

1/27/95

11-R-95

A RESOLUTION

Authorizing the City Manager to
Sign the Illinois Environmental Protection
Agency (IEPA) Community Water Supply
Testing Program (CWSTP) Agreement

WHEREAS, the CWSTP is a means by which the IEPA and participating local governments attempt to assure freedom of the water supply from certain deleterious microorganisms; and

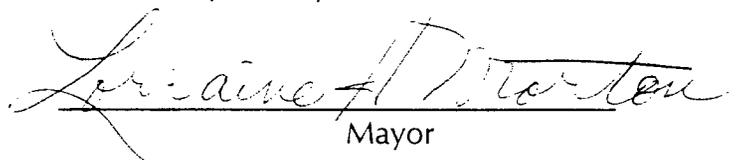
WHEREAS, the City's participation in the CWSTP is in the best interests of the residents of Evanston and the users of its water supply.

WHEREAS, the IEPA requires a three-year commitment to the CWSTP at a cost of \$9,750.00 per year; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EVANSTON, COOK COUNTY, ILLINOIS:

SECTION 1: That the City Manager is hereby authorized to sign the IEPA Community Water Supply Testing Fund Three-Year Analytical Testing Agreement, attached hereto as Exhibit A.

SECTION 2: That this Resolution shall be in full force and effect from and after the date of its passage and approval in the manner required by law.


Lorraine H. Dorton
Mayor

ATTEST:

Kristen A. Davis
City Clerk

Adopted: *February 13*, 1995



Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

Community Water Supply Testing Fund Three-Year Analytical Testing Agreement CORRECTED COPY

Facility No.: 0310810
Facility Name: EVANSTON

Billing Date: January 16, 1995
Response Due Date: March 1, 1995

Please direct any questions or concerns to Drinking Water Compliance Unit (217) 785 - 0561

Participation for the July 1, 1995 - June 30, 1998, Period

Supplies participating in the Community Water Supply Testing Fund (CWSTF) program for the July 1, 1995, through June 30, 1998, monitoring period will pay an annual fee installment due each year (1995, 1996, and 1997) within 45 days of billing. All terms and conditions explained on the attached document apply. Please read it carefully. (Please Check One and Sign Below.)

[X] This community water supply elects to participate in the three-year (July 1, 1995, through June 30, 1998) CWSTF program as described in the attached analytical services contract document. (If participating, verify number of service connections below and provide signature.)*

— This community water supply elects NOT to participate in the CWSTF program for the three-year sampling period of July 1, 1995, through June 30, 1998. It is understood that no sample bottles will be received from the Agency. If, at a later date, a decision is made to participate, the supply must pay all fees retroactively for the three-year period. (Provide signature below.)

Fiscal Year 1996 Billing

Table with 4 columns: Type of Water Supply, No. of Service Connections, FY 96 Amount Due, Previous Due or Credit, Total Amount Due. Values: Surface, 14169, \$ 9750.00, \$ 0.00, \$ 9750.00

*(If Participating, Please Check One.)

[X] I hereby certify that the number of service connections indicated above is correct and enclose my payment for the billed amount.

— I hereby certify that the number of service connections is _____. The amount of my payment is based upon the following schedule:

- 200 service connections or less, fee is \$1300.00.
from 201 through 1,500 service connections, fee is \$6.50 per connection.
more than 1,500 service connections, fee is \$9750.00.

I certify that I am fully authorized to bind this supply to the terms of the CWSTF analytical testing fee agreement for the three-year period as indicated by the choices marked above. If a participating supply, I also understand that a change in vulnerability waiver status may result in a fee adjustment as identified in Condition #6 of the attached contract document.

Payment amount enclosed is \$ 9,750.00

Signature of Owner or Official Custodian Date

Please sign, date, and return the original and one copy of this notice in the return envelope provided. If you are paying the fee, your check or money order should be made payable to "Treasurer, State of Illinois". All payments will be deposited in the Community Water Supply Testing Fund and used exclusively for the CWSTF program.

Mail to: IEPA Fiscal Services Section
Cash Receipts # 2
P.O. Box 19276
Springfield, Illinois 62794-9276

Agency Use Only
Log # _____ Date _____
Amt _____ Initials _____