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## INTRODUCTION

The Illinois Register is the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category.

Rulemaking activity consists of proposed or adopted new rules; amendments to or repealers of existing rules; and rules promulgated by emergency or peremptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State Statute; and activities (meeting agendas; Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State Agencies; is also published in the Register.

The Register is a weekly update of the Illinois Administrative Code (a compilation of the rules adopted by State agencies). The most recent edition of the Code, along with the Register, comprise the most current accounting of State agencies' rulemakings.

The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5 ILCS 100/1-1, et seq.].

### ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 2012

<u>Issue #</u>	<u>Rules Due Date</u>	<u>Date of Issue</u>
1	December 27, 2011	January 6, 2012
2	January 3, 2012	January 13, 2012
3	January 9, 2012	January 20, 2012
4	January 17, 2012	January 27, 2012
5	January 23, 2012	February 3, 2012
6	January 30, 2012	February 10, 2012
7	February 6, 2012	February 17, 2012
8	February 14, 2012	February 24, 2012
9	February 21, 2012	March 2, 2012
10	February 27, 2012	March 9, 2012
11	March 5, 2012	March 16, 2012
12	March 12, 2012	March 23, 2012
13	March 19, 2012	March 30, 2012
14	March 26, 2012	April 6, 2012
15	April 2, 2012	April 13, 2012
16	April 9, 2012	April 20, 2012
17	April 16, 2012	April 27, 2012
18	April 23, 2012	May 4, 2012
19	April 30, 2012	May 11, 2012

20	May 7, 2012	May 18, 2012
21	May 14, 2012	May 25, 2012
22	May 21, 2012	June 1, 2012
23	May 29, 2012	June 8, 2012
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30	July 16, 2012	July 27, 2012
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33	August 6, 2012	August 17, 2012
34	August 13, 2012	August 24, 2012
35	August 20, 2012	August 31, 2012
36	August 27, 2012	September 7, 2012
37	September 4, 2012	September 14, 2012
38	September 10, 2012	September 21, 2012
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46	November 5, 2012	November 16, 2012
47	November 13, 2012	November 26, 2012
48	November 19, 2012	November 30, 2012
49	November 26, 2012	December 7, 2012
50	December 3, 2012	December 14, 2012
51	December 10, 2012	December 21, 2012
52	December 17, 2012	December 28, 2012

**Editor's Note:** The Secretary of State Index Department is providing this opportunity to remind you that the next filing period for your Regulatory Agenda will occur from October 15, 2012 to January 2, 2013.

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Non-Binding, Advisory Opinions on Criminal Convictions
- 2) Code Citation: 68 Ill. Adm. Code 1130
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
1130.10	Amendment
1130.100	New Section
1130.110	New Section
1130.120	New Section
1130.130	New Section
1130.APPENDIX A	New Section
- 4) Statutory Authority: Implementing the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(i)]
- 5) A Complete Description of the Subjects and Issues Involved: Public Acts 97-156 and 97-873 amended the Civil Administrative Code to provide that no person who has been convicted of any specified offense or who is required to register as a sex offender may receive a license as a health care worker in Illinois and provides for the revocation of licenses already held. They also provide that a licensed health care worker charged with one of these specified offenses may continue to practice only with a chaperone. The chaperone must be a licensed health care worker and the chaperone shall provide written notice to all the health care worker's patients explaining the Department's order to use a chaperone. The Act allows the Department to promulgate rules in order to implement those provisions.

This rulemaking establishes procedures for revoking a license and for entering a chaperone order. The Act defines "health care worker" by adopting the definition in the Health Care Worker Self-Referral Act. This definition lists certain licensees of the Department but states that the list is not inclusive. The proposed rules specify what other health care professions licensed by the Department are to be included in the definition of "health care worker" and they also define "forcible felony" which is not defined by the Act. It further requires the Department to approve a plan of compliance with chaperones before the health care worker may resume seeing patients. Finally, it re-titles the Part.
- 6) Any published studies or reports, along with the sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking has no impact on local governments.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:
- Craig Cellini, Rules Coordinator  
Department of Financial and Professional Regulation  
320 West Washington, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786
- 217/785-0813 Fax #: 217/557-4451
- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities, and not-for-profit corporations affected: None
- B) Reporting, bookkeeping, or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the agency's 2 most recent agendas because the need for the rulemaking was not anticipated at the time the agendas were proposed.

The full text of the Proposed Amendments begins on the next page:

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS  
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
SUBCHAPTER a: ADMINISTRATIVE RULES

## PART 1130

ADMINISTRATIVE PROCEDURES FOR GENERAL PROFESSIONAL REGULATION  
UNDER THE ADMINISTRATIVE CODE~~NON-BINDING, ADVISORY OPINIONS ON  
CRIMINAL CONVICTIONS~~SUBPART A: GENERAL

## Section

1130.10 Definitions

SUBPART B: NON-BINDING, ADVISORY OPINIONS ON CRIMINAL CONVICTIONSSection

1130.20 Request for Non-Binding, Advisory Opinion

1130.30 Board Review

1130.40 Confidentiality of Records

SUBPART C: PERMANENT REVOCATIONSSection1130.100 Notice of Intent to Issue Permanent Revocation Order1130.110 Licensed Health Care Worker1130.120 Forcible Felony1130.130 Chaperone Orders1130.APPENDIX A Notice of Order Requiring Chaperone

AUTHORITY: Implementing Section 2105-15 of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15].

SOURCE: Adopted at 35 Ill. Reg. 7956, effective May 20, 2011; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART A: GENERAL

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

**Section 1130.10 Definitions**

"Address of record" means the designated address recorded by the Department in the licensee's license file as maintained by the Department's licensure maintenance unit. It is the duty of the licensee to inform the Department of any change of address, and those changes must be made either through the Department's website or by contacting the Department.

"Board" means a board or committee appointed and acting pursuant to any Act administered by the Department of Financial and Professional Regulation-Division of Professional Regulation.

"Chaperone order" means the administrative order issued by the Director, on behalf of the Secretary, pursuant to Section 2105-165(c) of the Code.

"Code" means the Civil Administrative Code of Illinois [20 ILCS 2105].

"Department" means the Department of Financial and Professional Regulation.

"Director" means the Director of the Division of Professional Regulation with the authority delegated by the Secretary.

"Division" means the Department of Financial and Professional Regulation-Division of Professional Regulation.

*"Individual" means a person with a criminal record, who seeks a license or certificate in an occupation for which a criminal record is not expressly a per se bar, who applies to the Department for a non-binding, advisory opinion to be provided by the Board or body with the authority to issue the license or certificate as to whether his or her criminal record would bar the individual from the licensure or certification sought, should the individual meet all other licensure requirements, including, but not limited to, the successful completion of the relevant examinations [20 ILCS 2105/2105-15(i)].*

"Person" means an individual human being and not a corporate or other type of legal entity.

"Statute" means Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15].

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART C: PERMANENT REVOCATIONS

**Section 1130.100 Notice of Intent to Issue Permanent Revocation Order**

- a) Upon determination that the license of a licensed health care worker is subject to permanent revocation pursuant to Section 2105-165(a) of the Code, the Director shall cause a Notice of Intent to Issue Permanent Revocation Order to be served on the licensee by registered mail at the licensee's address of record.
- b) The Notice of Intent to Issue Permanent Revocation Order shall specify the reason for the intended action and notify the licensee that he or she has 20 days from the date the Notice is mailed to present to the Department a written response contesting the Department's intended action. Any written response received by the Department shall only be considered for the following reasons and shall include documentation that supports one of these three reasons:
- 1) The licensee has been incorrectly identified as the person with the conviction;
  - 2) The licensee's conviction has been vacated, overturned, or reversed or a pardon has been granted; or
  - 3) The licensee's conviction is not a disqualifying conviction.
- c) After 20 days have lapsed since the issuance of the Notice of Intent to Issue Permanent Revocation Order and the Department has not received a written response from the licensee or any written response received by the Department from the licensee has not established one of the grounds provided in subsection (b), the Director shall issue an order permanently revoking the license of the licensed health care worker in accordance with Section 2105-165(a) of the Code.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1130.110 Licensed Health Care Worker**

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

The following licensed professionals are licensed health care workers for the purposes of Section 2105-165 of the Code and this Part:

- a) Dentists and dental hygienists licensed under the Illinois Dental Practice Act [225 ILCS 25];
- b) Licensed practical nurses, registered nurses and advanced practice nurses licensed under the Nurse Practice Act [225 ILCS 65];
- c) Occupational therapists and occupational therapy assistants licensed under the Illinois Occupational Therapy Practice Act [225 ILCS 75];
- d) Optometrists licensed under the Illinois Optometric Practice Act of 1987 [225 ILCS 80];
- e) Pharmacists licensed under the Pharmacy Practice Act [225 ILCS 85];
- f) Physical therapists and physical therapy assistants licensed under the Illinois Physical Therapy Act [225 ILCS 90];
- g) Physicians, including medical doctors (M.D.), doctors of osteopathic medicine (D.O.), and chiropractic physicians (D.C.), licensed under the Medical Practice Act of 1987 [225 ILCS 60];
- h) Physician assistants licensed under the Physician Assistant Practice Act of 1987 [225 ILCS 95];
- i) Podiatrists licensed under the Podiatric Medical Practice Act of 1987 [225 ILCS 100];
- j) Clinical psychologists licensed under the Clinical Psychologist Licensing Act [225 ILCS 15];
- k) Clinical social workers and social workers licensed under the Clinical Social Work and Social Work Practice Act [225 ILCS 20];
- l) Speech-language pathologists and audiologists licensed under the Illinois Speech-Language Pathology and Audiology Practice Act [225 ILCS 110];

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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- m) Acupuncturists licensed under the Acupuncture Practice Act [225 ILCS 2];
- n) Athletic trainers licensed under the Illinois Athletic Trainers Practice Act [225 ILCS 5];
- o) Marriage and family therapists licensed under the Marriage and Family Therapy Licensing Act [225 ILCS 55];
- p) Naprapaths licensed under the Naprapathic Practice Act [225 ILCS 63];
- q) Nursing home administrators licensed under the Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70];
- r) Orthotists, prosthetists, and pedorthists licensed under the Orthotics, Prosthetics, and Pedorthics Practice Act [225 ILCS 84];
- s) Respiratory care practitioners licensed under the Respiratory Care Practice Act [225 ILCS 106];
- t) Professional counselors and clinical professional counselors licensed under the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107];
- u) Perfusionists licensed under the Perfusionist Practice Act [225 ILCS 125];
- v) Registered surgical assistants and registered surgical technologists licensed under the Registered Surgical Assistant and Registered Surgical Technologist Title Protection Act [225 ILCS 130];
- w) Genetic counselors licensed under Genetic Counselor Licensing Act [225 ILCS 135]; and
- x) Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1130.120 Forcible Felony**

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

A "forcible felony", for the purposes of Section 2105-165 of the Code and this Part is one or more of the following offenses (section numbers are from the Criminal Code of 1961 [720 ILCS 5]):

- a) First Degree Murder (Section 9-1);
- b) Intentional Homicide of an Unborn Child (Section 9-1.2);
- c) Second Degree Murder (Section 9-2);
- d) Voluntary Manslaughter of an Unborn Child (Section 9-2.1);
- e) Drug-induced Homicide (Section 9-3.3);
- f) Kidnapping (Section 10-1);
- g) Aggravated Kidnapping (Section 10-2);
- h) Unlawful Restraint (Section 10-3);
- i) Aggravated Unlawful Restraint (Section 10-3.1);
- j) Forcible Detention (Section 10-4);
- k) Involuntary Servitude (Section 10-9(b));
- l) Involuntary Sexual Servitude of a Minor (Section 10-9(c));
- m) Trafficking in Persons for Forced Labor or Services (Section 10-9(d));
- n) Criminal Sexual Assault (Section 11-1.20);
- o) Aggravated Criminal Sexual Assault (Section 11-1.30);
- p) Predatory Criminal Sexual Assault of a Child (Section 11-1.40);
- q) Criminal Sexual Abuse (Section 11-1.50);

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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- r) Aggravated Criminal Sexual Abuse (Section 11-1.60);
- s) Aggravated Battery (Section 12-3.05);
- t) Compelling Organization Membership of Persons (Section 12-6.5);
- u) Compelling Confession or Information by Force or Threat (Section 12-7);
- v) Home Invasion (Section 12-11);
- w) Robbery (Section 18-1);
- x) Armed Robbery (Section 18-2);
- y) Vehicular Hijacking (Section 18-3);
- z) Aggravated Vehicular Hijacking (Section 18-4);
- aa) Aggravated Robbery (Section 18-5);
- bb) Terrorism (Section 29D-14.9);
- cc) Causing a Catastrophe (Section 29D-15.1);
- dd) Possession of a Deadly Substance (Section 29D-15.2);
- ee) Making a Terrorist Threat (Section 29D-20);
- ff) Falsely Making a Terrorist Threat (Section 29D-25);
- gg) Material Support for Terrorism (Section 29D-29.9);
- hh) Hindering Prosecution of Terrorism (Section 29D-35);
- ii) Boarding or Attempting to Board an Aircraft (Section 29D-35.1);
- jj) Armed Violence (Section 33A-2); and
- kk) Attempt (Section 8-4) of any of the above specified offenses.

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1130.130 Chaperone Orders**

- a) Within 5 days after receiving notice from a prosecuting attorney that a licensed health care worker has been charged with any offense for which the sentence includes registration as a sex offender; a criminal battery against a patient, including any offense based on sexual conduct or sexual penetration, in the course of patient care or treatment; or a forcible felony, the Department shall forward a chaperone order to the licensed health care worker that requires the worker to immediately cease professional practice and not to resume practice with patient encounters until authorized to do so by the Department pursuant to an approved plan of compliance.
- b) A licensed health care worker subject to a chaperone order pursuant to Section 2105-165(c) of the Code shall submit to the Department a written plan of compliance within 5 days after receipt of the chaperone order. The plan of compliance shall include, at a minimum, the following:
- 1) The number of proposed chaperones;
  - 2) The names, mailing address, email address, telephone number and license number of each proposed chaperone;
  - 3) The days, times, and locations where the licensed health care worker subject to a chaperone order will practice;
  - 4) The scheduled days, hours and practice locations for each chaperone proposed to be utilized; and
  - 5) The method to be used to document the presence of a chaperone during all patient encounters. The presence of a chaperone shall be shown by:
    - A) Maintaining a schedule of the dates, times and locations each chaperone works and having the designated chaperone initial or make a notation in each patient chart every time the patient is seen by the licensed health care worker subject to a chaperone order; or

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- B) Maintaining a chaperone log listing each patient seen by the licensed health care worker subject to a chaperone order and signed by both that health care worker and the approved chaperone after each patient encounter.
- c) A proposed chaperone shall be a licensed health care worker in good standing and shall be subject to the approval of the Department.
- d) The written plan of compliance shall be sent to the Department's Probation Compliance Unit at the address included in the chaperone order.
- e) No licensed health care worker subject to a chaperone order shall have any patient encounters until the Department has approved his or her written plan of compliance. After approval of the written plan of compliance, the licensed health care worker subject to a chaperone order shall notify the Department in writing if the licensure status of any approved chaperone changes or if a chaperone can no longer serve for any reason. A chaperone approved by the Department shall automatically become ineligible to serve as a chaperone if his or her license is disciplined by the Department, expires or changes to a status that does not permit active practice. The licensed health care worker subject to a chaperone order shall provide, in writing to the Department, the name, mailing address, email address, telephone number and license number of any replacement or additional proposed chaperone, including the scheduled days, hours and practice location for any replacement or additional chaperone proposed to be utilized. No person may act as chaperone until approved by the Department. No licensed health care worker subject to a chaperone order and acting under an approved written plan of compliance shall have any patient encounters without the presence of an approved chaperone. Failure to comply with all requirements of the approved written plan of compliance shall be prima facie evidence of practice without a chaperone.
- f) The chaperone shall provide written notice of the chaperone order, by using the form provided in Appendix A or by using his or her own form that is substantially similar to the form in Appendix A, to each of the licensed health care worker's patients at the time of the patient's first visit following the effective date of the chaperone order. A copy of the notice shall be signed by the patient and the chaperone and maintained in the patient's file. The chaperone shall also provide a copy of the signed notice to the patient.

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- g) A pharmacist subject to a chaperone order shall not be required to include in the written plan of compliance methods of documenting the presence of a chaperone as specified in subsection (b)(5) and notice to patients as specified in subsection (f). In place of these requirements, the pharmacist shall include in the written plan of compliance that the presence of a chaperone while the pharmacist is on duty at a pharmacy shall be shown by maintaining a written schedule of the dates, times and locations each chaperone works and having the designated chaperone verify by signature his or her presence for the dates, times and locations stated.
- h) Any health care worker subject to a chaperone order may submit a request to the Director for a waiver of any of the requirements of subsections (b) and (f) to allow for the creation of an individually tailored written plan of compliance that achieves the objectives of the Code and this Part.
- i) The Department may conduct random inspections and audits to determine compliance with the chaperone order and the written plan of compliance. A licensed health care worker subject to a chaperone order and any approved chaperones shall cooperate with any inspection or audit.
- j) If the Secretary finds that evidence in his or her possession indicates that a licensed health care worker subject to a chaperone order has failed to comply with the chaperone order, failed to file a written plan of compliance, or failed to follow the terms of the written plan of compliance, he or she may temporarily suspend without hearing the license of the health care worker until completion of the criminal proceedings. In instances in which the Secretary temporarily suspends a license under this Section, a hearing upon that person's license must be commenced within 15 days after the suspension has occurred and shall be completed without appreciable delay. The Secretary shall appoint an Illinois licensed attorney to serve as hearing officer in those hearings. The hearing officer shall report his or her findings of fact, conclusions of law, and recommendation to the Secretary. The burden of proof rests with the Department in hearings conducted under this Section, and a recommendation that the license shall remain temporarily suspended shall be made by the hearing officer when the Department establishes by clear and convincing evidence that the licensed health care worker subject to a chaperone order has failed to comply with the chaperone order, failed to file a written plan of compliance, or failed to follow the terms of the written plan of compliance. No temporary suspension shall be stayed during the pendency of any hearing.

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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- k) Any information collected by the Department to investigate compliance with the requirements of this Section shall be maintained by the Department for the confidential use of the Department and shall not be disclosed. The Department may not disclose the information to anyone other than law enforcement officials or regulatory agencies or persons who have an appropriate regulatory interest, as determined by the Secretary. The Department shall have access to any records created by any person in compliance with the requirements of this Section or with a written plan of compliance. However, except for the purposes of the Department, these records shall be accorded the same confidentiality as required by the professional licensing Act governing the particular health care worker or as otherwise provided by law.
- l) In the event that a licensed health care worker subject to a chaperone order or under a temporary suspension pursuant to this Part shall be subsequently charged with any additional offenses that would independently subject the licensed health care worker to the provisions of this Part, the existing chaperone order or temporary suspension order shall remain in effect until all pending charges are resolved by the Circuit Court.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

**Section 1130.APPENDIX A Notice of Order Requiring Chaperone**

NOTICE OF ORDER REQUIRING CHAPERONE

The Illinois Department of Financial and Professional Regulation has ordered **\*\*\*INSERT PRACTITIONER'S NAME\*\*\*** to have a chaperone who is a licensed health care worker present during all patient encounters pending the outcome of criminal charges against him/her. In compliance with this Order, please sign below to acknowledge that you have received a copy of this notice.

The health care worker is presumed innocent until proven guilty of the charges.

**Patient:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Chaperone:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Cancellation, Revocation or Suspension of Licenses or Permits
- 2) Code Citation: 92 Ill. Adm. Code 1040
- 3) Section Numbers: 1040.117                      Proposed Action: New
- 4) Statutory Authority: 625 ILCS 5/6-206(a)(46)
- 5) A Complete Description of the Subjects and Issues Involved: Pursuant to Public Act 97-743, the Secretary of State is required to suspend or revoke the driver's license and/or privileges of any person who is convicted of a violation of 625 ILCS 5/3-413(j) that prohibits a person from modifying the original mounting location of the rear registration plate so as to conceal the plate with the intent to obstruct a police officer. This rulemaking sets forth when the Secretary of State will suspend versus revoke the driver's license and/or privileges.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: The rulemaking will not create or enlarge a State mandate.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Text of the prepared amendments is posted on the Secretary of State's website, [www.sos.il.us/departments/index/home](http://www.sos.il.us/departments/index/home) as part of the *Illinois Register*. Interested persons may present their comments concerning this proposed rulemaking in writing within 45 days after publication of this notice to:

Jennifer Egizii  
Office of the Secretary of State  
Driver Services Department

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENT

2701 South Dirksen Parkway  
Springfield, Illinois 62723

217/557-4462

- 13) Initial Regulatory Flexibility Analysis:
  - A) Types of small businesses, small municipalities and not for profit corporations affected: None
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of Professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because the need for this rulemaking was not anticipated at the time the agendas were prepared.

The full text of the Proposed Amendment begins on the next page:

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENT

TITLE 92: TRANSPORTATION  
CHAPTER II: SECRETARY OF STATEPART 1040  
CANCELLATION, REVOCATION OR SUSPENSION  
OF LICENSES OR PERMITS

Section	
1040.1	Definitions
1040.10	Court to Forward Licenses and Reports of Convictions
1040.20	Illinois Offense Table
1040.25	Suspension or Revocation for Driving Without a Valid Driver's License
1040.28	Suspension or Revocation for Traffic Offense Committed by a Person Under the Age of 21 Years After a Prior Suspension Under Part 1040.29
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1040.30	Suspension or Revocation for Three or More Traffic Offenses Committed Within 12 Months
1040.31	Operating a Motor Vehicle During a Period of Suspension or Revocation
1040.32	Suspension or Revocation of Driver's Licenses, Permits or Identification Cards Used Fraudulently
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1040.34	Suspension or Revocation for Conviction for Possession/Consumption of Alcohol for Persons Under Age 21
1040.35	Administrative Revocation for Commission of an Offense Requiring Mandatory Revocation Upon Conviction, and Suspension or Revocation Based Upon a Local Ordinance Conviction
1040.36	Suspension for Violation of Restrictions on Driver's License
1040.37	Suspension for Violation of Restrictions on Instruction Permit
1040.38	Commission of a Traffic Offense in Another State
1040.40	Suspension or Revocation for Repeated Convictions or Collisions
1040.41	Suspension of Licenses for Curfew or Night Time Driving Restriction Violations
1040.42	Suspension or Revocation for Fleeing and Eluding
1040.43	Suspension or Revocation for Illegal Transportation
1040.46	Suspension or Revocation for Fatal Accident and Personal Injury Suspensions or Revocations
1040.48	Vehicle Emission Suspensions (Repealed)
1040.50	Occupational Driving Permit

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## NOTICE OF PROPOSED AMENDMENT

- 1040.52 Driver Remedial Education Course
- 1040.55 Suspension or Revocation for Driver's License Classification Violations
- 1040.60 Release of Information Regarding a Disposition of Court Supervision
- 1040.65 Offenses Occurring on Military Bases
- 1040.66 Invalidation of a Restricted Driving Permit
- 1040.70 Problem Driver Pointer System
- 1040.80 Cancellation of Driver's License Upon Issuance of a Disabled Person Identification Card
- 1040.100 Rescissions
- 1040.101 Reinstatement Fees
- 1040.102 Bankruptcy Rule for Suspensions, Cancellations, Failure to Pay and Returned Checks Actions
- 1040.105 Suspension for Five or More Tollway Violations and/or Evasions
- 1040.107 Suspension for Violation of Improperly Approaching a Stationary Emergency Vehicle
- 1040.108 Suspension for Failure to Make Report of Vehicle Accident Violations
- 1040.109 Suspension for Two or More Convictions for Railroad Crossing Violations
- 1040.110 Bribery
- 1040.111 Suspension for Failure to Yield upon Entering a Construction or Maintenance Zone when Workers Are Present
- 1040.115 Suspension for Theft of Motor Fuel
- 1040.116 Discretionary Suspension/Revocation; Committing Perjury; Submitting False/Fraudulent Documents; Notification by Department of Administrative Hearings
- 1040.117 Suspension for Concealment or Obstruction of Registration to Hinder Law Enforcement

AUTHORITY: Implementing Articles II and VII of the Illinois Vehicle Code [625 ILCS 5/Ch. 6, Arts. II and VII] and authorized by Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/2-104(b)].

SOURCE: Filed September 22, 1972; amended at 3 Ill. Reg. 26, p. 282, effective June 30, 1979; amended at 5 Ill. Reg. 3533, effective April 1, 1981; amended at 6 Ill. Reg. 4239, effective April 2, 1982; codified at 6 Ill. Reg. 12674; amended at 8 Ill. Reg. 2200, effective February 1, 1984; amended at 8 Ill. Reg. 3783, effective March 13, 1984; amended at 8 Ill. Reg. 18925, effective September 25, 1984; amended at 8 Ill. Reg. 23385, effective November 21, 1984; amended at 10 Ill. Reg. 15265, effective September 4, 1986; amended at 11 Ill. Reg. 16977, effective October 1, 1987; amended at 11 Ill. Reg. 20659, effective December 8, 1987; amended at 12 Ill. Reg. 2148, effective January 11, 1988; amended at 12 Ill. Reg. 14351, effective September 1, 1988; amended at 12 Ill. Reg. 15625, effective September 15, 1988; amended at 12 Ill. Reg. 16153,

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effective September 15, 1988; amended at 12 Ill. Reg. 16906, effective October 1, 1988; amended at 12 Ill. Reg. 17120, effective October 1, 1988; amended at 13 Ill. Reg. 1593, effective January 23, 1989; amended at 13 Ill. Reg. 5162, effective April 1, 1989; amended at 13 Ill. Reg. 7802, effective May 15, 1989; amended at 13 Ill. Reg. 8659, effective June 2, 1989; amended at 13 Ill. Reg. 17087, effective October 16, 1989; amended at 13 Ill. Reg. 20127, effective December 8, 1989; amended at 14 Ill. Reg. 2944, effective February 7, 1990; amended at 14 Ill. Reg. 3664, effective February 7, 1990; amended at 14 Ill. Reg. 5178, effective April 1, 1990; amended at 14 Ill. Reg. 5560, effective March 22, 1990; amended at 14 Ill. Reg. 14177, effective August 21, 1990; amended at 14 Ill. Reg. 18088, effective October 22, 1990; amended at 15 Ill. Reg. 14258, effective September 24, 1991; amended at 17 Ill. Reg. 8512, effective May 27, 1993; amended at 17 Ill. Reg. 9028, effective June 2, 1993; amended at 17 Ill. Reg. 12782, effective July 21, 1993; amended at 18 Ill. Reg. 7447, effective May 3, 1994; amended at 18 Ill. Reg. 10853, effective June 27, 1994; amended at 18 Ill. Reg. 11644, effective July 7, 1994; amended at 18 Ill. Reg. 16443, effective October 24, 1994; amended at 20 Ill. Reg. 2558, effective January 26, 1996; amended at 21 Ill. Reg. 8398, effective June 30, 1997; amended at 21 Ill. Reg. 10985, effective July 29, 1997; amended at 21 Ill. Reg. 12249, effective August 26, 1997; amended at 21 Ill. Reg. 12609, effective August 29, 1997; amended at 22 Ill. Reg. 1438, effective January 1, 1998; amended at 22 Ill. Reg. 5083, effective February 26, 1998; amended at 22 Ill. Reg. 13834, effective July 10, 1998; amended at 24 Ill. Reg. 1655, effective January 11, 2000; emergency amendment at 24 Ill. Reg. 8398, effective June 2, 2000, for a maximum of 150 days; emergency expired October 29, 2000; emergency amendment at 24 Ill. Reg. 16096, effective October 12, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 16689, effective October 30, 2000; amended at 25 Ill. Reg. 2723, effective January 31, 2001; amended at 25 Ill. Reg. 6402, effective April 26, 2001; emergency amendment at 26 Ill. Reg. 2044, effective February 1, 2002, for a maximum of 150 days; emergency expired June 30, 2002; emergency amendment at 26 Ill. Reg. 3753, effective February 21, 2002, for a maximum of 150 days; emergency expired July 20, 2002; amended at 26 Ill. Reg. 12373, effective July 25, 2002; amended at 26 Ill. Reg. 13684, effective August 28, 2002; amended at 29 Ill. Reg. 2441, effective January 25, 2005; amended at 29 Ill. Reg. 13892, effective September 1, 2005; amended at 29 Ill. Reg. 15968, effective October 7, 2005; amended at 30 Ill. Reg. 1896, effective January 26, 2006; amended at 30 Ill. Reg. 2557, effective February 10, 2006; amended at 30 Ill. Reg. 11299, effective June 12, 2006; amended at 31 Ill. Reg. 4792, effective March 12, 2007; amended at 31 Ill. Reg. 5647, effective March 20, 2007; amended at 31 Ill. Reg. 7296, effective May 3, 2007; amended at 31 Ill. Reg. 7656, effective May 21, 2007; amended at 31 Ill. Reg. 11356, effective July 19, 2007; amended at 31 Ill. Reg. 14559, effective October 9, 2007; amended at 31 Ill. Reg. 16880, effective January 1, 2008; amended at 33 Ill. Reg. 2603, effective January 22, 2009; amended at 33 Ill. Reg. 9801, effective June 25, 2009; amended at 33 Ill. Reg. 15073, effective October 21, 2009; amended at 34 Ill. Reg. 570, effective December 22, 2009; amended at 35 Ill. Reg. 1667, effective January 13, 2011; amended at 35 Ill. Reg. 8512, effective

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NOTICE OF PROPOSED AMENDMENT

May 31, 2011; amended at 36 Ill. Reg. 11211, effective July 5, 2012; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 1040.117 Suspension for Concealment or Obstruction of Registration to Hinder Law Enforcement**

- a) A person who has been convicted of a violation of IVC Section 3-413(j) shall have his/her driving privileges suspended by the Department.
- b) Upon notice of conviction, the Department shall take the following action:

ACTION TABLE

<u>Convictions</u>	<u>Action</u>
<u>1<sup>st</sup> Conviction</u>	<u>6-month Suspension</u>
<u>1<sup>st</sup> Conviction (with open or pending revocation)</u>	<u>Revocation</u>
<u>2<sup>nd</sup> Conviction</u>	<u>12-month Suspension</u>
<u>3<sup>rd</sup> or subsequent Conviction</u>	<u>Revocation</u>

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Aid to the Aged, Blind or Disabled
- 2) Code Citation: 89 Ill. Adm. Code 113
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
113.253	Amendment
113.260	Amendment
- 4) Statutory Authority: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13]
- 5) Effective Date of Amendments: October 5, 2012
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in the *Illinois Register*: April 27, 2012; 36 Ill. Reg. 6345
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: No substantive changes were made to the text of the proposed rulemaking.
- 12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any other proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: A grant adjustment is an allowance for the Aged, Blind or Disabled cases that ensures that the amount of the Supplemental Security Income (SSI) increase from July 1977 and later will be available to clients. To comply with federal regulations at 20 CFR 416.2096, this rulemaking increases the grant adjustment and sheltered care/personal or nursing care rate amounts by the amount of the

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

increase in Social Security and SSI benefits. In order to maintain the benefit levels, these changes increase the AABD Grant Adjustment Allowance and Sheltered Care/Personal or Nursing Care rates by \$24.00, the amount of the January 2012 SSA/SSI benefit increase.

- 16) Information and questions regarding this rulemaking shall be directed to:

Tracie Drew, Chief  
Bureau of Administrative Rules and Procedures  
Department of Human Services  
100 South Grand Avenue East  
Harris Building, 3<sup>rd</sup> Floor  
Springfield, Illinois 62762

217/785-9772

- 17) Does this rulemaking require the preview of the Procurement Policy Board as specified in Section 5-25 of the Illinois Procurement Code? No

The full text of the Adopted Amendments begins on the next page:

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES  
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES  
SUBCHAPTER b: ASSISTANCE PROGRAMSPART 113  
AID TO THE AGED, BLIND OR DISABLED

## SUBPART A: GENERAL PROVISIONS

## Section

- 113.1 Description of the Assistance Program
- 113.5 Incorporation By Reference

## SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

## Section

- 113.9 Client Cooperation
- 113.10 Citizenship
- 113.20 Residence
- 113.30 Age
- 113.40 Blind
- 113.50 Disabled
- 113.60 Living Arrangement
- 113.70 Institutional Status
- 113.80 Social Security Number

## SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

## Section

- 113.100 Unearned Income
- 113.101 Budgeting Unearned Income
- 113.102 Budgeting Unearned Income of Applicants Receiving Income on Date of Application And/Or Date of Decision
- 113.103 Initial Receipt of Unearned Income
- 113.104 Termination of Unearned Income
- 113.105 Unearned Income In-Kind
- 113.106 Earmarked Income
- 113.107 Lump Sum Payments and Income Tax Refunds
- 113.108 Protected Income (Repealed)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 113.109 Earned Income (Repealed)
- 113.110 Budgeting Earned Income (Repealed)
- 113.111 Protected Income
- 113.112 Earned Income
- 113.113 Exempt Unearned Income
- 113.114 Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
- 113.115 Initial Employment
- 113.116 Budgeting Earned Income For Contractual Employees
- 113.117 Budgeting Earned Income For Non-contractual School Employees
- 113.118 Termination of Employment
- 113.120 Exempt Earned Income
- 113.125 Recognized Employment Expenses
- 113.130 Income From Work/Study/Training Programs
- 113.131 Earned Income From Self-Employment
- 113.132 Earned Income From Roomer and Boarder
- 113.133 Earned Income From Rental Property
- 113.134 Earned Income In-Kind
- 113.139 Payments from the Illinois Department of Children and Family Services
- 113.140 Assets
- 113.141 Exempt Assets
- 113.142 Asset Disregard
- 113.143 Deferral of Consideration of Assets
- 113.154 Property Transfers For Applications Filed Prior To October 1, 1989 (Repealed)
- 113.155 Property Transfers For Applications Filed On Or After October 1, 1989 (Repealed)
- 113.156 Court Ordered Child Support Payments of Parent/Step-Parent
- 113.157 Responsibility of Sponsors of Non-citizens Entering the Country Prior to 8/22/96
- 113.158 Responsibility of Sponsors of Non-citizens Entering the Country On or After 08/22/96
- 113.160 Assignment of Medical Support Rights

## SUBPART D: PAYMENT AMOUNTS

- Section
- 113.245 Payment Levels for AABD
- 113.246 Personal Allowance
- 113.247 Personal Allowance Amounts
- 113.248 Shelter

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

113.249	Utilities and Heating Fuel
113.250	Laundry
113.251	Telephone
113.252	Transportation, Lunches, Special Fees
113.253	Allowances for Increase in SSI Benefits
113.254	Nursing Care or Personal Care in Home Not Subject to Licensing
113.255	Sheltered Care/Personal or Nursing Care in a Licensed Group Care Facility
113.256	Shopping Allowance
113.257	Special Allowances for Blind and Partially Sighted (Blind Only)
113.258	Home Delivered Meals
113.259	AABD Fuel and Utility Allowances By Area
113.260	Sheltered Care, Personal Care or Nursing Care Rates
113.261	Cases in Licensed Intermediate Care Facilities, Licensed Skilled Nursing Facilities, DMHDD Facilities and All Other Licensed Medical Facilities
113.262	Meeting the Needs of an Ineligible Dependent with Client's Income
113.263	Service Animals
113.264	Refugees Ineligible for SSI

## SUBPART E: OTHER PROVISIONS

Section	
113.300	Persons Who May Be Included In the Assistance Unit
113.301	Grandfathered Cases
113.302	Interim Assistance (Repealed)
113.303	Special Needs Authorizations
113.304	Retrospective Budgeting
113.305	Budgeting Schedule
113.306	Purchase and Repair of Household Furniture (Repealed)
113.307	Property Repairs and Maintenance
113.308	Excess Shelter Allowance
113.309	Limitation on Amount of AABD Assistance to Recipients from Other States (Repealed)
113.320	Redetermination of Eligibility
113.330	Attorney's Fees for VA Appellants (Repealed)

## SUBPART F: INTERIM ASSISTANCE

Section	
113.400	Description of the Interim Assistance Program

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- 113.405 Pending SSI Application (Repealed)
- 113.410 More Likely Than Not Eligible for SSI (Repealed)
- 113.415 Non-Financial Factors of Eligibility (Repealed)
- 113.420 Financial Factors of Eligibility (Repealed)
- 113.425 Payment Levels for Chicago Interim Assistance Cases (Repealed)
- 113.430 Payment Levels for all Interim Assistance Cases Outside Chicago (Repealed)
- 113.435 Medical Eligibility (Repealed)
- 113.440 Attorney's Fees for SSI Applicants (Repealed)
- 113.445 Advocacy Program for Persons Receiving Interim Assistance (Repealed)
- 113.450 Limitation on Amount of Interim Assistance to Recipients from Other States (Repealed)
- 113.500 Attorney's Fees for SSI Appellants (Renumbered)

AUTHORITY: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; emergency expired January 28, 1979; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective

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October 1, 1981; preemptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; preemptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; preemptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; preemptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; preemptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 10, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9367, effective August 1, 1983; amended at 7 Ill. Reg. 17351, effective December 21, 1983; amended at 8 Ill. Reg. 537, effective December 30, 1983; amended at 8 Ill. Reg. 5225, effective April 9, 1984; amended at 8 Ill. Reg. 6746, effective April 27, 1984; amended at 8 Ill. Reg. 11414, effective June 27, 1984; amended at 8 Ill. Reg. 13273, effective July 16, 1984; amended (by Sections being codified with no substantive change) at 8 Ill. Reg. 17895; amended at 8 Ill. Reg. 18896, effective September 26, 1984; amended at 9 Ill. Reg. 5335, effective April 5, 1985; amended at 9 Ill. Reg. 8166, effective May 17, 1985; amended at 9 Ill. Reg. 8657, effective May 25, 1985; amended at 9 Ill. Reg. 11302, effective July 5, 1985; amended at 9 Ill. Reg. 11636, effective July 8, 1985; amended at 9 Ill. Reg. 11991, effective July 12, 1985; amended at 9 Ill. Reg. 12806, effective August 9, 1985; amended at 9 Ill. Reg. 15896, effective October 4, 1985; amended at 9 Ill. Reg. 16291, effective October 10, 1985; emergency amendment at 10 Ill. Reg. 364, effective January 1, 1986; amended at 10 Ill. Reg. 1183, effective January 10, 1986; amended at 10 Ill. Reg. 6956, effective April 16, 1986; amended at 10 Ill. Reg. 8794, effective May 12, 1986; amended at 10 Ill. Reg. 10628, effective June 3, 1986; amended at 10 Ill. Reg. 11920, effective July 3, 1986; amended at 10 Ill. Reg. 15110, effective September 5, 1986; amended at 10 Ill. Reg. 15631, effective September 19, 1986; amended at 11 Ill. Reg. 3150, effective February 6, 1987; amended at 11 Ill. Reg. 8712, effective April 20, 1987; amended at 11 Ill. Reg. 9919, effective May 15, 1987; emergency amendment at 11 Ill. Reg. 12441, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20880, effective December 14, 1987; amended at 12 Ill. Reg. 867,

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effective January 1, 1988; amended at 12 Ill. Reg. 2137, effective January 11, 1988; amended at 12 Ill. Reg. 3497, effective January 22, 1988; amended at 12 Ill. Reg. 5642, effective March 15, 1988; amended at 12 Ill. Reg. 6151, effective March 22, 1988; amended at 12 Ill. Reg. 7687, effective April 22, 1988; amended at 12 Ill. Reg. 8662, effective May 13, 1988; amended at 12 Ill. Reg. 9023, effective May 20, 1988; amended at 12 Ill. Reg. 9669, effective May 24, 1988; emergency amendment at 12 Ill. Reg. 11828, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 14162, effective August 30, 1988; amended at 12 Ill. Reg. 17849, effective October 25, 1988; amended at 13 Ill. Reg. 63, effective January 1, 1989; emergency amendment at 13 Ill. Reg. 3402, effective March 3, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 6007, effective April 14, 1989; amended at 13 Ill. Reg. 12553, effective July 12, 1989; amended at 13 Ill. Reg. 13609, effective August 11, 1989; emergency amendment at 13 Ill. Reg. 14467, effective September 1, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 16154, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 720, effective January 1, 1990; amended at 14 Ill. Reg. 6321, effective April 16, 1990; amended at 14 Ill. Reg. 13187, effective August 6, 1990; amended at 14 Ill. Reg. 14806, effective September 3, 1990; amended at 14 Ill. Reg. 16957, effective September 30, 1990; amended at 15 Ill. Reg. 277, effective January 1, 1991; emergency amendment at 15 Ill. Reg. 1111, effective January 10, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5291, effective April 1, 1991; amended at 15 Ill. Reg. 5698, effective April 10, 1991; amended at 15 Ill. Reg. 7104, effective April 30, 1991; amended at 15 Ill. Reg. 11142, effective July 22, 1991; amended at 15 Ill. Reg. 11948, effective August 12, 1991; amended at 15 Ill. Reg. 14073, effective September 11, 1991; emergency amendment at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 16709, effective November 1, 1991; amended at 16 Ill. Reg. 3468, effective February 20, 1992; amended at 16 Ill. Reg. 9986, effective June 15, 1992; amended at 16 Ill. Reg. 11565, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 13641, effective September 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14722, effective September 15, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17154, effective November 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17764, effective November 13, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 827, effective January 15, 1993; amended at 17 Ill. Reg. 2263, effective February 15, 1993; amended at 17 Ill. Reg. 3202, effective February 26, 1993; amended at 17 Ill. Reg. 4322, effective March 22, 1993; amended at 17 Ill. Reg. 6804, effective April 21, 1993; amended at 17 Ill. Reg. 14612, effective August 26, 1993; amended at 18 Ill. Reg. 2018, effective January 21, 1994; amended at 18 Ill. Reg. 7759, effective May 5, 1994; amended at 18 Ill. Reg. 12818, effective August 5, 1994; amended at 19 Ill. Reg. 1052, effective January 26, 1995; amended at 19 Ill. Reg. 2875, effective February 24, 1995; amended at 19 Ill. Reg. 6639, effective May 5, 1995; emergency amendment at 19 Ill. Reg. 8409, effective June 9, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15034, effective October 17, 1995; amended at 20 Ill. Reg. 858, effective December 29, 1995;

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emergency amendment at 21 Ill. Reg. 673, effective January 1, 1997, for a maximum of a 150 days; amended at 21 Ill. Reg. 7404, effective May 31, 1997; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 22 Ill. Reg. 13642, effective July 15, 1998; emergency amendment at 22 Ill. Reg. 16348, effective September 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 18931, effective October 1, 1998; emergency amendment at 22 Ill. Reg. 21750, effective November 24, 1998, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 579, effective January 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 1607, effective January 20, 1999; amended at 23 Ill. Reg. 5548, effective April 23, 1999; amended at 23 Ill. Reg. 6052, effective May 4, 1999; amended at 23 Ill. Reg. 6425, effective May 15, 1999; amended at 23 Ill. Reg. 6935, effective May 30, 1999; amended at 23 Ill. Reg. 7887, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8650, effective July 13, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 10161, effective August 3, 1999; amended at 23 Ill. Reg. 13852, effective November 19, 1999; amended at 24 Ill. Reg. 2328, effective February 1, 2000; amended at 24 Ill. Reg. 11622, effective July 18, 2000; amended at 24 Ill. Reg. 13394, effective August 18, 2000; amended at 25 Ill. Reg. 5326, effective March 30, 2001; amended at 26 Ill. Reg. 179, effective January 1, 2002; amended at 26 Ill. Reg. 8532, effective May 31, 2002; amended at 26 Ill. Reg. 13521, effective September 3, 2002; amended at 27 Ill. Reg. 7252, effective April 7, 2003; amended at 28 Ill. Reg. 11139, effective July 21, 2004; emergency amendment at 28 Ill. Reg. 11366, effective July 21, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 12469, effective August 20, 2004, for a maximum of 150 days; emergency expired January 16, 2005; amended at 29 Ill. Reg. 648, effective December 16, 2004; amended at 29 Ill. Reg. 5703, effective April 11, 2005; amended at 29 Ill. Reg. 10176, effective July 5, 2005; amended at 30 Ill. Reg. 16065, effective September 21, 2006; amended at 31 Ill. Reg. 6981, effective April 30, 2007; amended at 31 Ill. Reg. 11306, effective July 19, 2007; amended at 32 Ill. Reg. 17187, effective October 16, 2008; peremptory amendment at 32 Ill. Reg. 18065, effective November 15, 2008; emergency amendment at 33 Ill. Reg. 4993, effective March 19, 2009, for a maximum of 150 days; emergency expired August 15, 2009; emergency amendment at 33 Ill. Reg. 7337, effective May 21, 2009, for a maximum of 150 days; emergency expired October 17, 2009; amended at 33 Ill. Reg. 12775, effective September 8, 2009; emergency amendment at 33 Ill. Reg. 12850, effective September 4, 2009, for a maximum of 150 days; emergency expired January 31, 2010; amended at 33 Ill. Reg. 13846, effective September 17, 2009; amended at 33 Ill. Reg. 15033, effective October 22, 2009; amended at 33 Ill. Reg. 16845, effective November 30, 2009; emergency amendment at 34 Ill. Reg. 6944, effective May 1, 2010, for a maximum of 150 days; emergency expired September 27, 2010; amended at 34 Ill. Reg. 7255, effective May 10, 2010; amended at 35 Ill. Reg. 1012, effective December 28, 2010; emergency amendment at 35 Ill. Reg. 6951, effective April 6, 2011, for a maximum of 150 days; emergency expired September 2, 2011; amended at 35 Ill. Reg. 17096, effective October 5, 2011; amended at 35 Ill. Reg. 18756, effective October 28, 2011; amended at 36 Ill. Reg. 15195, effective October 5, 2012.

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## NOTICE OF ADOPTED AMENDMENTS

## SUBPART D: PAYMENT AMOUNTS

**Section 113.253 Allowances for Increase in SSI Benefits**

- a) An allowance for ~~\$519.90~~~~495.90~~ is authorized for all AABD cases as a "grant adjustment". A grant adjustment is an allowance that ensures that the amount of the SSI increase from July 1977 and later will be available to clients.
- b) EXCEPTIONS: For clients whose assistance payments include an allowance for Sheltered Care or Care Not Subject to Licensing a "grant adjustment" of \$10 is authorized. Individuals residing in long term group care facilities do not receive any "grant adjustment".

(Source: Amended at 36 Ill. Reg. 15195, effective October 5, 2012)

**Section 113.260 Sheltered Care, Personal Care or Nursing Care Rates**

Group A Counties	Needs Assessment	Group B Counties
<a href="#">11981174</a>	0-7	<a href="#">12131189</a>
<a href="#">12041180</a>	8	<a href="#">12201196</a>
<a href="#">12111187</a>	9	<a href="#">12271203</a>
<a href="#">12161192</a>	10	<a href="#">12351211</a>
<a href="#">12231199</a>	11	<a href="#">12421218</a>
<a href="#">12281204</a>	12	<a href="#">12491225</a>
<a href="#">12351211</a>	13	<a href="#">12571233</a>
<a href="#">12401216</a>	14	<a href="#">12631239</a>

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	<a href="#"><u>12471223</u></a>	15	<a href="#"><u>12711247</u></a>
	<a href="#"><u>12521228</u></a>	16	<a href="#"><u>12791255</u></a>
	<a href="#"><u>12591235</u></a>	17	<a href="#"><u>12851261</u></a>
	<a href="#"><u>12641240</u></a>	18	<a href="#"><u>12931269</u></a>
	<a href="#"><u>12711247</u></a>	19	<a href="#"><u>13001276</u></a>
	<a href="#"><u>12771253</u></a>	20	<a href="#"><u>13071283</u></a>
	<a href="#"><u>12831259</u></a>	21	<a href="#"><u>13151291</u></a>
	<a href="#"><u>12891265</u></a>	22	<a href="#"><u>13221298</u></a>
	<a href="#"><u>12951271</u></a>	23	<a href="#"><u>13291305</u></a>
	<a href="#"><u>13011277</u></a>	24	<a href="#"><u>13361312</u></a>

- a) Group A Counties are counties other than Cook, DuPage, Kane, Lake and Will.
- b) Group B Counties are Cook, DuPage, Kane, Lake and Will.
- c) Rate includes shelter factor and approved activity and social rehabilitation programs.

(Source: Amended at 36 Ill. Reg. 15195, effective October 5, 2012)

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- 1) Heading of the Part: Groundwater Quality
- 2) Code Citation: 35 Ill. Adm. Code 620
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
620.110	Amend
620.125	Amend
620.210	Amend
620.302	Amend
620.310	Amend
620.410	Amend
620.420	Amend
620.440	Amend
620.450	Amend
620.505	Amend
620.510	Amend
620.605	Amend
620.APPENDIX A	Amend
620.APPENDIX B	Amend
620.APPENDIX C	Amend
620.APPENDIX D	Amend
- 4) Statutory Authority: Implementing and authorized by Section 8 of the Illinois Groundwater Protection Act [415 ILCS 55/8] and Section 27 of the Environmental Protection Act [415 ILCS 5/27]
- 5) Effective date of rulemaking: October 5, 2012
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted amendments is on file in the Board's Chicago office at the James R. Thompson Center, 100 W. Randolph Street, Suite 11-500, and is available there for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: November 14, 2011; 35 Ill. Reg. 18502

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- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: The differences between the amendments proposed at first notice and the adopted amendments are minor and non-substantive.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements letter issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any other proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The rulemaking updates the Part based upon new scientific data, federal amendments and technical references. The changes add groundwater quality standards for those chemical constituents detected in Illinois groundwater that have toxicity values established by USEPA or that have groundwater remediation objectives under the Tiered Approach to Corrective Action Objectives (TACO) (35 Ill. Adm. Code 742). In all, 39 chemical constituents are added to Part 620. Additionally, the Class I groundwater quality standard for arsenic is revised from 0.05 milligrams per liter (mg/L) to 0.010 mg/L in order to reflect the new federal Maximum Contaminant Level (MCL) for arsenic in drinking water. Also included are amendments to various definitions, provisions for preventive response levels, compliance determinations, monitoring and analytical requirements, and health advisories, as well as Appendices A through D. For a more detailed discussion of these amendments, please refer to the Board's October 4, 2012 opinion and order in docket R08-18, Proposed Amendments to Groundwater Quality Standards (35 Ill. Adm. Code 620).
- 16) Information and questions regarding this rulemaking shall be directed to:

Richard McGill  
Illinois Pollution Control Board  
100 W. Randolph Street, Suite 11-500  
Chicago, IL 60601

312/814-6983  
mcgillr@ipcb.state.il.us

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Copies of the Board's opinions and orders may be requested from the Clerk of the Board at the address listed in #8 above or by calling 312/814-3620. Please refer to the docket number R08-18 in your request. The Board's opinions and orders are also available from the Board's Web site ([www.ipcb.state.il.us](http://www.ipcb.state.il.us)).

The full text of the Adopted Amendments begins on the next page:

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NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION  
SUBTITLE F: PUBLIC WATER SUPPLIES  
CHAPTER I: POLLUTION CONTROL BOARD

PART 620  
GROUNDWATER QUALITY

SUBPART A: GENERAL

Section	Purpose
620.105	Purpose
620.110	Definitions
620.115	Prohibition
620.125	Incorporations by Reference
620.130	Exemption from General Use Standards and Public and Food Processing Water Supply Standards
620.135	Exclusion for Underground Waters in Certain Man-Made Conduits

SUBPART B: GROUNDWATER CLASSIFICATION

Section	Purpose
620.201	Groundwater Designations
620.210	Class I: Potable Resource Groundwater
620.220	Class II: General Resource Groundwater
620.230	Class III: Special Resource Groundwater
620.240	Class IV: Other Groundwater
620.250	Groundwater Management Zone
620.260	Reclassification of Groundwater by Adjusted Standard

SUBPART C: NONDEGRADATION PROVISIONS  
FOR APPROPRIATE GROUNDWATERS

Section	Purpose
620.301	General Prohibition Against Use Impairment of Resource Groundwater
620.302	Applicability of Preventive Notification and Preventive Response Activities
620.305	Preventive Notification Procedures
620.310	Preventive Response Activities

SUBPART D: GROUNDWATER QUALITY STANDARDS

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Section	
620.401	Applicability
620.405	General Prohibitions Against Violations of Groundwater Quality Standards
620.410	Groundwater Quality Standards for Class I: Potable Resource Groundwater
620.420	Groundwater Quality Standards for Class II: General Resource Groundwater
620.430	Groundwater Quality Standards for Class III: Special Resource Groundwater
620.440	Groundwater Quality Standards for Class IV: Other Groundwater
620.450	Alternative Groundwater Quality Standards

## SUBPART E: GROUNDWATER MONITORING AND ANALYTICAL PROCEDURES

Section	
620.505	Compliance Determination
620.510	Monitoring and Analytical Requirements

## SUBPART F: HEALTH ADVISORIES

Section	
620.601	Purpose of a Health Advisory
620.605	Issuance of a Health Advisory
620.610	Publishing Health Advisories
620.615	Additional Health Advice for Mixtures of Similar-Acting Substances
620.APPENDIX A	Procedures for Determining Human Threshold Toxicant Advisory Concentration for Class I: Potable Resource Groundwater
620.APPENDIX B	Procedures for Determining Hazard Indices for Class I: Potable Resource Groundwater for Mixtures of Similar-Acting Substances
620.APPENDIX C	Guidelines for Determining When Dose Addition of Similar-Acting Substances in Class I: Potable Resource Groundwaters is Appropriate
620.APPENDIX D	Confirmation of an Adequate Corrective Action Pursuant to 35 Ill. Adm. Code 620.250(a)(2)

AUTHORITY: Implementing and authorized by Section 8 of the Illinois Groundwater Protection Act [415 ILCS 55/8] and authorized by Section 27 of the Illinois Environmental Protection Act [415 ILCS 5/27].

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SOURCE: Adopted in R89-14(B) at 15 Ill. Reg. 17614, effective November 25, 1991; amended in R89-14(C) at 16 Ill. Reg. 14667, effective September 11, 1992; amended in R93-27 at 18 Ill. Reg. 14084, effective August 24, 1994; amended in R96-18 at 21 Ill. Reg. 6518, effective May 8, 1997; amended in R97-11 at 21 Ill. Reg. 7869, effective July 1, 1997; amended in R01-14 at 26 Ill. Reg. 2662, effective February 5, 2002; amended in R08-18 at 36 Ill. Reg. 15206, effective October 5, 2012.

## SUBPART A: GENERAL

**Section 620.110 Definitions**

The definitions of the Environmental Protection Act [415 ILCS 5] and the Groundwater Protection Act [415 ILCS 55] apply to this Part. The following definitions also apply to this Part.

"Act" means the Environmental Protection Act [415 ILCS 5].

"Agency" means the Illinois Environmental Protection Agency.

*"Aquifer" means saturated (with groundwater) soils and geologic materials which are sufficiently permeable to readily yield economically useful quantities of water to wells, springs, or streams under ordinary hydraulic gradients. [415 ILCS 55/3(b)]*

"BETX" means the sum of the concentrations of benzene, ethylbenzene, toluene, and xylenes.

"Board" means the Illinois Pollution Control Board.

*"Carcinogen" means a contaminant that is classified as a Category A1 or A2 Carcinogen by the American Conference of Governmental Industrial Hygienists; or a Category 1 or 2A/2B carcinogen by the World Health Organization's International Agency for Research on Cancer; or a "Human carcinogen" or "Anticipated Human Carcinogen" by the United States Department of Health and Human Service National Toxicological Program; or a Category A or B1/B2 Carcinogen by the United States Environmental Protection Agency in Integrated Risk Information System or a Final Rule issued in a Federal Register notice by the USEPA. [415 ILCS 5/58.2]*

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"Community water supply" means a public supply which serves or is intended to serve at least 15 service connections used by residents or regularly serves at least 25 residents. [415 ILCS 5/~~3.1453-05~~]

"Contaminant" means any solid, liquid, or gaseous matter, any odor, or any form of energy, from whatever source. [415 ILCS 5/~~3.1653-06~~]

"Corrective action process" means those procedures and practices that may be imposed by a regulatory agency when a determination has been made that contamination of groundwater has taken place, and are necessary to address a potential or existing violation of the standards set forth in Subpart D.

"Cumulative impact area" means the area, including the coal mine area permitted under the Surface Coal Mining Land Conservation and Reclamation Act [225 ILCS 720] and 62 Ill. Adm. Code 1700 through 1850, within which impacts resulting from the proposed operation may interact with the impacts of all anticipated mining on surface water and groundwater systems.

"Department" means the Illinois Department of Natural Resources.

"Detection" means the identification of a contaminant in a sample at a value equal to or greater than the:

"Method Detection Limit" or "MDL" means the minimum concentration of a substance that can be measured as reported with 99 percent confidence that the true value is greater than zero, pursuant to [40 CFR 136, appendix B \(2006\)](#)~~56 Fed. Reg. 3526-3597~~, incorporated by reference at Section 620.125; or

"Method Quantitation Limit" or "MQL" means the minimum concentration of a substance that can be measured and reported pursuant to "Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods", incorporated by reference at Section 620.125.

"Groundwater" means underground water which occurs within the saturated zone and geologic materials where the fluid pressure in the pore space is equal to or greater than atmospheric pressure. [415 ILCS 5/~~3.2103-64~~]

"Hydrologic balance" means the relationship between the quality and quantity of

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water inflow to, water outflow from, and water storage in a hydrologic unit such as a drainage basin, aquifer, soil zone, lake, or reservoir. It encompasses the dynamic relationships among precipitation, runoff, evaporation, and changes in ground and surface water storage.

"IGPA" means the Illinois Groundwater Protection Act. [415 ILCS 55].

"LOAEL" or "Lowest observable adverse effect level" means the lowest tested concentration of a chemical or substance that produces a statistically significant increase in frequency or severity of non-overt adverse effects between the exposed population and its appropriate control. LOAEL may be determined for a human population (LOAEL-H) or an animal population (LOAEL-A).

*"Licensed Professional Engineer" or "LPE" means a person, corporation, or partnership licensed under the laws of the State of Illinois to practice professional engineering. [415 ILCS 5/57.2]*

*"Licensed Professional Geologist" or "LPG" means an individual who is licensed under the Professional Geologist Licensing Act to engage in the practice of professional geology in Illinois. (Professional Geologist Licensing Act [225 ILCS 745/15])*

"NOAEL" or "No observable adverse effect level" means the highest tested concentration of a chemical or substance that does not produce a statistically significant increase in frequency or severity of non-overt adverse effects between the exposed population and its appropriate control. NOAEL may be determined for a human population (NOAEL-H) or an animal population (NOAEL-A).

*"Non-community water supply" means a public water supply that is not a community water supply. [415 ILCS 5/~~3.1453-05~~]*

"Off-site" means not on-site.

"On-site" means on the same or geographically contiguous property that may be divided by public or private right-of-way, provided the entrance and exit between properties is at a crossroads intersection and access is by crossing as opposed to going along the right-of-way. Noncontiguous properties owned by the same person but connected by a right-of-way that he controls and that the public does not have access to is also considered on-site property.

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"Operator" means the person responsible for the operation of a site, facility or unit.

"Owner" means the person who owns a site, facility or unit or part of a site, facility or unit, or who owns the land on which the site, facility or unit is located.

"Potable" means generally fit for human consumption in accordance with accepted water supply principles and practices. [415 ILCS 5/~~3.3403-65~~]

"Potential primary source" means any unit at a facility or site not currently subject to a removal or remedial action which:

*Is utilized for the treatment, storage, or disposal of any hazardous or special waste not generated at the site; or*

*Is utilized for the disposal of municipal waste not generated at the site, other than landscape waste and construction and demolition debris; or*

*Is utilized for the landfilling, land treating, surface impounding or piling of any hazardous or special waste that is generated on the site or at other sites owned, controlled or operated by the same person; or*

*Stores or accumulates at any time more than 75,000 pounds above ground, or more than 7,500 pounds below ground, of any hazardous substances. [415 ILCS 5/~~3.3453-59~~]*

"Potential route" means abandoned and improperly plugged wells of all kinds, drainage wells, all injection wells, including closed loop heat pump wells, and any excavation for the discovery, development or production of stone, sand or gravel. *This term does not include closed loop heat pump wells using USP (U.S. Pharmacopeia) food grade propylene glycol.* [415 ILCS 5/~~3.3503-58~~]

"Potential secondary source" means any unit at a facility or a site not currently subject to a removal or remedial action, other than a potential primary source, which:

*Is utilized for the landfilling, land treating, or surface impounding of waste that is generated on the site or at other sites owned, controlled or*

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*operated by the same person, other than livestock and landscape waste, and construction and demolition debris; or*

*Stores or accumulates at any time more than 25,000 but not more than 75,000 pounds above ground, or more than 2,500 but not more than 7,500 pounds below ground, of any hazardous substance; or*

*Stores or accumulates at any time more than 25,000 gallons above ground, or more than 500 gallons below ground, of petroleum, including crude oil or any fraction thereof which is not otherwise specifically listed or designated as a hazardous substance; or*

*Stores or accumulates pesticides, fertilizers, or road oils for purposes of commercial application or for distribution to retail sales outlets; or*

*Stores or accumulates at any time more than 50,000 pounds of any de-icing agent; or*

*Is utilized for handling livestock waste or for treating domestic wastewaters other than private sewage disposal systems as defined in the Private Sewage Disposal Licensing Act [225 ILCS 225]. [415 ILCS 5/3.3553-60]*

"Practical Quantitation Limit" or "PQL" means the lowest concentration or level that can be reliably measured within specified limits of precision and accuracy during routine laboratory operating conditions in accordance with "Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods", EPA Publication No. SW-846, incorporated by reference at Section 620.125.

"Previously mined area" means land disturbed or affected by coal mining operations prior to February 1, 1983.

BOARD NOTE: February 1, 1983, is the effective date of the Illinois permanent program regulations implementing the Surface Coal Mining Land Conservation and Reclamation Act [225 ILCS 720] as codified in 62 Ill. Adm. Code 1700 through 1850.

"Property class" means the class assigned by a tax assessor to real property for purposes of real estate taxes.

BOARD NOTE: The property class (rural property, residential vacant land,

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residential with dwelling, commercial residence, commercial business, commercial office, or industrial) is identified on the property record card maintained by the tax assessor in accordance with the Illinois Real Property Appraisal Manual (February 1987), published by the Illinois Department of Revenue, Property Tax Administration Bureau.

*"Public water supply" means all mains, pipes and structures through which water is obtained and distributed to the public, including wells and well structures, intakes and cribs, pumping stations, treatment plants, reservoirs, storage tanks and appurtenances, collectively or severally, actually used or intended for use for the purpose of furnishing water for drinking or general domestic use and which serve at least 15 service connections or which regularly serve at least 25 persons at least 60 days per year. A public water supply is either a "community water supply" or a "non-community water supply". [415 ILCS 5/~~3.3653-28~~]*

"Regulated entity" means a facility or unit regulated for groundwater protection by any State or federal agency.

"Regulatory agency" means the Illinois Environmental Protection Agency, Department of Public Health, Department of Agriculture, the Office of Mines and Minerals in the Department of Natural Resources, and the Office of State Fire Marshal.

*"Regulated recharge area" means a compact geographic area, as determined by the Board pursuant to Section 17.4 of the Act, the geology of which renders a potable resource groundwater particularly susceptible to contamination. [415 ILCS 5/~~3.3903-67~~]*

*"Resource groundwater" means groundwater that is presently being, or in the future is capable of being, put to beneficial use by reason of being of suitable quality. [415 ILCS 5/~~3.4303-66~~]*

"Saturated zone" means a subsurface zone in which all the interstices or voids are filled with water under pressure greater than that of the atmosphere.

*"Setback zone" means a geographic area, designated pursuant to this Act, containing a potable water supply well or a potential source or potential route having a continuous boundary, and within which certain prohibitions or regulations are applicable in order to protect groundwaters. [415 ILCS*

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~~5/3.4503-61]~~

"Site" means any location, place, tract of land and facilities, including but not limited to, buildings and improvements used for the purposes subject to regulation or control by the Act or regulations thereunder. [415 ILCS 5/~~3.4603-43~~]

"Spring" means a natural surface discharge of an aquifer from rock or soil.

"Threshold dose" means the lowest dose of a chemical at which a specified measurable effect is observed and below which it is not observed.

"Treatment" means the technology, treatment techniques, or other procedures for compliance with 35 Ill. Adm. Code, Subtitle F.

"Unit" means any device, mechanism, equipment, or area (exclusive of land utilized only for agricultural production). [415 ILCS 5/~~3.5153-62~~]

"USEPA" means the United States Environmental Protection Agency.

"Wellhead protection area" or "WHPA" means the surface and subsurface recharge area surrounding a community water supply well or well field, delineated outside of any applicable setback zones (pursuant to Section 17.1 of the Act [415 ILCS 5/17.1]), and pursuant to Illinois' Wellhead Protection Program, through which contaminants are reasonably likely to move toward such well or well field.

"Wellhead Protection Program" or "WHPP" means the wellhead protection program for the State of Illinois, approved by USEPA under 42 USC 300h-7. BOARD NOTE: Derived from 40 CFR 141.71(b) (2003). The wellhead protection program includes the "groundwater protection needs assessment" under Section 17.1 of the Act [415 ILCS 5/17.1] and 35 Ill. Adm. Code 615-617.

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

**Section 620.125 Incorporations by Reference**

- a) The Board incorporates the following material by reference:

ASTM International. 100 Barr Harbor Drive, PO Box C700, West

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~~Conshohocken, PA 19428-2959 (610) 832-9500. ASTM. American Society for Testing and Materials, 1976 Race Street, Philadelphia, Pa. 19103 (215) 299-5585~~

~~"Standard Practice for Classification of Soils for Engineering Purposes (Unified Classification System)" ASTM D2487-06.  
"Standard Practice for Description and Identification of Soils (Visual Manual Procedure)" D2488-84~~

~~CFR (Code of Federal Regulations). Available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (202) 783-3238.~~

~~Method Detection Limit Definition, appendix B to Part 136, 40 CFR 136, appendix B (2006).~~

~~Control of Lead and Copper, general requirements, 40 CFR 141.80 (2006).~~

~~Maximum contaminant levels for organic contaminants, 40 CFR 141.61 (2006).~~

~~Maximum contaminant levels for inorganic contaminants, 40 CFR 141.62 (2006).~~

~~Maximum contaminant levels for radionuclides, 40 CFR 141.66 (2006).~~

~~GPO. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20401; (202) 783-3238).~~

~~Maximum Contaminant Level Goals and National Primary Drinking Water Regulations for Lead and Copper, Final Rule, 56 Fed. Reg. 26460-26564 (June 7, 1991).~~

~~National Primary Drinking Water Regulations, Final Rule, 56 Fed. Reg. 3526-3597 (January 30, 1991).~~

~~National Primary Drinking Water Regulations, Final Rule, 57 Fed.~~

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~~Reg. 31776-31849 (July 17, 1992).~~

USEPA Guidelines for Carcinogenic Risk Assessment, 51 Fed. Reg. 33992-34003 (September 24, 1986).

Illinois Environmental Protection Agency, 1020 North Grand Avenue East, P.O. Box 19276, Springfield, IL 62794-9276 (217) 785-4787.

"Guidance Document for Groundwater Protection Needs Assessments," Agency, Illinois State Water Survey, and Illinois State Geologic Survey Joint Report, January 1995.

"The Illinois Wellhead Protection Program Pursuant to Section 1428 of the Federal Safe Drinking Water Act," Agency, # 22480, October 1992.

NCRP. National Council on Radiation Protection, 7910 Woodmont Ave., Bethesda, MD ~~(301) 657-2652~~ (301) 657-6252

"Maximum Permissible Body Burdens and Maximum Permissible Concentrations of Radionuclides in Air and in Water for Occupational Exposure", NCRP Report Number 22, June 5, 1959.

NTIS. National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161 ~~(703) 605-6000~~ (703) 487-4600.

"Methods for Chemical Analysis of Water and Wastes," March 1983, Doc. No. PB84-128677. EPA 600/4-79-020 (available online at <http://nepis.epa.gov/>).

"Methods for the Determination of Inorganic Substances in Environmental Samples," August 1993, PB94-120821 (referred to as "USEPA Environmental Inorganic Methods"). EPA 600/R-93-100 (available online at <http://nepis.epa.gov/>).

"Methods for the Determination of Metals in Environmental Samples," June 1991, Doc. No. PB91-231498. EPA 600/4-91-010 (available online at <http://nepis.epa.gov/>).

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"Methods for the Determination of Metals in Environmental Samples – Supplement I," May 1994, Doc. No. PB95-125472. EPA 600/R-94-111 (available online at <http://nepis.epa.gov/>).

"Methods for the Determination of Organic Compounds in Drinking Water," Doc. No. PB91-231480. EPA/600/4-88/039 (December 1988 (revised July 1991)) (available online at <http://nepis.epa.gov/>).

"Methods for the Determination of Organic Compounds in Drinking Water, Supplement I," Doc. No. PB91-146027. EPA/600/4-90/020 (July 1990) (available online at <http://nepis.epa.gov/>).

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"Prescribed Procedures for Measurement of Radioactivity in Drinking Water," Doc. No. PB80-224744. EPA 600/4-80-032, (August 1980) (available online at <http://nepis.epa.gov/>).

"Procedures for Radiochemical Analysis of Nuclear Reactor Aqueous Solutions," H.L. Krieger and S. Gold, Doc. No. PB222-154/7BA. EPA-R4-73-014, May 1973.

"Radiochemical Analytical Procedures for Analysis of Environmental Samples," March 1979, Doc. No. EMSL LV 053917.

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"Radiochemistry Procedures Manual," Doc. No. PB-84-215581. EPA-520/5-84-006, December 1987.

"Methods for Chemical Analysis of Water and Wastes," EPA Publication No. EPA-600/4-79-020, (March 1983), Doc. No. PB 84-128677

"Methods for the Determination of Organic Compounds in Drinking Water", EPA, EMSL, EPA-600/4-88/039 (Dec. 1988), Doc. No. PB-89-220461

"Practical Guide for Ground-Water Sampling", EPA Publication No. EPA/600/2-85/104 (September 1985), Doc. No. PB 86-137304.

"Test Methods for Evaluating Solid ~~Waste~~Wastes, Physical/Chemical Methods," USEPAEPA Publication No. SW-846, as amended by Updates I, II, IIA, IIB, III, IIIA, and IIIB (Third Edition, 1986, as amended by Revision I, Final Update I, July 1992, (Doc. No. 955-001-00000-1) (available on line at <http://www.epa.gov/epaoswer/hazwaste/test/main.htm>), PB-89-148076

USGS. United States Geological Survey, 1961 Stout St., Denver, CO 80294 (303) 844-4169

"Techniques of Water Resources Investigations of the United States Geological Survey, Guidelines for Collection and Field Analysis of Ground-Water Samples for Selected Unstable Constituents", Book I, Chapter D2 (1976+1981).

b) This Section incorporates no later editions or amendments.

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

## SUBPART B: GROUNDWATER CLASSIFICATION

**Section 620.210 Class I: Potable Resource Groundwater**

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Except as provided in Sections 620.230, 620.240, or 620.250, Potable Resource Groundwater is:

- a) Groundwater located 10 feet or more below the land surface and within:
  - 1) The minimum setback zone of a well which serves as a potable water supply and to the bottom of such well;
  - 2) Unconsolidated sand, gravel or sand and gravel which is 5 feet or more in thickness and that contains 12 percent or less of fines (i.e., fines which pass through a No. 200 sieve tested according to ASTM Standard Practice [D2487-06](#)~~D2488-84~~, incorporated by reference at Section 620.125);
  - 3) Sandstone which is 10 feet or more in thickness, or fractured carbonate which is 15 feet or more in thickness; or
  - 4) Any geologic material which is capable of a:
    - A) Sustained groundwater yield, from up to a 12 inch borehole, of 150 gallons per day or more from a thickness of 15 feet or less; or
    - B) Hydraulic conductivity of  $1 \times 10^{-4}$  cm/sec or greater using one of the following test methods or its equivalent:
      - i) Permeameter;
      - ii) Slug test; or
      - iii) Pump test.
- b) Any groundwater which is determined by the Board pursuant to petition procedures set forth in Section 620.260, to be capable of potable use.

**BOARD NOTE**(~~Board Note~~: Any portion of the thickness associated with the geologic materials as described in subsections 620.210(a)(2), (a)(3) or (a)(4) should be designated as Class I: Potable Resource Groundwater if located 10 feet or more below the land surface.)

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

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SUBPART C: NONDEGRADATION PROVISIONS  
FOR APPROPRIATE GROUNDWATERS**Section 620.302 Applicability of Preventive Notification and Preventive Response Activities**

- a) Preventive notification and preventive response as specified in Sections 620.305 through 620.310 applies to:
  - 1) Class I groundwater under Section 620.210(a)(1), (a)(2), or (a)(3) ~~that~~which is monitored by the persons listed in subsection (b); or
  - 2) Class III groundwater ~~that~~which is monitored by the persons listed in subsection (b).
- b) For purposes of subsection (a), the persons that conduct groundwater monitoring are:
  - 1) An owner or operator of a regulated entity for which groundwater quality monitoring must be performed pursuant to State or Federal law or regulation (e.g., ~~section~~Section 106 and 107 of the Comprehensive Environmental Response, Compensation and Liability Act (42 ~~USCU.S.C.~~ 9601, et seq.); ~~sections~~Sections 3004 and 3008 of the Resource Conservation and Recovery Act (42 ~~USCU.S.C.~~ 6901, et seq.); ~~sections~~Sections 4(q), 4(v), 12(g), 21(d), 21(f), 22.2(f), 22.2(m) and 22.18 of the Act; 35 Ill. Adm. Code 724, 725, 730, 731, 750, 811 and 814);
  - 2) An owner or operator of a public water supply well who conducts groundwater quality monitoring;
  - 3) A ~~State~~state agency ~~that~~which is authorized to conduct, or is the recipient of, groundwater quality monitoring data (e.g., Illinois Environmental Protection Agency, Department of Public Health, ~~Department of Conservation, Department of Mines and Minerals,~~ Department of Agriculture, Office of State Fire Marshal or Department of ~~Energy and~~ Natural Resources); or
  - 4) An owner or operator of a facility that conducts groundwater quality

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monitoring pursuant to State or federal judicial or administrative order.

- c) If a contaminant exceeds a standard set forth in Section 620.410 or Section 620.430, the appropriate remedy is corrective action and Sections 620.305 and 620.310 do not apply.

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

**Section 620.310 Preventive Response Activities**

- a) The following preventive assessment must be undertaken:
- 1) If a preventive notification under Section 620.305(c) is provided by a community water supply:
- A) The Agency shall notify the owner or operator of any identified potential primary source, potential secondary source, potential route, or community water supply well that is located within 2,500 feet of the wellhead.
- B) The owner or operator notified under subsection (a)(1)(A) shall, within 30 days after the date of issuance of such notice, sample each water well or monitoring well for the contaminant identified in the notice if the contaminant or material containing such contaminant is or has been stored, disposed of, or otherwise handled at the site. If a contaminant identified under Section 620.305(a) is detected, then the well must be resampled within 30 days of the date on which the first sample analyses are received. If a contaminant identified under Section 620.305(a) is detected by the resampling, preventive notification must be given as set forth in Section 620.305.
- C) If the Agency receives analytical results under subsection (a)(1)(B) that show a contaminant identified under Section 620.305(a) has been detected, the Agency shall:
- i) Conduct a well site survey pursuant to 415 ILCS 5/17.1(d), if such a survey has not been previously conducted within the last 5 years; and

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- ii) Identify those sites or activities that represent a hazard to the continued availability of groundwaters for public use unless a groundwater protection needs assessment has been prepared pursuant to 415 ILCS 5/17.1(d).
- 2) If a preventive notification is provided under Section 620.305(c) by a non-community water supply or for multiple private water supply wells, the Department of Public Health shall conduct a sanitary survey within 1,000 feet of the wellhead of a non-community water supply or within 500 feet of the wellheads for multiple private water supply wells.
- 3) If a preventive notification under Section 620.305(b) is provided by the owner or operator of a regulated entity and the applicable standard in Subpart D has not been exceeded:

A) The appropriate regulatory agency shall determine if any of the following occurs for Class I: Potable Resource Groundwater:

- i) The levels set forth below are exceeded or are changed for pH:

Constituent	Criteria (mg/L)
Para-Dichlorobenzene	0.005
Ortho-Dichlorobenzene	0.01
Ethylbenzene	0.03
Methyl Tertiary-Butyl Ether <u>(MTBE)</u>	0.02
Phenols	0.001
Styrene	0.01
Toluene	0.04
Xylenes	0.02

- ii) A statistically significant increase occurs above background (as determined pursuant to other regulatory procedures (e.g., 35 Ill. Adm. Code 616, 724, 725 or 811)) for arsenic, beryllium, cadmium, chromium, cyanide, lead, mercury, ~~or~~ thallium, or vanadium (except due to natural causes); or for

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acenaphthene, acetone, aldicarb, anthracene, atrazine, benzoic acid, carbon disulfide, carbofuran, dalapon, 2-butanone (MEK), dicamba, dichlorodifluoromethane, 1,1-dichloroethane, diethyl phthalate, di-n-butyl phthalate, dinoseb, endrin, endothall, fluoranthene, fluorine, hexachlorocyclopentadiene, isopropylbenzene (cumene), lindane (gamma-hexachloro cyclohexane), 2,4-D, 1,1-dichloroethylene, cis-1,2-dichloroethylene, trans-1,2-dichloroethylene, MCPP (mecoprop), 2-methylnaphthalene, methoxychlor, 2-methylphenol, monochlorobenzene, naphthalene, picloram, pyrene, simazine, 2,4,5-TP (silvex/Silvex), 1,2,4-trichlorobenzene, 1,1,2-trichloroethane, ~~and~~ 1,1,1-trichloroethane, and trichlorofluoromethane.

- iii) For a chemical constituent of gasoline, diesel fuel, or heating fuel, the constituent exceeds the following:

Constituent	Criterion (mg/L)
BETX	0.095

- iv) For pH, a statistically significant change occurs from background.

BOARD NOTE: Constituents that are carcinogens have not been listed in subsection (a)(3)(A) because the standard is set at the PQL and any exceedence thereof is a violation subject to corrective action.

- B) The appropriate agency shall determine if, for Class III: Special Resource Groundwater, the levels as determined by the Board are exceeded.
- C) The appropriate regulatory agency shall consider whether the owner or operator reasonably demonstrates that:
- i) The contamination is a result of contaminants remaining in groundwater from a prior release for which appropriate

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action was taken in accordance with laws and regulations in existence at the time of the release;

ii) The source of contamination is not due to the on-site release of contaminants; or

iii) The detection resulted from error in sampling, analysis, or evaluation.

D) The appropriate regulatory agency shall consider actions necessary to minimize the degree and extent of contamination.

b) The appropriate regulatory agency shall determine whether a preventive response must be undertaken based on relevant factors including, but not limited to, the considerations in subsection (a)(3).

c) After completion of preventive response pursuant to authority of an appropriate regulatory agency, the concentration of a contaminant listed in subsection (a)(3)(A) in groundwater may exceed 50 percent of the applicable numerical standard in Subpart D only if the following conditions are met:

1) The exceedence has been minimized to the extent practicable;

2) Beneficial use, as appropriate for the class of groundwater, has been assured; and

3) Any threat to public health or the environment has been minimized.

d) Nothing in this Section shall in any way limit the authority of the State or of the United States to require or perform any corrective action process.

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

## SUBPART D: GROUNDWATER QUALITY STANDARDS

**Section 620.410 Groundwater Quality Standards for Class I: Potable Resource Groundwater**

a) Inorganic Chemical Constituents

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Except due to natural causes or as provided in Section 620.450, concentrations of the following chemical constituents must not be exceeded in Class I groundwater:

Constituent	Units	Standard
Antimony	mg/L	0.006
Arsenic*	mg/L	<del>0.010</del> 0.05
Barium	mg/L	2.0
Beryllium	mg/L	0.004
Boron	mg/L	2.0
Cadmium	mg/L	0.005
Chloride	mg/L	200.0
Chromium	mg/L	0.1
Cobalt	mg/L	1.0
Copper	mg/L	0.65
Cyanide	mg/L	0.2
Fluoride	mg/L	4.0
Iron	mg/L	5.0
Lead	mg/L	0.0075
Manganese	mg/L	0.15
Mercury	mg/L	0.002
Nickel	mg/L	0.1
Nitrate as N	mg/L	10.0
<u>Perchlorate</u>	<u>mg/L</u>	<u>0.0049</u>
Radium-226	pCi/l	20.0
Radium-228	pCi/l	20.0
Selenium	mg/L	0.05
Silver	mg/L	0.05
Sulfate	mg/L	400.0
Thallium	mg/L	0.002
Total Dissolved Solids (TDS)	mg/L	1,200
<u>Vanadium</u>	<u>mg/L</u>	<u>0.049</u>
Zinc	mg/L	5.0

\*Denotes a carcinogen.

- b) Organic Chemical Constituents  
 Except due to natural causes or as provided in Section 620.450 or subsection

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(d)(e), concentrations of the following organic chemical constituents shall not be exceeded in Class I groundwater:

Constituent	Standard (mg/L)
<u>Acenaphthene</u>	<u>0.42</u>
<u>Acetone</u>	<u>6.3</u>
Alachlor*	0.002
Aldicarb	0.003
<u>Anthracene</u>	<u>2.1</u>
Atrazine	0.003
Benzene*	0.005
<u>Benzo(a)anthracene*</u>	<u>0.00013</u>
<u>Benzo(b)fluoranthene*</u>	<u>0.00018</u>
<u>Benzo(k)fluoranthene*</u>	<u>0.00017</u>
Benzo(a)pyrene*	0.0002
<u>Benzoic acid</u>	<u>28.0</u>
<u>2-Butanone (MEK)</u>	<u>4.2</u>
Carbofuran	0.04
<u>Carbon Disulfide</u>	<u>0.7</u>
Carbon Tetrachloride*	0.005
Chlordane*	0.002
<u>Chloroform*</u>	<u>0.07</u>
<u>Chrysene*</u>	<u>0.012</u>
Dalapon	0.2
<u>Dibenzo(a,h)anthracene*</u>	<u>0.0003</u>
<u>Dicamba</u>	<u>0.21</u>
<u>Dichlorodifluoromethane</u>	<u>1.4</u>
<u>1,1-Dichloroethane</u>	<u>1.4</u>
Dichloromethane*	0.005
Di(2-ethylhexyl)phthalate*	0.006
<u>Diethyl Phthalate</u>	<u>5.6</u>
<u>Di-n-butyl Phthalate</u>	<u>0.7</u>
Dinoseb	0.007
Endothall	0.1
Endrin	0.002
Ethylene Dibromide*	0.00005
<u>Fluoranthene</u>	<u>0.28</u>
<u>Fluorene</u>	<u>0.28</u>

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Heptachlor*	0.0004
Heptachlor Epoxide*	0.0002
Hexachlorocyclopentadiene	0.05
<u>Indeno(1,2,3-cd)pyrene*</u>	<u>0.00043</u>
<u>Isopropylbenzene (Cumene)</u>	<u>0.7</u>
Lindane (Gamma-Hexachlorocyclohexane)	0.0002
2,4-D	0.07
ortho-Dichlorobenzene	0.6
para-Dichlorobenzene	0.075
1,2-Dibromo-3-Chloropropane*	0.0002
1,2-Dichloroethane*	0.005
1,1-Dichloroethylene	0.007
cis-1,2-Dichloroethylene	0.07
trans-1,2-Dichloroethylene	0.1
1,2-Dichloropropane*	0.005
Ethylbenzene	0.7
<u>MCPP (Mecoprop)</u>	<u>0.007</u>
Methoxychlor	0.04
<u>2-Methylnaphthalene</u>	<u>0.028</u>
<u>2-Methylphenol</u>	<u>0.35</u>
Methyl Tertiary-Butyl Ether (MTBE)	0.07
Monochlorobenzene	0.1
<u>Naphthalene</u>	<u>0.14</u>
<u>P-Dioxane*</u>	<u>0.0077</u>
Pentachlorophenol*	0.001
Phenols	0.1
Picloram	0.5
<u>Pyrene</u>	<u>0.21</u>
Polychlorinated Biphenyls (PCBs) (as decachloro-biphenyl)*	0.0005
<u>alpha-BHC (alpha-Benzene hexachloride)*</u>	<u>0.00011</u>
Simazine	0.004
Styrene	0.1
2,4,5-TP (Silvex)	0.05
Tetrachloroethylene*	0.005

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Toluene	1.0
Toxaphene*	0.003
1,1,1-Trichloroethane	0.2
1,1,2-Trichloroethane	0.005
1,2,4-Trichlorobenzene	0.07
Trichloroethylene*	0.005
<u>Trichlorofluoromethane</u>	<u>2.1</u>
Vinyl Chloride*	0.002
Xylenes	10.0

\*Denotes a carcinogen.

- c) Explosive Constituents  
Concentrations of the following explosive constituents must not exceed the Class I groundwater standard:

<u>Constituent</u>	<u>Standard (mg/L)</u>
<u>1,3-Dinitrobenzene</u>	<u>0.0007</u>
<u>2,4-Dinitrotoluene*</u>	<u>0.0001</u>
<u>2,6-Dinitrotoluene*</u>	<u>0.00031</u>
<u>HMX (High Melting Explosive, Octogen)</u>	<u>1.4</u>
<u>Nitrobenzene</u>	<u>0.014</u>
<u>RDX (Royal Demolition Explosive, Cyclonite)</u>	<u>0.084</u>
<u>1,3,5-Trinitrobenzene</u>	<u>0.84</u>
<u>2,4,6-Trinitrotoluene (TNT)</u>	<u>0.014</u>

\*Denotes a carcinogen.

- d)e) Complex Organic Chemical Mixtures

Concentrations of the following chemical constituents of gasoline, diesel fuel, or heating fuel must not be exceeded in Class I groundwater:

Constituent	Standard (mg/L)
Benzene*	0.005

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BETX 11.705

\*Denotes a carcinogen.

~~e)~~ pH  
 Except due to natural causes, a pH range of 6.5 - 9.0 units must not be exceeded in Class I groundwater.

~~f)~~ Beta Particle and Photon Radioactivity

- 1) Except due to natural causes, the average annual concentration of beta particle and photon radioactivity from man-made radionuclides shall not exceed a dose equivalent to the total body organ greater than 4 mrem/year in Class I groundwater. If two or more radionuclides are present, the sum of their dose equivalent to the total body, or to any internal organ shall not exceed 4 mrem/year in Class I groundwater except due to natural causes.
- 2) Except for the radionuclides listed in subsection ~~(f)~~(3), the concentration of man-made radionuclides causing 4 mrem total body or organ dose equivalent must be calculated on the basis of a 2 liter per day drinking water intake using the 168-hour data in accordance with the procedure set forth in NCRP Report Number 22, incorporated by reference at Section 620.125(a).
- 3) Except due to natural causes, the average annual concentration assumed to produce a total body or organ dose of 4 mrem/year of the following chemical constituents shall not be exceeded in Class I groundwater:

Constituent	Critical Organ	Standard (pCi/L)
Tritium	Total body	20,000.0
Strontium-90	Bone marrow	8.0

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

**Section 620.420 Groundwater Quality Standards for Class II: General Resource Groundwater**

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## a) Inorganic Chemical Constituents

- 1) Except due to natural causes or as provided in Section 620.450 or subsection (a)(3) or ~~(e)(4)~~ of this Section, concentrations of the following chemical constituents must not be exceeded in Class II groundwater:

Constituent	Standard (mg/L)
Antimony	0.024
Arsenic*	0.2
Barium	2.0
Beryllium	0.5
Cadmium	0.05
Chromium	1.0
Cobalt	1.0
Cyanide	0.6
Fluoride	4.0
Lead	0.1
Mercury	0.01
Nitrate as N	100.0
<u>Perchlorate</u>	<u>0.0049</u>
Thallium	0.02
<u>Vanadium</u>	<u>0.1</u>

\*Denotes a carcinogen.

- 2) Except as provided in Section 620.450 or subsection (a)(3) or ~~(e)(4)~~ of this Section, concentrations of the following chemical constituents must not be exceeded in Class II groundwater:

Constituent	Standard (mg/L)
Boron	2.0
Chloride	200.0
Copper	0.65
Iron	5.0
Manganese	10.0

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Nickel	2.0
Selenium	0.05
Total Dissolved Solids (TDS)	1,200.0
Sulfate	400.0
Zinc	10.0

- 3) The standard for any inorganic chemical constituent listed in subsection (a)(2) of this Section, for barium, or for pH does not apply to groundwater within fill material or within the upper 10 feet of parent material under such fill material on a site not within the rural property class for which:
- A) Prior to November 25, 1991, surficial characteristics have been altered by the placement of such fill material so as to impact the concentration of the parameters listed in subsection (a)(3) of this Section, and any on-site groundwater monitoring of such parameters is available for review by the Agency.
- B) On November 25, 1991, surficial characteristics are in the process of being altered by the placement of such fill material, that proceeds in a reasonably continuous manner to completion, so as to impact the concentration of the parameters listed in subsection (a)(3) of this Section, and any on-site groundwater monitoring of such parameters is available for review by the Agency.
- 4) For purposes of subsection (a)(3) of this Section, the term "fill material" means clean earthen materials, slag, ash, clean demolition debris, or other similar materials.

## b) Organic Chemical Constituents

- 1) Except due to natural causes or as provided in Section 620.450 or subsection (b)(2) or ~~(e)(4)~~ of this Section, concentrations of the following organic chemical constituents must not be exceeded in Class II groundwater:

Constituent	Standard (mg/L)
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<u>Acenaphthene</u>	<u>2.1</u>
<u>Acetone</u>	<u>6.3</u>
Alachlor*	0.010
Aldicarb	0.015
<u>Anthracene</u>	<u>10.5</u>
Atrazine	0.015
Benzene*	0.025
<u>Benzo(a)anthracene*</u>	<u>0.00065</u>
<u>Benzo(b)fluoranthene*</u>	<u>0.0009</u>
<u>Benzo(k)fluoranthene*</u>	<u>0.006</u>
Benzo(a)pyrene*	0.002
<u>Benzoic acid</u>	<u>28.0</u>
<u>2-Butanone (MEK)</u>	<u>4.2</u>
<u>Carbon Disulfide</u>	<u>3.5</u>
Carbofuran	0.2
Carbon Tetrachloride*	0.025
Chlordane*	0.01
<u>Chloroform*</u>	<u>0.35</u>
<u>Chrysene*</u>	<u>0.06</u>
Dalapon	2.0
<u>Dibenzo(a,h)anthracene</u>	<u>0.0015</u>
<u>Dicamba</u>	<u>0.21</u>
<u>Dichlorodifluoromethane</u>	<u>7.0</u>
<u>1,1-Dichloroethane</u>	<u>7.0</u>
Dichloromethane*	0.05
Di(2-ethylhexyl)phthalate*	0.06
<u>Diethyl Phthalate</u>	<u>5.6</u>
<u>Di-n-butyl Phthalate</u>	<u>3.5</u>
Dinoseb	0.07
Endothall	0.1
Endrin	0.01
Ethylene Dibromide*	0.0005
<u>Fluoranthene</u>	<u>1.4</u>
<u>Fluorene</u>	<u>1.4</u>
Heptachlor*	0.002
Heptachlor Epoxide*	0.001
Hexachlorocyclopentadiene	0.5
<u>Indeno(1,2,3-cd)pyrene*</u>	<u>0.0022</u>
<u>Isopropylbenzene (Cumene)</u>	<u>3.5</u>

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Lindane (Gamma-Hexachloro cyclohexane)	0.001
2,4-D	0.35
Ortho-Dichlorobenze	1.5
Para-Dichlorobenzene	0.375
1,2-Dibromo-3-Chloropropane*	0.002
1,2-Dichloroethane*	0.025
1,1-Dichloroethylene	0.035
cis-1,2-Dichloroethylene	0.2
Trans-1,2-Dichloroethylene	0.5
1,2-Dichloropropane*	0.025
Ehylbenzene	1.0
<a href="#">MCPP (Mecoprop)</a>	<a href="#">0.007</a>
Methoxychlor	0.2
<a href="#">2-Methylnaphthalene</a>	<a href="#">0.14</a>
<a href="#">2-Methylphenol</a>	<a href="#">0.35</a>
Methyl Tertiary-Butyl Ether (MTBE)	0.07
Monochlorobenzene	0.5
<a href="#">Naphthalene</a>	<a href="#">0.22</a>
<a href="#">P-Dioxane*</a>	<a href="#">0.0077</a>
Pentachlorophenol*	0.005
Phenols	0.1
Picloram	5.0
<a href="#">Pyrene</a>	<a href="#">1.05</a>
Polychlorinated Biphenyls (PCBs) (as decachloro-biphenyl)*	0.0025
<a href="#">alpha-BHC (alpha-Benzene hexachloride)*</a>	<a href="#">0.00055</a>
Simazine	0.04
Styrene	0.5
2,4,5-TP	0.25
Tetrachloroethylene*	0.025
Toluene	2.5
Toxaphene*	0.015
1,1,1-Trichloroethane	1.0
1,2,4-Trichlorobenzene	0.7
1,1,2-Trichloroethane	0.025
<a href="#">Trichlorofluoromethane</a>	<a href="#">10.5</a>
Vinyl Chloride*	0.01

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Xylenes 10.0

\* Denotes a carcinogen.

- 2) The standards for pesticide chemical constituents listed in subsection (b)(1) of this Section do not apply to groundwater within 10 feet of the land surface, provided that the concentrations of such constituents result from the application of pesticides in a manner consistent with the requirements of the Federal Insecticide, Fungicide and Rodenticide Act (7 USC 136 et seq.) and the Illinois Pesticide Act [415 ILCS 60].

- c) Explosive Constituents  
Concentrations of the following explosive constituents must not exceed the Class II groundwater standard:

<u>Constituent</u>	<u>Standard (mg/L)</u>
<u>1,3-Dinitrobenzene</u>	<u>0.0007</u>
<u>2,4-Dinitrotoluene*</u>	<u>0.0001</u>
<u>2,6-Dinitrotoluene*</u>	<u>0.00031</u>
<u>HMX (High Melting Explosive, Octogen)</u>	<u>1.4</u>
<u>Nitrobenzene</u>	<u>0.014</u>
<u>RDX (Royal Demolition Explosive, Cyclonite)</u>	<u>0.084</u>
<u>1,3,5-Trinitrobenzene</u>	<u>0.84</u>
<u>2,4,6-Trinitrotoluene (TNT)</u>	<u>0.014</u>

\*Denotes a carcinogen.

- d) Complex Organic Chemical Mixtures  
Concentrations of the following organic chemical constituents of gasoline, diesel fuel, or heating fuel must not be exceeded in Class II groundwater:

<u>Constituent</u>	<u>Standard (mg/L)</u>
<u>Benzene*</u>	<u>0.025</u>

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BETX 13.525

\*Denotes a carcinogen

- ed) pH  
Except due to natural causes, a pH range of 6.5 - 9.0 units must not be exceeded in Class II groundwater that is within 5 feet of the land surface.

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

**Section 620.440 Groundwater Quality Standards for Class IV: Other Groundwater**

- a) Except as provided in ~~subsections~~ (b) or (c), Class IV: Other Groundwater standards are equal to the existing concentrations of constituents in groundwater.
- b) For groundwater within a zone of attenuation as provided in 35 Ill. Adm. Code 811 and 814, the standards specified in Section 620.420 must not be exceeded, except for concentrations of contaminants within leachate released from a permitted unit.
- c) For groundwater within a previously mined area, the standards set forth in Section 620.420 must not be exceeded, except for concentrations of TDS, chloride, iron, manganese, sulfates, ~~or~~ pH, 1,3-dinitrobenzene, 2,4-dinitrotoluene, 2,6-dinitrotoluene, HMX (high melting explosive, octogen), nitrobenzene, RDX (royal demolition explosive, cyclonite), 1,3,5-trinitrobenzene, or 2,4,6-trinitrotoluene (TNT). For concentrations of TDS, chloride, iron, manganese, sulfates, ~~or~~ pH, 1,3-dinitrobenzene, 2,4-dinitrotoluene, 2,6-dinitrotoluene, HMX, nitrobenzene, RDX, 1,3,5-trinitrobenzene, or 2,4,6-trinitrotoluene (TNT), the standards are the existing concentrations.

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

**Section 620.450 Alternative Groundwater Quality Standards**

- a) Groundwater Quality Restoration Standards
- 1) Any chemical constituent in groundwater within a groundwater management zone is subject to this Section.

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- 2) Except as provided in subsections (a)(3) or (a)(4)~~below~~, the standards as specified in Sections 620.410, 620.420, 620.430, and 620.440 apply to any chemical constituent in groundwater within a groundwater management zone.
  - 3) Prior to completion of a corrective action described in Section 620.250(a), the standards as specified in Sections 620.410, 620.420, 620.430, and 620.440 are not applicable to such released chemical constituent, provided that the initiated action proceeds in a timely and appropriate manner.
  - 4) After completion of a corrective action as described in Section 620.250(a), the standard for such released chemical constituent is:
    - A) The standard as set forth in Section 620.410, 620.420, 620.430, or 620.440, if the concentration as determined by groundwater monitoring of such constituent is less than or equal to the standard for the appropriate class set forth in those [Sections](#)~~sections~~; or
    - B) The concentration as determined by groundwater monitoring, if such concentration exceeds the standard for the appropriate class set forth in Section 620.410, 620.420, 620.430, or 620.440 for such constituent, and:
      - i) To the extent practicable, the exceedence has been minimized and beneficial use, as appropriate for the class of groundwater, has been returned; and
      - ii) Any threat to public health or the environment has been minimized.
  - 5) The Agency shall develop and maintain a listing of concentrations derived pursuant to subsection (a)(4)(B)~~above~~. This list shall be made available to the public and be updated periodically, but no less frequently than semi-annually. This listing shall be published in the Environmental Register.
- b) Coal Reclamation Groundwater Quality Standards
- 1) Any inorganic chemical constituent or pH in groundwater, within an

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underground coal mine, or within the cumulative impact area of groundwater for which the hydrologic balance has been disturbed from a permitted coal mine area pursuant to the Surface Coal Mining Land Conservation and Reclamation Act [225 ILCS 720] and 62 Ill. Adm. Code 1700 through 1850, is subject to this Section.

- 2) Prior to completion of reclamation at a coal mine, the standards as specified in Sections 620.410(a) and ~~(e)(4)~~, 620.420(a) and (e), 620.430 and 620.440 are not applicable to inorganic constituents and pH.
- 3) After completion of reclamation at a coal mine, the standards as specified in Sections 620.410(a) and ~~(e)(4)~~, 620.420(a), 620.430, and 620.440 are applicable to inorganic constituents and pH, except:
  - A) The concentration of total dissolved solids (TDS) must not exceed:
    - i) The post-reclamation concentration or 3000 mg/L, whichever is less, for groundwater within the permitted area; or
    - ii) The post-reclamation concentration of TDS must not exceed the post-reclamation concentration or 5000 mg/L, whichever is less, for groundwater in underground coal mines and in permitted areas reclaimed after surface coal mining if the Illinois Department of Mines and Minerals and the Agency have determined that no significant resource groundwater existed prior to mining (62 Ill. Adm. Code 1780.21(f) and (g)); and
  - B) For chloride, iron, manganese and sulfate, the post-reclamation concentration within the permitted area must not be exceeded.
  - C) For pH, the post-reclamation concentration within the permitted area must not be exceeded within Class I: Potable Resource Groundwater as specified in Section 620.210(a)(4).
  - D) For 1,3-dinitrobenzene, 2,4-dinitrotoluene, 2,6-dinitrotoluene, HMX (high melting explosive, octogen), nitrobenzene, RDX (royal demolition explosive, cyclonite), 1,3,5-trinitrobenzene, and 2,4,6-

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trinitrotoluene (TNT), the post-reclamation concentration within the permitted area must not be exceeded.

- 4) A refuse disposal area (not contained within the area from which overburden has been removed) is subject to the inorganic chemical constituent and pH requirements of:
  - A) 35 Ill. Adm. Code 302.Subparts B and C, except due to natural causes, for such area that was placed into operation after February 1, 1983, and before the effective date of this Part, provided that the groundwater is a present or a potential source of water for public or food processing;
  - B) Section 620.440(c) for such area that was placed into operation prior to February 1, 1983, and has remained in continuous operation since that date; or
  - C) Subpart D of this Part for such area that is placed into operation on or after the effective date of this Part.
- 5) For a refuse disposal area (not contained within the area from which overburden has been removed) that was placed into operation prior to February 1, 1983, and is modified after that date to include additional area, this Section applies to the area that meets the requirements of subsection (b)(4)(C) and the following applies to the additional area:
  - A) 35 Ill. Adm. Code 302.Subparts B and C, except due to natural causes, for such additional refuse disposal area that was placed into operation after February 1, 1983, and before the effective date of this Part, provided that the groundwater is a present or a potential source of water for public or food processing; and
  - B) Subpart D for such additional area that was placed into operation on or after the effective date of this Part.
- 6) A coal preparation plant (not located in an area from which overburden has been removed) which contains slurry material, sludge or other precipitated process material, is subject to the inorganic chemical constituent and pH requirements of:

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- A) 35 Ill. Adm. Code 302.Subparts B and C, except due to natural causes, for such plant that was placed into operation after February 1, 1983 and before the effective date of this Part, provided that the groundwater is a present or a potential source of water for public or food processing;
  - B) Section 620.440(c) for such plant that was placed into operation prior to February 1, 1983, and has remained in continuous operation since that date; or
  - C) Subpart D for such plant that is placed into operation on or after the effective date of this Part.
- 7) For a coal preparation plant (not located in an area from which overburden has been removed) which contains slurry material, sludge or other precipitated process material, that was placed into operation prior to February 1, 1983, and is modified after that date to include additional area, this Section applies to the area that meets the requirements of subsection (b)(6)(C) and the following applies to the additional area:
- A) 35 Ill. Adm. Code 302.Subparts B and C, except due to natural causes, for such additional area that was placed into operation after February 1, 1983, and before the effective date of this Part, provided that the groundwater is a present or a potential source of water for public or food processing; and
  - B) Subpart D for such additional area that was placed into operation on or after the effective date of this Part.
- c) Groundwater Quality Standards for Certain Groundwater Subject to a No Further Remediation Letter under Part 740. While a No Further Remediation Letter is in effect for a region formerly encompassed by a groundwater management zone established under 35 Ill. Adm. [Code](#) 740.530, the groundwater quality standards for "contaminants of concern", as defined in 35 Ill. Adm. Code 740.120, within such area shall be the groundwater objectives achieved as documented in the approved Remedial Action Completion Report.

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

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## SUBPART E: GROUNDWATER MONITORING AND ANALYTICAL PROCEDURES

**Section 620.505 Compliance Determination**

- a) Compliance with standards at a site is to be determined as follows:
- 1) For a structure (e.g., buildings), at the closest practical distance beyond the outermost edge for the structure.
  - 2) For groundwater that underlies a potential primary or secondary source, the outermost edge as specified in Section 620.240(e)(1).
  - 3) For groundwater that underlies a coal mine refuse disposal area, a coal combustion waste disposal area, or an impoundment that contains sludge, slurry, or precipitated process material at a coal preparation plant, the outermost edge as specified in Section 620.240(f)(1) or location of monitoring wells in existence as of the effective date of this Part on a permitted site.
  - 4) For a groundwater management zone, as specified in a corrective action process.
  - 5) For groundwater, any point, where monitoring is conducted using a water well, or a monitoring well that meets one of the following conditions:
    - A) For a potable water supply well if geologic ~~logs~~~~(s)~~ exist for this well or geologic logs in the immediate 1,000-foot area of this well are representative of the hydrogeologic materials encountered by this well as determined by a licensed professional geologist or a licensed professional engineer or a WHPA has been delineated outside of an applicable setback zone of a community water well or well field in accordance with the "Guidance Document for Groundwater Protection Needs Assessments," incorporated by reference at Section 620.125, and "The Illinois Wellhead Protection Program," incorporated by reference at Section 620.125.
    - B) For a potable water supply well other than a community water supply well, a construction report has been filed with the

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Department of Public Health for such potable well, or such well has been located and constructed (or reconstructed) to meet the Illinois Water Well Construction Code [415 ILCS 30] and 77 Ill. Adm. Code 920.

- C) For a potable water supply well that was constructed prior to August 20, 1965, the enactment of the Illinois Water Well Construction Code [415 ILCS 30], and meets all of the following criteria:
- i) Construction must be done in a manner that will enable the collection of groundwater samples that represent in situ groundwater conditions;
  - ii) Casings and screens must be made from durable material resistant to expected chemical or physical degradation that do not interfere with the quality of groundwater samples being collected; and
  - iii) The annular space opposite the screened section of the well (i.e., the space between the bore hole and well screen) must be filled with gravel or sand if necessary to collect groundwater samples. The annular space above and below the well screen must be sealed to prevent migration of water from adjacent formations and the surface to the sampled depth.
- D) For a community water supply well, such well has been permitted by the Agency, or has been constructed in accordance with 35 Ill. Adm. Code 602.115.
- E) For a water well other than a potable water supply well (e.g., a livestock watering well or an irrigation well), a construction report has been filed with the Department of Public Health or the Office of Mines and Minerals in the Department of Natural Resources for such well, or such well has been located and constructed (or reconstructed) to meet the Illinois Water Well Construction Code [415 ILCS 30] and 35 Ill. Adm. Code 920.

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- F) For a monitoring well, such well meets the following requirements:
- i) Construction must be done in a manner that will enable the collection of groundwater samples;
  - ii) Casings and screens must be made from durable material resistant to expected chemical or physical degradation that do not interfere with the quality of groundwater samples being collected; and
  - iii) The annular space opposite the screened section of the well (i.e., the space between the bore hole and well screen) must be filled with gravel or sand if necessary to collect groundwater samples. The annular space above and below the well screen must be sealed to prevent migration of water from adjacent formations and the surface to the sampled depth.
- 6) Monitoring shall not be conducted for compliance determinations pursuant to subsection (a) of this Section:
- A) For a water well that is:
    - i) Less than 15 feet in total depth from the land surface,
    - ii) bored or dug,
    - iii) constructed of permeable materials (e.g., cement, tile, stone or brick), and
    - iv) 36 inches or more in diameter.
  - B) For a water well with water quality problems due to damaged well construction materials or poorly-designed well construction;
  - C) For a water well in a basement or pit; or
  - D) For water well water from a holding tank.

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- b) For a spring, compliance with this Subpart shall be determined at the point of emergence.

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

**Section 620.510 Monitoring and Analytical Requirements**

- a) Representative Samples  
A representative sample shall be taken from locations as specified in Section 620.505.
- b) Sampling and Analytical Procedures
- 1) Samples must be collected in accordance with the procedures set forth in the documents pertaining to groundwater monitoring and analysis ["Methods for Chemical Analysis of Water and Wastes,"](#) ["Methods for the Determination of Inorganic Substances in Environmental Samples,"](#) ["Methods for the Determination of Metals in Environmental Samples,"](#) ["Methods for the Determination of Organic Compounds in Drinking Water,"](#) ["Methods for the Determination of Organic Compounds in Drinking Water, Supplement I,"](#) ["Methods for the Determination of Organic Compounds in Drinking Water, Supplement II,"](#) ["Methods for the Determination of Organic Compounds in Drinking Water, Supplement III,"](#) ["Methods for the Determination of Organic and Inorganic Compounds in Drinking Water,"](#) ["Prescribed Procedures for Measurement of Radioactivity in Drinking Water,"](#) ["Procedures for Radiochemical Analysis of Nuclear Reactor Aqueous Solutions,"](#) ["Radiochemical Analytical Procedures for Analysis of Environmental Samples,"](#) ["Radiochemistry Procedures Manual,"](#) ["Practical Guide for Ground Water Sampling,"](#) ["Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods" \(SW-846\), 40 CFR 136, appendix B, 40 CFR 141.80, 40 CFR 141.61, and 40 CFR 141.62,](#) ["Techniques of Water Resources Investigations of the United States Geological Survey, Guidelines for Collection and Field Analysis of Ground Water Samples for Selected Unstable Constituents,"](#) ~~["Methods for Chemical Analysis of Water and Wastes,"](#)~~ ~~["Methods for the Determination of Organic Compounds in Drinking Water,"](#)~~ ["Practical Guide for Ground-Water Sampling,"](#) ~~["Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods" \(SW-846\), 56 Fed. Reg. 3526-3597, 56 Fed.](#)~~

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~~Reg. 26460-26564, 57 Fed. Reg. 31776-31849,~~ "Techniques of Water Resources Investigations of the United States Geological Survey, Guidelines for Collection and Field Analysis of Ground-Water Samples for Selected Unstable Constituents," incorporated by reference at Section 620.125 or other procedures adopted by the appropriate regulatory agency.

- 2) Groundwater elevation in a groundwater monitoring well must be determined and recorded when necessary to determine the gradient.
- 3) The analytical methodology used for the analysis of constituents in Subparts C and D must be consistent with both of the following:
  - A) The methodology must have a PQL at or below the preventive response levels of Subpart C or groundwater standard set forth in Subpart D, whichever is applicable; and
  - B) "Methods for Chemical Analysis of Water and Wastes," "Methods for the Determination of Inorganic Substances in Environmental Samples," "Methods for the Determination of Metals in Environmental Samples," "Methods for the Determination of Organic Compounds in Drinking Water," "Methods for the Determination of Organic Compounds in Drinking Water, Supplement I," "Methods for the Determination of Organic Compounds in Drinking Water, Supplement II," "Methods for the Determination of Organic Compounds in Drinking Water, Supplement III," "Methods for the Determination of Organic and Inorganic Compounds in Drinking Water," "Prescribed Procedures for Measurement of Radioactivity in Drinking Water," "Procedures for Radiochemical Analysis of Nuclear Reactor Aqueous Solutions," "Radiochemical Analytical Procedures for Analysis of Environmental Samples," "Radiochemistry Procedures Manual," "Practical Guide for Ground Water Sampling," "Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods" (SW-846), 40 CFR 136, appendix B, 40 CFR 141.80, 40 CFR 141.61, and 40 CFR 141.62, "Techniques of Water Resources Investigations of the United States Geological Survey, Guidelines for Collection and Field Analysis of Ground Water Samples for Selected Unstable Constituents,"~~The methodology must be consistent with methodologies contained in "Methods for Chemical Analysis of~~

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~~"Water and Wastes", "Methods for the Determination of Organic Compounds in Drinking Water", "Practical Guide for Ground-Water Sampling", "Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods" (SW-846), "Techniques of Water Resources Investigations of the United States Geological Survey, Guidelines for Collection and Field Analysis of Ground-Water Samples for Selected Unstable Constituents", incorporated by reference at Section 620.125.~~

- c) Reporting Requirements  
At a minimum, groundwater monitoring analytical results must include information, procedures and techniques for:
- 1) Sample collection (including but not limited to name of sample collector, time and date of the sample, method of collection, and identification of the monitoring location);
  - 2) Sample preservation and shipment (including but not limited to field quality control);
  - 3) Analytical procedures (including but not limited to the method detection limits and the PQLs); and
  - 4) Chain of custody control.

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

## SUBPART F: HEALTH ADVISORIES

**Section 620.605 Issuance of a Health Advisory**

- a) The Agency shall issue a Health Advisory for a chemical substance if all of the following conditions are met:
- 1) A community water supply well is sampled and a substance is detected and confirmed by resampling;
  - 2) There is no standard under Section 620.410 for such chemical substance; and

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- 3) The chemical substance is toxic or harmful to human health according to the procedures of Appendix A, B, or C.
- b) The Health Advisory must contain a general description of the characteristics of the chemical substance, the potential adverse health effects, and a guidance level to be determined as follows:
- 1) If disease or functional impairment is caused due to a physiological mechanism for where there is a threshold dose below which no damage occurs, the guidance level for any such substance shall be the Maximum Contaminant Level Goal ("MCLG"), adopted by USEPA for such substance, [40 CFR 136, appendix B, 40 CFR 141.80, 40 CFR 141.61, and 40 CFR 141.62](#)~~56 Fed. Reg. 26460-26564, 56 Fed. Reg. 3526-3597, and 57 Fed. Reg. 31776-31849~~, incorporated by reference at Section 620.125. If there is no MCLG for the substance, the guidance level is the Human Threshold Toxicant Advisory Concentration for such substance as determined in accordance with Appendix A, unless the concentration for such substance is less than the lowest appropriate PQL specified in "Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods", EPA Publication No. SW-846 (SW-846), incorporated by reference at Section 620.125 for the substance. If the concentration for such substance is less than the lowest appropriate PQL for the substance specified in SW-846, incorporated by reference at Section 620.125, the guidance level is the lowest appropriate PQL.
  - 2) If the chemical substance is a carcinogen, the guidance level for any such chemical substance is the [one-in-one-million cancer risk concentration, unless the concentration for such substance is less than the lowest appropriate PQL specified in "Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods," EPA Publication No. SW-846 \(SW-846\), lowest appropriate PQL specified in SW-846](#), incorporated by reference at Section 620.125 for such substance. [If the concentration for such substance is less than the lowest appropriate PQL for the substance specified in SW-846, the guidance level is the lowest appropriate PQL. The one-in-one-million cancer risk concentration, the Human Nonthreshold Toxicant Advisory Concentration \(HNTAC\), shall be determined according to the following equation:](#)

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$$\frac{HNTAC}{(mg/L)} = \frac{TR \times BW \times AT \times 365 \text{ days/year}}{SFo \times IR \times EF \times ED}$$

Where:

- TR ≡ Target Risk = 1.0E-06  
BW ≡ Body Weight = 70 kg  
AT ≡ Averaging Time = 70 years  
SFo ≡ Oral Slope Factor = Chemical-specific  
IR ≡ Daily Water Ingestion Rate = 2 liters/day  
EF ≡ Exposure Frequency = 350 days/year  
ED ≡ Exposure Duration = 30 years

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

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**Section 620.APPENDIX A Procedures for Determining Human Threshold Toxicant Advisory Concentration for Class I: Potable Resource Groundwater**

- a) Calculating the Human Threshold Toxicant Advisory Concentration  
For those substances for which USEPA has not adopted a Maximum Contaminant Level Goal ("MCLG"), the Human Threshold Toxicant Advisory Concentration is calculated as follows:

$$HTTAC = \frac{RSC \times ADE}{W}$$

Where:

- HTTAC = Human Threshold Toxicant Advisory Concentration in milligrams per liter (mg/L);
- RSC = Relative contribution of the amount of the exposure to a chemical via drinking water when compared to the total exposure to that chemical from all sources. Valid chemical-specific data shall be used if available. If valid chemical-specific data are not available, a value of 20% (= 0.20) must be used;
- ADE = Acceptable Daily Exposure of substance in milligrams per day (mg/d) as determined pursuant to subsection (b); and
- W = Per capita daily water consumption equal to 2 liters per day (L/d).

- b) Procedures for Determining Acceptable Daily Exposures for Class I: Potable Resource Groundwater
- 1) The Acceptable Daily Exposure (ADE) represents the maximum amount of a threshold toxicant in milligrams per day (mg/d), which if ingested daily for a lifetime results in no adverse effects to humans. Subsections (b)(2) through (b)(6) list, in prescribed order, methods for determining the ADE in Class I: Potable Resource Groundwater.
  - 2) For those substances for which the USEPA has derived a Verified Oral Reference Dose for humans, USEPA's Reference Dose given in

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milligrams per kilogram per day (mg/kg/d), as determined in accordance with methods provided in National Primary and Secondary Drinking Water Regulations, [40 CFR 136, appendix B, 40 CFR 141.80, 40 CFR 141.61, and 40 CFR 141.62](#); ~~Final Rule, 56 Fed. Reg. 3526-3597, (January 30, 1991)~~, incorporated by reference at Section 620.125, must be used. The ADE equals the product of multiplying the Reference Dose by 70 kilograms (kg), which is the assumed average weight of an adult human.

- 3) For those substances for which a no observed adverse effect level for humans (NOAEL-H) exposed to the substance has been derived, the ADE equals the product of multiplying one-tenth of the NOAEL-H given in milligrams of toxicant per kilogram of body weight per day (mg/kg/d) by the average weight of an adult human of 70 kilograms (kg). If two or more studies are available, the lowest NOAEL-H must be used in the calculation of the ADE.
- 4) For those substances for which only a lowest observed adverse effect level for humans (LOAEL-H) exposed to the substance has been derived, one-tenth the LOAEL-H must be substituted for the NOAEL-H in subsection (b)(3).
- 5) For those substances for which a no observed adverse effect level has been derived from studies of mammalian test species (NOAEL-A) exposed to the substance, the ADE equals the product of multiplying 1/100 of the NOAEL-A given in milligrams toxicant per kilogram of test species weight per day (mg/kg/d) by the average weight of an adult human of 70 kilograms (kg). Preference will be given to animal studies having High Validity, as defined in subsection (c), in the order listed in that subsection. Studies having a Medium Validity must be considered if no studies having High Validity are available. If studies of Low Validity must be used, the ADE must be calculated using 1/1000 of the NOAEL-A having Low Validity instead of 1/100 of the NOAEL-A of High or Medium Validity, except as described in subsection (b)(6). If two or more studies among different animal species are equally valid, the lowest NOAEL-A among animal species must be used in the calculation of the ADE. Additional considerations in selecting the NOAEL-A include:
  - A) If the NOAEL-A is given in milligrams of toxicant per liter of water consumed (mg/L), prior to calculating the ADE the NOAEL-

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A must be multiplied by the average daily volume of water consumed by the mammalian test species in liters per day (~~L/d/d~~) and divided by the average weight of the mammalian test species in kilograms (kg).

- B) If the NOAEL-A is given in milligrams of toxicant per kilogram of food consumed (mg/kg), prior to calculating the ADE, the NOAEL-A must be multiplied by the average amount in kilograms of food consumed daily by the mammalian test species (kg/d) and divided by the average weight of the mammalian test species in kilograms (kg).
  - C) If the mammalian test species was not exposed to the toxicant each day of the test period, the NOAEL-A must be multiplied by the ratio of days of exposure to the total days of the test period.
  - D) If more than one equally valid NOAEL-A is available for the same mammalian test species, the best available data must be used.
- 6) For those substances for which a NOAEL-A is not available but the lowest observed adverse effect level (LOAEL-A) has been derived from studies of mammalian test species exposed to the substance, one-tenth of the LOAEL-A may be substituted for the NOAEL-A in subsection (b)(5). The LOAEL-A must be selected in the same manner as that specified in subsection (b)(5). One-tenth the LOAEL-A from a study determined to have Medium Validity may be substituted for a NOAEL-A in subsection (b)(3) if the NOAEL-A is from a study determined to have Low Validity, or if the toxicity endpoint measured in the study having the LOAEL-A of Medium Validity is determined to be more biologically relevant than the toxicity endpoint measured in the study having the NOAEL-A of Low Validity.
- c) Procedures for Establishing Validity of Data from Animal Studies
- 1) High Validity Studies
    - A) High validity studies use a route of exposure by ingestion or gavage, and are based upon:

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- i) Data from animal carcinogenicity studies with a minimum of 2 dose levels and a control group, 2 species, both sexes, with 50 animals per dose per sex, and at least 50 percent survival at 15 months in mice and 18 months in rats and at least 25 percent survival at 18 months in mice and 24 months in rats;
  - ii) Data from animal chronic studies with a minimum of 3 dose levels and a control group, 2 species, both sexes, with 40 animals per dose per sex, and at least 50 percent survival at 15 months in mice and 18 months in rats and at least 25 percent survival at 18 months in mice and 24 months in rats, and a well-defined NOAEL; or
  - iii) Data from animal subchronic studies with a minimum of 3 dose levels and control, 2 species, both sexes, 4 animals per dose per sex for non-rodent species or 10 animals per dose per sex for rodent species, a duration of at least 5% of the test species' lifespan, and a well-defined NOAEL.
- B) Supporting studies which reinforce the conclusions of a study of Medium Validity may be considered to raise such a study to High Validity.
- 2) Medium Validity Studies  
Medium validity studies are based upon:
- A) Data from animal carcinogenicity, chronic, or subchronic studies in which minor deviations from the study design elements required for a High Validity Study are found, but which otherwise satisfy the standards for a High Validity Study;
  - B) Data from animal carcinogenicity and chronic studies in which at least 25 percent survival is reported at 15 months in mice and 18 months in rats (a lesser survival is permitted at the conclusion of a longer duration study, but the number of surviving animals should not fall below 20 percent per dose per sex at 18 months for mice and 24 months for rats), but which otherwise satisfy the standards for a High Validity Study;

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- C) Data from animal subchronic or chronic studies in which a Lowest Observable Adverse Effect Level (LOAEL) is determined, but which otherwise satisfy the standards for a High Validity Study; or
  - D) Data from animal subchronic or chronic studies which have an inappropriate route of exposure (for example, intraperitoneal injection or inhalation) but which otherwise satisfy the standards for a High Validity Study, with correction factors for conversion to the oral route.
- 3) Low Validity Studies  
Low validity studies are studies not meeting the standards set forth in subsection (c)(1) or (c)(2).

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

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**Section 620.APPENDIX B Procedures for Determining Hazard Indices for Class I: Potable Resource Groundwater for Mixtures of Similar-Acting Substances**

- a) This appendix describes procedures for evaluating mixtures of similar-acting substances which may be present in Class I: Potable Resource Groundwaters. Except as provided otherwise in subsection (c), subsections (d) through (h) describe the procedure for determining the Hazard Index for mixtures of similar-acting substances.
- b) For the purposes of this appendix, a "mixture" means two or more substances which are present in Class I: Potable Resource Groundwater which may or may not be related either chemically or commercially, but which are not complex mixtures of related isomers and congeners which are produced as commercial products (for example, PCBs or technical grade chlordane).
- c) The following substances listed in Section 620.410 are mixtures of similar acting substances:
- 1) Mixtures of ortho-Dichlorobenzene and para-Dichlorobenzene. The Hazard Index ("HI") for such mixtures is determined as follows:  
  

$$HI = [\text{ortho-Dichlorobenzene}]^{0.6} + [\text{para-Dichlorobenzene}]^{0.075}$$
  - 2) Mixtures of 1,1-Dichloroethylene and 1,1,1-trichloroethane. The Hazard Index ("HI") for such mixtures is determined as follows:  
  

$$HI = [1,1\text{-Dichloroethylene}]^{0.007} + [1,1,1\text{-trichloroethane}]^{0.2}$$
- d) When two or more substances occur together in a mixture, the additivity of the toxicities of some or all of the substances will be considered when determining health-based standards for Class I: Potable Resource Groundwater. This is done by the use of a dose addition model with the development of a Hazard Index for the mixture of substances with similar-acting toxicities. This method does not address synergism or antagonism. Guidelines for determining when the dose addition of similar-acting substances is appropriate are presented in Appendix C. The Hazard Index is calculated as follows:

$$HI = [A]^{ALA} + [B]^{ALB} + \dots [I]^{ALI}$$

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Where:

- HI = Hazard Index, unitless.
- [A], [B], [I] = Concentration of each similar-acting substance in groundwater in milligrams per liter (mg/L).
- ALA, ALB, ALI = The acceptable level of each similar-acting substance in the mixture in milligrams per liter (mg/L).

- e) For substances ~~that~~<sup>which</sup> are considered to have a threshold mechanism of toxicity, the acceptable level is:
- 1) The standards listed in Section 620.410; or
  - 2) For those substances for which standards have not been established in Section 620.410, the Human Threshold Toxicant Advisory Concentration (HTTAC) as determined in Appendix A.
- f) For substances ~~that~~<sup>which</sup> are carcinogens, the acceptable level is:
- 1) The standards listed in Section 620.410; or
  - 2) For those substances for which standards have not been established under Section 620.410, the one-in-one-million cancer risk concentration, unless the concentration for such substance is less than the lowest appropriate PQL specified in "Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods," EPA Publication No. SW-846, incorporated by reference at Section 620.125, for the substance, in which case the lowest appropriate PQL shall be the acceptable level~~the lowest appropriate PQL of USEPA approved analytical methods specified in SW-846, incorporated by reference at Section 620.125, for each substance.~~
- g) Since the assumption of dose addition is most properly applied to substances that induce the same effect by similar modes of action, a separate HI must be generated for each toxicity endpoint of concern.
- h) In addition to meeting the individual substance objectives, a Hazard Index must be less than or equal to 1 for a mixture of similar-acting substances.

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(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

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**Section 620.APPENDIX C Guidelines for Determining When Dose Addition of Similar-Acting Substances in Class I: Potable Resource Groundwaters is Appropriate**

- a) Substances must be considered similar-acting if:
- 1) The substances have the same target in an organism (for example, the same organ, organ system, receptor, or enzyme).
  - 2) The substances have the same mode of toxic action. These actions may include, for example, central nervous system depression, liver toxicity, or cholinesterase inhibition.
- b) Substances that have fundamentally different mechanisms of toxicity (threshold toxicants vs. carcinogens) must not be considered similar-acting. However, carcinogens which also cause a threshold toxic effect should be considered in a mixture with other similar-acting substances having the same threshold toxic effect. In such a case, an Acceptable Level for the carcinogen must be derived for its threshold effect, using the procedures described in Appendix A.
- c) Substances which are components of a complex mixture of related compounds which are produced as commercial products (for example, PCBs or technical grade chlordane) are not mixtures, as defined in Appendix B. Such complex mixtures are equivalent to a single substance. In such a case, the Human Threshold Toxicant Advisory Concentration may be derived for threshold effects of the complex mixture, using the procedures described in Appendix A, if valid toxicological or epidemiological data are available for the complex mixture. If the complex mixture is a carcinogen, the Health Advisory Concentration is the one-in-one-million cancer risk concentration, unless the concentration for such substance is less than the lowest appropriate PQL specified in "Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods," EPA Publication No. SW-846, incorporated by reference at Section 620.125, for the substance, in which case the lowest appropriate PQL shall be the Health Advisory Concentration. ~~lowest appropriate PQL of USEPA-approved analytical methods specified in SW-846, incorporated by reference at Section 620.125.~~

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

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**Section 620.APPENDIX D Confirmation of an Adequate Corrective Action Pursuant to 35 Ill. Adm. Code 620.250(a)(2)**

Pursuant to 35 Ill. Adm. Code 620.250(a) if an owner or operator provides a written confirmation to the Agency that an adequate corrective action, equivalent to a corrective action process approved by the Agency, is being undertaken in a timely and appropriate manner, then a groundwater management zone may be established as a three-dimensional region containing groundwater being managed to mitigate impairment caused by the release of contaminants from a site. This document provides the form in which the written confirmation is to be submitted to the Agency.

Note 1. Parts I and II are to be submitted to IEPA at the time that the facility claims the alternative groundwater standards. Part III is to be submitted at the completion of the site investigation. At the completion of the corrective process, a final report is to be filed which includes the confirmation statement included in Part IV.

Note 2. The issuance of a permit by IEPA's Division of Air Pollution Control or Water Pollution Control for a treatment system does not imply that the Agency has approved the corrective action process.

Note 3. If the facility is conducting a cleanup of a unit which is subject to the requirements of the Resource Conservation and Recovery Act (RCRA) or the 35 Ill. Adm. Code 731 regulations for Underground Storage Tanks, this confirmation process is not applicable and cannot be used.

Note 4. If the answers to any of these questions require explanation or clarification, provide such in an attachment to this document.

Part I. Facility Information

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

County \_\_\_\_\_

Standard Industrial Code (SIC) \_\_\_\_\_

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- 1. Provide a general description of the type of industry, products manufactured, raw materials used, location and size of the facility.
- 2. What specific units (operating or closed) are present at the facility which are or were used to manage waste, hazardous waste, hazardous substances or petroleum?

	<u>YES</u>	<u>NO</u>
Landfill	_____	_____
Surface Impoundment	_____	_____
Land Treatment	_____	_____
Spray Irrigation	_____	_____
Waste Pile	_____	_____
Incinerator	_____	_____
Storage Tank (above ground)	_____	_____
Storage Tank (underground)	_____	_____
Container Storage Area	_____	_____
Injection Well	_____	_____
Water Treatment Units	_____	_____
Septic Tanks	_____	_____
French Drains	_____	_____
Transfer Station	_____	_____
Other Units (please describe)	_____	_____
_____	_____	_____
_____	_____	_____

- 3. Provide an extract from a USGS topographic or county map showing the location of the site and a more detailed scaled map of the facility with each waste management unit identified in Question 2 or known/suspected source clearly identified. Map scale must be specified and the location of the facility must be provided with respect to Township, Range and Section.
- 4. Has the facility ever conducted operations which involved the generation, manufacture, processing, transportation, treatment, storage or handling of "hazardous substances" as defined by the Illinois Environmental Protection Act? Yes \_\_\_ No \_\_\_ If the answer to this question is "yes" generally describe these operations.
- 5. Has the facility generated, stored or treated hazardous waste as defined by the

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Resource Conservation and Recovery Act? Yes \_\_\_ No \_\_\_ If the answer to this question is "yes" generally describe these operations.

6. Has the facility conducted operations which involved the processing, storage or handling of petroleum? Yes \_\_\_ No \_\_\_ If the answer to this [question](#) is "yes" generally describe these [operations](#).
7. Has the facility ever held any of the following permits?
  - a. Permits for any waste storage, waste treatment or waste disposal operation. Yes \_\_\_ No \_\_\_ If the answer to this question is "yes", identify the IEPA permit numbers.
  - b. Interim Status under the Resources Conservation and Recovery Act (filing of a RCRA Part A application). Yes \_\_\_ No \_\_\_ If the answer to this question is "yes", attach a copy of the last approved Part A application.
  - c. RCRA Part B Permits. Yes \_\_\_ No \_\_\_ If the answer to this question is "yes", identify the permit log number.
8. Has the facility ever conducted the closure of a RCRA hazardous waste management unit? Yes \_\_\_ No \_\_\_
9. Have any of the following State or federal government actions taken place for a release at the facility?
  - a. Written notification regarding known, suspected or alleged contamination on or emanating from the property (e.g., a Notice pursuant to Section 4(q) of the Environment Protection Act)? Yes \_\_\_ No \_\_\_ If the to this question is "yes", identify the caption and date of issuance.
  - b. Consent Decree or Order under RCRA, CERCLA, EPC Act Section 22.2 (State Superfund), or EPC Act Section 21(f) (State RCRA). Yes \_\_\_ No \_\_\_
  - c. If either of Items a or b were answered by checking "yes", is the notice, order or decree still in effect? Yes \_\_\_ No \_\_\_
10. What groundwater classification will the facility be subject to at the completion of the remediation?

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Class I \_\_\_\_ Class II \_\_\_\_ Class III \_\_\_\_ Class IV \_\_\_\_  
If more than one Class applies, please explain.

- 11. Describe the circumstances which the release to groundwater was identified.

Based on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true and accurate.

_____ Facility Name	_____ Signature of Owner/Operator
_____ Location of Facility	_____ Name of Owner/Operator
_____ EPA Identification Number	_____ Date

PART II: Release Information

- 1. Identify the chemical constituents release to the groundwater. Attach additional documents as necessary.

<u>Chemical Description</u>	<u>Chemical Abstract No.</u>
_____	_____
_____	_____
_____	_____

- 2. Describe how the site will be investigated to determine the source or sources of the release.
- 3. Describe how groundwater will be monitored to determine the rate and extent of the release.
- 4. Has the release been contained on-site at the facility?
- 5. Describe the groundwater monitoring network and groundwater and soil sampling protocols in place at the facility.
- 6. Provide the schedule for investigation and monitoring.

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- 7. Describe the laboratory quality assurance program utilized for the investigation.
- 8. Provide a summary of the results of available soil testing and groundwater monitoring associated with the release at the facility. The summary or results should provide the following information: dates of sampling; types of samples taken (soil or water); locations and depths of samples; sampling and analytical methods; analytical laboratories used; chemical constituents for which analyses were performed; analytical detection limits; and concentrations of chemical constituents in ppm (levels below detection should be identified as "ND").

Based on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of knowledge and belief, true and accurate and confirm that the actions identified herein will be undertaken in accordance with the schedule set forth herein.

Facility Name	Signature of Owner/Operator
Location of Facility	Name of Owner/Operator
EPA Identification Number	Date

Part III: Remedy Selection Information

- 1. Describe the selected remedy.
- 2. Describe other remedies which were considered and why they were rejected.
- 3. Will waste, contaminated soil or contaminated groundwater be removed from the site in the course of this remediation? Yes \_\_\_ No \_\_\_ If the answer to this question is "yes", where will the contaminated material be taken?
- 4. Describe how the selected remedy will accomplish the maximum practical restoration of beneficial use of groundwater.
- 5. Describe how the selected remedy will minimize any threat to public health or the

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environment.

- 6. Describe how the selected remedy will result in compliance with the applicable groundwater standards.
- 7. Provide a schedule for design, construction and operation of the remedy, including dates for the start and completion.
- 8. Describe how the remedy will be operated and maintained.
- 9. Have any of the following permits been issued for the remediation?
  - a. Construction or Operating permit from the Division of Water Pollution Control. Yes \_\_\_ No \_\_\_
  - b. Land treatment permit from the Division of Water Pollution Control. Yes \_\_\_ No \_\_\_ If the answer to this question is "yes", identify the permit number.
  - c. Construction or Operating permit from the Division of Air Pollution Control. Yes \_\_\_ No \_\_\_ If the answer to this question is "yes", identify the permit number.
- 10. How will groundwater at the facility be monitored following completion of the remedy to ensure that the groundwater standards have been attained?

Based on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true and accurate and confirm that the actions identified herein will be undertaken in accordance with the schedule set forth herein.

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Location of Facility

\_\_\_\_\_  
Name of Owner/Operator

\_\_\_\_\_  
EPA Identification Number

\_\_\_\_\_  
Date

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PART IV: Completion Certification

This certification must accompany documentation which includes soil and groundwater monitoring data demonstrating successful completion of the corrective process described in Parts I-III.

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

Standard Industrial Code (SIC) \_\_\_\_\_

Date \_\_\_\_\_

Based on my inquiry of those persons directly responsible for gathering the information, I certify that an adequate corrective action, equivalent to a corrective action process approved by the Agency, has been undertaken and that the following restoration concentrations are being met:

<u>Chemical Name</u>	<u>Chemical Abstract No.</u>	<u>Concentration</u> <u>(mg/Lmg/l)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Location of Facility

\_\_\_\_\_  
Name of Owner/Operator

\_\_\_\_\_  
EPA Identification Number

\_\_\_\_\_  
Date

(Source: Amended at 36 Ill. Reg. 15206, effective October 5, 2012)

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- 1) Heading of the Part: Control of Tuberculosis Code
- 2) Code Citation: 77 Ill. Adm. Code 696
- 3) 

<u>Section Numbers</u> :	<u>Adopted Action</u> :
696.100	Amended
696.110	Amended
696.130	Amended
696.140	Amended
696.150	Amended
696.160	Amended
696.170	Amended
696.180	Amended
696.190	Repealed
696.200	Repealed
696.210	Repealed
696.APPENDIX A	Repealed
696.APPENDIX B	Repealed
696.APPENDIX C	Repealed
- 4) Statutory Authority: Communicable Disease Report Act [745 ILCS 45] and Section 2 of the Department of Public Health Act [20 ILCS 2305/2]
- 5) Effective Date of Rulemaking: October 2, 2012
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted rulemaking, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposed Amendments Published in the *Illinois Register*: January 20, 2012; 36 Ill. Reg. 772
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: The following changes were made in response to comments received during the first notice or public comment period:

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1. In the definition of "Non-infectious" in Section 696.100, "all" was inserted after "meets"; in the second sub-definition, "improvement in" was inserted after "clinical".
2. The following definition was inserted in Section 696.100: "Serious Adverse Medication Reaction" means any reaction to a medication used for the treatment of active TB or Latent TB Infection that requires a treatment interruption or a change in the treatment regimen; or results in significant or permanent damage or impairment, hospitalization or death."
3. The address "1600 Clifton, Rd." was inserted before "Atlanta" in Section 696.110(a)(1),(2), (3), (4), and (5).
4. In Section 696.110(c), a new subsection (4) was inserted: "4) Section 2 of the Department of Public Health Act [20 ILCS 2305/2]".
5. In the opening paragraph of Section 696.140, "as recommended in" was stricken and "in accordance with" was added. The same language change was made in Section 696.160(c)(1).
6. In Section 696.140(a)(2)(B), strikeouts were removed from "~~high risk groups~~" and "servng" was added before before "high".
7. In Section 696.140(b)(1), "who are required to receive TB screening tests" was stricken.
8. In Section 696.150(b), "Adverse Reactions" was stricken and "Adverse Medication Reaction" was added; "drug" was stricken and "medication" was added. The same language changes were made in Section 696.160 (b)(2)(D).
9. In Section 696.160(a) "active" was inserted before "TB".
10. In Section 696.160(b)(1)(B), "decision" was stricken and "determined" was added.
11. In Section 696.170 the following sentence in the opening paragraph was deleted: "The reports shall be submitted electronically ...available from the local TB control authority or the Department."

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12. The following was added after the period in Section 696.170(a): "The reports shall be submitted electronically through the Illinois National Electronic Disease Surveillance System (I- NEDSS) or other web-based system authorized by the Department, or by facsimile followed up with a telephone call to the local TB control authority in whose jurisdiction the reporter is located. Reports made by facsimile shall be made on forms available from the local TB control authority or the Department."

13. In Section 170(a)(2)(B), "severe adverse reactions to medication" was changed to "serious adverse medication reactions".

14. In Section 696.170(a)(2)(C), "other data, if available, may include:" was added before "non-prescribed"; "tuberculosis form of the Department and the" was stricken and "tuberculosis report" was added before "form".

15. In Section 696.170(a)(2)(D), "should" was stricken and "shall" was added.

16. In Section 696.170(b)(1), "authorized web-based system" was changed to "web-based system authorized by the Department"; "facsimile or mail" was changed to "or facsimile"; and "Facsimile reports shall be followed up by telephone call." was added after "Department.".

17. In Section 696.170(b)(2), "within 30 days after the Department's request for information" was stricken and "authorized web-based system" was changed to "web-based system authorized by the Department".

18. In Section 696.170(f) after "report" added "plans to discharge or transfer persons with suspected or active TB prior to discharge or transfer" and after "located", "its plans to discharge or transfer persons with suspected or active TB prior to discharge or transfer" was added.

19. In Section 696.170(h), ", e.g.," was deleted.

In addition, various typographical, grammatical and form changes were made in response to the comments from JCAR.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No

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- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The current rules on tuberculosis (TB) cover the screening, treatment, testing, management and reporting requirements for persons with active or suspected TB disease or latent TB infection (LTBI). The current rules are based on the Department of Public Health Act and on the U.S. Centers for Disease Control and Prevention (CDC) guidelines, which have been updated or replaced since prior rule revisions, and do not include the established web-based reporting system. The rulemaking updates the rules to be consistent with current regulations and guidelines, and removes all language that refers to non-mandated TB prevention and control activities or is solely descriptive of procedures or practices.

The rulemaking provides updated definitions to be consistent with current CDC guidelines; updates incorporated and referenced materials to include current federal regulations and guidelines; updates reporting requirements to include electronic submission of reports through the Illinois-National Electronic Disease Surveillance System (I-NEDSS) or other authorized web-based system by providers to the local TB control authority, and by local TB control authorities to the Department; and updates the roles of the Department and the local TB control authority to be consistent with the current Department of Public Health Act for enforcement purposes.

The rulemaking is needed because the current rule is not consistent with current federal guidelines, the current Department of Public Health Act, current communicable disease reporting practices, and current professional standards. New CDC guidelines related to TB screening, diagnosis and management of LTBI, diagnosis and management of active TB, TB infection control, TB contact investigation, and TB control in correctional settings have all been issued since the current rule was enacted.

- 16) Information and questions regarding these adopted amendments shall be directed to:

Susan Meister  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, 5<sup>th</sup> Floor  
Springfield, Illinois 62761

217/782-2043  
e-mail: [dph.rules@illinois.gov](mailto:dph.rules@illinois.gov)

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The full text of the Adopted Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH  
 CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
 SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 696  
 CONTROL OF TUBERCULOSIS CODE

## SUBPART A: GENERAL PROVISIONS

## Section

- 696.100 ~~Definitions~~[Definition of Terms](#)  
 696.110 Incorporated [and Referenced](#) Materials

## SUBPART B: TUBERCULOSIS PREVENTION AND CONTROL MEASURES

## Section

- 696.130 ~~Responsibilities of Health Care Settings~~[Responsibilities of High Risk Congregate Settings and Programs Providing Alcohol and Drug Treatment](#)  
 696.140 ~~Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease~~[Screening for Tuberculosis Infection and Disease](#)  
 696.150 ~~Management of Persons with Latent Tuberculosis Infection (LTBI)~~[Management of Persons with Tuberculosis Infection](#)  
 696.160 Diagnosis and Management of Persons with Suspected and Confirmed [Active](#) Tuberculosis Disease  
 696.170 Reporting

## SUBPART C: ENFORCEMENT OF TUBERCULOSIS PREVENTION AND CONTROL MEASURES

## Section

- 696.180 Role of the Department [or Local TB Control Authority](#) in Enforcement [and Control](#)  
 696.190 Role of the Local Tuberculosis Control Authority in Enforcement (~~Repealed~~)  
 696.200 Types of Directives (~~Repealed~~)  
 696.210 Potential Recipients of Directives (~~Repealed~~)
- 696.APPENDIX A Mantoux Skin Testing Procedures (~~Repealed~~)  
 696.APPENDIX B Waivers for Initial TB Screening Tests (~~Repealed~~)  
 696.APPENDIX C Summary of the Interpretation of Tuberculin Skin Test Results (~~Repealed~~)

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AUTHORITY: Implementing the Communicable Disease Report Act [745 ILCS 45] and implementing and authorized by Section 2 of the Department of Public Health Act [20 ILCS 2305/2].

SOURCE: Adopted at 22 Ill. Reg. 10870, effective June 5, 1998; amended at 32 Ill. Reg. 4010, effective February 29, 2008; amended at 36 Ill. Reg. 15267, effective October 2, 2012.

## SUBPART A: GENERAL PROVISIONS

**Section 696.100** Definitions~~Definition of Terms~~

~~For the purpose of this Part, the following shall be the accepted definitions of the terms used herein:~~

~~"Active Tuberculosis Disease" or "Active TB Disease" means a diagnosis demonstrated by clinical, bacteriologic or diagnostic imaging evidence, or a combination thereof. Persons who have been diagnosed as having active TB and have not completed a course of TB treatment are still considered to have active tuberculosis and may be infectious.~~

~~"Anergy" means the absence of a reaction to skin test antigens, such as tuberculin (when the person is infected with the organism tested) because of immunosuppression. The absence of a reaction to the tuberculin skin test does not rule out the diagnosis of tuberculosis (TB) infection or disease. Anergy may be caused by many factors, such as HIV infection, overwhelming miliary or pulmonary TB, severe or febrile illness, measles or other viral infections, Hodgkin's disease, sarcoidosis, live virus vaccination, and the administration of corticosteroids or immunosuppressive drugs.~~

~~"Bacteriologic Examinations" means tests done in a mycobacteriology laboratory to diagnose active TB disease, including smears for acid-fast bacilli (AFB), cultures and other tests for Mycobacterium (M.) tuberculosis, and drug susceptibility tests.~~

~~"BCG Vaccine" means a TB vaccine used in many parts of the world.~~

~~"Checklist of Signs and Symptoms of TB Disease" means a list that includes the following signs and symptoms: pulmonary—productive prolonged cough, chest~~

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~~pain, hemoptysis; generalized—fever, chills, night sweats, easy fatigability, loss of appetite and weight loss.~~

~~"Close Contacts" means those sharing the same household or other enclosed environments of persons known or suspected to have TB.~~

"Confirmed Case" means an occurrence of active TB disease that is laboratory confirmed or, in the absence of laboratory confirmation, an occurrence that meets the clinical case definition.

Laboratory confirmation – Laboratory criteria for diagnosis ~~include~~includes isolation of M. tuberculosis from a clinical specimen; demonstration of M. tuberculosis by other laboratory technique~~from a clinical specimen by DNA probe or mycolic acid pattern on high pressure liquid chromatography~~; or demonstration of acid-fast bacilli in a clinical specimen when a culture has not been or cannot be obtained.

Clinical case definition – A clinical case meets all the following criteria: a positive TB screening test; other signs and symptoms compatible with active TB disease, such as an abnormal, unstable (worsening or improving) chest radiograph, or clinical evidence of current disease; treatment with two or more anti-tuberculosis medications; and completed diagnostic evaluation.

"Contact" means a person who has been exposed to M. tuberculosis by sharing air space with a person with infectious TB.

"Department" means the Illinois Department of Public Health.

~~"Diagnostic Evaluation" means a process used to diagnose TB disease, which includes a physical examination, medical history, TB screening test, chest radiograph and bacteriologic examinations.~~

"Directly Observed Therapy" or "DOT" means a process by which a trained health care~~healthcare~~ worker or other designated trained person watches the patient swallow each dose of TB medication. ~~Family members are generally not recommended to provide DOT.~~

~~"Directly Observed Preventive Therapy" or "DOPT" means a process by which a~~

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~~trained healthcare worker or other designated trained person watches the patient swallow each dose of preventive TB medication. Family members are generally not recommended to provide DOPT.~~

~~"Employee" means a full-time, part-time or temporary worker who receives compensation. (See definition of "Volunteer".)~~

~~"Facility" means any organization or unit of an organization.~~

~~"Healthcare Facility" means a hospital, medical ward in a correctional facility, nursing home or hospice. (See definition of "Other Healthcare Setting".)~~

"Health Care Setting" means any relationship (physical or organizational) in which a health care worker might share air space with a person with active TB disease or in which a health care worker might be in contact with clinical specimens.

~~"Health CareHealthcare Worker" means a paid or unpaid person working in a health care settingan employee or volunteer in a healthcare facility who has the potential for exposure to M. tuberculosis through air space shared with persons with infectious TB disease, or contact with clinical specimens. Healthcare workers may include, but are not limited to, physicians, nurses, aides, dental workers, technicians, workers in laboratories and morgues, emergency medical service personnel, part-time personnel, temporary staff (such as students) not employed by the healthcare facility, and persons who are not involved directly in patient care but who are potentially at risk for occupational exposure to M. tuberculosis (e.g., volunteers, or dietary, housekeeping, maintenance, clerical, and janitorial staff).~~

~~"High Risk Congregate Setting" means, but is not limited to, detention centers, in-patient healthcare facilities, nursing homes and other long-term care facilities for the elderly, mental health facilities, licensed supportive residences for HIV-infected persons, shelters for the homeless, other long-term residential facilities and programs that treat persons who inject non-prescribed drugs or other substance users in locally identified high-risk groups (e.g., crack cocaine users). Other long-term care facilities include facilities that care for the developmentally disabled, are designed for retirees, or others, and that are considered high-risk congregate settings according to a risk assessment performed in cooperation with the local TB control authority.~~

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~~"High Risk for Nonadherence to a Prescribed Treatment Regimen" means any person who has a history of treatment nonadherence; whose treatment has failed or disease has relapsed; who uses alcohol or controlled substances; who has mental, emotional, or physical impairments that interfere with the ability to self-administer medications; or who is a child or adolescent.~~

~~"High-Risk Groups" means the following categories of people withwho should be screened for TB infection because of an increased probability of becoming infected with TB, and/or who, once infected, have increased probability of progressing to active TB disease:~~

~~close contacts;~~

~~persons who inject non-prescribed drugs or other substance users in locally identified high risk groups (e.g., crack cocaine users);~~

~~persons who have medical risk factors known to increase the risk for disease if infection occurs. Medical risk factors means the following conditions: infection with HIV/AIDS; diabetes mellitus; conditions requiring prolonged high-dose corticosteroid therapy and other immunosuppressive therapy (including bone marrow and organ transplantation); chronic renal failure; some hematologic disorders (e.g., leukemias and lymphomas); other specific malignancies (carcinoma of the head or neck); body weight of 10% or more below ideal body weight; silicosis; gastrectomy; jejunioileal bypass; abnormal chest radiographs showing fibrotic lesions consistent with healed TB; and abnormal chest radiographs showing parenchymal lung scarring in persons with a positive TB screening test who have not previously received TB treatment or preventive therapy;~~

~~clients, employees and volunteers of high-risk congregate settings;~~

~~healthcare workers who serve clients in high-risk groups;~~

~~foreign-born persons, including children, who have arrived within the past five years from countries that have a high TB incidence or prevalence;~~

~~groups defined locally as high risk (e.g., some medically underserved low-~~

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~~income populations and some racial or ethnic minority populations);~~

~~Infants, children and adolescents exposed to adults in high-risk categories.~~

~~"Infection" means the condition in which organisms (e.g., M. tuberculosis) capable of causing disease enter the body and elicit a response from the host's immune defenses. TB infection may or may not progress to clinical disease.~~

~~"Infectious" means that a person who has, or is suspected of having, active TB disease of the respiratory tract capable of producing infection or disease in others as demonstrated by the presence of AFB in the sputum or bronchial secretions or by chest radiograph and clinical findings. pulmonary or laryngeal TB and who:~~

~~coughs, is undergoing cough-inducing or aerosol-generating procedures, or has sputum smears that contain acid-fast bacilli (AFB); and~~

~~is not receiving treatment, has just begun treatment, or has a poor clinical or bacteriologic response to treatment. A person on treatment for one month or less is considered to have just begun treatment. A poor clinical response to treatment can be suggested by a failure of signs and symptoms to improve after two months of treatment. A poor bacteriologic response to treatment can be suggested by a failure of AFB on smear to decrease after two weeks of treatment.~~

~~"Intermittent Therapy" means therapy administered either two or three times per week, rather than each day.~~

~~"Isolation" means the physical separation and confinement of a person with suspected or confirmed active TBtuberculosis disease in a place and under conditions that prevent the transmission of the infection from other persons using universally accepted techniques that effectively prevent transmission of M. tuberculosis during that person's period of communicability.~~

~~"Isolation Rooms" means rooms with special characteristics, including negative-pressure ventilation, to prevent the spread of droplet nuclei expelled by a TB patient.~~

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"Latent TB Infection" or "LTBI" means the condition in which organisms capable of causing disease (i.e., M. tuberculosis) enter the body and elicit a response from the host's immune defenses. LTBI may or may not progress to clinical disease.

~~"Likely to Become Infectious" means a person whose treatment has failed; whose disease has relapsed; who does not consistently adhere to or complete a prescribed treatment regimen; who has received inadequate treatment; or who has drug-resistant disease.~~

"Local TB Control Authority" means the agency at the local level recognized by the Department as having jurisdiction over the prevention and control of tuberculosis. The local TB control authority may be an autonomous TB board or a TB program within a local health department.

~~"Long Term Inmate" means an inmate who will remain in custody for a period of 14 days or longer.~~

"Mantoux Tuberculin Skin Test" or "Mantoux Skin Test" means a method of skin testing that is performed by injecting 0.1 mL of purified protein derivative (PPD) tuberculin containing five tuberculin units into the dermis of the forearm with a needle and syringe.

~~"Negative Cultures" means cultures that contain no detectable tubercle bacilli.~~

~~"Nonadherence" means not following the recommended course of treatment or therapy by not taking all the medications in the manner prescribed for the entire length of time.~~

~~"Non-infectious"~~Not Infectious means a person previously determined to be infectious who now meets all the following criteria:

has received a minimum of two weeks of standard multidrug anti-tuberculosis treatment~~a treatment regimen for two or more weeks composed of multiple drugs to which the organisms are susceptible~~ in accordance with Treatment of Tuberculosis, incorporated by reference in Section 696.110(a)~~the incorporated publication, Treatment of TB and TB Infection;~~

has demonstrated~~favorable~~ clinical improvement in response to

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~~therapy~~treatment; and

has three consecutive negative AFB sputum smear results from sputum collected in eight-hour or greater intervals, with at least one being an early morning specimen on different days.

~~"OSHA" means the U.S. Department of Labor, Occupational Safety and Health Administration.~~

~~"Other Healthcare Setting" means an ambulatory care facility, emergency department, home healthcare setting, emergency medical services, medical and dental office or any location where medical care is provided. (See definition of "Healthcare Facility".)~~

~~"Past or Present Behavior that Indicates a Substantial Likelihood of Not Cooperating with Prevention and Control Measures" means, but is not limited to:~~

~~refusal or failure to keep appointments for diagnosis or treatment;~~

~~refusal or failure to consistently adhere to and complete a prescribed preventive therapy or disease treatment regimen;~~

~~refusal or failure to participate in DOPT or DOT;~~

~~disregard for isolation procedures;~~

~~leaving the hospital against medical advice; or~~

~~inability or unwillingness to voluntarily use prevention and control measures.~~

~~"Preventive Therapy" means treatment of TB infection to prevent the progression to clinically active disease.~~

~~"Relapse" means the return of TB disease after a partial recovery from disease.~~

~~"Short-Term Inmate" means an inmate who remains in custody for less than 14 days, especially pretrial detainees likely to be released without supervision or placed in the community under court supervision.~~

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"Serious Adverse Medication Reaction" means any reaction to a medication used for the treatment of active TB or Latent TB Infection that requires a treatment interruption or a change in the treatment regimen, or results in significant or permanent damage or impairment, hospitalization or death.

"Suspected Case" means a tentative diagnosis, an occurrence that is being considered as TB disease while diagnostic procedures are being completed, of active TB disease, whether or not treatment has been started, or a person with an illness marked by signs, symptoms and/or laboratory tests that may be indicative of tuberculosis.

"TB Screening Test" means a federal Food and Drug Administration (FDA) approved screening test to detect ~~latent-TB~~ infection~~Infection~~. Examples of screening tests include, but are not limited to, the Mantoux tuberculin skin test and whole blood interferon-gamma release assays.

~~"Treatment Failure" means TB disease in patients who do not respond to chemotherapy and whose disease worsens after having improved initially.~~

~~"Volunteer" means a person who, for a period of time, provides services of his or her own free will with no promise of compensation. (See definition of "employee".)~~

(Source: Amended at 36 Ill. Reg. 15267, effective October 2, 2012)

**Section 696.110 Incorporated and Referenced Materials**

- a) The following materials are incorporated by reference in this Part:
- 1) ~~"Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC, U.S. Department of Health and Human Services, Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta GA 30333 (Morbidity and Mortality Weekly Report (MMWR), July 7, 2006; 55 (No. RR9):1-44).~~
  - 2) ~~"Core Curriculum on Tuberculosis, What the Clinician Should Know" (Core Curriculum), U.S. Department of Health and Human Services,~~

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~~Public Health Service, Centers for Disease Control and Prevention,  
Atlanta, Georgia 30333 (1994).~~

- ~~2)3) "Guidelines for Preventing the Transmission of Mycobacterium  
Tuberculosis~~tuberculosis~~ in Health-Care Settings, 2005" (referred to as  
"Guidelines for Health-Care Settings"), U.S. Department of Health and  
Human Services, Coordinating Center for Health Information and Service,  
Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta GA  
30333 (Morbidity and Mortality Weekly Report (MMWR), December 30,  
2005; 54 (No. RR17):1-141).~~
- ~~4) "OSHA Instruction CPL-106, February 9, 1996" (OSHA Instruction).~~
- ~~5) "Prevention and Control of Tuberculosis in Correctional Facilities", U.S.  
Department of Health and Human Services, Public Health Service,  
Centers for Disease Control and Prevention, Atlanta, Georgia 30333  
(Morbidity and Mortality Weekly Report (MMWR) 1996; 45 (No. RR8)).~~
- ~~6) "The Role of BCG Vaccine in the Prevention and Control of Tuberculosis  
in the United States" (The Role of BCG Vaccine), U.S. Department of  
Health and Human Services, Public Health Service, Centers for Disease  
Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality  
Weekly Report (MMWR) 1996; 45 (No. RR4)).~~
- ~~3)7) Targeted Tuberculin Testing and Treatment of Latent Tuberculosis  
Infection, U.S. Department of Health and Human Services, Centers for  
Disease Control and Prevention, 1600 Clifton Rd., Atlanta GA 30333  
(Morbidity and Mortality Weekly Report (MMWR), June 9, 2000; 49 (No.  
RR-6))."Screening for Tuberculosis and Tuberculosis Infection in High-  
risk Populations" (Screening High-risk Populations), U.S. Department of  
Health and Human Services, Public Health Service, Centers for Disease  
Control and Prevention, Atlanta, Georgia 30333, HHS Publication No.  
(CDC) 95-8017 (1995).~~
- ~~4)8) Treatment of Tuberculosis, U.S. Department of Health and Human  
Services, Centers for Disease Control and Prevention, 1600 Clifton Rd.,  
Atlanta GA 30333 (Morbidity and Mortality Weekly Report (MMWR),  
June 20, 2003; 52 (No. RR-11))."Treatment of Tuberculosis and  
Tuberculosis Infection in Adults and Children" (Treatment of TB and TB~~

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~~Infection), American Thoracic Society, Medical Section of the American Lung Association, New York, New York 10006, U.S. G.P.O.:1994-533-001:501.~~

- 9) ~~"Guidelines for Using the QuantiFERON<sup>®</sup>-TB-Gold Test for Detecting Mycobacterium tuberculosis Infection, United States" (Guidelines for QuantiFERON<sup>®</sup>-TB-Gold), U.S. Department of Health and Human Services, Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention, Atlanta GA 30333 (Morbidity and Mortality Weekly Report (MMWR) 2005; 54 (No. RR15):49-55).~~
  - 5) Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis: Recommendations from the National Tuberculosis Association and CDC (referred to as "Guidelines for Investigation of Contacts"), U.S. Department of Health and Human Services, Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta GA 30333 (Morbidity and Mortality Weekly Report (MMWR), December 16, 2005; 54 (No. RR15):1-47).
  - 6) Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 and 45 CFR 164.512(a) and (k)(6) (October 1, 2007).
- b) All incorporations by reference of ~~federal regulations and guidelines of federal agencies and the standards of nationally recognized organizations~~ refer to the regulations, guidelines and standards on the date specified and do not include any amendments or editions subsequent to the date specified.
- c) The following materials are referenced in this Part:
- 1) Medical Studies Act [735 ILCS 5/8-2101]
  - 2) Illinois Health Statistics Act [410 ILCS 520]
  - 3) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
  - 4) Section 2 of the Department of Public Health Act [20 ILCS 2305/2]

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(Source: Amended at 36 Ill. Reg. 15267, effective October 2, 2012)

## SUBPART B: TUBERCULOSIS PREVENTION AND CONTROL MEASURES

**Section 696.130 Responsibilities of Health Care Settings~~Responsibilities of High-Risk Congregate Settings and Programs Providing Alcohol and Drug Treatment~~**

- a) TB Risk Assessment. Every health care setting shall conduct initial and ongoing evaluation of the risk for transmission of *M. tuberculosis*, regardless of whether patients with suspected or confirmed active TB disease are expected to be encountered in the setting. The TB risk assessment shall address administrative, environmental and respiratory-protection controls needed for the health care setting and shall be reviewed at least annually.
- b)a) Written Plans. A written TB infection control plan shall be developed that includes: protocols for the screening and management of latent TB infection among health care workers~~employees, volunteers~~ and clients; protocols for the screening, diagnosis and management of active TB disease among health care workers~~employees, volunteers~~ and clients; data collection; evaluation of data; reporting of persons with suspected or confirmed active~~signs or symptoms of~~ TB disease to the local TB control authority; and a health care worker~~an employee and volunteer~~ education program. All components of the plan shall reflect compliance with this Part. The plan shall include the: name of the person or persons responsible for the TB prevention and control program at each health care setting~~facility~~; procedures to protect health care workers~~for the purpose of protecting employees, volunteers~~ and clients from contracting tuberculosis; and a referral mechanism to ensure that transmission of TB is prevented and treatment is completed~~prevention of transmission and completion of treatment~~ for clients with TB who leave the health care settings~~facility~~. The written plan shall be updated at least annually. (See the ~~incorporated publications, Guidelines for Health-Care Settings and the OSHA Instruction.~~)
- c)b) TB Prevention and Control Program. A program shall be executed in accordance with the written TB infection control plan.
- d)e) Health Care Worker~~Employee and Volunteer~~ Education. ~~Training about TB shall be provided or arranged.~~ All health care workers~~employees and volunteers~~ shall be trained upon hiring and periodically thereafter to ensure employee knowledge relevant~~equivalent~~ to the employee's work responsibilities and the level of risk in

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the health care setting facility. ~~OSHA-regulated settings and programs shall comply with the incorporated publications, OSHA Instruction. (See the Guidelines for Health-Care Settings.) incorporated publications, Core Curriculum and Controlling TB in Correctional Facilities.)~~

- e)d) Collaboration. Health care settings~~The settings and programs listed above~~ shall consult with the local TB control authority, as necessary, to determine their respective responsibilities in the screening, diagnosis and management of latent TB infection and active TB disease, reporting of active TB disease, and the education of health care workers~~employees and volunteers~~.
- f)e) Records. Records shall be maintained on TB screening test results; TB diagnostic evaluation results (including whether the tuberculosis was drug-resistant); other information about any persons exposed to tuberculosis; and the current written plan as required in subsection (b)(a) of this Section. Individual and aggregate data ~~shall~~should be analyzed periodically to identify the health care setting's facility's level of risk and changes in the risk of TB transmission. ~~Correctional facilities should maintain a retrievable aggregate record system in accordance with the incorporated publication, Prevention and Control of Tuberculosis in Correctional Facilities.~~ All records required in this subsection shall be made available for inspection by the Department or the local TB control authority upon request.

(Source: Amended at 36 Ill. Reg. 15267, effective October 2, 2012)

**Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease**~~Screening for Tuberculosis Infection and Disease~~

~~A~~The TB screening test shall be used when screening persons for latent TB infection (LTBI). ~~(See Appendices A, B, and C of this Part.) Chest radiographs and bacteriologic examinations can be used when screening certain persons for disease. (See subsection (b)(2) of this Section.)~~ Persons who have signs and symptoms of active TB disease or a positive TB screening test result~~results~~ shall complete a~~have additional~~ diagnostic evaluation for active TB disease in accordance with tests as recommended in the Centers for Disease Control and Prevention (CDC) guidelines, incorporated publications Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and Guidelines for Health-Care Settings~~Treatment of TB and TB Infection and Guidelines for Health Care Settings~~.

- a) Screening for Latent TB Infection~~TB Infection~~. ~~Persons in high-risk groups should be screened for tuberculosis. Local health department clients who are in~~

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~~high-risk groups should be screened and records maintained of TB screening test results. These screening requirements can be modified or waived in accordance with Appendix B of this Part. In addition:~~

- 1) ~~Close Contacts.~~ Persons who are ~~close~~ contacts to suspected or confirmed cases of active TB disease shall be evaluated in accordance with the CDC Guidelines for the Investigation of Contact ~~tested with a TB screening test to identify infection. Close contacts shall be retested three months after the last exposure if their reaction to the first TB screening test was negative. A high priority should be given to evaluating contacts who are children or contacts infected with HIV/AIDS.~~
  
- 2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened ~~Employees, Volunteers and Clients of High-Risk Congregate Settings and Programs Providing Alcohol and Drug Treatment. Screening shall be done~~ in accordance with this subsection ~~(a)(2), Appendices A, B, and C,~~ and the following CDC guidelines ~~incorporated publications:~~ Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, Guidelines for Health-Care Settings, Prevention and Control of Tuberculosis in Correctional and Detention Facilities; Recommendations from CDC Screening High-Risk Populations; Guidelines for Health-Care Settings; Prevention and Control of Tuberculosis in Correctional Facilities; and the OSHA Instruction.
  
- A) Health care workers and workers in other residential care settings serving high-risk groups ~~All employees and volunteers in high-risk congregate settings and programs providing alcohol and drug treatment~~ shall obtain a TB screening test within seven days after being employed. If Mantoux skin testing is used, two-step testing shall be done, with the first test placed within seven days after employment. However, a second skin test is not needed if the worker has a documented skin test result from any time during the previous 12 months. The need for routine periodic screening shall be determined by a risk assessment. ~~should be done. Employees and volunteers who are part of a routine, periodic screening program shall initially be screened by TB screening tests.~~
  
- B) All clients in non-acute care residential health care settings serving high-risk congregate settings and clients in high-risk groups

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~~in programs providing alcohol and drug treatment shall obtain a TB screening test within seven days after admission. If Mantoux skin testing is used for clients with an anticipated stay longer than 30 days, two-step testing shall should be done, with the first test placed within seven days after admission. Routine periodic screening shall be determined by a risk assessment performed in cooperation with the local TB control authority. In addition:~~

- C) ~~TB screening shall be instituted in other residential care settings serving high-risk groups as directed by the local TB control authority or the Department when a community or residential care setting has a higher than expected incidence of active TB disease or prevalence of LTBI.~~
- D) ~~Inmates and employees in correctional and detention facilities shall be screened in accordance with the CDC guideline Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC.~~
- i) ~~Nursing home residents, persons who inject non-prescribed drugs and other substance users in locally identified high-risk groups (e.g., crack cocaine users) in treatment programs, and clients of programs providing methadone maintenance therapy shall obtain a TB screening test within seven days after admission. If Mantoux skin testing is used, two-step testing shall be done.~~
- ii) ~~Routine, periodic screening of the homeless should be done when feasible. (See subsection (b) of this Section.)~~
- iii) ~~Long-term inmates in detention centers shall obtain a TB screening test within seven days after admission. If Mantoux skin testing is used, two-step testing should be done when feasible. Routine, periodic screening of long-term inmates should be done. Short-term inmates in detention centers should obtain a Mantoux skin test or another TB screening test within seven days after admission, when feasible. Regardless of TB screening test results, inmates who have HIV infection and those at risk~~

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~~for HIV infection but whose HIV status is unknown should have a chest radiograph as part of the initial screening. (See subsection (b) of this Section for requirements for screening short-term and long-term inmates for disease.) Inmates of detention centers shall be screened in accordance with the publications incorporated in this Part.~~

- 3) ~~Employees, Volunteers and Clients of Other Healthcare Settings. Other healthcare settings should conduct screening programs based upon a risk assessment performed in cooperation with the local TB control authority. Screening programs should be conducted in accordance with the following incorporated publications: Guidelines for Health Care Settings and Screening High-Risk Populations.~~
- 4) ~~Employees, Volunteers and Students in a School (Pupil Attendance Center) or School District.~~
- A) ~~Initial screening of employees and volunteers in a school or a school district shall be performed using a TB screening test within seven days after beginning employment. This requirement can be modified or waived in accordance with Appendix B of this Part.~~
- B) ~~When a community, school, or school district has a higher than expected prevalence of TB infection, the local TB control authority or the Department may institute routine, periodic skin testing of school employees, volunteers and students. Any such testing program should take into consideration:~~
- i) ~~epidemiologic factors and currently accepted public health standards pertaining to the prevention and control of TB; and~~
- ii) ~~the identification and availability of necessary school, school district and local TB control authority resources and facilities.~~
- 3)5) ~~Workers in child day care and pre-school settings~~Day Care Center Employees and Volunteers. Day care center employees and volunteers shall obtain a TB screening test within seven days after being employed.

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If Mantoux skin testing is used, two-step testing shall be done, with the first test administered within seven days after employment. Routine, periodic screening of workers shall~~employees and volunteers should~~ be determined by the child day care or pre-school facility's TB~~a risk assessment performed in cooperation with the local TB control authority.~~

- b) Screening for Active TB Disease. The following persons shall be screened for active TB disease:
- 1) ~~Checklist of Signs and Symptoms. A checklist that includes but is not limited to pulmonary symptoms (productive prolonged cough, chest pain, hemoptysis) and generalized signs and symptoms (fever, chills, night sweats, easy fatigability, loss of appetite and weight loss) shall be used to screen for TB disease in the following circumstances:~~
    - 1)A) ~~Persons with a documented positive TB screening test result; who are required to receive TB screening tests routinely and periodically shall, instead of receiving such screening tests, complete a signs and symptoms checklist. A checklist takes the place of a TB screening test for these persons. Repeat screening tests are not needed or required. Routine, periodic chest radiographs should not be done. Chest radiographs do not take the place of a TB screening test or checklist.~~
    - 2)B) ~~Clients admitted to health care settings and residential care settings serving high-risk groups; and high-risk congregate settings and programs providing alcohol and drug treatment shall be screened for current disease status with a signs and symptoms checklist in addition to meeting other screening requirements for infection.~~
    - 3) ~~Inmates in correctional and detention facilities, who shall be screened for active TB disease in accordance with Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC.~~
  - 2) ~~Chest Radiography or Bacteriologic Examinations. The use of chest radiography or bacteriologic examinations should be considered in certain instances in addition to a signs and symptoms checklist.~~

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- A) ~~Chest radiography may be the best screening method in jails, homeless shelters, and single room occupancy facilities that house the homeless for more than one night. Also, inmates who either have HIV infection or are at risk for HIV infection, but whose HIV status is unknown, should receive a chest radiograph as part of the initial screening, regardless of TB screening test results.~~
- B) ~~Screening for disease among the homeless may also include sputum smears and cultures.~~

(Source: Amended at 36 Ill. Reg. 15267, effective October 2, 2012)

**Section 696.150 Management of Persons with Latent Tuberculosis Infection (LTBI)**  
~~**Management of Persons with Tuberculosis Infection**~~

- a) ~~Treatment for LTBI~~Preventive Therapy. Persons~~Before therapy is started,~~  
~~persons~~ with a positive TB screening test result shall ~~complete~~receive a diagnostic evaluation for active TB disease. ~~See Appendix C for information on how to interpret skin test results.~~ If there is no evidence of active TB disease, persons with LTBI ~~shall~~TB infection should be considered for ~~treatment~~preventive therapy. ~~Treatment for LTBI~~Preventive therapy shall be conducted in accordance with the CDC guidelines~~incorporated publication;~~ Targeted Tuberculin Testing and Treatment of Latent TB Infection~~Treatment of TB and TB Infection.~~
- 1) ~~The following persons with positive TB screening test results should be considered for preventive therapy regardless of age:~~
  - A) ~~Persons with HIV/AIDS and persons with risk factors for HIV/AIDS whose HIV infection status is unknown;~~
  - B) ~~Close contacts of persons with newly diagnosed infectious tuberculosis;~~
  - C) ~~Recent tuberculin skin test converters (equal to or greater than a 10 mm increase within a two-year period for persons younger than 35 years of age; equal to or greater than a 15 mm increase for persons 35 years of age or older);~~
  - D) ~~All infants and children younger than four years of age with a skin~~

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~~test reaction equal to or greater than 10 mm;~~

- ~~E) Persons with medical risk factors that may increase the risk of tuberculosis (e.g., diabetes mellitus, prolonged therapy with adrenocorticosteroids, immunosuppressive therapy, some hematologic and reticuloendothelial diseases such as leukemia or Hodgkin's disease), injection drug users known to be HIV-seronegative, end-stage renal disease, and clinical situations associated with substantial rapid weight loss or chronic undernutrition;~~
  - ~~F) Adults with positive results from a TB screening test with abnormal chest radiographs that show fibrotic lesions likely representative of old healed tuberculosis and adults diagnosed with silicosis. These persons should usually receive 4-month multiple-drug chemotherapy. Alternatively, such persons may receive 12 months of isoniazid preventive therapy.~~
  - ~~G) Persons converting from a negative to a positive TB screening test result, other than a Mantoux skin test.~~
- 2) ~~In the absence of risk factors listed in subsections (a)(1)(A) through (G) of this Section, the following persons younger than 35 years of age with a positive TB screening test result should be considered for preventive therapy:~~
- ~~A) Foreign-born persons from high-prevalence countries including those in Latin America, Asia, and Africa;~~
  - ~~B) Medically underserved low-income populations, including high-risk racial or ethnic minority populations, especially blacks, Hispanics and Native Americans;~~
  - ~~C) Residents of high-risk congregate settings; and~~
  - ~~D) Persons with no risk factors.~~
- 3) ~~The following persons with a negative TB screening test result should be considered for preventive therapy:~~

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- A) ~~Children who have been close contacts to infectious cases within the last three months. If the TB screening test remains negative after 12 weeks and there has been no continued exposure, preventive therapy need not be continued; and~~
- B) ~~Anergic HIV-infected adults.~~
- 4) ~~All persons in high-risk groups, with a positive TB screening test result, should be considered for preventive therapy. (See Appendix C and the incorporated publications, Screening High Risk Populations and Treatment of TB and TB Infection.)~~
- b) ~~BCG Vaccine and Preventive Therapy. A diagnosis of TB infection and the use of preventive therapy should be considered for any BCG vaccinated person with a positive TB screening test result. (See the incorporated publication, The Role of BCG Vaccine.)~~
- e) ~~Directly Observed Preventive Therapy (DOPT). In settings where DOPT can be given by a responsible and trained employee or volunteer, twice a week DOPT should be considered. DOPT should especially be considered for persons who are at high risk for TB disease, or at high risk of nonadherence to preventive therapy.~~
- b)d) Monitoring for ~~Adverse Medication Reaction-Adverse Reactions~~. At a minimum, patients ~~shall~~ be ~~monitored~~ ~~seen~~ monthly during therapy and evaluated for adverse ~~medication~~ ~~drug~~ reactions.

(Source: Amended at 36 Ill. Reg. 15267, effective October 2, 2012)

**Section 696.160 Diagnosis and Management of Persons with Suspected or Confirmed**  
**Active Tuberculosis Disease**

- a) Diagnostic Evaluation. The evaluation of persons with suspected or confirmed active TB disease shall include but not be limited to:
- 1) Medical history ~~History~~;
  - 2) Physical examination ~~Examination~~;

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- 3) TB ~~screening test~~ Screening Test;
- 4) Chest ~~radiograph~~ Radiograph; ~~and~~
- 5) Bacteriologic ~~examinations on available specimens; and~~ Examinations on Available Specimens (e.g., smears, cultures and other tests for M. tuberculosis, and drug susceptibility tests).
- 6) Assessment of risk for HIV infection, and testing and counseling as indicated.

~~AGENCY NOTE: TB is sometimes overlooked in the differential diagnosis of pulmonary conditions (e.g., pneumonia), especially in the elderly.~~

- b) Clinical Management of Persons with Suspected or Confirmed Active TB Disease:
  - 1) Infection Control Measures. If infectious TB disease is suspected, precautions shall be taken to prevent transmission in accordance with the ~~incorporated publications: Guidelines for Health-Care Settings and OSHA Instruction.~~
    - A) In settings that serve infectious TB patients, precautions that shall be implemented include early identification and airborne infection isolation of patients with suspected or confirmed active TB disease. Infection control measures shall be maintained until the patient is determined to be non-infectious ~~that the patient is not infectious.~~
      - i) ~~Precautions shall include the use of ventilation systems in TB isolation rooms to maintain negative pressure and to exhaust air in such a manner to prevent transmission of M. tuberculosis.~~
      - ii) ~~Personal respirators that meet the requirements in the incorporated publication, OSHA Instruction, shall be used by workers in areas (e.g., TB isolation rooms, rooms where cough-inducing procedures are done) where exposure cannot be avoided or there is an increased risk of exposure.~~

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~~Patients may be masked with a surgical mask if they must leave the isolation room while they are infectious and coughing.~~

~~iii) In in-patient settings, continuous isolation should be considered for patients with multiple drug resistant TB.~~

~~B) Infectious TB patients may be confined to their homes in order to prevent transmission of disease. Personal respirators that meet the requirements in the incorporated publication, OSHA Instruction, shall be used by workers when in the homes of patients with infectious TB and when transporting infectious patients.~~

~~B)C) Once determined to be infectious, a patient~~person~~ is considered infectious until medically determined to be non-infectious~~not infectious~~ and not likely ~~not~~ to become infectious again, as evidenced by compliance with a multiple drug treatment regimen to which the organisms are susceptible. When a consensus cannot be reached concerning the infectious or non-infectious~~not infectious~~ status of a patient with a suspected or confirmed case of TB, the Department will make a final determination~~decision~~ of infectiousness ~~will be made only by the Department~~. Determination of infectiousness for patients with positive AFB sputum smear results with pending or negative AFB sputum cultures, and for patients with multi-drug resistant (MDR) TB, shall be made in consultation with the Department.~~

2) Treatment of Suspected or Confirmed Active TB Disease. Patients with suspected~~Suspected~~ or confirmed active TB disease shall be treated ~~with multiple drugs~~ in accordance with ~~the incorporated publication, Treatment of Tuberculosis~~Treatment of TB and TB Infection.

~~Agency Note: TB disease in infants and children younger than four years of age and in immunosuppressed individuals (such as HIV/AIDS patients) is more likely to spread throughout the body and progress rapidly with severe consequences; prompt and vigorous treatment is appropriate as soon as TB is suspected.~~

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- A) Treatment Regimen. Persons with suspected or confirmed active TB disease shall be treated with a multi-drug regimen in accordance with Treatment of Tuberculosis.
- B)A) Adherence to Treatment. Health care providers shall use strategies such as directly observed therapy (DOT) and patient-centered case management to assure successful completion of treatment. Directly Observed Therapy (DOT). Treatment of all patients with TB should be conducted by DOT.
- C)B) Monitoring for Response to ~~Therapy~~Antituberculosis Chemotherapy. Patients shall be monitored for response to treatment in accordance with Treatment of Tuberculosis. Persons with M. tuberculosis identified in sputum shall be monitored by sputum smears and cultures until conversion is documented. Drug susceptibility testing shall be done initially on culture positive specimens.
- i) Sputum smears should be repeated until three consecutive negative sputum smear results are obtained from sputum collected on different days.
- ii) Sputum cultures should be monitored at least monthly until negative cultures are obtained. Patients whose cultures have not become negative or whose symptoms do not resolve after two months of therapy shall be reevaluated for drug-resistant disease, as well as for failure to adhere to the regimen. For patients receiving self-administered therapy, the remainder of treatment should be directly observed.
- iii) In patients with multiple drug-resistant disease, sputum cultures should be monitored monthly for the entire course of treatment.
- D)C) Monitoring for Adverse ~~Medication Reaction~~Reactions. Patients shall be monitored for adverse medication reactions in accordance with Treatment of Tuberculosis. Adults treated for TB disease should have baseline tests to detect any abnormality that would complicate treatment or require a modified regimen. Baseline

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~~tests, except visual acuity, are unnecessary in children unless a complicating condition is known or clinically suspected. At a minimum, patients should be seen monthly during treatment and evaluated for adverse reactions. If symptoms suggesting drug toxicity occur, then appropriate laboratory testing should be performed to confirm or exclude such toxicity. (See the incorporated publication, Treatment of TB and TB Infection.)~~

- c) The Department of Public Health shall investigate the causes of contagious, or dangerously contagious, or infectious diseases, especially when existing in epidemic form, and take means to restrict and suppress the same, and whenever such disease becomes, or threatens to become, epidemic in any locality and the local board of health or local authorities neglect or refuse to enforce efficient measures for its restriction or suppression or to act with sufficient promptness or efficiency, or whenever the local board of health or local authorities neglect or refuse to promptly enforce efficient measures for the restriction or suppression of dangerously contagious or infectious diseases, the Department of Public Health may enforce such measures as it deems necessary to protect the public health, and all necessary expenses so incurred shall be paid by the locality for which services are rendered. (Section 2(a) of the [Public Health Act](#))

- 1)e) Contact Investigation. The local TB control authority is responsible for assuring that a contact investigation, including identification, prioritization and evaluation of contacts, is completed for each case of active TB disease of the respiratory tract. ~~Contacts~~ Close contacts to suspected or confirmed cases of TB disease shall obtain an evaluation, including screening for signs and symptoms of active TB disease and a TB screening test, to identify latent TB infection. ~~Contacts~~ Close contacts shall be retested eight to 10 weeks~~three months~~ after the last exposure if their reaction to the first TB screening test was negative. (See [Guidelines for the Investigation of Contacts](#).) Contacts who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, and Guidelines for Health-Care Settings. ~~A high priority should be given to evaluating contacts who are children or contacts infected with HIV/AIDS. (See Section 696.150(a)(3) for information regarding preventive therapy.)~~

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- 2) When cases of active TB disease occur in any business, organization, institution or private home, the business owner, the person in charge of the establishment or the homeowner shall cooperate with local TB control authorities in the investigation, including, but not limited to, release of name and other pertinent information about employees, customers, passengers, travelers, transportation crews or guests as the information relates to the investigation.
- 3) Entering a place of employment for the purpose of conducting investigations of those processes, conditions, structures, machines, apparatus, devices, equipment, records, and materials within the place of employment that are relevant, pertinent, and necessary to the investigation. Investigations shall be conducted during regular business hours, if possible, and with notice as is possible under the circumstances.
- 4) School, child care facility, and college/university authorities shall handle contacts of infectious disease cases in the manner prescribed in this Part, or as recommended by the local health authority.

(Source: Amended at 36 Ill. Reg. 15267, effective October 2, 2012)

**Section 696.170 Reporting**

Health care professionals listed in subsection (a)(1) shall report suspected and confirmed cases of active TB disease to the local TB control authority or, in the absence of a local TB control authority, to the ~~TB Control Section of the~~ Department. The local TB control authority shall report to the Department.

- a) Reports to the Local TB Control Authority. The reports shall be submitted electronically through the Illinois National Electronic Disease Surveillance System (I-NEDSS) or other web-based system authorized by the Department, or by facsimile followed up with a telephone call to the local TB control authority in whose jurisdiction the reporter is located. Reports made by facsimile shall be made on forms available from the local TB control authority or the Department.
- 1) Health Care Professionals Required to Report. Health care professionals such as ~~Reports shall be made by~~ physicians, physician assistants, nurses, dentists, coroners, medical examiners, laboratory personnel and the health ~~coordinator~~seordinator of health care settings shall report serving high-

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~~risk groups~~ to the local TB control authority or, in the absence of a local TB control authority, to the ~~TB Control Section of the~~ Department.

2) ~~Report Forms and Transmission of Reports. Reports of suspected and confirmed cases of TB shall be made on forms available from the local TB control authority or the Department. To facilitate prompt reporting, telephone or facsimile reports are acceptable if followed by a written report sent through the mail.~~

2)3) Reports of Suspected and Confirmed Cases of TB. Persons required to report under subsection (a)(1) of this Section (except for laboratory personnel) shall, within seven calendar days after the diagnosis of a suspected or confirmed case of TB, notify the local TB control authority of the following:

A) Diagnosis. Information shall be provided about the diagnosis of a suspected or confirmed case of TB, including the dates and results of TB screening tests (Mantoux skin test results shall be recorded in millimeters) and the results of bacteriologic examinations and chest radiographs. ~~When an apparent occurrence of TB does not have laboratory confirmation or meet the clinical case definition, the local TB control authority should consult with the Department.~~

B) Clinical Management Information. Information shall be provided about the clinical management of a suspected or confirmed case of TB, including the determination of the infectious or ~~non-infectious~~~~not infectious~~ status, isolation precautions taken, treatment regimen and serious adverse medication reactions, ~~whether the client is at high risk for nonadherence to a prescribed treatment regimen, and past or present behavior that indicates a substantial likelihood of not cooperating with prevention and control measures.~~

C) Surveillance Information. Reportable demographic and locating information regarding the suspected or confirmed case of TB ~~shall~~~~should~~ include: the name, address, date of birth, gender, race, ethnic origin, country of origin, and month and year the person arrived in the United States (if applicable). Other data, if available, may include: non-prescribed drug use and excess alcohol use

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within the year before the date of submission, occupation, address changes, names and addresses of ~~elose~~ contacts, and any other information required to complete the ~~tuberculosis reporting form of the Department and the~~ Centers for Disease Control and ~~Prevention's Prevention, the~~ Report of Verified Case of TB (RVCT) ~~tuberculosis reporting~~ form.

- D) Other Information. Any other relevant information requested by the local TB control authority or the Department ~~shall~~should be provided. ~~The Such~~ information may include hospital discharge plans for out-patient follow-up and the names, locating information, test results and treatment information of all persons considered during a contact investigation for persons with TB infection.
- b) Reports to the Department from Local TB Control Authorities. Local TB control authorities shall report to the Department on the diagnosis, clinical management and surveillance of suspected and confirmed cases of TB and the investigation of contacts, as follows. The local TB control authority shall make ~~its~~their records available for inspection by the Department when requested ~~in order~~ to carry out the provisions of this Part.
- 1) Reports of Suspected or Confirmed Cases of TB. Within seven calendar days after a local TB control authority's receipt of a report of a suspected or confirmed case of TB, the local TB control authority shall report available information to the Department electronically through the I-NEDSS or other web-based system authorized by the Department. If the local TB control authority is unable to report electronically, reports shall be made by telephone or facsimile on forms available from the Department shall receive available information on an RVCT form. Facsimile reports shall be followed up by telephone call.
- 2) Reports of Follow-up Information. Due Within 30 Calendar Days After the Department's Request for Information. The Department shall be notified of the status of drug susceptibility test results, contact investigation information, case completion of therapy and other relevant information ~~within 30 calendar days after the Department's request for information.~~ The information shall be reported electronically through the I-NEDSS or other web-based system authorized by the Department. If the local TB

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control authority is unable to report electronically, reports shall be made by telephone, facsimile or mail.

- c) Reports from Laboratories. Within one calendar day after obtaining results, laboratories shall report ~~to the person who requested the test, to the local TB control authority and to the Department~~ smears positive for acid-fast bacilli, cultures or other tests positive for ~~M. tuberculosis~~*M. tuberculosis*, any culture result associated with an AFB-positive smear (even if negative for M. tuberculosis complex (MTB complex)), and drug susceptibility test results as follows: by telephone followed by mail, facsimile or approved electronic reporting format to the person who requested the test and to the local TB control authority; and by mail, facsimile or approved electronic format to the Department.~~and drug susceptibility test results.~~
- d) Isolates to State Public Health Laboratory. Laboratories shall send one isolate for each person to the State Public Health Laboratory within seven days after culture results are positive for MTB complex. If specimens are submitted to an out-of-state reference laboratory, the submitter shall ensure that the isolate is sent to the State Public Health Laboratory.
- e) Reports Between Jurisdictions. Reports, such as laboratory reports and other pertinent reports, shall be made by one local TB control authority to another local TB control authority when more than one jurisdiction is involved with a case or their contacts, i.e., when the party submitting a specimen for diagnosis is in a different jurisdiction from that in which the patient resides or when a patient or contact resides, works or attends school in, or moves to, a different jurisdiction. Local TB control authorities receiving reports of persons with suspected or active TB being discharged or transferred to another jurisdiction shall notify the receiving jurisdiction by telephone, followed by facsimile or mail, prior to the planned discharge or transfer.
- f) Reports of Discharge or Transfer. Institutional settings, such as hospitals, long-term care facilities and correctional settings, shall report plans to discharge or transfer persons with suspected or active TB prior to discharge or transfer by telephone to the local TB control authority in whose jurisdiction the reporter is located.
- g)d) Confidentiality. Confidentiality of information shall be maintained in accordance with 77 Ill. Adm. Code 690.200(d).

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- 1) ~~It is the policy of the Department to maintain the confidentiality of information that would identify individual patients.~~
  - 2) ~~Whenever any statute of this State or any ordinance or resolution of a municipal corporation or political subdivision enacted pursuant to statute or any rule of an administrative agency adopted pursuant to statute requires medical practitioners or other persons to report cases of tuberculosis to any governmental agency or officer, such reports shall be confidential, and any medical practitioner or other person making such report in good faith shall be immune from suit or slander or libel based upon any statements contained in such report. The identity of any individual contained in a report of tuberculosis or an investigation conducted pursuant to a report of tuberculosis shall be confidential and such identity shall not be disclosed publicly in any action of any kind in any court or before any tribunal, board or agency. (Communicable Disease Report Act [745 ILCS 45])~~
- h) Identifiable data may be released to the extent necessary for the treatment, control, investigation and prevention of diseases and conditions dangerous to the public health. Identifiable data can be shared in special circumstances as permitted by the Privacy Rule, the Medical Studies Act, and the Illinois Health Statistics Act. As described in the Illinois Health Statistics Act, a Department-approved Institutional Review Board or its equivalent on the protection of human subjects in research shall review and approve requests from researchers for individually identifiable data.

(Source: Amended at 36 Ill. Reg. 15267, effective October 2, 2012)

SUBPART C: ENFORCEMENT OF TUBERCULOSIS PREVENTION  
AND CONTROL MEASURES

**Section 696.180 Role of the Department or Local TB Control Authority in Enforcement and Control**

~~The~~After providing an opportunity for a patient to present information to support his or her position at a hearing, the Department or local TB control authority may issue directives, ~~and~~ seek court orders or issue emergency orders; as necessary to protect the public health, safety and welfare.

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- a) ~~Opportunity to be Heard. Prior to issuance of any directive, the Department shall notify the prospective recipient of the directive of the intent to issue a directive and shall offer the recipient an opportunity to be heard before the Director or a designee, provided that within 7 days after receipt of the notice the recipient makes written request for hearing. The notice shall be in writing, shall be served in person or by certified mail, and shall include a brief description of the reasons for issuance of a directive and of the type of directive that may be issued. Any hearing under this Section shall be promptly scheduled and determined.~~
- a)b) Directives. When ~~it is~~ necessary to protect the public health, safety and welfare, the Department or local TB control authority may ensure prevention and control measures by issuing Department or local TB control authority directives. A directive is a letter that informs recipients what is required of them ~~in order~~ to be in compliance with this Part and the consequences of noncompliance. ~~A directive may include one or more types of directives, as appropriate to the case. (See Sections 696.200 and 696.210.)~~
- b) The Department or local TB control authority shall implement matters of quarantine, isolation and closure in accordance with 77 Ill. Adm. Code 690. Subpart H.
- e) ~~Court Orders. The Department may seek court orders for diagnostic evaluation, preventive therapy, DOPT, disease treatment, DOT and isolation.~~

(Source: Amended at 36 Ill. Reg. 15267, effective October 2, 2012)

**Section 696.190 Role of the Local Tuberculosis Control Authority in Enforcement**  
**(Repealed)**

~~After providing an opportunity for a patient to present information to support his or her position at a hearing, the local TB control authority may issue directives and seek court orders, as necessary to protect the public health, safety and welfare.~~

- a) ~~Opportunity to be Heard. Prior to issuance of any directive, the local TB control authority shall notify the prospective recipient of the directive of the intent to issue a directive and shall offer the recipient an opportunity to be heard before the administrator of the local TB control authority or a designee, provided that within 7 days after receipt of the notice the recipient makes written request for hearing.~~

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~~The notice shall be in writing, shall be served in person or by certified mail, and shall include a brief description of the reasons for issuance of a directive and of the type of directive which may be issued. Any hearing under this Section shall be promptly scheduled and determined.~~

- ~~b) Directives. When it is necessary to protect the public health, safety and welfare, the local TB control authority may ensure prevention and control measures by issuing directives. A directive is a letter that informs recipients what is required of them in order to be in compliance with this Part and the consequences of noncompliance. A directive may include one or more types of directives, as appropriate to the case. (See Sections 696.200 and 696.210.)~~
- ~~e) Court Orders. The local TB control authority may seek court orders for diagnostic evaluation, preventive therapy, DOPT, disease treatment, DOT and isolation.~~
- ~~d) Notification. The local TB control authority shall inform the Department regarding persons in their jurisdiction meeting the description of potential recipients of directives, as specified in Section 696.210.~~
- ~~e) Documentation. The local TB control authority shall document evidence (e.g., appointment logs, patient records) concerning the circumstances, as specified in Section 696.210, that make it necessary to seek directives or court orders. Upon the request of the Department, the local TB control authority shall provide such evidence to the Department.~~

(Source: Repealed at 36 Ill. Reg. 15267, effective October 2, 2012)

**Section 696.200 Types of Directives (Repealed)**

- ~~a) Initiation or Completion of the Diagnostic Evaluation. This directive requires the initiation or completion of the diagnostic evaluation for TB infection or disease in accordance with the following incorporated publication: Guidelines for Healthcare Facilities. The diagnostic evaluation may include, but is not limited to, a medical history, physical examination, TB screening test, chest radiograph and bacteriologic examinations.~~
- ~~b) Preventive Therapy or Disease Treatment. This directive requires completion of a prescribed course of preventive therapy for TB infection or a prescribed course of~~

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~~treatment for TB disease, and bacteriologic or other tests needed to monitor response to treatment or adverse reactions in accordance with the following incorporated publication: Treatment of TB and TB Infection.~~

- e) ~~DOPT or DOT. This directive requires completion of a course of preventive therapy by DOPT for infection or treatment by DOT for disease, in accordance with the following incorporated publications: Guidelines for Healthcare Facilities and Treatment of TB and TB Infection.~~
- d) ~~Isolation. This directive requires isolation, in accordance with Section 696.160(b)(1) and the incorporated publications: Guidelines for Health Care Settings, and the OSHA Instruction, for any person with suspected or confirmed TB disease who is considered to be infectious or likely to become infectious, according to the definitions in this Part.~~

(Source: Repealed at 36 Ill. Reg. 15267, effective October 2, 2012)

**Section 696.210 Potential Recipients of Directives (Repealed)**

~~The local TB control authority shall document information used to identify potential recipients of directives. The local TB control authority or the Department may identify potential recipients of directives. The local TB control authority may seek the cooperation of the Department to identify potential recipients of directives.~~

- a) ~~Potential Recipients Based Upon Past or Present Behavior. A potential recipient shall be any person who has, or is suspected of having, TB infection or disease and who has demonstrated, in the opinion of the local TB control authority or the Department, through past or present behavior that he or she has a substantial likelihood of:~~
  - 1) ~~not initiating or completing a diagnostic evaluation to determine if TB infection or disease is present;~~
  - 2) ~~transmitting, or being able to transmit, disease to others;~~
  - 3) ~~not participating in DOPT for TB infection;~~
  - 4) ~~not participating in DOT for treatment of disease; or~~

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- ~~5) not following disease isolation procedures.~~
- b) ~~Potential Recipients Based Upon Not Completing Treatment. A potential recipient shall be any person who has been reported to the local TB control authority or the Department as having TB disease and as not completing a prescribed course of treatment.~~
- e) ~~Potential Recipients Based Upon Being High-Risk for Nonadherence to a Prescribed Treatment Regimen. A potential recipient shall be any person who has a history of treatment nonadherence; whose treatment has failed (treatment failure); whose disease has relapsed; who uses alcohol or controlled substances; who has mental, emotional, or physical impairments that interfere with the ability to self-administer medications; who is a child or adolescent.~~

(Source: Repealed at 36 Ill. Reg. 15267, effective October 2, 2012)

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**Section 696.APPENDIX A Mantoux Skin Testing Procedures (Repealed)**

~~Mantoux Skin Test. The Mantoux skin test or other TB screening test shall be used when identifying persons with infection, regardless of whether a BCG vaccination was received in the past. (See the incorporated publication, The Role of BCG Vaccine.) Multiple puncture tuberculin tests should not be used to determine whether a person has TB infection. The following applies to Mantoux skin testing only:~~

- ~~a) Administration. A trained person shall administer the Mantoux skin test in accordance with the incorporated publication, Core Curriculum.~~
- ~~b) Reading Reactions. Mantoux skin test reactions should be read 48 to 72 hours after administration in accordance with Appendix C and the incorporated publication Core Curriculum, and recorded in millimeters of induration. A positive reaction can be documented up to seven days after the skin test was performed. A negative reaction shall not be documented beyond 72 hours after the skin test was performed. A trained person shall read the test. The recipient of a skin test should not read his or her own skin test, even if the recipient is a trained health care worker.~~
- ~~c) Interpreting Reactions. The millimeter reading for defining a positive reaction shall depend on a person's risk factors for TB. (See Appendix C and the incorporated publications, Screening for High-Risk Populations and Treatment of TB and TB Infection, for further information about interpreting reactions in specific groups.)  
AGENCY NOTE: Anergy. The absence of a reaction to the tuberculin skin test does not rule out the diagnosis of TB infection or disease. Anergy should be considered in immunosuppressed persons who have no reaction to the skin test.~~
- ~~d) Two-Step Testing. Testing of persons who will be retested periodically (such as persons at high risk of exposure to TB) and who do not have a documented negative skin test reaction during the preceding 12 months shall be done by two-step testing, except as provided for in Section 696.140(a)(2)(B). The first Mantoux skin test in two-step testing can be read from 48 hours to seven days after the test is administered. If the reaction to the first test is positive, a person shall be considered infected. If the reaction to the first skin test is negative, a second test shall be administered seven to 21 days after the first test was administered. The second test shall be read 48 to 72 hours after administration. (See Appendix B.)~~

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(Source: Repealed at 36 Ill. Reg. 15267, effective October 2, 2012)

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**Section 696.APPENDIX B Waivers for Initial TB Screening Tests (Repealed)**

- a) ~~Persons Who are Not Part of a Routine, Periodic Screening Program. TB screening test requirements can be waived when documentation is available of a TB screening test result read within 90 days before employment.~~
- b) ~~Persons Who are Part of a Routine, Periodic Screening Program. TB screening test requirements can be waived with documentation of:~~
  - 1) ~~Two or more negative Mantoux skin test results read within one year before employment/admission, with the most recent Mantoux skin test read within 90 days before employment/admission; or~~
  - 2) ~~A negative TB screening test result read within one year before employment/admission, provided that the employee shall then receive an additional TB screening test within seven days after employment/admission; or~~
  - 3) ~~Negative Mantoux two-step testing or other TB screening test results read within 90 days before employment/admission; or~~
  - 4) ~~Negative Mantoux two-step testing or other TB screening test results read within one year before employment/admission, followed by a negative Mantoux skin test result read within 90 days before employment/admission; or~~
  - 5) ~~Negative two-step testing results read within one year before employment/admission, provided that the employee shall then receive an additional Mantoux skin test within seven days after employment/admission.~~
- e) ~~Employees Re-hired or Clients Re-admitted Within a 12-Month Period. Employees and clients sometimes leave a facility for a period of time and later return to that facility. These employees and clients, who have previously met TB screening test requirements, may have such requirements for new hires or new admissions waived if indicated by a risk assessment and, in the judgement of the facility's medical director, these persons were at low risk of exposure to tuberculosis during their absence from the facility. Consultation should be obtained from the local TB control authority as necessary. A waiver signed by~~

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~~the facility's medical director shall be included in the employees' files.~~

- d) ~~Persons with Documentation of a Previous Positive TB Screening Test Result. Repeat skin testing is not needed or required for persons with documentation of a previous positive test result. (See Section 696.140(b) for screening procedures for persons with documentation of a previous positive result.)~~
- e) ~~Volunteers. At workplaces, screening requirements for volunteers may be waived based on the results of a risk assessment performed by the local TB control authority. Documentation of such waiver shall be kept on file at the facility.~~

(Source: Repealed at 36 Ill. Reg. 15267, effective October 2, 2012)

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**Section 696.APPENDIX C Summary of the Interpretation of Tuberculin Skin Test Results  
(Repealed)**

1. ~~An induration equal to or greater than 5 mm is classified as positive in the following:~~
  - ~~•Persons who have had recent close contact with persons who have active TB.~~
  - ~~☐Persons who have been diagnosed with HIV infection or who have risk factors for HIV infection but whose HIV status is unknown.~~
  - ~~•Persons who have fibrotic chest radiographs consistent with healed TB.~~
  
2. ~~An induration equal to or greater than 10 mm is classified as positive in all persons who do not meet any of the above criteria, but who belong to one or more of the following groups having high risk for TB:~~
  - ~~•Injecting drug users known to be HIV seronegative;~~
  - ~~☐Persons who have other medical conditions that have been reported to increase the risk for progressing from latent TB infection to active TB disease. These medical conditions include diabetes mellitus, conditions requiring prolonged high-dose corticosteroid therapy and other immunosuppressive therapy (including bone marrow and organ transplantation), chronic renal failure, some hematologic disorders (e.g., leukemia and lymphomas), other specific malignancies (e.g., carcinoma of the head or neck), weight loss equal to or greater than 10% below ideal body weight, silicosis, gastrectomy, jejunioileal, bypass;~~
  - ~~☐Residents and employees of high-risk congregate settings; prisons and jails, nursing homes and other long-term residential facilities for the elderly, health-care facilities (including some residential mental health facilities), and homeless shelters;~~
  - ~~☐Foreign-born persons who have recently arrived (i.e., within the last 5 years) from countries having a high prevalence or incidence of TB;~~
  - ~~☐Some medically underserved, low-income populations, including migrant farm workers and homeless persons;~~

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- ~~•High risk racial or ethnic minority populations, as defined locally; and~~
- ~~☐Children less than 4 years of age, or infants, children, and adolescents exposed to adults in high risk categories.~~
- 3. ~~An induration equal to or greater than 15 mm is classified as positive in persons who do not meet any of the above criteria.~~

(Source: Repealed at 36 Ill. Reg. 15267, effective October 2, 2012)

## SECRETARY OF STATE

## NOTICE OF CORRECTION TO NOTICE ONLY

- 1) Heading of the Part: Certificates of Title, Registration of Vehicles
- 2) Code Citation: 92 Ill. Adm. Code 1010
- 3) The Notice of Adopted Amendment being corrected appeared at: October 5, 2012; 36 Ill. Reg. 14745
- 4) The information being corrected is as follows: In item 14, the Section Number of other amendments pending on this Part should read Section 1010.245.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of October 2, 2012 through October 9, 2012 and have been scheduled for review by the Committee at its November 13, 2012 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
11/16/12	<u>Illinois Gaming Board</u> , Video Gaming (General) (11 Ill. Adm. Code 1800)	8/10/12 36 Ill. Reg. 12699	11/13/12
11/16/12	<u>Illinois Gaming Board</u> , Video Gaming (General) (11 Ill. Adm. Code 1800)	8/17/12 36 Ill. Reg. 12949	11/13/12
11/17/12	<u>Department of Public Health</u> , Emergency Medical Services and Trauma Center Code (77 Ill. Adm. Code 515)	7/27/12 36 Ill. Reg. 11937	11/13/12
11/17/12	<u>Illinois Workers' Compensation Commission</u> , Arbitration (50 Ill. Adm. Code 7030)	8/17/12 36 Ill. Reg. 13005	11/13/12
11/17/12	<u>Illinois Workers' Compensation Commission</u> , Miscellaneous (50 Ill. Adm. Code 7110)	8/17/12 36 Ill. Reg. 13012	11/13/12
11/17/12	<u>Illinois Workers' Compensation Commission</u> , Commission Review Board Procedures (50 Ill. Adm. Code 7500)	8/17/12 36 Ill. Reg. 13029	11/13/12
11/22/12	<u>Department of Insurance</u> , Insurance Data	2/3/12	11/13/12

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

Reporting Requirements (50 Ill. Adm. Code  
4203)

36 Ill. Reg.  
1100

## DEPARTMENT OF REVENUE

## NOTICE OF PUBLIC INFORMATION

## 2012 THIRD QUARTER INCOME TAX SUNSHINE INDEX

1. Statute requiring agency to publish information concerning Private Letter Rulings and General Information Letters in the Illinois Register:

Name of Act: Illinois Department of Revenue Sunshine Act

Citation: 20 ILCS 2515

2. Summary of information:

Index of Department of Revenue income tax Private Letter Rulings and General Information Letters issued for the 3<sup>rd</sup> Quarter of 2012. Private letter rulings are issued by the Department in response to specific taxpayer inquiries concerning the application of a tax statute or rule to a particular fact situation. Private letter rulings are binding on the Department only as to the taxpayer who is the subject of the request for ruling. (See 2 Ill. Adm. Code 1200.110.) General information letters are issued by the Department in response to written inquiries from taxpayers, taxpayer representatives, business, trade, industrial associations or similar groups. General information letters contain general discussions of tax principles or applications. General information letters are designed to provide general background information on topics of interest to taxpayers. General information letters do not constitute statements of agency policy that apply, interpret, or prescribe tax laws administered by the Department. *General information letters may not be relied upon by taxpayers in taking positions with reference to tax issues and create no rights for taxpayers under the Taxpayers' Bill of Rights Act.* (See 2 Ill. Adm. Code 1200.120.)

The letters are listed numerically, are identified as either a General Information Letter or a Private Letter Ruling and are summarized with a brief synopsis under the following subjects:

Addition Modifications – Other Rulings  
Alternative Apportionment  
Base Income  
Compensation  
Credits – Education Expense Credit  
Credits – Foreign Tax  
Credits – Property Tax  
Net Income (Loss) and Net Loss Deduction  
Public Law 86-272/Nexus

## DEPARTMENT OF REVENUE

## NOTICE OF PUBLIC INFORMATION

## 2012 THIRD QUARTER INCOME TAX SUNSHINE INDEX

Rate of Tax  
Refunds – Statute of Limitations  
Returns – Due Dates  
Subtraction Modifications – Other  
Withholding – Other Rulings

Copies of the ruling letters themselves are available for inspection and may be purchased for a minimum of \$1.00 per opinion plus 50 cents per page for each page over one. Copies of the ruling letters may be downloaded free of charge from the Department's World Wide Web site at [www.tax.illinois.gov](http://www.tax.illinois.gov).

The indexes of Income Tax letter rulings for 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 and 2011 are available for \$3.00. A cumulative Income Tax Sunshine Index of 1981 through 1989 letter rulings may be purchased for \$4.00.

3. Name and address of person to contact concerning this information:

Linda Settle  
Illinois Department of Revenue  
Legal Services Office  
101 West Jefferson Street  
Springfield, Illinois 62794  
Telephone: (217) 782-7055

## DEPARTMENT OF REVENUE

## NOTICE OF PUBLIC INFORMATION

## 2012 THIRD QUARTER INCOME TAX SUNSHINE INDEX

## ADDITION MODIFICATIONS – OTHER RULINGS

IT 12-0023-GIL 08/28/2012 Addition for recapture of subtraction claimed for contributions to College Illinois! savings plans must be included in income in the year of a disqualified distribution from the plan.

## ALTERNATIVE APPORTIONMENT

IT 12-0016-GIL 07/10/2012 Petition for permission to use separate accounting cannot be granted based only on a showing that separate accounting and formula apportionment produce different results.

IT 12-0022-GIL 08/17/2012 Petition to use separate accounting cannot be granted merely because separate accounting reaches a different tax liability than the statutory apportionment method.

## BASE INCOME

IT 12-0025-GIL 09/10/2012 Income from sales of tangible personal property included in the federal taxable income of a taxpayer is included in base income of the taxpayer unless a specific subtraction is allowed.

## COMPENSATION

IT 12-0019-GIL 07/26/2012 Addresses sourcing of employee compensation in various scenarios, most of which contain insufficient information to allow a conclusion.

## CREDITS – EDUCATION EXPENSE CREDIT

IT 12-0015-GIL 07/10/2012 Amounts spent to purchase books and other items that are not consumed during the year do not qualify for the education expense

## DEPARTMENT OF REVENUE

## NOTICE OF PUBLIC INFORMATION

## 2012 THIRD QUARTER INCOME TAX SUNSHINE INDEX

credit.

## CREDITS – FOREIGN TAX

IT 12-0020-GIL 07/31/2012 Resident is allowed a credit for local income taxes paid to Kentucky municipalities.

## CREDITS – PROPERTY TAX

IT 12-0018-GIL 07/24/2012 Individual who moved from Illinois in 2009 and established residence in another state, but did not sell his Illinois house, could claim the property tax credit for the portion of taxes paid on the house in 2010 allocable to the period in 2009 during which the house was his principal residence.

## NET INCOME (LOSS) AND NET LOSS DEDUCTION

IT 12-0017-GIL 07/19/2012 C corporation may not use an Illinois net loss carryover deduction in its taxable year ending during calendar 2011, even to offset income earned prior to January 1, 2011, for purposes of applying the change in tax rates effective on that date.

## PUBLIC LAW 86-272/NEXUS

IT 12-0028-GIL 09/27/2012 A partner in a partnership doing business in Illinois generally has sufficient nexus to be subject to Illinois income taxation with respect to his or her share of the partnership's Illinois business income.

## RATE OF TAX

IT 12-0024-GIL 08/29/2012 Amounts included in federal taxable income in calendar

## DEPARTMENT OF REVENUE

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## 2012 THIRD QUARTER INCOME TAX SUNSHINE INDEX

2011 are subject to Illinois income tax at the higher rates applicable to income accrued after December 31, 2010, even if the income was arguably attributable to periods before January 1, 2012.

## REFUNDS – STATUTE OF LIMITATIONS

IT 12-0014-GIL 07/02/2012 Allowance of federal income tax refund claim based on exemption of income previously reported as taxable opens a new limitations period for Illinois income tax refund claims on the same basis.

## RETURNS – DUE DATES

IT 12-0027-GIL 09/24/2012 The due date of a corporation's Illinois income tax return is the fifteenth day of the third month after the end of its taxable year or the due date of its federal return, whichever is later. Illinois grants all corporations a seven-month extension of time to file their Illinois income tax returns.

## SUBTRACTION MODIFICATIONS – OTHER RULINGS

IT 12-0026-GIL 09/13/2012 Federal law prohibits state taxation of sickness benefits paid under the Railroad Retirement and Unemployment Insurance Act, so any amount of these benefits included in adjusted gross income of a taxpayer may be subtracted in computing base income.

## WITHHOLDING – OTHER RULINGS

IT 12-0021-GIL 08/14/2012 State income tax withholding is generally required from compensation "paid in this State" from which federal income tax withholding is required.

**ILLINOIS ADMINISTRATIVE CODE**  
**Issue Index - With Effective Dates**

Rules acted upon in Volume 36, Issue 42 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

**PROPOSED RULES**

68 - 1130	.....	15175
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**ADOPTED RULES**

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