

2/24/98

13-R-98

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

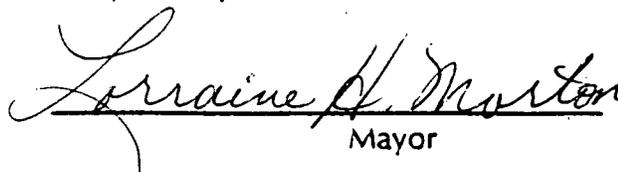
WHEREAS, the City's participation in the CWSTP is in the best interests of the residents of Evanston and the users of its water supply.

WHEREAS, the IEPA requires a three-year commitment to the CWSTP at a cost of \$14,265.00 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.



Mayor

ATTEST:

Maury P. Morris
City Clerk

Adopted: March 9, 1998



ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

Community Water Supply Testing Fund Three-Year Analytical Testing Agreement

Facility No.: 0310810
Facility Name: EVANSTON

Billing Date: February 13, 1998
Payment Due: March 30, 1998

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

Participation for the July 1, 1998 - June 30, 2001 Period

Supplies participating in the Community Water Supply Testing Fund (CWSTF) program for the July 1, 1998 through June 30, 2001 monitoring period will pay an annual fee installment due each year (1998, 1999, and 2000) 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.)

- This community water supply elects to participate in the three-year (July 1, 1998 through June 30, 2001) CWSTF program as described in the attached analytical services contract document. (If participating, verify number of service connections below and provide signature. Also submit Conform Service Selection document.)*
- This community water supply elects NOT to participate in the CWSTF program for the three-year sampling period of July 1, 1998 through June 30, 2001. 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 1999 Billing

Type of Water Supply: Surface
No. of Service Connections: 14270

Previous Credit or Debit: \$ 0.00
First Annual Payment (FY99): \$14265.00
Total Amount Due: \$ 14265.00

(If Participating, Please Check One.)

- 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 \$1902.00.
from 201 through 1,500 service connections, fee is \$9.51 per connection.
more than 1,500 service connections, fee is \$14265.00.

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 \$ _____

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. 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.

Mai to:

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

Agency Use Only

Log # _____	Date _____
Am't _____	Initials _____

