)	
WATER QUALITY STANDARDS AND)	
EFFLUENT LIMITATIONS FOR THE)	R08-9
CHICAGO AREA WATERWAY SYSTEM)	(Rulemaking – Water)
AND THE LOWER DES PLAINES RIVER:)	
PROPOSED AMENDMENTS TO 35 ILL.)	
Adm. Code Parts 301, 302, 303, and 304)	

NOTICE OF FILING

To:

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Persons on the attached service list

Please take notice that today I filed with the office of the Clerk of the Pollution Control Board **Prefiled Questions of the Natural Resources Defense Council to Samuel Dorevitch**, a copy of which is hereby served on you.



Ann Alexander

Dated: August 22, 2008

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CERTIFICATE OF SERVICE

I, Ann Alexander, the undersigned attorney, hereby certify that I have served the attached **Prefiled Questions of the Natural Resources Defense Council to Samuel Dorevitch** on all parties of record (Service List attached), by depositing said documents in the United States Mail, postage prepaid, from 227 W. Monroe, Chicago, IL 60606, before the hour of 5:00 p.m., on this 22nd Day of August, 2008.

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Ann Alexander, Natural Resources Defense Council

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BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

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WATER QUALITY STANDARDS AND)
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**PREFILED QUESTIONS OF NATURAL RESOURCES
DEFENSE COUNCIL TO SAMUEL DOREVITCH**

The Natural Resources Defense Council hereby files questions to Samuel Dorevitch:

1. When were you first contacted by the Water Reclamation District concerning conducting an epidemiological study regarding the CAWS?
2. How much longer will you be enrolling participants in the study?
3. As of today, how many study participants have you enrolled in the CHEERS study?
 - a. What is the goal for total enrollment established in the study?
 - b. Did the District recently allocate additional funding for the study? For what reason?
4. Regarding your statement at p. 2 of your testimony that one of the goals of the CHEERS study is to determine whether rates of illness are higher among CAWS recreators as compared to recreators doing the same activities on waters that do not receive treated wastewater – are you comparing illness rates among people engaged in the same category of activity – e.g., canoeing, kayaking, etc., correct? Were any assumptions made regarding the manner in which these activities are conducted?
5. Re your testimony on p. 3 of your testimony, you state that you would be more inclined to support immediate disinfection of the CAWS if there were known disease outbreaks associated with CAWS recreation -- is it possible for disease outbreaks to go undetected and/or unreported?
6. Regarding your statement on p. 4 of your testimony that the CHEERS study is “the first epidemiologic study of the health risks of fishing, boating, rowing and paddling” --

- a. Have there been previous epidemiological studies concerning risk of waterborne illness to non-primary contact recreational users?
 - b. Did these studies find elevated risk of waterborne illness?
 - c. In the studies that found elevated risk, what levels of indicator bacteria were present?
7. Regarding the statement on p. 6 of your testimony that, "If a participant develops illness, clinical specimens are collected so that the pathogen responsible for illness may be identified" –
 - a. Do you collect any samples from participants to who not exhibit symptoms of illness?
 - b. Do infections with waterborne pathogens always cause symptoms?
8. Which viruses are you testing for in the stool samples?
9. Regarding the chart following your testimony, in which you illustrate the data on recruitment into the three study groups –
 - a. Do you have a breakdown of how many participants you have reflecting each type of recreational use?
 - b. Do you have any numbers at this point regarding the number of users who fell into the water during their recreational activity?
 - c. Do you have data on the number and age of the children participating in the study?
 - d. Do you have data on the number of pregnant women participating in the study?
 - e. Do you have data on the number of immunocompromised persons participating in the study?
 - f. What percent of the overall population do you believe is immunocompromised?
10. Further regarding the chart following your testimony -- there appear to be considerable monthly differences in enrollment by group. Since community-acquired illness can vary markedly by month, and the risks of waterborne illness may also vary (e.g., depending on rainfall, sewage release events, etc.), how will you account for these differences in analyzing your results?
11. Regarding your statement on page 7, you indicate that "fishing from shore is relatively uncommon, and jet skiing is rarer still" –
 - a. Do you have any shore anglers enrolled? How many?
 - b. Do you have any jet skiers enrolled? How many?
12. Regarding the statement on p. 8 of your testimony that very preliminary 2007 data, based on less than 10% of total participants, identifies no difference in rates

of gastrointestinal symptoms -- did you attempt to determine whether there is a difference in rates of other types of symptoms?

13. Given your attempts to minimize bias in reporting by participants being aware of the study objectives and hypotheses, are you concerned that making these highly preliminary results known publicly could introduce such bias?