

ILLINOIS POLLUTION CONTROL BOARD
November 15, 2017

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STATE OF ILLINOIS
Pollution Control Board

IN THE MATTER OF:)
)
PUBLIC WATER SUPPLIES: PROPOSED) R18-17
NEW 35 ILL. ADM. CODE 604 AND) (Rulemaking - Water)
AMENDMENTS TO 35 ILL. ADM. CODE)
PARTS 601, 602, 607, AND 611)

In its Notice of Hearing and Hearing Officer Order on August 23, 2017, the Board directed participants who intend to testify at the second hearing to pre-file all of their testimony and related exhibits no later than Thursday, November 9, 2017. To expedite the second hearing and make it more efficient, the Board strongly encouraged any participant with questions based on this testimony to pre-file those questions before the second hearing begins. *See* 35 Ill. Adm. Code 104.424(b).

The Board and its staff have reviewed the testimony and responses pre-filed for the second hearing. The Board pre-files its questions based on those filings in Attachment A to this order. The Board may ask follow-up questions during the second hearing.

IT IS SO ORDERED.



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Curry Testimony

General – Capt. Curry

1. On page 1, you state that the proposal does not provide definitions of terms contained in Part 604 and that definitions would be helpful to the public entities. Are there terms used in Part 604 that are not defined in either 35 Ill. Adm. Code 601.105 or *The Water Dictionary* that is incorporated by reference that would benefit from having a definition in the rules?

IEPA Response to Curry Testimony

Comment 24 - Section 604.315(a)(4)(A) – IEPA

2. In response to Capt. Curry’s recommendation, IEPA states that the contaminant of concern list is part of current IEPA permitting. IEPA Resp. at 8. Please comment whether the regulations should include a Board Note directing an owner or operator of a CWS to IEPA’s website for this list.

Comment 37 – Section 605.715(a) – IEPA

3. IEPA’s response states that the 60-minute minimum contact time is based upon Capt. Curry’s “Method A”. IEPA Resp. at 11. Please clarify whether Method A accounts for the baffling factor as required by the rule.

Comment 38 – Section 604.720(d) – IEPA

4. IEPA cites and proposes to incorporate by reference “Improving Clearwell Design for CT Compliance, Gil F. Crozes and James F. Hagstrom (Carollo Engineers); Mark M. Clark, Joel Ducoste, Catherine Burns (University of Illinois); AWWA Research Foundation, 1999.” Would IEPA provide a copy of this document for incorporation?

Comment 40 – Section 604.730 – IEPA

5. IEPA proposes requiring alarm capability instead of automatic shut-down controls. Please comment on the actions that must be taken by the owner or operator of a CWS when the residual chlorine alarm is triggered; and also please comment on whether the rules should specify such response actions.

Comment 42 – Section 604.900(b) – IEPA

6. IEPA responds that “alkali chemical” in subsection (b)(5) addresses calcium hydroxide and sodium bicarbonate. IEPA Resp. at 11. These chemicals are already covered by subsections (b)(7) and (b)(9). Considering this, please comment whether “alkali chemical” can be deleted from Section 604.900(b). Also, please comment on whether

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IEPA's recommendation to replace "alkali chemical" with "calcium hydroxide" causes any confusion since that chemical is already listed under subsection (b)(7).

Comment 49 – Section 604.1110(b) – IEPA

7. Regarding specific safety standards and installation requirements, IEPA defers to the appropriate state and federal agencies. IEPA Resp. at 15-16. Please comment whether it would be appropriate to add a Board Note providing some guidance on sources of appropriate guidance on safety.

Justin Dewitt – IDPH

8. On page 2, you note that many outbreaks investigated by IDPH involve potable or domestic water systems as a contributing or causative factor in the origination and spread of the disease. Please explain how you are characterizing the terms "potable" and "domestic" water systems in your testimony.
9. Please clarify whether IDPH determines if potable water is the causative or contributing factor of an outbreak based upon sampling of potable water. If so, are samples taken from the distribution system before the point of entry or from a building or facility plumbing system?
10. Please comment on whether the sampling parameters include residual chlorine. If so, has IDPH found any correlation between the measured residual chlorine levels and the outbreaks.
11. In its response to Capt. Curry's testimony concerning deluge showers, IEPA states that "proper construction and water tempering for deluge showers has been a contentious point between the regulated community, Agency and Illinois Department of Public Health (Department). To avoid confusion, these plumbing appurtenances must be addressed by Department in the Illinois Plumbing Code in a more complete and appropriate fashion." IEPA Resp. at 16. Please comment on how IDPH is addressing the issue of proper construction and water tempering for deluge showers. Are there specific regulations or guidelines that could be referenced in the Board regulations or in a Board Note?

Ted Meckes – CWLP

12. On page 4, you state that to maintain a higher level of chlorine in larger buildings and facilities, the CWS must increase chlorine residual level at the plant. The proposed regulations at Section 604.725 requires minimum free chlorine residual of 0.5 mg/L or a minimum combined residual of 1.0 mg/L to be maintained in all active parts of the "distribution system" at all times. Further, Section 611.101 defines "Distribution system" to include all points downstream of an "entry point" to the point of consumer ownership. Please clarify whether a CWS is responsible to maintain the proposed residual chlorine

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level at the point of use in a larger building or facility or only within the distribution system.

13. If the CWS's responsibility to maintain the residual chlorine level ends at point of consumer ownership, please comment on whether the proposed level of residual chlorine in the distribution system (0.5 mg/L) offers a greater level of protection to consumers in large buildings or facilities as compared to the existing level of 0.2 mg/L.