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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.].

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STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF PROPOSED AMENDMENT

1) **Heading of the Part:** State Universities Civil Service System

2) **Code Citation:** 80 Ill. Adm. Code 250

3) **Section Number:** 250.140

4) **Proposed Action:** Amendment

5) **Statutory Authority:** 110 ILCS 70

6) **A Complete Description of the Subjects and Issues Involved:** The proposed revision is intended specifically to clarify Merit Board authority to establish demonstration projects and pilot/study programs to investigate, research, and gather information on new human resource operational procedures.

7) **Published studies or reports, and sources of underlying data, used to compose this rulemaking:** None

8) **Will this rulemaking replace any emergency rulemaking currently in effect?** No

9) **Does this rulemaking contain an automatic repeal date?** No

10) **Does this rulemaking contain incorporations by reference?** No

11) **Are there any other proposed rulemakings pending on this Part?** No

12) **Statement of Statewide Policy Objectives:** This proposed amendment will not create or enlarge a State mandate.

13) **Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:** Interested persons may submit written comments on this proposed amendment within 45 days after the date of publication to:

Mary C. Follmer
Assistant Legal Counsel
State Universities Civil Service System
1717 Philo Road, Suite 24
Urbana, IL 61802

217/278-3150, ext. 226
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: July 2006

The full text of the Proposed Amendment begins on the next page:
NOTICE OF PROPOSED AMENDMENT

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE A: MERIT EMPLOYMENT SYSTEMS
CHAPTER VI: STATE UNIVERSITIES CIVIL SERVICE SYSTEM

PART 250
STATE UNIVERSITIES CIVIL SERVICE SYSTEM

Section 250.5 Definitions
250.10 Purpose, Adoption, and Amendment of Rules
250.20 The State Universities Civil Service System and its Divisions
250.30 The Classification Plan
250.40 Military Service Preference, Veterans Preference
250.50 Examinations
250.60 Eligible Registers
250.70 Nonstatus Appointments
250.80 Status Appointments
250.90 Probationary Period
250.100 Reassignments and Transfers
250.110 Separations and Demotions
250.120 Seniority
250.130 Review Procedures
250.140 Delegation of Authority and Responsibilities
250.150 Training
250.160 Suspension of Rules

AUTHORITY: Implementing and authorized by the State Universities Civil Service Act [110 ILCS 70].

amended at 30 Ill. Reg. 17384, effective October 23, 2006; amended at 31 Ill. Reg. ______, effective ____________.

Section 250.140 Delegation of Authority and Responsibilities

a) Delegation to the Executive Director. The Executive Director is delegated the authority and responsibility to effectively administer the State Universities Civil Service System in accordance with the Act and this Part. The Executive Director may be further delegated the authority and responsibility to act on behalf of the Merit Board by specific authorization or direction of the Merit Board.

b) Delegation by the Executive Director. The Executive Director is authorized to delegate to the employer, and to members of the University System staff, such duties and responsibilities as, in his/her judgment, are appropriate and effective for the efficient administration of the service of the System to its constituent institutions and agencies.

c) Conduct of Audits. The Executive Director shall conduct ongoing audit programs of all Civil Service operations at all places of employment for the purpose of assuring compliance with the Act and this Part and for improving the programs of personnel administration of its constituent employers and shall prepare, distribute, and follow up on audit reports in accordance with Merit Board direction.

d) Authority to Correct Errors. The University System may, on its own initiative, or at the request of an applicant or interested party, correct any clerical error or errors in computation of a score or register of candidates, or any other document affecting the rights of the System, the applicant, or interested party, and shall have the power to correct any such score, register, or document, and issue in lieu thereof a corrected score or document.

e) Authority to Research New Programs. With respect to their obligation to efficiently and effectively establish a sound program of personnel administration, the University System Office may, upon direction and authority of the Merit Board, create new temporary demonstration projects or pilot/study programs to investigate and research the efficiency and effectiveness of such programs prior to formal implementation. Alternative temporary rules and procedures may be developed for these demonstration projects or pilot/study programs for a period of up to five years.
STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF PROPOSED AMENDMENT

(Source: Amended at 31 Ill. Reg. _______, effective _____________ )
STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

1) **Heading of the Part:** Public Schools Evaluation, Recognition and Supervision

2) **Code Citation:** 23 Ill. Adm. Code 1

3) **Section Numbers:**
   - 1.30 Amendment
   - 1.60 Amendment
   - 1.80 Amendment

4) **Statutory Authority:** 105 ILCS 5/2-3.6

5) **A Complete Description of the Subjects and Issues Involved:** Some of the portions of Part 1 that describe the single system of accountability, as required by the No Child Left Behind Act (NCLB), include duplicate and contradictory provisions that need to be eliminated. This situation arose out of an unusual set of developments. While the prior rulemaking that put the new accountability requirements in place was pending, legislation was enacted in Illinois (P. A. 94-666) to state alternate provisions for determining whether schools and districts had made adequate yearly progress and for removing designations of academic early warning or academic watch status. These state-level alternatives were stated to be effective unless the U.S. Department of Education formally disapproved them. In order to conclude the rulemaking and have the required accountability system in place, ISBE adopted a version of Sections 1.30, 1.60, and 1.80 that reflected both possibilities. After a number of months, a response was received from USDE formally disapproving the policies stated in Illinois law. On that basis, ISBE is now deleting that material from the rules.

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?** Yes

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STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

1.85 Amendment 30 Ill. Reg. 18882; December 15, 2006
1.705 New Section 30 Ill. Reg. 18882; December 15, 2006
1.APPENDIX A Amendment 30 Ill. Reg. 18882; December 15, 2006
1.APPENDIX B Repeal 30 Ill. Reg. 18882; December 15, 2006
1.240 Amendment 31 Ill. Reg. 74; January 5, 2007

11) Statement of Statewide Policy Objective: This rulemaking will not create or enlarge a State mandate.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days after the publication of this Notice to:

Sally Vogl
Agency Rules Coordinator
Illinois State Board of Education
100 North First Street (S-493)
Springfield, Illinois 62777

217/782-5270

Comments may also be submitted via e-mail, addressed to:

rules@isbe.net

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: January 2006

The full text of the Proposed Amendments begins on the next page:
STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER a: PUBLIC SCHOOL RECOGNITION

PART 1
PUBLIC SCHOOLS EVALUATION, RECOGNITION AND SUPERVISION

SUBPART A: RECOGNITION REQUIREMENTS

Section
1.10 Public School Accountability Framework
1.20 Operational Requirements
1.30 State Assessment
1.40 Adequate Yearly Progress
1.50 Calculation of Participation Rate
1.60 Subgroups of Students; Inclusion of Relevant Scores
1.70 Additional Indicators for Adequate Yearly Progress
1.75 Student Information System
1.77 Educator Certification System
1.80 Academic Early Warning and Watch Status
1.85 School and District Improvement Plans; Restructuring Plans
1.88 Additional Accountability Requirements for Districts Serving Students of Limited English Proficiency Under Title III
1.90 System of Rewards and Recognition – The Illinois Honor Roll
1.95 Appeals Procedure
1.100 Waiver and Modification of State Board Rules and School Code Mandates

SUBPART B: SCHOOL GOVERNANCE

Section
1.210 Powers and Duties (Repealed)
1.220 Duties of Superintendent (Repealed)
1.230 Board of Education and the School Code (Repealed)
1.240 Equal Opportunities for all Students
1.242 Temporary Exclusion for Failure to Meet Minimum Academic or Attendance Standards
1.245 Waiver of School Fees
1.250 District to Comply with 23 Ill. Adm. Code 180 (Repealed)
STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

1.260  Commemorative Holidays to be Observed by Public Schools (Repealed)
1.270  Book and Material Selection (Repealed)
1.280  Discipline
1.285  Requirements for the Use of Isolated Time Out and Physical Restraint
1.290  Absenteeism and Truancy Policies

SUBPART C:  SCHOOL DISTRICT ADMINISTRATION

Section
1.310  Administrative Responsibilities
1.320  Evaluation of Certified Staff in Contractual Continued Service
1.330  Hazardous Materials Training

SUBPART D:  THE INSTRUCTIONAL PROGRAM

Section
1.410  Determination of the Instructional Program
1.420  Basic Standards
1.430  Additional Criteria for Elementary Schools
1.440  Additional Criteria for High Schools
1.445  Required Course Substitute
1.450  Special Programs
1.460  Credit Earned Through Proficiency Examinations
1.462  Uniform Annual Consumer Education Proficiency Test
1.465  Ethnic School Foreign Language Credit and Program Approval
1.470  Adult and Continuing Education
1.480  Correctional Institution Educational Programs

SUBPART E:  SUPPORT SERVICES

Section
1.510  Transportation
1.515  Training of School Bus Driver Instructors
1.520  School Food Services (Repealed)
1.530  Health Services
1.540  Pupil Personnel Services (Repealed)

SUBPART F:  STAFF CERTIFICATION REQUIREMENTS
STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

Section
1.610 Personnel Required to be Qualified
1.620 Accreditation of Staff (Repealed)
1.630 Noncertificated Personnel
1.640 Requirements for Different Certificates (Repealed)
1.650 Transcripts of Credits
1.660 Records of Professional Personnel

SUBPART G: STAFF QUALIFICATIONS

Section
1.705 Minimum Requirements for Teachers (Repealed)
1.710 Requirements for Elementary Teachers
1.720 Requirements for Teachers of Middle Grades
1.730 Minimum Requirements for Secondary Teachers and Specified Subject Area Teachers in Grades Six (6) and Above through June 30, 2004
1.735 Requirements to Take Effect from July 1, 1991, through June 30, 2004
1.736 Requirements to Take Effect from July 1, 1994, through June 30, 2004
1.737 Minimum Requirements for the Assignment of Teachers in Grades 9 through 12 Beginning July 1, 2004
1.740 Standards for Reading through June 30, 2004
1.745 Requirements for Reading Teachers and Reading Specialists at all Levels as of July 1, 2004
1.750 Standards for Media Services through June 30, 2004
1.755 Requirements for Library Information Specialists Beginning July 1, 2004
1.760 Standards for Pupil Personnel Services
1.762 Supervision of Speech-Language Pathology Assistants
1.770 Standards for Special Education Personnel
1.780 Standards for Teachers in Bilingual Education Programs
1.781 Requirements for Bilingual Education Teachers in Grades K-12
1.782 Requirements for Teachers of English as a Second Language in Grades K-12
1.790 Substitute Teacher

1.APPENDIX A Professional Staff Certification
1.APPENDIX B Certification Quick Reference Chart
1.APPENDIX C Glossary of Terms (Repealed)
1.APPENDIX D State Goals for Learning
1.APPENDIX E Evaluation Criteria – Student Performance and School Improvement Determination (Repealed)
STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

1. APPENDIX F  Criteria for Determination – Student Performance and School Improvement (Repealed)
1. APPENDIX G  Criteria for Determination – State Assessment (Repealed)


SUBPART A: RECOGNITION REQUIREMENTS

Section 1.30  State Assessment
The State Superintendent Board of Education shall develop and administer assessment instruments and other procedures in accordance with Section 2-3.64 of the School Code [105 ILCS 5/2-3.64]. In addition, school districts shall collaborate with the State Superintendent Board in the design and implementation of special studies.

a) Development and Participation

1) Assessment instruments and procedures shall meet generally accepted standards of validity and reliability as stated in "Standards for Educational and Psychological Testing" (1999), published by the American Educational Research Association, 1230 17th St., N.W., Washington, D.C. 20036. (No later amendments to or editions of these standards are incorporated.)

2) Districts shall participate in special studies, tryouts, pilot testing, field testing, and/or norm testing of these assessment procedures and instruments when one or more schools in the district are selected to do so by the State Superintendent Board.

3) A school shall generally be selected for participation in these special studies, tryouts, pilot testing, and/or field testing no more than once every four years, except that participation may be required twice every four years in the case of the Illinois Alternate Assessment.

4) All pupils enrolled in a public or State-operated elementary school, secondary school, or cooperative or joint agreement with a governing body or board of control, a charter school operating in compliance with the Charter Schools Law [105 ILCS 5/Art. 27A], a school operated by a regional office of education under Section 13A-3 of the School Code [105 ILCS 5/13A-3], or a public school administered by a local public agency or the Department of Human Services shall be required to participate in the State assessment, whether by taking the regular assessment or by participating in an accommodated or alternate form of the assessment (Sections 2-3.25a and 2-3.64 of the School Code).

A) Students who are served in any locked facility that has a State-assigned RCDTS (region/county/district/type/school) code, students who attend public university laboratory schools under Section 18-8.05(K) of the School Code, and students beyond the
STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

age of compulsory attendance (other than students with IEPs) whose programs do not culminate in the issuance of regular high school diplomas are not required to participate in the State assessment.

B) It is the responsibility of each district or other affected entity to ensure that all students required to participate in the State assessment do so. See also Section 1.50 of this Part.

5) Each district or other affected entity shall ensure the availability of reasonable accommodations for participation in the State assessment by students with disabilities or limited English proficiency.

b) Assessment Procedures

1) All assessment procedures and practices shall be based on fair testing practice, as described in "Code of Fair Testing Practices in Education" (2004), published by the Joint Committee on Testing Practices of the American Educational Research Association, American Psychological Association, and National Council on Measurement in Education, 750 First Avenue, N.E., Washington, D.C. 20002-4242. (No later amendments to or editions of this code are incorporated.)

2) Districts and other affected entities shall protect the security and confidentiality of all assessment questions and other materials that are considered part of the approved State assessment, including but not necessarily limited to test items, reading passages, charts, graphs, and tables.

3) Districts shall promptly report to the State Superintendent Board all complaints received by the district of testing irregularities. A district shall fully investigate the validity of any such complaint and shall report to the State Superintendent Board the results of its investigation.

c) Accommodated Assessment

Students who have been identified at the local level as having limited proficiency in English as provided in 23 Ill. Adm. Code 228.15, including students not enrolled in programs of bilingual education, may participate in an accommodated form of the State assessment, subject to the limitations set forth in Section 2-3.64
of the School Code. A student of limited proficiency in English may, however, participate in the regular assessment for his or her grade if, in the judgment of the district or the student's parent, the regular State assessment is more appropriate for that student. See also Section 1.60(b) of this Part.

d) Alternate Assessment
Students whose Individualized Education Programs identify the regular State assessment as inappropriate for them even with accommodations shall participate in the Illinois Alternate Assessment (IAA) for all subjects tested. See also Section 1.60(c) of this Part.

e) Review and Verification of Information
Each school district and each charter school shall have an opportunity to review and, if necessary, correct the preliminary data generated from the administration of the State assessment, including information about the participating students as well as the scores achieved.

1) Within 30 days after the preliminary data are made available, each district or charter school shall use a means prescribed by the State Board to indicate either:

   A) that its preliminary data are correct; or

   B) that unresolved problems still exist within its data.

2) In cases where unresolved problems still exist, staff of the State Board and/or its contractor shall have an additional period of 15 days within which to work with the affected district or charter school to make the necessary corrections.

3) At the end of the 15-day period discussed in subsection (e)(2) of this Section, all districts' and charter schools' data shall stand as the basis for the applicable school report cards and determination of status. Any inaccuracies that are believed to persist at that time shall be subject to the appeal procedure set forth in Section 1.95 of this Part.

f) Reports of State Assessment Results
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1) Following verification of the data under subsection (e) of this Section, the State Board shall send each school and district a report containing final information from the results of each administration of the State assessment.

A) The scores of students who are served by cooperatives or joint agreements, in Alternative Learning Opportunities Programs established under Article 13B of the School Code, by regional offices of education under Section 13A-3 of the School Code, by local agencies, or in schools operated by the Department of Human Services, scores of students who are served in any other program or school not operated by a school district and who are scheduled to receive regular high school diplomas, all scores of students who are wards of the State, and all scores of students who have IEPs, shall be reported to the students' respective districts of residence and to the schools within those districts that they would otherwise attend.

B) The scores of students enrolled in charter schools shall be reported to the chief administrator of the charter school and to any school district serving as a chartering entity for the charter school.

2) Each report shall include, as applicable to the receiving entity:

A) results for each student to whom the State assessment was administered (excluding any scores deemed by the State Board to be invalid due to testing irregularities); and

B) summary data for the school and/or district and the State, including but not limited to raw scores, scale scores, comparison scores, including national comparisons, and distributions of students' scores among the applicable proficiency classifications (see subsection (h) of this Section).

g) Each school district and each charter school shall receive notification from the State Board of Education as to the status of each affected school and the district based on the attainment or non-attainment of adequate yearly progress as reflected in the final data. These determinations shall be subject to the appeal process set forth in Section 1.95 of this Part.
h) Classification of Scores
Each score achieved by a student on a regular, accommodated, or alternate State assessment shall be classified among a set of performance levels, as reflected in score ranges that the State Board shall disseminate at the time of testing, for the purpose of identifying scores that "demonstrate proficiency".

1) Each score achieved by a student on a regular State assessment (i.e., the Illinois Standards Achievement Test (ISAT) or the Prairie State Achievement Exam (PSAE)), as well as each score in mathematics achieved on the accommodated State assessment, shall be classified as "academic warning", "below standards", "meets standards", or "exceeds standards". Among these scores, those identified as either meeting or exceeding standards shall be considered as demonstrating proficiency.

2) Each score in reading achieved by a student on the accommodated State assessment shall be classified as "beginning", "strengthening", "expanding", or "transitioning". Among these scores, those identified as either "expanding" or "transitioning" shall be considered as demonstrating proficiency.

3) Each score achieved by a student on the Illinois Alternate Assessment shall be classified as "attempting", "emerging", "progressing", or "attaining". Among these scores, those identified as "progressing" or "attaining" shall be considered as demonstrating proficiency.

i) Scores Relevant to Adequate Yearly Progress
For purposes of determining whether a district or a school has made adequate yearly progress, scores achieved on a State assessment in reading or mathematics shall be "relevant scores", provided, however, that scores in reading or mathematics that are earned by students who have individualized education programs (IEPs) shall be "relevant scores" only to the extent identified in their IEPs, unless the policy expressed in Section 2-3.25a of the School Code [105 ILCS 5/2-3.25a] via P.A. 94-666 is formally disapproved by the U.S. Department of Education. For schools without grades higher than 2 (that is, for schools where no State assessment is administered), scores achieved by students in Grade 2 on the Terra Nova examination (CTB McGraw-Hill, 20 Ryan Ranch Road, Monterey CA 93940 (2001)) shall also be considered "relevant scores" for school years from 2002-03 through 2005-06. Beginning with the 2006-07 school year, the
determination as to whether a school in this group has made adequate yearly progress shall be the determination applicable to the school where the largest number of students go on into the third grade.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 1.60 Subgroups of Students; Inclusion of Relevant Scores

A student's scores shall count among those for his or her school or district, as applicable, for a given year only if he or she was enrolled continuously in the district on or before May 1 of the previous academic year through State testing the following spring. Students who feed into another school within the same district during the summer based upon the district's progression of students among attendance centers based on grade level shall have their scores counted for the school and district. Any student who is continuously enrolled within the district but, for reasons not mandated by the district, changes to a new school within the district after May 1 will be counted at the district level but not at the school level. Nothing in this Section is intended to exempt a student from the requirement for participation in the State assessment, except as provided in subsection (b)(1) of this Section.

a) Relevant scores shall be disaggregated by content area for any subgroup identified in this subsection (a) whose membership meets the minimum subgroup size. For purposes of this Section 1.60, "minimum subgroup size" shall mean 45 students across all the grades tested in the school or district, as applicable. Except as provided in subsection (b) of this Section, each student's scores shall be counted in each of the subgroups to which he or she belongs.

1) Students with disabilities, i.e., students who have Individualized Education Programs (IEPs);

2) Racial/ethnic groups:
   A) White,
   B) Black,
   C) Hispanic,
   D) American Indian or Alaskan Native,
E) Asian/Pacific Islander,

F) Multiracial/ethnic;

3) Students who have been identified at the local level as having limited proficiency in English as provided in 23 Ill. Adm. Code 228.15; and/or

4) Students who are eligible for free or reduced-price meals under the Child Nutrition Act of 1966 (42 USC 1771 et seq.) or the National School Lunch Act (42 USC 1751 et seq.).

b) Special provisions shall apply to the treatment of scores achieved by students of limited English proficiency in certain circumstances.

1) An Illinois student who is in his or her first year of enrollment in school in the United States and who is identified as having limited proficiency in English may elect to participate in the State assessment in reading. Any such student who elects not to participate shall nevertheless be treated as having participated for purposes of calculating the participation rate.

2) The score achieved by a student who elects to participate in the regular State assessment in reading under subsection (b)(1) of this Section shall be counted for purposes of calculating the participation rate but not for purposes of calculating performance.

3) An Illinois student who is in his or her first year of enrollment in school in the United States and who is identified as having limited proficiency in English shall be required to participate in the State assessment in mathematics. The score achieved by such a student shall be counted for purposes of calculating the participation rate but not for purposes of calculating performance.

4) A student who has previously been identified as having limited proficiency in English and whose scores have been attributed to that subgroup shall continue to have his or her scores attributed to that subgroup for the first two years after the last year when he or she was considered to have limited English proficiency. However, districts and schools shall not be required to count students to whom this subsection
The number of scores earned by students who participate in the alternate form of the State assessment that may be counted as demonstrating proficiency in a content area shall be no more than 1 percent of all scores achieved by the district's students in that subject. (See the regulations of the U.S. Department of Education at 34 CFR 200.6.)

2) Except as provided in subsection (c)(3) of this Section, for purposes of calculating adequate yearly progress at the district level, each score that demonstrates proficiency but is in excess of the 1 percent maximum set forth in subsection (c)(1) of this Section shall be counted as not demonstrating proficiency and shall be included as such in the calculations for each subgroup of which the student is a member.

3) A district may apply to the State Superintendent of Education for a one-year exception to the 1 percent maximum set forth in subsection (c)(1) of this Section, which may be renewed for one or more subsequent years if warranted. Using a format established by the State Superintendent of Education, the district shall display information demonstrating that the prevalence of students for whom the alternate assessment is appropriate exceeds 1 percent of the total population. The district shall also supply a narrative explaining the disproportionate representation of such students in its population. The State Superintendent of Education shall approve a district's request for an exception if the district superintendent provides assurances that the district meets all the requirements of 34 CFR 200.6 and if the information supplied by the district demonstrates that:
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A) families of students with significant cognitive disabilities have been attracted to live in the district by the availability of educational, health, or community services that respond to their needs; or

B) the district's student population is so small that the presence of even a small number of students with significant cognitive disabilities causes the district to exceed the 1 percent threshold (e.g., in a population of 50 students, one student represents 2 percent); or

C) other circumstances exist such that the overrepresentation of students with significant cognitive disabilities is outside the control of the district, i.e., the overrepresentation is not a result of inappropriate decision-making as to the form of the State assessment that should be used for particular students.

4) When scores that demonstrate proficiency and were achieved by students on the IAA make up more than 1 percent of a district's scores in either reading or mathematics, and the district has not received approval for an exception to the 1 percent maximum pursuant to subsection (c)(3) of this Section, the district shall be required to identify the "proficient" scores on the IAA that will be counted as not demonstrating proficiency for purposes of calculating adequate yearly progress (AYP). In making this determination, a district may choose to identify:

A) scores of students who belong to the fewest subgroups;

B) scores of students who belong to the largest subgroups;

C) scores of students who belong to the smallest subgroups;

D) scores of students who belong to the subgroups whose performance is farthest above the target applicable to the year in question; or

E) scores of students who belong to the subgroups whose performance is farthest below the target applicable to the year in question.
5) The State Superintendent of Education shall notify each district that is affected by the requirement to identify excess "proficient" scores on the IAA. The deadline set by the State Superintendent shall allow at least five business days for districts' responses. For any district that does not submit the requested information on this selection within the time allowed, the State Superintendent shall identify the scores that will be considered as not demonstrating proficiency for this purpose.

6) Regardless of whether a student with an IEP participates in the regular State assessment or in the alternate form of the State assessment, his or her scores shall be used to determine AYP only if the IEP provides for reliance on those scores for that purpose. If the IEP establishes other indicators as the basis for determining that the student has made sufficient progress in a given school year, that student shall be counted, in each of the subgroups of which he or she is a member, according to the determination made on that basis.

d) Targets for scores demonstrating proficiency

1) In each subject and for each subgroup of students, the percentage of scores demonstrating proficiency that is required for AYP shall increase from the original baseline of 40 percent for the 2002-03 school year according to the following schedule:

   A) For 2003-04, 40 percent;
   B) For 2004-05 and for 2005-06, 47.5 percent;
   C) For 2006-07, 55 percent;
   D) For 2007-08, 62.5 percent;
   E) For 2008-09, 70 percent;
   F) For 2009-10, 77.5 percent;
   G) For 2010-11, 85 percent;
H) For 2011-12 and for 2012-13, 92.5 percent;
I) For 2013-14, 100 percent.

2) In order to avoid penalizing schools and districts for the decision bias that is associated with a minimum subgroup size, a 95 percent "confidence interval" shall be applied to subgroups' data. (A confidence interval is a mathematical approach designed to compensate for the unreliability of data derived from consideration of small groups.)

e) "Safe Harbor"
A school or a district in which one or more subgroups fail to achieve the required academic target for a particular year may nevertheless be considered as having made AYP for that year. Each subgroup in question must have attained the minimum subgroup size in the preceding year and, for each such subgroup, there must have been a decrease of at least ten percent in the proportion of scores that do not demonstrate proficiency in comparison to that subgroup's scores for the preceding year. In addition, if the school is a high school, the relevant subgroup's graduation rate must at least equal the target rate for that year, and, if the school is an elementary or a middle school, the relevant subgroup's attendance rate must at least equal the target rate for that year (see Section 1.70 of this Part). This "safe harbor" method for calculating AYP shall apply only to subgroups within schools or districts; it shall not be used for the aggregate scores of a school or a district as a whole.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 1.80 Academic Early Warning and Watch Status

The movement of schools and districts that do not make adequate yearly progress (AYP) into academic early warning status and then into academic watch status shall be as specified in Section 2-3.25d of the School Code, except that the failure provided that the U.S. Department of Education does not formally disapprove the provisions of that Section added by P.A. 94-666. If Section 2-3.25d applies as amended by P.A. 94-666, a school or district shall not make AYP for two consecutive annual calculations as contemplated in that Section only if scores in the same content area (i.e., in reading or in mathematics) and within the same grouping (i.e., subgroup or the entity as a whole) fall short of the applicable targets set forth in Section 1.60 of this Part in two consecutive annual calculations, or if students in the same subgroup fail to attain the targeted participation rate, attendance rate, or graduation rate, as applicable, in two consecutive annual
calculations. If the U.S. Department of Education formally disapproves of this policy, then a school or district shall fail to make AYP for two consecutive annual calculations shall be based upon if those calculations identify failure to attain the same applicable target, regardless of whether the same subgroup is involved in both calculations. Further, unless the U.S. Department of Education formally disapproves of this policy, a school or district shall be removed from any "status designation" after two consecutive years' one year's calculations show that it has met the applicable criteria for AYP in both those years.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

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1) **Heading of the Part**: Certification

2) **Code Citation**: 23 Ill. Adm. Code 25

3) **Section Number** | **Proposed Action**
--- | ---
25.30 | New Section
25.85 | Amendment
25.314 | New Section
25.335 | Amendment
25.620 | Amendment
25.750 | Amendment
25.755 | Amendment

4) **Statutory Authority**: 105 ILCS 5/Art. 21, 14C-8, and 2-3.6

5) **A Complete Description of the Subjects and Issues Involved**: This rulemaking involves several unrelated aspects of Part 25.

Under the auspices of the State Action for Education Leadership Project (SAELP), four new certification-related initiatives were established in 2006 by P.A. 94-1039: a teacher leader endorsement, an alternative route to administrative certification, a master principal endorsement, and a new principal mentoring program. This rulemaking presents proposed requirements for the first two of these.

Proposed new Section 25.30 will set forth requirements for the teacher leader endorsement. The statute establishes three somewhat different sets of qualifications leading to this endorsement, two of which rely on completion of a "specially designed strand of teacher leadership courses" (in combination with either certification from the National Board for Professional Teaching Standards or a master's degree and qualification as a "proven teacher leader"). This rule will define the strand of coursework and identify who will be considered a "proven teacher leader". Because this endorsement was intended to provide a career path for such teachers, the coursework will be required to address selected aspects of the Illinois Professional School Leader Standards and may also address improving knowledge and skills related to the Illinois Professional Teaching Standards. The administrative standards specifically related to management are intentionally omitted.

Proposed new Section 25.314 implements Section 21-5e of the School Code, which identifies individuals eligible to complete an alternate route to administrative
certification. This route is intended to build upon the teacher leader's qualifications and calls only for completion of 15 semester hours aimed at certain administrative competencies. The statute contemplates taking into consideration the coursework individuals will already have completed, so the rule calls for the 15 semester hours to focus on the management-related aspects of the Illinois Professional Teaching Standards and on selected others applicable to the general administrative endorsement. Several of the other provisions of the new rule are similar to those used in Section 25.313, an older "alternative route" rule. The revision to Section 25.335 is related to both these, in that it acknowledges the exceptions to the general rule that are incorporated in the two different alternative routes.

The revision to Section 25.85 will make endorsements in certain foreign languages (generally candidates' native languages) available on a streamlined basis to individuals who were prepared as teachers outside Illinois and could have received those endorsements when they originally received Illinois certificates. It has become clear that some foreign applicants are not aware of this provision when they originally apply, and it makes more sense for them to have continued access to the language endorsement on the basis of Section 25.86 rather than to fall under Section 25.85 once they have attained Illinois certification in some other field.

The revision to Section 25.620 responds directly to recent changes in the Grow Your Own Teacher Education Act and in Section 21-2.1 of the School Code (Early Childhood Certificate) which expressly permit payment to certain student teachers. This is a technical update bringing the rule into conformance with those new statutory provisions.

Changes in Section 25.750 (Conditions of Testing) will establish a new requirement for thumb-printing of individuals taking certification tests. Important goals of this rule are to provide a deterrent to the method of cheating that involves test-taking by someone other than the candidate for certification and to decrease the reliance on handwriting analysis in cases where there is doubt as to the identity of the individual taking a test.

Section 25.755 (Voiding of Scores) is being amended to clarify that there are certain records and voided scores that may be kept.

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
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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 Objective: This rulemaking will not create or enlarge a State mandate.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days after the publication of this Notice to:

   Sally Vogl
   Agency Rules Coordinator
   Illinois State Board of Education
   100 North First Street (S-493)
   Springfield, Illinois 62777
   217/782-5270

   Comments may also be submitted via e-mail, addressed to:

   rules@isbe.net

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: January 2007

The full text of the Proposed Amendments begins on the next page:
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TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER b: PERSONNEL

PART 25
CERTIFICATION

SUBPART A: DEFINITIONS

Section 25.10 Definition of Terms Used in This Part (Repealed)

SUBPART B: CERTIFICATES

Section 25.11 New Certificates (February 15, 2000)
25.15 Standards for Certain Certificates (Repealed)
25.20 Requirements for the Elementary Certificate (Repealed)
25.25 Requirements for "Full" Certification
25.30 Endorsement in Teacher Leadership
Requirements for the Secondary Certificate (Repealed)
25.35 Acquisition of Subsequent Certificates; Removal of Deficiencies (Repealed)
25.37 Acquisition of Subsequent Teaching Certificates (2004)
25.40 Requirements for the Special Certificate (Repealed)
25.43 Standards for Certification of Special Education Teachers
25.45 Standards for the Standard Special Certificate – Speech and Language Impaired
25.50 General Certificate (Repealed)
25.60 State Special Certificate, Grades 11-12, For Teaching Elective Subjects
(Repealed)
25.65 Alternative Certification
25.67 Alternative Route to Teacher Certification
25.70 State Provisional Vocational Certificate
25.75 Part-time Provisional Certificates
25.80 Requirements for the Early Childhood Certificate (Repealed)
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25.85 Special Provisions for Endorsement in Foreign Language for Individuals Currently Certified
25.86 Special Provisions for Endorsement in Foreign Language for Individuals Prepared as Teachers But Not Currently Certified
25.90 Transitional Bilingual Certificate and Examination
25.92 Visiting International Teacher Certificate
25.95 Majors, Minors, and Separate Fields for the Illinois High School Certificate (Repealed)
25.99 Endorsing Teaching Certificates (Repealed)
25.100 Endorsing Teaching Certificates (2004)
25.105 Temporary Substitute Teaching Permit

SUBPART C: APPROVING PROGRAMS THAT PREPARE PROFESSIONAL EDUCATORS IN THE STATE OF ILLINOIS

Section
25.110 System of Approval: Levels of Approval (Repealed)
25.115 Recognition of Institutions, Accreditation of Educational Units, and Approval of Programs
25.120 Standards and Criteria for Institutional Recognition and Program Approval (Repealed)
25.125 Accreditation Review of the Educational Unit
25.127 Review of Individual Programs
25.130 Special Provisions for Institutions Subject to Conditions for Continuing Accreditation
25.135 Interim Provisions for Continuing Accreditation and Approval – July 1, 2000, through Fall Visits of 2001
25.137 Interim Provisions for Continuing Accreditation and Approval – July 1, 1999, through June 30, 2000 (Repealed)
25.140 Requirements for Educational Unit Assessment Systems
25.142 Assessment Requirements for Individual Programs
25.145 Approval of New Programs Within Recognized Institutions
25.147 Approval of Programs for Foreign Language Beginning July 1, 2003
25.150 The Periodic Review Process (Repealed)
25.155 Initial Recognition Procedures
25.160 Notification of Recommendations; Decisions by State Board of Education
25.165 Discontinuation of Programs
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SUBPART D: SCHOOL SERVICE PERSONNEL

Section
25.200 Relationship Among Credentials in Subpart D
25.210 Requirements for the Certification of School Social Workers (Repealed)
25.220 Requirements for the Certification of Guidance Personnel (Repealed)
25.230 Requirements for the Certification of School Psychologists (Repealed)
25.240 Standard for School Nurse Endorsement (Repealed)
25.245 Certification of School Nurses (2004)
25.252 Certification of Non-Teaching Speech-Language Pathologists
25.255 Interim Certification of Speech-Language Pathologist Interns

SUBPART E: REQUIREMENTS FOR THE CERTIFICATION OF ADMINISTRATIVE AND SUPERVISORY STAFF

Section
25.300 Relationship Among Credentials in Subpart E
25.310 Definitions (Repealed)
25.311 Administrative Certificate (Repealed)
25.313 Alternative Route to Administrative Certification
25.314 Alternative Route to Administrative Certification for Teacher Leaders
25.315 Renewal of Administrative Certificate
25.320 Application for Approval of Program (Repealed)
25.322 General Supervisory Endorsement (Repealed)
25.330 Standards and Guide for Approved Programs (Repealed)
25.333 General Administrative Endorsement (Repealed)
25.344 Chief School Business Official Endorsement (Repealed)
25.355 Superintendent Endorsement (Repealed)
25.365 Director of Special Education

SUBPART F: GENERAL PROVISIONS
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Section
25.400 Registration of Certificates; Fees
25.405 Military Service
25.410 Revoked Certificates
25.415 Credit in Junior College (Repealed)
25.420 Psychology Accepted as Professional Education (Repealed)
25.425 Individuals Prepared in Out-of-State Institutions
25.427 Three-Year Limitation
25.430 Institutional Approval (Repealed)
25.437 Equivalency of General Education Requirements (Repealed)
25.440 Master of Arts NCATE (Repealed)
25.442 Illinois Teacher Corps Programs
25.444 Illinois Teaching Excellence Program
25.445 College Credit for High School Mathematics and Language Courses (Repealed)
25.450 Lapsed Certificates
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25.460 Provisional Special and Provisional High School Certificates (Repealed)
25.464 Short-Term Authorization for Positions Otherwise Unfilled
25.465 Credit (Repealed)
25.470 Meaning of Experience on Administrative Certificates (Repealed)
25.475 Certificates and Permits No Longer Issued (Repealed)
25.480 Credit for Certification Purposes (Repealed)
25.485 Provisional Recognition of Institutions (Repealed)
25.490 Rules for Certification of Persons Who Have Been Convicted of a Crime
25.493 Part-Time Teaching Interns
25.495 Approval of Out-of-State Institutions and Programs (Repealed)
25.497 Supervisory Endorsements

SUBPART G: THE UTILIZATION OF PARAPROFESSIONALS AND
OTHER NONCERTIFIED PERSONNEL

Section
25.510 Paraprofessionals; Teacher Aides
25.520 Other Noncertificated Personnel
25.530 Specialized Instruction by Noncertificated Personnel
25.540 Approved Teacher Aide Programs
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SUBPART H: CLINICAL EXPERIENCES

Section 25.610 Definitions
25.620 Student Teaching
25.630 Pay for Student Teaching (Repealed)

SUBPART I: ILLINOIS CERTIFICATION TESTING SYSTEM

Section 25.705 Purpose – Severability
25.710 Definitions
25.715 Test Validation
25.717 Test Equivalence
25.720 Applicability of Testing Requirement and Scores
25.725 Applicability of Scores (Repealed)
25.728 Use of Test Results by Institutions of Higher Education
25.730 Registration
25.732 Late Registration
25.733 Emergency Registration
25.735 Frequency and Location of Examination
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25.745 Special Test Dates
25.750 Conditions of Testing
25.755 Voiding of Scores
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25.765 Individual Test Score Reports
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25.775 Institution Test Score Reports
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SUBPART J: RENEWAL OF STANDARD AND MASTER CERTIFICATES

Section 25.800 Professional Development Required
25.805 Continuing Professional Development Options
25.810 State Priorities
25.815 Submission and Review of the Plan (Repealed)
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25.820 Review of Approved Plan (Repealed)
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25.830 Application for Renewal of Certificate(s)
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25.835 Review of and Recommendation Regarding Application for Renewal
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25.845 Responsibilities of School Districts
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25.870 Continuing Education Units (CEUs)
25.872 Special Provisions for Interactive, Electronically Delivered Continuing Professional Development
25.875 Continuing Professional Development Units (CPDUs)
25.880 "Valid and Exempt" Certificates; Proportionate Reduction; Part-Time Teaching
25.885 Funding; Expenses (Repealed)

SUBPART K: REQUIREMENTS FOR RECEIPT OF
THE STANDARD TEACHING CERTIFICATE

Section
25.900 Applicability of Requirements in this Subpart
25.905 Choices Available to Holders of Initial Certificates
25.910 Requirements for Induction and Mentoring
25.915 Requirements for Coursework on the Assessment of One's Own Performance
25.920 Requirements for Coursework Related to the National Board for Professional Teaching Standards (NBPTS)
25.925 Requirements Related to Advanced Degrees and Related Coursework
25.930 Requirements for Continuing Professional Development Units (CPDUs)
25.935 Additional Activities for Which CPDUs May Be Earned
25.940 Examination
25.942 Requirements for Additional Options
25.945 Procedural Requirements

25.APPENDIX A Statistical Test Equating – Certification Testing System
25.APPENDIX B Certificates Available Effective February 15, 2000
25.APPENDIX C Exchange of Certificates
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25.APPENDIX D Criteria for Identification of Teachers as "Highly Qualified" in Various Circumstances

25.APPENDIX E Endorsement Structure Beginning July 1, 2004

AUTHORITY: Implementing Article 21 and Section 14C-8 and authorized by Section 2-3.6 of the School Code [105 ILCS 5/Art. 21, 14C-8, and 2-3.6].

SUBPART B: CERTIFICATES

Section 25.30  **Endorsement in Teacher Leadership**

Requirements for the Secondary Certificate (Repealed)

Beginning July 1, 2007, endorsement as a teacher leader shall be available to persons who fulfill the requirements of this Section. The teacher leader endorsement shall be an optional, advanced credential and shall not be subject to the provisions of Section 25.100 of this Part, except that payment of the fee specified in Section 21-12 [105 ILCS 5/21-12] of the School Code shall be required.

a) Eligibility of Teachers

Each applicant for endorsement as a teacher leader shall hold a standard or master early childhood, elementary, secondary, special K-12, or special preschool-age 21 certificate, including an alternative certificate of one of these types, or an administrative certificate that is valid for teaching.

b) Strand of Coursework

Only Illinois institutions of higher education that conduct approved teacher preparation programs shall be eligible to offer the "specially designed strand of teacher leadership courses" discussed in Section 21-7.5 of the School Code [105 ILCS 5/21-7.5].

1) Each proposed strand of coursework shall require candidates for the endorsement to complete no fewer than 18 and no more than 21 semester hours of coursework at the graduate level.

2) In order to receive approval for its proposed strand of coursework, an institution shall submit to the State Superintendent of Education, in a format required by the State Superintendent, a program description identifying the specific courses that will make up the strand and describing how this combination of courses will enhance participants' ability to contribute to an educational environment that is conducive to learning.
improve instructional programs, and provide effective professional development and leadership to their colleagues.

3) To demonstrate that the proposed strand of courses will achieve the goals set forth in subsection (b)(2) of this Section, the institution shall provide information showing that:

A) more than half the semester hours involved will be accounted for by courses addressing the selected Illinois Professional School Leader Standards identified at 23 Ill. Adm. Code 29.100(a), (b), (e), and (f); and

B) any remaining semester hours will be accounted for by courses addressing the improvement of knowledge and skills directly related to the Illinois Professional Teaching Standards set forth at 23 Ill. Adm. Code 24.100.

4) The institution may be asked to clarify or revise aspects of its proposal as necessary. The State Superintendent of Education shall seek a recommendation from the State Teacher Certification Board regarding approval of the proposal, shall present the recommendation to the State Board of Education, and shall provide a response to the institution within 90 days after receipt of the proposal or the last revisions to it. If the State Board of Education disapproves the proposal, the State Superintendent's response shall identify the specific deficiencies upon which disapproval is based.

c) Proven Teacher Leader
To be considered a "proven teacher leader" for purposes of this Section, an individual shall provide letters signed by the chief administrators or other designated officials of the employing school districts or nonpublic schools documenting that the individual has no fewer than four semesters' experience in service in any of the following capacities, in any combination:

1) department chair;

2) mentor or peer coach;

3) member of a school improvement team; or
4) leader of a curriculum development team.

d) An individual seeking the teacher leader endorsement who has completed an approved strand of coursework for this purpose shall submit an application accompanied by the required fee, official transcripts demonstrating completion of the coursework, and either:

1) a statement that the applicant's name appears on the composite list of teachers who hold certification from the National Board for Professional Teacher Standards (NBPTS) that is posted by the NBPTS; or

2) an official transcript or, in the case of an individual prepared at an institution outside the United States, a statement from an evaluation service approved under Section 25.425 of this Part, showing that the applicant holds a master's degree in any field and additional evidence that he or she qualifies as a "proven teacher leader" under subsection (c) of this Section.

e) Master's Degree in Teacher Leadership
An individual seeking the teacher leader endorsement based on completion of a master's degree program in teacher leadership shall submit an application accompanied by the required fee and an official transcript showing that he or she holds an advanced degree in teacher leadership from an Illinois teacher preparation institution that encompasses the coursework required under subsection (b) of this Section, or a comparable degree granted by an out-of-state institution that prepares teachers.

(Source: Section repealed at 29 Ill. Reg. 15831, effective October 3, 2005; new Section adopted at 31 Ill. Reg. _____, effective _____________)

Section 25.85 Special Provisions for Endorsement in Foreign Language for Individuals Currently Certified

The provisions of this Section shall apply when individuals who hold Illinois certification in one or more fields wish to teach a foreign language but either lack certification appropriate to the grade level of the assignment or have not completed 20 hours of coursework as required to obtain an endorsement in the language (see 23 Ill. Adm. Code 1.730(h)).
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a) The provisions of this subsection (a) shall apply to each individual who holds a certificate endorsed for a particular language but whose certification does not extend to other grade levels as needed for an available assignment. (Example: A holder of a secondary (6-12) certificate endorsed for French who wishes to teach French in the fourth grade.)

1) An individual to whom this subsection (a) applies may receive an endorsement valid for teaching the specified language at the remaining grade levels by:

   A) submitting the required application for the endorsement, and
   
   B) passing the assessment of professional teaching relevant to the remaining grade levels.

2) With regard to major teaching assignments (i.e., at least 50 percent of the school day) in departmentalized grades 5 through 8, the requirements of 23 Ill. Adm. Code 1.720 (Minimum Requirements for Teachers of Middle Grades) shall apply to any individual who has not passed an assessment of professional teaching relevant to a certificate other than the early childhood certificate.

b) The provisions of this subsection (b) shall apply to each individual who holds an early childhood, elementary, secondary, special K-12, or special preschool-age 21 certificate and wishes to teach a language in which he or she has not completed 20 semester hours of coursework, except that the provisions of Section 25.86 of this Part shall also continue to be available to an affected individual who seeks a language endorsement after receiving an Illinois certificate. (Example: A holder of a secondary (6-12) certificate endorsed for mathematics who wishes to teach Korean.)

1) In order to qualify under this subsection (b), an individual shall submit an application for an endorsement in the specified language at the grade levels of his or her certificate and shall be required to have passed the test relative to that language as listed in Section 25.710 of this Part or, if the language is not listed in that Section, another test identified by the State Board of Education. If the language is listed more than once in that Section, the required test shall be the test not listed under "Transitional Bilingual Education". (Example: Spanish)
An individual who has received an endorsement pursuant to this subsection (b) may receive an endorsement for other grade levels as provided in subsection (a)(1) of this Section.

(Source: Amended at 31 Ill. Reg. xxxx, effective xxxxx)

SUBPART E: REQUIREMENTS FOR THE CERTIFICATION OF ADMINISTRATIVE AND SUPERVISORY STAFF

Section 25.314 Alternative Route to Administrative Certification for Teacher Leaders

a) Section 21-5e of the School Code [105 ILCS 5/21-5e] provides for the issuance of administrative certificates to "teacher leaders", i.e., teachers who:

1) hold certification from the National Board for Professional Teaching Standards (NBPTS); and

2) hold endorsements as teacher leaders under Section 25.30 of this Part; and

3) hold master's degrees in teacher leadership.

b) Section 21-5e provides that a candidate for administrative certification who is eligible under subsection (a) of this Section shall complete a 15-semester-hour approved course of study leading to competencies for organizational management and development, finance, supervision and evaluation, policy and legal issues, and leadership. Proposals for the establishment of courses of study for this purpose shall be approved if they meet the requirements of subsection (c) of this Section. In making this determination, the State Board of Education shall consult with the State Teacher Certification Board. Proposals shall be addressed as required under Section 25.313(c) of this Part.

c) Each proposal shall describe the proposed course of study and demonstrate how candidates will acquire knowledge and skills equivalent to those addressed in a preparation program approved pursuant to Subpart C of this Part with respect to the standards described at:

1) 23 Ill. Adm. Code 29.100(c); and
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2) 23 Ill. Adm. Code 29.120(a), (e), (d), and (f).

d) Section 21-5e also provides that an eligible candidate shall pass the "Illinois Administrator Assessment". For purposes of this Section, the test identified as "General Administrative" in Section 25.710 of this Part is the "Illinois Administrator Assessment", and the general administrative endorsement shall be affixed to the certificate earned pursuant to this Section.

e) Each alternative program established pursuant to this Section shall be subject to the Accreditation Review described in Subpart C of this Part.

f) Institutions of higher education conducting programs approved pursuant to this Section shall provide annual reports to the State Teacher Certification Board that describe the programs offered, the number of candidates who apply to each program, the completion rate for each program, and data regarding placement of individuals who complete each program.

(Source: Added at 31 Ill. Reg. ______, effective ____________)

Section 25.335 General Administrative Endorsement (2004)

This endorsement is required for principals, assistant principals, assistant or associate superintendents, and staff filling other similar or related positions as indicated in 23 Ill. Adm. Code 1.705.1.Appendix B. (See also 23 Ill. Adm. Code 29.120.) The requirements of this Section shall apply to the issuance of this endorsement, except as otherwise provided in Sections 21-5d and 21-5e of the School Code [105 ILCS 5/21-5d and 21-5e] and Sections 25.313 and 25.314 of this Part.

a) Each candidate for the general administrative endorsement shall hold a master's degree awarded by a regionally accredited institution of higher education and shall have completed the coursework in educational administration and supervision required by Section 21-7.1(e)(2) of the School Code [105 ILCS 5/21-7.1(e)(2)].

b) Each candidate shall have completed an Illinois program approved for the preparation of administrators pursuant to Subpart C of this Part or a comparable approved program in another state or country or hold a comparable certificate issued by another state or country (see Section 25.425 of this Part).
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c) Each candidate shall have *two years' full-time teaching or school service personnel experience in public schools, schools under the supervision of the Department of Corrections, schools under the administration of the Department of Human Services, or nonpublic schools recognized by the State Board of Education or meeting comparable out-of-state recognition standards* (Section 21-7.1(e)(2) of the School Code).

d) Each candidate shall be required to pass the applicable content-area test (see Section 25.710 of this Part), as well as the test of basic skills if its passage would be required for receipt of a standard certificate pursuant to Section 25.720(a) of this Part.

e) Nothing in this Section is intended to preclude the issuance of a provisional certificate under Section 21-10 of the School Code.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

SUBPART H: CLINICAL EXPERIENCES

Section 25.620 Student Teaching

a) The State Teacher Certification Board recognizes and accepts student teaching only when it is earned after completion of the sophomore year.

b) Student teaching shall be structured as part of comprehensive field experiences and clinical practice, as a supervised part of a teacher preparation program approved pursuant to Subpart C of this Part, and in accordance with the standards referred to in Section 25.115(b) of this Part.

c) Student teaching shall be completed at the grade level(s) and in the area of specialization appropriate to the certificate sought. Additional student teaching may occur in areas for which the candidate meets the relevant requirements related to staff qualifications in 23 Ill. Adm. Code 1.

d) Student teaching must be done under the active supervision of a cooperating teacher who is certificated and qualified to teach in the area and who is directly engaged in teaching subject matter or conducting learning activities in the area of student teaching, unless the student teacher:
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1) is serving on a transitional bilingual certificate, a provisional vocational certificate, or a temporary provisional vocational certificate; or

2) is working in a school that is not legally required to employ certified teachers and either has two years' teaching experience at that school or presents to the employer the evidence described in Section 25.11(g) of this Part documenting that he or she has two years' teaching experience in one or more other schools exclusive of home schools; or

3) holds a substitute certificate and is not subject to the limitations of Section 21-9 of the School Code [105 ILCS 5/21-9].

e) In order for a recognized Illinois teacher education institution to award credit for student teaching, the following requirements must be met:

1) The student teacher must be enrolled in a student teaching course at the institution;

2) The student teaching placement and plans must have the prior approval of a designated representative of the teacher education institution; and

3) Plans for the student teaching experience must have been previously discussed and approved by the cooperating teacher if the involvement of such a teacher is required pursuant to subsection (d) of this Section.

f) An individual may receive credit for student teaching or pre-student teaching clinical experiences that are completed during the time for which the individual is paid as a teacher, unless the individual:

1) holds no certificate issued pursuant to the School Code [105 ILCS 5] and performs the student teaching or pre-student teaching clinical experiences in a school district and is not subject to the authorization for payment stated in Section 25(g) of the Grow Your Own Teacher Education Act [110 ILCS 48/25(g)] or Section 21-2.1 of the School Code [105 ILCS 5/21-2.1]; or

2) holds only a substitute certificate and is subject to the limitations of Section 21-9 of the School Code.
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(Source: Amended at 31 Ill. Reg. ______, effective ____________)

SUBPART I: ILLINOIS CERTIFICATION TESTING SYSTEM

Section 25.750 Conditions of Testing

a) On the day of the test, each person shall present the admission ticket received following test registration and two pieces of positive identification, one of which shall include a photograph taken within the last four years. Positive identification includes, but is not limited to, a driver's license, student identification card, Illinois identification card, passport, employee identification card, Social Security card, birth certificate, or selective service registration card. Any person lacking sufficient identification will be required to sign a declaration of identity statement. Any person lacking sufficient identification and refusing to sign a declaration of identity statement will be refused admission.

b) Persons arriving more than 30 minutes after a test administration has begun will be refused admission. Persons arriving within 30 minutes after a test administration has begun will be required to sign an acknowledgment of late arrival specifying that no additional time will be allotted beyond that already given to the other examinees for the session.

c) Beginning September 1, 2007, each person shall be required to provide a right thumbprint in a designated area on the personalized answer document in order to be admitted to the test site, except that a person who is unable to provide a right thumbprint due to a physical condition shall be admitted if he or she provides a print of the left thumb or, if unable to provide a left thumbprint, a print of another finger. The test proctor shall indicate which finger was used, if other than the right thumb. Any person refusing to provide a thumbprint or other fingerprint in accordance with this subsection (c) shall be refused admission.

d) No refund of fees will be made to any person refused admission under subsection (a), (b), or (c) of this Section.

ed) Each person admitted to a testing site shall abide by the instructions of the proctors administering the test in all matters relating to the test, including but not limited to seating arrangements and security measures. Each person authorizes the proctors to serve as his or her agents in maintaining a secure test administration.
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|   fe) Each person beginning a test shall take every section of that test. The score of a person not completing all sections of a test will be reported as set forth in Sections 25.765 and 25.775 of this Part, unless such person requests voiding of that score as provided in Section 25.755 of this Part. |
|   gf) No refund will be made to any person requesting that his or her score be voided, nor will credit be given toward the fee for any future test. |
|   hg) No person may:
   1) use written notes during a test;
   2) make notes or copies of the contents of a test booklet;
   3) use scratch paper;
   4) bring into the testing site or use any mechanical or electronic device, except as expressly permitted in the registration materials (i.e., use of a nonprogrammable, solar or battery-powered calculator during the chemistry, mathematics, and physics subject matter tests);
   5) bring into the testing site or use any communications device (e.g., telephone, pager) or communicate in any way with other examinees or any person other than the proctors during a test session;
   6) remove any test materials from the testing site;
   7) engage in behavior that disrupts or gives unfair advantage or disadvantage to other examinees;
   8) fail to sign the document(s) on which he or she is directed to record his or her answers; or
   9) fail to follow the oral or written instructions or directions of the proctors dealing with the administration of the test. |
|   ih) An individual who wishes to object to any of the testing conditions or procedures set forth in this Section shall notify the testing contractor in writing of the basis for this objection no later than six weeks prior to the test administration date. An
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individual who wishes to object shall not register using the late or emergency registration procedures described in Sections 25.732 and 25.733 of this Part.

1) The testing contractor shall inform the registrant as to whether his or her objection will be honored.

2) If an individual's objection is not honored, the testing contractor shall inform the individual that he or she will not be registered for the test administration.

3) An individual who objects to a condition of testing after using late or emergency registration procedures may be prohibited from taking the test, or his or her score may be voided.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 25.755 Voiding of Scores

a) A person shall have the right to void his/her test score(s). Such a request must be submitted in writing and received by the State Board of Education within seven calendar days after the date of the test.

b) A person's score(s) will be voided by the State Board of Education due to violation by the person of any of the conditions of testing enumerated in Section 25.750(d) and (g) of this Part.

c) The Illinois State Board of Education will also void any affected test score if:

1) any person taking the test engages in any form of misconduct, including but not limited to the actions listed in Section 25.750(g), having the purpose or effect of:

   A) giving any person taking the test an unfair advantage over other examinees,

   B) affecting, either positively or negatively, the performance of any person taking the test, or

   C) representing the performance of the named registered examinee by
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the performance of another person;

2) there is any testing irregularity that calls into question:

A) the accuracy of the test scores as measures of the actual performances of the examinees, or

B) the validity of the test scores as measures of the performances of the examinees in light of the conditions and circumstances under which the test was administered.

d) The State Board of Education shall notify the person of such action taken within six weeks after the test date. If any person's test materials reveal irregularities that warrant further investigation, the State Board shall forward those materials, including the person's thumbprint, to the appropriate law enforcement authority and shall notify the affected person(s) within ten days after taking such action. The State Board of Education may require the person to provide a thumbprint to the appropriate law enforcement authority for comparison with that provided on the personalized answer document and may void the test score earned by a person who refuses to do so.

e) No refund will be given to any person whose score is voided.

f) If a score is voided for any reason, it will not be reported or entered on any records. All records of the person's test responses, including but not limited to answer sheets and electronic media records, will be destroyed and will be irretrievable—Voiding of an individual's score shall not limit his or her right to retake the test. However, in some instances scores are voided for reasons that render individuals ineligible for certification in Illinois, regardless of any future testing. See Section 21-1 of the School Code [105 ILCS 5/21-1]. In those instances, records of the individuals' test responses may be maintained by the testing contractor and by ISBE for further investigation. In all other cases, records of the person's test responses, including but not limited to answer sheets and electronic media records, will be destroyed and will be irretrievable.

(Source: Amended at 31 Ill. Reg. ______, effective __________)
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NOTICE OF PROPOSED AMENDMENT

1) **Heading of the Part:** Contested Cases and Other Formal Hearings

2) **Code Citation:** 23 Ill. Adm. Code 475

3) **Section Number:** Proposed Action:
   475.40 Amendment

4) **Statutory Authority:** 5 ILCS 100/5-10(a)(i)

5) **A Complete Description of the Subjects and Issues Involved:** The amendment being presented at this time is essentially a technical revision to bring the rules into conformance with the agency's long-standing practice based on legal analysis. That is, when an application for a certificate is denied because the applicant is not of good character, the applicant is not entitled to the same type of due process (a full evidentiary hearing) as would be afforded to someone who already held a certificate. Hearings before the State Teacher Certification Board or the State Superintendent have never been afforded to individuals whose applications have been denied on this basis, and the reference found in Section 475.40(b)(2) needs to be deleted.

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 Objective:** This rulemaking will not create or enlarge a State mandate.

12) **Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:** Written comments may be submitted within 45 days after the publication of this Notice to:

    Sally Vogl
    Agency Rules Coordinator
STATE BOARD OF EDUCATION

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Illinois State Board of Education
100 North First Street (S-493)
Springfield, Illinois  62777

217/782-5270

Comments may also be submitted via e-mail, addressed to:

rules@isbe.net

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) This rulemaking was not included in either of the 2 most recent agendas because: The need for this correction has been apparent for some time, but the date for initiating the rulemaking could not be predicted accurately due to the pendency of related litigation.

The full text of the Proposed Amendment begins on the next page:
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NOTICE OF PROPOSED AMENDMENT

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER n: DISPUTE RESOLUTION

PART 475
CONTESTED CASES AND OTHER FORMAL HEARINGS

Section
475.10 Authority and Applicability
475.15 Alternatives to Appointment of Hearing Officers
475.20 Filing and Form of Documents
475.30 Appearance of Parties
475.40 Notice of Hearing
475.50 Motion and Answer
475.60 Hearing Officer: Qualifications, Powers and Duties
475.70 Pre-Hearing Conferences and Consent Orders
475.80 Depositions and Discovery
475.90 Hearings
475.100 Orders


Section 475.40 Notice of Hearing

a) All hearings conducted under the jurisdiction of the ISBE or the State Superintendent shall be initiated by issuance by the ISBE or the State Superintendent of Education, upon written request or upon the Superintendent's own motion, of a written Notice of Opportunity for Hearing, which shall be served upon all known parties to the hearing.

b) All hearings conducted under the jurisdiction of the STCB shall be initiated when the STCB or the State Superintendent of Education issues a written Notice of
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Opportunity for Hearing. Such a notice shall be served upon all known parties to the hearing and shall be issued:

1) upon written request of a person entitled to a hearing; or

2) upon presentation of evidence to the STCB or the State Superintendent demonstrating that a certificate should be suspended or revoked under Section 21-1 or 21-23 of the School Code [105 ILCS 5/21-1 or 21-23] or that an application for a certificate should be denied under Section 21-1 of the School Code.

c) Any party receiving a Notice of Opportunity for Hearing must file a request for hearing within ten days after receipt. When such a request is received, a Notice of Hearing shall be issued by the entity under whose jurisdiction the hearing will be held.

d) Requirements for Service of Notices

1) Service of either a Notice of Opportunity for Hearing or a Notice of Hearing shall be complete when it has been:

A) served in person; or

B) served by certified or registered United States Mail, addressed to the last known address of the person(s), partnership(s), association(s), or corporation(s) involved.

2) A Notice of Hearing shall be served no fewer than 30 days before the day designated for the hearing.

3) The person serving the notice shall certify to the manner and date of service in the following form:

I certify that I served the foregoing by depositing a copy thereof in the United States Mail, postage prepaid, on ____________________, 20 _____, addressed to the following at the address shown:
If service is made by a non-attorney, the certificate of manner and date of service shall be subscribed and sworn to before a notary public.

e) A Notice of Hearing served under this Section shall include:

1) The time, place and nature of the hearing;

2) The legal authority and jurisdiction under which the hearing is to be held;

3) A reference to the particular section of the statutes and rules involved;

4) A short and plain statement of the matters asserted, except where a more detailed statement is otherwise provided for by law; and

5) A designation of a hearing officer, if any, to preside over the hearing, and the hearing officer's address.

f) A copy of a Notice of Hearing served pursuant to this Section shall be referred to the designated hearing officer or other designated individual, together with the original complaint, application or report and any written request for a hearing filed pursuant to this Part.

g) Service of any document other than a notice upon any party may be made by personal delivery or by depositing it in the United States Mail, postage prepaid, addressed to the last known address of the party. The person serving the document shall certify to the manner and date of service as specified in subsection (d)(3) of this Section.

(Source: Amended at 31 Ill. Reg. _______, effective ____________)
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NOTICE OF PROPOSED RULES

1) **Heading of the Part**: Appeal Proceedings Before the State Teacher Certification Board

2) **Code Citation**: 23 Ill. Adm. Code 485

3) **Section Number**: Proposed Action:
   - 485.10 New Section
   - 485.20 New Section
   - 485.30 New Section
   - 485.40 New Section
   - 485.50 New Section
   - 485.60 New Section
   - 485.70 New Section
   - 485.80 New Section

4) **Statutory Authority**: 105 ILCS 5/21-13

5) **A Complete Description of the Subjects and Issues Involved**: This new set of rules will cover appeals heard by the State Teacher Certification Board (STCB) when a regional superintendent or the State Superintendent has suspended an individual's certificates pursuant to Section 21-23 of the School Code. That Section of the law provides that in such an instance the individual's appeal is directed to the STCB. New Part 485 will provide the procedural framework for these appeals, as distinct from other situations (evidentiary hearings) where a hearing before STCB is the individual's first avenue of recourse, as under Part 475 of ISBE's rules.

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 Objective**: This rulemaking will not create or enlarge a State mandate.
12) **Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:** Written comments may be submitted within 45 days after the publication of this Notice to:

Sally Vogl  
Agency Rules Coordinator  
Illinois State Board of Education  
100 North First Street (S-493)  
Springfield, Illinois 62777  
217/782-5270

Comments may also be submitted via e-mail, addressed to:

rules@isbe.net

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) **This rulemaking was not included in either of the 2 most recent agendas because:** The need for this correction has been apparent for some time, but the date for initiating the rulemaking could not be predicted accurately due to the pendency of related litigation.

The full text of the Proposed Rules begins on the next page:
STATE BOARD OF EDUCATION  
NOTICE OF PROPOSED RULES  

TITLE 23: EDUCATION AND CULTURAL RESOURCES  
SUBTITLE A: EDUCATION  
CHAPTER I: STATE BOARD OF EDUCATION  
SUBCHAPTER n: DISPUTE RESOLUTION  

PART 485  
APPEAL PROCEEDINGS BEFORE THE  
STATE TEACHER CERTIFICATION BOARD  

Section 485.10 Authority and Applicability  
Section 485.20 Appeal of Decision to Suspend Certificate  
Section 485.30 Record of Suspension Proceedings  
Section 485.40 Briefs and Response  
Section 485.50 Oral Argument  
Section 485.60 Continuances and Extensions of Time  
Section 485.70 Withdrawal of Appeal  
Section 485.80 Decision of Board on Review  


SOURCE: Adopted at 31 Ill. Reg. ______, effective ____________.  

Section 485.10 Authority and Applicability  

This Part is adopted pursuant to Section 21-13 of the School Code [105 ILCS 5/21-13]. This Part shall apply to all appeal proceedings conducted by the State Teacher Certification Board to review administrative decisions made by the State Superintendent of Education or the regional superintendent of schools to suspend certificates pursuant to Section 21-23 of the School Code.  

Section 485.20 Appeal of Decision to Suspend Certificate  

a) A holder of a certificate issued pursuant to Article 21 of the School Code [105 ILCS 5/A rt. 21] shall have the right to appeal to the State Teacher Certification Board (Certification Board) a decision of the State Superintendent of Education or the regional superintendent of schools to suspend the holder's certificates. The Certification Board may avail itself of the services of a hearing officer to discharge any of its responsibilities under this Part.
b) Form of Appeal

Each appeal shall conform to the following requirements:

1) The appeal shall be in writing, dated, and signed by the person appealing or his or her representative.

2) The appeal shall identify the certificate type and number and state the name of the certificate-holder, the date of the suspension order, the length of the suspension, and the name of the official issuing the suspension order.

3) The appeal shall identify the parts of the suspension decision with which the holder disagrees and the specific reasons for that disagreement and shall state why the decision of the State Superintendent or the regional superintendent should be reversed.

c) Filing of Appeal

The certificate-holder shall file the appeal not later than ten days following receipt of the order of suspension. The appeal shall be submitted by certified mail, return receipt requested, or personally delivered, in duplicate, to the Secretary of the State Teacher Certification Board at the following address:

Secretary, State Teacher Certification Board
Illinois State Board of Education
100 North First Street
Springfield IL  62777

No electronic or facsimile transmissions will be accepted. Appeals postmarked later than ten days following the receipt of the order of suspension will not be processed.

d) Notice to Parties

The Board shall give written notice of the certificate-holder's appeal to the certificate-holder or his or her representative and the complaining party in the hearing that was held before the State Superintendent or regional superintendent. This notice shall inform the certificate-holder of the required filing of a written brief and the opportunity:
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1) to inspect the record; and

2) to file a request for oral argument and extension of stay before the Board.

e) Representation
Any party may be represented by legal counsel in the appeal proceeding.

Section 485.30 Record of Suspension Proceedings

a) The record of proceedings in a suspension case heard before the State Superintendent shall consist of:

1) The official record of the hearing as described in 23 Ill. Adm. Code 475.90(i), the rules of the State Board of Education for Contested Cases and Other Formal Hearings;

2) Any written briefs filed by the parties after the close of the hearing, as described in 23 Ill. Adm. Code 475.90(j); and

3) The order of the State Superintendent, including the findings, opinions, and recommendations of the Hearing Officer, as described in 23 Ill. Adm. Code 475.100.

b) The record of proceedings in a suspension case heard before a regional superintendent shall consist of:

1) All pleadings, including all notices and responses to those pleadings;

2) Evidence received;

3) A statement of matters officially noticed;

4) Offers of proof, objections, and rulings thereon;

5) Any proposed findings and exceptions;

6) Any decision, opinion, or report of the regional superintendent;
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7) All staff memoranda or information submitted to the regional superintendent or regional office of education in connection with the regional superintendent's consideration of the case;

8) Any communication prohibited by Section 10-60 of the Illinois Administrative Procedure Act [5 ILCS 100/10-60], but no such communication shall form the basis for any finding of fact;

9) Any written briefs filed by the parties after the close of the hearing; and

10) The order of the regional superintendent, including the findings of fact, conclusions of law, opinions, or recommendations.

c) Upon reasonable notice, either written or oral, to the Secretary of the Board, a party may inspect the record of the suspension proceedings during normal business hours at the office of the Secretary. A party may also obtain a copy of the record at the party's own expense at the cost of $.25 per page.

d) No additional evidence outside the record of proceedings shall be presented by the parties before the Board.

Section 485.40 Briefs and Response

a) The certificate-holder shall file a written brief within 21 days after receipt of the notice provided pursuant to Section 485.20(d) of this Part. The brief shall include the following:

1) The certificate-holder's name, the certificate type and number, the date of the suspension order, the length of the suspension, and the name of the official issuing the suspension order;

2) A summary of the portions of the suspension decision with which the holder disagrees and the specific reasons for that disagreement;

3) A statement of facts, with appropriate reference to the pages of the record on appeal; and

4) Argument, supported by reasons for contentions, with citation of legal authorities and the pages of the record relied on.
b) Briefs shall be filed with the Secretary of the Board in the same manner as is provided for the appeal in Section 485.20 of this Part, and a copy shall be served on the complaining party in the suspension hearing that was held before the regional superintendent or the State Superintendent.

c) The complaining party or the party's representative may file a response with the Board within 14 days after receipt of the certificate-holder's brief. Responses shall be supported by argument and served on all parties at the time they are filed.

d) Failure of a certificate-holder to file a timely brief as required by this Section shall constitute a withdrawal of the appeal.

Section 485.50 Oral Argument

The Board shall decide a case on the record of proceedings as defined in Section 485.30 of this Part and shall consider the certificate-holder's brief and any response, as defined in Section 485.40 of this Part, without oral argument; or shall grant oral argument where necessary or appropriate for a full and fair disposition of the appeal, as follows:

a) Request for Oral Argument
At the time of filing the brief, a certificate-holder may request in writing that the Board hear oral argument and extend the stay of proceedings. The requesting party must certify in writing that he or she has served a copy of the request for oral argument and extension of stay on the State Superintendent or regional superintendent.

b) Decision on Request
The Board shall grant or deny a request within 35 days after receiving it.

1) If the request is denied, the Board shall inform the certificate-holder in writing and thereafter issue its decision based on the record in accordance with Section 485.80 of this Part, and the decision shall contain the reasons for the denial of the request.

2) If the request is granted, the Board shall inform the parties in writing and shall order such review hearing as is necessary for a full and fair disposition of the appeal. If a review hearing is scheduled, the Board shall
hearing oral argument from both the certificate-holder (or his or her representative) and the complaining party (or his or her representative).

c) Notice of Hearing
The Board shall give written notice to the parties of the date, time, and place set for the review hearing at least 14 days prior to the time fixed for the hearing.

d) Time Allotted for Oral Argument
Oral argument at the review hearing shall be limited to 20 minutes in length for each side, inclusive of rebuttal time.

e) Conduct of Review Hearing
The Board or hearing officer shall regulate the course of the hearing and the conduct of the parties and their counsel to ensure an orderly hearing and may consider and rule on procedural requests.

Section 485.60 Continuances and Extensions of Time

Parties shall make their oral arguments at the time and date set by the Board and timely file their briefs and responses. No continuances of an oral argument or extensions of time for filing briefs and responses shall be granted except by order of the Board for good cause shown.

Section 485.70 Withdrawal of Appeal

The certificate-holder may voluntarily withdraw his or her appeal by submission of a signed, written statement to the Board at any time before the Board's decision is issued. The Board shall notify all parties when a notice of withdrawal is submitted.

Section 485.80 Decision of Board on Review

a) Standard of Review
In making its final decision with respect to an appeal of a suspension order, the Board shall not reverse the findings of the regional superintendent or State Superintendent unless they are against the manifest weight of the evidence.

b) Final Decision
Within 45 days after receipt of the brief or any response, or after the review hearing, whichever occurs last, the Board shall make a final decision that complies with Section 10-50 of the Illinois Administrative Procedure Act [5 ILCS...
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100/10-50] and shall serve by certified mail a copy of the final decision on each party. Upon its own motion, the Board may extend the stay of proceedings before issuing its final decision.
HEALTH FACILITIES PLANNING BOARD

NOTICE OF PROPOSED AMENDMENT

1) **Heading of the Part:** Health Facilities Planning Procedural Rules

2) **Code Citation:** 77 Ill. Adm. Code 1130

3) **Section Number:** Proposed Action: 1130.620  Amendment

4) **Statutory Authority:** Illinois Health Facilities Planning Act [20 ILCS 3960]

5) **A Complete Description of the Subjects and Issues Involved:**
   The existing rules concerning the Certificate of Need (CON) application processing fee schedule, determine fees according to total project cost. Predetermined application fees are set for projects with total costs under a certain threshold, and projects with total costs over the threshold. A maximum fee is set for projects with costs exceeding $50,000,000.

   These rules were revised in response to public comment, including a State legislator's input. The proposed amendment establishes a distinction between fees for clinical service areas (i.e. Pediatric beds, Radiology, etc.) and non-clinical service areas (i.e. administrative offices, gift, etc.).

   Under the proposed amendment, the CON application processing fees are pro-rated by project costs assigned to the clinical service areas and the non-clinical service areas of a proposed project, as follows:

   - For projects that are composed of only clinical service areas, the fees shall be calculated on 100% of the total project cost.
   - For projects that are composed of only non-clinical service areas, the fees shall be calculated on 50% of the total project cost.
   - For combined service area projects, the fees shall be calculated on 100% of the clinical service area costs plus 50% of the non-clinical service area costs.
   - The maximum application fee shall not exceed $100,000.

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:** This rulemaking does not create or expand a State mandate.

12) **Time, Place and Manner in which interested persons may comment on this proposed rulemaking:** Public comment may be submitted at the Health Facilities Planning Board meeting, which starts at 9:00 AM, Wednesday, March 28, 2007:

    Holiday Inn Chicago Mart Plaza
    350 N. Orleans Street
    Chicago, Illinois

Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the **Illinois Register** to:

    Claire Burman
    Coordinator, Rules Development
    Illinois Health Facilities Planning Board
    100 W. Randolph Street, 6th Floor
    Chicago, Illinois 60601

    312/814-2565
    e-mail: CLAIRE.BURMAN@illinois.gov

13) **Initial Regulatory Flexibility Analysis:**

   A) **Types of small businesses, small municipalities and not for profit corporations affected:** Hospitals, long term care facilities, ESRD facilities, Ambulatory Surgical Treatment Centers, Comprehensive Physical Rehabilitation Centers

   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:** January 2006
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The full text of the Proposed Amendment begins on the next page:
HEALTH FACILITIES PLANNING BOARD

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TITLE 77: PUBLIC HEALTH
CHAPTER II: HEALTH FACILITIES PLANNING BOARD
SUBCHAPTER b: OTHER BOARD RULES

PART 1130
HEALTH FACILITIES PLANNING PROCEDURAL RULES

SUBPART A: AUTHORITY

Section 1130.110 Statutory Authority/Applicability
1130.120 Introduction
1130.130 Purpose
1130.140 Definitions
1130.150 Referenced and Incorporated Materials

SUBPART B: GENERAL REQUIREMENTS

Section 1130.210 Persons and Facilities Subject to the Act
1130.220 Necessary Parties to the Application for Permit or Exemption
1130.230 Fees
1130.240 Reporting and Notification Requirements

SUBPART C: PROJECTS OR TRANSACTIONS SUBJECT TO THE ACT

Section 1130.310 Projects or Transactions Subject to the Act

SUBPART D: PROJECTS OR TRANSACTIONS ELIGIBLE FOR EXEMPTION FROM PERMIT REQUIREMENTS

Section 1130.410 Projects or Transactions Exempt from Permit Requirements

SUBPART E: PROCEDURAL REQUIREMENTS FOR EXEMPTIONS

Section 1130.500 General Requirements for Exemptions
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1130.510 Requirements for Exemptions Involving the Acquisition of Major Medical Equipment
1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility
1130.530 Requirements for Exemptions Involving Health Maintenance Organizations (Repealed)
1130.531 Requirements for Exemptions for the Establishment or Expansion of Neonatal Intensive Care Service and Beds
1130.539 Requirements for Exemptions Involving the Establishment of Positron Emission Tomography (P.E.T.) Service (Repealed)
1130.540 Requirements for Exemptions Involving Discontinuation
1130.541 Requirements for Exemptions for Combined Facility Licensure
1130.542 Requirements for Exemptions for Temporary Use of Beds for Demonstration Programs (Repealed)
1130.543 Requirements for Exemption for Equipment to be Acquired By or on Behalf of a Health Care Facility (Repealed)
1130.544 Requirements for Exemption for the Addition of Dialysis Stations
1130.550 Agency Processing of an Application for Exemption
1130.560 State Board Action
1130.570 Validity of an Exemption and Reporting Requirements

SUBPART F: PROCEDURAL REQUIREMENTS FOR THE REVIEW AND PROCESSING OF APPLICATIONS FOR PERMIT

Section
1130.610 Duration of the Review Period and Time Frames
1130.620 Technical Assistance, Letter of Intent, Classification, Completeness Review, and Review Procedures
1130.630 Agency Actions During the Review Period
1130.635 Additional Information Provided During the Review Period
1130.640 Extension of the Review Period
1130.650 Modification of an Application
1130.655 HFPB Consideration and Action
1130.660 Approval of an Application
1130.670 Intent to Deny an Application
1130.680 Denial of an Application

SUBPART G: PERMIT VALIDITY, REPORTING REQUIREMENTS AND REVOCATION
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Section
1130.710  Validity of Permits
1130.720  Obligation
1130.730  Extension of the Obligation Period
1130.740  Renewal of a Permit
1130.750  Alteration of a Project for which a Permit Has Been Issued
1130.760  Annual Progress Reports
1130.770  Project Completion, Final Realized Costs and Cost Overruns
1130.780  Revocation of a Permit
1130.790  Penalties, Fines and Sanctions Mandated in the Illinois Health Facilities Planning Act for Non-compliance with the Act and HFPB's Rules

SUBPART H: DECLARATORY RULINGS

Section
1130.810  Declaratory Rulings

SUBPART I: PUBLIC HEARING AND COMMENT PROCEDURES

Section
1130.910  Applicability
1130.920  Notice of Review and Opportunity for Public Hearing and Comment on Applications for Permit
1130.930  Notice of Public Hearing on Applications for Permit
1130.940  Procedures for Public Hearing on Applications for Permit
1130.950  Written Comments on Applications for Permit
1130.960  Notice Procedures for Public Hearing on Applications for Certificate of Recognition (or Revocation of Recognition)
1130.970  Procedures for Public Hearing on Applications for Certificate of Recognition (or Revocation of Recognition)
1130.980  Procedures Concerning Public Hearing for Certificate of Exemption for Change of Ownership
1130.990  Procedures for Public Hearing and Comment on Proposed Rules
1130.995  Procedures for Public Comment on All Other Matters

SUBPART J: PRACTICE AND PROCEDURE IN ADMINISTRATIVE HEARINGS

Section
1130.1010  The Right to an Administrative Hearing and Applicable Rules
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1130.1020 Initiation of a Contested Case (Pleadings)
1130.1030 Waiver of Hearing
1130.1040 Parties to Hearings
1130.1050 Appearance – Right to Counsel
1130.1060 Prehearing Conferences
1130.1070 Intervention
1130.1080 Disqualification of Administrative Law Judge
1130.1090 Form of Papers
1130.1100 Service
1130.1110 Conduct of Hearings
1130.1120 Discovery
1130.1130 Motions
1130.1140 Subpoenas
1130.1150 Administrative Law Judge's Report and Final Decision
1130.1160 Proposal for Decision
1130.1170 Final Decision
1130.1180 Records of Proceedings
1130.1190 Miscellaneous
1130.1200 Number of Copies of Pleadings to be Filed
1130.1210 Applicability

1130.APPENDIX A Annual Inflation Adjustments to Review Thresholds (Repealed)

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act [20 ILCS 3960].

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SUBPART F: PROCEDURAL REQUIREMENTS FOR THE REVIEW
AND PROCESSING OF APPLICATIONS FOR PERMIT

Section 1130.620 Technical Assistance, Letter of Intent, Classification, Completeness Review, and Review Procedures

a) Technical Assistance

1) The application must be completed in accordance with the requirements of this Part that are applicable to the individual project. An applicant may request technical assistance or a pre-application conference from IDPH regarding completion of the application and the applicability of the requirements of HFPB rules.

2) Technical assistance may be provided to any person regarding pre-application conferences, the filing of a letter of intent, impending or pending application, or other request to HFPB, provided that the communication is not intended to influence any decision on the application. Any assistance shall be documented in writing by the applicant and employees within 10 business days after the assistance is provided. [20 ILCS 3960/4.2]

3) Technical assistance may be provided for the benefit of HFPB to clarify issues relevant to an application or other business of HFPB. The assistance may be in the form of written correspondences, conversations, site visits, meetings, and/or consultations with independent experts. All such communications and responses pertaining to an application to HFPB must be documented in writing by the employee within 10 business days after occurrence and made a part of the application or project record.

b) Letter of Intent

1) Prior to submission of an application for permit, a letter of intent must be filed with HFPB. The letter of intent must be received by HFPB at least 60 days prior to receipt of an application for permit.

2) A letter of intent shall be valid for a period of one year from the date of receipt by HFPB.
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3) A letter of intent must contain the following information:

A) the name of the applicant;

B) the site of the proposed project and the name of the existing or proposed health care facility that is being established, constructed, or modified;

C) a brief description of the project or transaction, including number of beds or stations involved, categories of service involved, the estimated maximum project cost, the approximate gross square footage being added or modernized, and the date the application is to be submitted; and

D) if the project involves discontinuation of a facility or of a category of service, the reason for the discontinuation and the proposed discontinuation date.

c) Classification of an Application
An application for permit shall be classified as substantive, nonsubstantive or emergency, as classified in 77 Ill. Adm. Code 1110.40.

d) Completeness Review

1) Upon receipt of an application for permit, IDPH shall determine whether the application is complete or incomplete. An application for any project shall be deemed complete within 10 business days after receipt if all of the following have been met:

A) all review criteria applicable to the individual project have been addressed;

B) the required fee (as outlined in subsection (e) of this Section) has been submitted;

C) the number of copies, forms, and format as specified in the application have been submitted;
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D) all annual progress reports on previously approved projects for the facility and/or applicants have been submitted;

E) all required information concerning completion of previously approved projects for the facility and/or applicants has been submitted;

F) when the project proposed contains major medical equipment, the cost of the equipment to be acquired has been provided;

G) all persons who are applicants have been identified and the applicants that hold the license and that will operate the facility have provided documentation from the Illinois Secretary of State that the applicant is registered to conduct business in Illinois and is in good standing or, if the applicant is not required to be registered to conduct business in Illinois, evidence of authorization to conduct business in other states;

H) all HFPB requests and questionnaires for information or data for all Illinois facilities owned or operated by any applicant, such as but not limited to the Annual Hospital or Long-term Care Questionnaire (77 Ill. Adm. Code 1100.60 and 1100.70) or Cancer Registry (77 Ill. Adm. Code 840.110(d) and 840.115(i)) have been received and are complete;

I) verification that the applicant has fulfilled all compliance requirements with all existing permits that have been approved by HFPB;

J) documentation of compliance with the Flood Plain Rule of Executive Order 1979-4;

K) documentation of compliance with the requirements of the Illinois State Agency Historic Resources Preservation Act; and

L) identification of a site.

2) An application shall be incomplete if any of the elements described in subsection (d)(1) are not present or if additional information or
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documentation is required to clarify a response. Failure to address an applicable criterion or to respond that an applicable criterion does not apply to the proposed project shall be a basis for deeming the application incomplete.

3) Applications received after 8:30 a.m. shall be deemed as being received the following business day.

4) IDPH shall notify the applicant in writing, within the completeness review period, of its decision and, in the case of an incomplete application, the reasons.

5) If the application is deemed complete, the date of completion shall initiate the review period. If the application is deemed incomplete, the applicant shall be allowed 45 days from the date of receipt of the notification to provide all necessary information to complete the application. Upon receipt of all additional information requested, IDPH shall again review the application for completeness and shall notify the applicant of its decision. If IDPH finds that the application remains incomplete at the end of the allotted response period, the application shall be declared null and void, and all fees paid forfeited.

BOARD NOTE: It is the responsibility of the applicant to assure that IDPH is in receipt of the additional information within the prescribed timeframe.

e) Review Procedures

1) All applications will be reviewed and evaluated for conformance with the applicable review criteria in effect at the time the application is deemed complete.

2) Each application will be reviewed and considered on an individual basis unless HFPB has established review criteria or procedures that pertain or relate to comparative review or "batching" of applications.

3) Applications for permit shall be subject to the need figures set forth in the most recent update to the Inventory of Health Care Facilities and Services and Need Determinations, as adjusted by HFPB decisions in effect prior to
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4) All applications except emergency are subject to the public hearing requirements of the Act. All evidence submitted pursuant to a public hearing shall be taken into account in the determination of compliance or noncompliance of an application with applicable review criteria.

f) Application Processing Fee

1) All applicants, except those with projects that are not subject to a fee (see Section 1130.230), are required to submit an application processing fee. An initial fee deposit of $2,500 must accompany each application for permit submitted to HFPB. Upon the application being deemed complete, the full amount of the fee shall be determined.

2) Fees shall be assessed based upon the total estimated project costs. To determine CON application processing fees, the total estimated project cost shall be pro-rated by project costs assigned to the clinical services areas and to non-clinical service areas.

A) For projects that are composed of only clinical service areas, the fees shall be calculated on 100% of the total project cost.

B) For projects that are composed of only non-clinical service areas, the fees shall be calculated on 50% of the total project cost.

C) For combined service area projects, the fees shall be calculated on 100% of the clinical service area costs plus 50% of the non-clinical service area costs.

3) Following the determination of estimated total project costs assigned to clinical service area and non-clinical service area components of the project, as described in subsection (f)(2), the CON application processing fees are calculated as follows: For each project having a total estimated project cost of:

A) less than $1,250,000, then the application fee shall be $2,500;
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B) above $1,250,000, then the application fee shall be \(0.22\%\) of the assigned costs total estimated project cost (total estimated project costs \(\times 0.002 = \text{Application Processing Fee}\));

4C) The more than $50,000,000, the maximum application fee shall not exceed $100,000.

53) Once an application is deemed complete, written notice for any additional fee balance due will be sent to the applicant. Applications shall be declared null and void if the total application fee has not been paid within 30 days after receipt of notice.

(Source: Amended at 31 Ill. Reg. ______, effective ___________)
DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) **Heading of the Part:** Children's Mental Health Screening, Assessment and Support Services Program

2) **Code Citation:** 59 Ill. Adm. Code 131

3) **Section Numbers:** Proposed Action:
   - 131.20  Amend
   - 131.30  Amend
   - 131.50  Amend
   - 131.60  Amend
   - 131.70  Amend

4) **Statutory Authority:** Authorized by and implementing the Children’s Mental Health Act of 2003 [405 ILCS 49] and Section 5-5.23 of the Illinois Public Aid Code [305 ILCS 5/5-5.23].

5) **A Complete Description of the Subjects and Issues involved:** This rulemaking will establish eligibility exceptions and provide reimbursement for psychiatric physician services for a child enrolled in the SASS program.

6) **Any published studies or reports, along with the sources of underlying data, that were used when composing 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 rulemakings pending on this Part?** No

11) **Statement of Statewide Policy Objective:** This rulemaking does not create or expand a State mandate.

12) **Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:** Interested persons may present their comments concerning these rules within 45 days after the date of this issue of the Illinois Register. All requests and comments should be submitted in writing to:
DEPARTMENT OF HUMAN SERVICES

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

217/785-9772

13)  Initial Regulatory Flexibility Analysis:

   A)  Types of small businesses, small municipalities and not-for-profit corporations
        affected:  Providers of mental health programs

   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:  January 2006

The full text of the Proposed Amendments begins on the next page:
Section 131.20  Definitions

For the purposes of this Part, the following terms are defined:

"CARES" – Crisis and referral entry services. The agent under contract with HFS, DPA, DCFS, or DHS to perform certain administrative functions on the State agency's behalf.

"CMHS" – Community mental health services.


"DHS/DMH" – The Illinois Department of Human Services/Division of Mental Health.
"HFS\textsuperscript{DPA}\textsuperscript{DPA}" – The Illinois Department of Healthcare and Family Services Public Aid.

"SASS" – Screening, assessment and support services.

"SASS agent" – A provider of CMHS, under contract with HFS\textsuperscript{DPA}, DCFS or DHS to screen children in psychiatric crisis who are believed to be in need of admission to an inpatient facility.

"SASS period" – A 90-day period beginning with the date that the SASS agent begins initial screening of a child in psychiatric crisis. The period may be extended beyond 90 days if it has been determined to be clinically necessary to do so by DCFS (for children for whom DCFS is legally responsible) or DHS (for any other child).

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

**Section 131.30  Eligibility**

A child eligible for services provided under this Part is:

a) An individual for whom DCFS is legally responsible;

b) An individual under 21 years of age who is enrolled, pursuant to 89 Ill. Adm. Code 118, 120, 123 or 125, in one of the medical programs administered by HFS\textsuperscript{DPA}, except that any child who is enrolled in a managed care organization is not eligible; or

c) Subject to funding that is appropriated and available to DHS\textsuperscript{-DMH\textsuperscript{-DMH}} for the SASS program, an individual who is under 18 years of age and who meets one of the following criteria:

1) An individual who, following submission of a completed application, does not qualify under subsection (b); or

2) An individual who meets criteria for the DHS\textsuperscript{-DMH\textsuperscript{-DMH}} target population (see Appendix A) and requires intensive community-based services in the SASS program, has no other means of payment as determined by the
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DHS-DMH SASS provider, and is seeking public payment for services covered under this Part; or:

3) An individual whose family is unable, unwilling, or refuses to apply for medical assistance, or if the SASS agent, hospital or community mental health provider finds it impossible to assist the family in applying, may be permitted an exception to this requirement only in these instances. A request for an exception may be made by contacting DHS-DMH.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 131.50 Program Services

a) Community Mental Health Services

1) Children, as a result of the mental health screening required under Section 131.40, for whom it has been determined by a SASS agent that appropriate alternative resources are available in the community shall be referred to those services by the SASS agent. Community mental health services (CMHS) shall be reimbursed by HFS DPA, DCFS or DHS only under the following conditions:

A) The CMHS provider is enrolled with the HFS DPA to participate in the Illinois medical assistance program and meets the requirements for certification and payment under 59 Ill. Adm. Code 132.

B) The CMHS provider is one of the following:

i) The SASS agent to which responsibility for managing the child’s care was assigned by CARES.

ii) Another CMHS provider that, through CARES, is authorized to provide CMHS to children.

C) The service is provided in accordance with the plan of care developed by the SASS agent.

D) The service is provided during the SASS period.
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E) The patient was a child at the time of screening and met eligibility requirements specified in Section 131.30(c).

2) Payment shall be made utilizing rates of reimbursement established under 59 Ill. Adm. Code 132.

b) Pharmacy Services

1) DHS shall pay for certain prescribed drugs dispensed to a child who meets DHS eligibility requirements in Section 131.30(c). Pharmacy services, other than those provided by an inpatient psychiatric facility, shall be reimbursed only under the following conditions:

A) The pharmacy provider is enrolled with HFS/DPA to participate in the Illinois medical assistance program.

B) The service is provided in accordance with the plan of care developed by the SASS agent.

C) The service was provided during the SASS period.

D) The patient was a child at the time of screening.

E) The prescribed drug has been determined by DHS/DMH as appropriate for the treatment of serious emotional disturbance or mental illness or related symptoms.

2) Payment shall be made utilizing rates of reimbursement established under the provisions of 89 Ill. Adm. Code 140.444 and 140.445.

c) Transportation Services

1) DHS shall pay for certain emergency and non-emergency transportation services provided to a child who meets DHS eligibility criteria specified in Section 131.30(c). Transportation services, other than those provided by an inpatient psychiatric facility, shall be reimbursed only under the following conditions:
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A) The transportation provider is enrolled with HFS DPA to participate in the Illinois medical assistance program.

B) The transportation is in support of the plan of care developed by the SASS agent and is to or from a source of medical care covered under this Part.

C) The service was provided during the SASS period.

D) The patient was a child at the time of screening.

2) Payment shall be made utilizing rates of reimbursement established under 89 Ill. Adm. Code 140.492 and 140.493.

d) Inpatient Psychiatric Services

1) DHS shall pay for certain inpatient psychiatric services provided to a child who meets DHS eligibility criteria specified in Section 131.30(c). Inpatient psychiatric services, other than those provided by an inpatient psychiatric facility operated by DHS, shall be reimbursed only under the following conditions:

A) The inpatient facility is enrolled with HFS DPA to participate in the Illinois medical assistance program and meets the special requirements for inpatient psychiatric services found at 89 Ill. Adm. Code 148.40(a).

B) Prior to admission, the individual shall be screened by a SASS agent to determine the appropriateness of an inpatient admission and the availability of alternative treatment resources in the community.

C) The admission is approved by DHS or its agent.

D) Prior to discharge, the SASS agent participated in the development of the discharge plan.

E) The date of admission was during the SASS period.
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F) The patient was a child at the time of admission.

2) Payment shall be made utilizing rates of reimbursement established for the medical assistance program under 89 Ill. Adm. Code 148.270 and 89 Ill. Adm. Code 152.200, subject to utilization review or pre- or post-payment reviews, as applicable.

e) Psychiatric Physician Services

A child eligible for psychiatric physician services must be currently enrolled in a SASS program and must meet the requirements under Section 131.30(c)(1) and (2).

1) Physician services shall be reimbursed only under the following conditions:

A) The physician is enrolled with HFS to participate in the Illinois Medical Assistance Program.

B) The service is one of the following:

i) Psychiatric diagnostic interview examination inpatient and outpatient by a SASS staff psychiatrist;

ii) Electroconvulsive therapy (includes necessary monitoring), single and multiple seizures per day. Electroconvulsive therapy must have prior approval from DHS;

iii) Individual psychotherapy, insight oriented behavior modifying and/or supportive that is approximately 20-80 minutes face to face with the patient with medical evaluation and management services provided in a hospital inpatient setting only, during an inpatient psychiatric stay; or

iv) Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, approximately 20-80 minutes face to face with the patient with medical evaluation and management services.
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C) The service was provided during the SASS period.

D) The patient was a child at the time of screening.

2) Payment shall be made utilizing rates of reimbursement established under the provisions of 89 Ill. Adm. Code 140.410 through 140.414.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 131.60 Billing for Services

All program services described in this Part are provided and billed to DPA in accordance with that agency's policies as found in the HFSDPA Handbook for Providers of Medical Services Screening, Assessment and Support Services (found at www.hfs.illinois.gov/www.dpaillinois.com/handbooks/), including any necessary prior authorization for the service.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 131.70 Accountability

a) All payments made under this Part are subject to post-payment review and audit pursuant to the applicable rules under which the rates of reimbursement were established (see 89 Ill. Adm. Code 140.30, 140.410 through 140.414, 140.444, 140.455, 140.492, 140.493; 89 Ill. Adm. Code 148.270; and 89 Ill. Adm. Code 152.200).

b) HFSDPA, DHS and DCFS shall implement a systematic process to assess the accessibility, effectiveness, and quality of services provided under this Part.

c) Hospitals and CMHS providers providing services under this Part will be required to participate and cooperate fully in any monitoring and quality improvement efforts undertaken by HFSDPA, DCFS and/or DHS.

d) DHS, DCFS and HFSDPA reserve the right to ensure that appropriate standards of treatment and service delivery are maintained for any individual child or for the system, including on-site inspection and individual consultation.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)
DEPARTMENT OF PUBLIC HEALTH
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1) **Heading of the Part**: Hospital Licensing Requirements

2) **Code Citation**: 77 Ill. Adm. Code 250

3) **Section Number**: Proposed Action:
   - 250.310 Amendment

4) **Statutory Authority**: Hospital Licensing Act [210 ILCS 85]

5) **A Complete Description of the Subjects and Issues Involved**: The proposed amendment to Section 250.310 (Organization) implements Public Act 93-0829, which became effective July 28, 2004. P.A. 93-0829 establishes procedures to follow during emergencies, when an emergency management plan has been activated. The proposed amendment authorizes hospitals to grant disaster privileges pursuant to the procedures to be adopted without having to first request information from the Department of Professional Regulation.

   Specifically, the proposed amendments authorize hospitals to include in their bylaws a procedure for granting disaster privileges when the emergency management plan has been activated and the hospital is unable to handle the patients’ immediate needs. The proposed rulemaking details the various procedures hospitals must follow in the granting of disaster privileges, including the proper types of identification required of those seeking disaster privileges. The proposed rulemaking also includes statutory language protecting hospitals, their employees, and persons granted emergency privileges from liability.

   The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

   The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register.*

6) **Published studies or reports, and sources of underlying data, used to compose this rulemaking**: The proposed rulemaking is consistent with the procedures of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in the granting of disaster privileges.

7) **Will this rulemaking replace any emergency rulemaking currently in effect?** No
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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? Yes

<table>
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<td>250.1120</td>
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<td>30 Ill. Reg. 16191 – October 13, 2006</td>
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11) Statement of Statewide Policy Objectives: This rulemaking does not create a State mandate.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the Illinois Register to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 West Jefferson St., 5th Floor
Springfield, Illinois 62761

217/782-2043
e-mail: rules@idph.state.il.us

13) Initial Regulatory Flexibility Analysis:

A) Type of small businesses, small municipalities and not-for-profit corporations affected: Hospitals

B) Reporting, bookkeeping or other procedures required for compliance: Hospitals will need to maintain accurate records of individuals who are granted emergency privileges.

C) Types of professional skills necessary for compliance: None
14) Regulatory Agenda on which this rulemaking was summarized: January 2007

The full text of the Proposed Amendment begins on the next page:
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250
HOSPITAL LICENSING REQUIREMENTS

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250.110 Application for and Issuance of Permit to Establish a Hospital
250.120 Application for and Issuance of a License to Operate a Hospital
250.130 Administration by the Department
250.140 Hearings
250.150 Definitions
250.160 Incorporated and Referenced Materials

SUBPART B: ADMINISTRATION AND PLANNING

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250.210 The Governing Board
250.220 Accounting
250.230 Planning
250.240 Admission and Discharge
250.250 Visiting Rules
250.260 Patients' Rights
250.265 Language Assistance Services
250.270 Manuals of Procedure
250.280 Agreement with Designated Organ Procurement Agencies

SUBPART C: THE MEDICAL STAFF

Section
250.310 Organization
250.315 House Staff Members
250.320 Admission and Supervision of Patients
250.330 Orders for Medications and Treatments
250.340 Availability for Emergencies
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SUBPART D: PERSONNEL SERVICE

Section
250.410 Organization
250.420 Personnel Records
250.430 Duty Assignments
250.435 Health Care Worker Background Check
250.440 Education Programs
250.450 Personnel Health Requirements
250.460 Benefits

SUBPART E: LABORATORY

Section
250.510 Laboratory Services
250.520 Blood and Blood Components
250.525 Designated Blood Donor Program
250.530 Proficiency Survey Program (Repealed)
250.540 Laboratory Personnel (Repealed)
250.550 Western Blot Assay Testing Procedures (Repealed)

SUBPART F: RADIOLOGICAL SERVICES

Section
250.610 General Diagnostic Procedures and Treatments
250.620 Radioactive Isotopes
250.630 General Policies and Procedures Manual

SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICE

Section
250.710 Classification of Emergency Services
250.720 General Requirements
250.725 Notification of Emergency Personnel
250.730 Community or Areawide Planning
250.740 Disaster and Mass Casualty Program
250.750 Emergency Services for Sexual Assault Victims

SUBPART H: RESTORATIVE AND REHABILITATION SERVICES
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Section
250.810 Applicability of Other Parts of These Requirements
250.820 General
250.830 Classifications of Restorative and Rehabilitation Services
250.840 General Requirements for all Classifications
250.850 Specific Requirements for Comprehensive Physical Rehabilitation Services
250.860 Medical Direction
250.870 Nursing Care
250.880 Additional Allied Health Services

SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section
250.910 Nursing Services
250.920 Organizational Plan
250.930 Role in hospital planning
250.940 Job descriptions
250.950 Nursing committees
250.960 Specialized nursing services
250.970 Nursing Care Plans
250.980 Nursing Records and Reports
250.990 Unusual Incidents
250.1000 Meetings
250.1010 Education Programs
250.1020 Licensure
250.1030 Policies and Procedures
250.1035 Domestic Violence Standards
250.1040 Patient Care Units
250.1050 Equipment for Bedside Care
250.1060 Drug Services on Patient Unit
250.1070 Care of Patients
250.1075 Use of Restraints
250.1080 Admission Procedures Affecting Care
250.1090 Sterilization and Processing of Supplies
250.1100 Infection Control

SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES
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250.1210 Surgery
250.1220 Surgery Staff
250.1230 Policies & Procedures
250.1240 Surgical Privileges
250.1250 Surgical Emergency Care
250.1260 Operating Room Register and Records
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250.1280 Equipment
250.1290 Safety
250.1300 Operating Room
250.1305 Visitors in Operating Room
250.1310 Cleaning of Operating Room
250.1320 Postoperative Recovery Facilities

SUBPART K: ANESTHESIA SERVICES

Section
250.1410 Anesthesia Service

SUBPART L: RECORDS AND REPORTS

Section
250.1510 Medical Records
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SUBPART M: FOOD SERVICE

Section
250.1610 Dietary Department Administration
250.1620 Facilities
250.1630 Menus and Nutritional Adequacy
250.1640 Diet Orders
250.1650 Frequency of Meals
250.1660 Therapeutic (Modified) Diets
250.1670 Food Preparation and Service
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SUBPART N: HOUSEKEEPING AND LAUNDRY SERVICES
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Section
250.1710 Housekeeping
250.1720 Garbage, Refuse and Solid Waste Handling and Disposal
250.1730 Insect and Rodent Control
250.1740 Laundry Service
250.1750 Soiled Linen
250.1760 Clean Linen

SUBPART O: MATERNITY AND NEONATAL SERVICE

Section
250.1810 Applicability of other Parts of these regulations
250.1820 Maternity and Neonatal Service (Perinatal Service)
250.1830 General Requirements for All Maternity Departments
250.1840 Discharge of Newborn Infants from Hospital
250.1850 Rooming-In Care of Mother and Infant
250.1860 Special Programs
250.1870 Single Room Maternity Care

SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE, EQUIPMENT, AND SYSTEMS – HEATING, COOLING, ELECTRICAL, VENTILATION, PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL

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250.1910 Maintenance
250.1920 Emergency electric service
250.1930 Water Supply
250.1940 Ventilation, Heating, Air Conditioning, and Air Changing Systems
250.1950 Grounds and Buildings Shall be Maintained
250.1960 Sewage, Garbage, Solid Waste Handling and Disposal
250.1970 Plumbing
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250.2010 Definition
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SUBPART R: PHARMACY OR DRUG AND MEDICINE SERVICE

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250.2110 Service Requirements
250.2120 Personnel Required
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250.2210 Applicability of other Parts of these Regulations
250.2220 Establishment of a Psychiatric Service
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250.2240 Nursing Service
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250.2270 Admission, Transfer and Discharge Procedures
250.2280 Care of Patients
250.2290 Special Medical Record Requirements for Psychiatric Hospitals and Psychiatric Units of General Hospitals or General Hospitals Providing Psychiatric Care
250.2300 Diagnostic, Treatment and Physical Facilities and Services

SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

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250.2410 Applicability of these Standards
250.2420 Submission of Plans for New Construction, Alterations or Additions to Existing Facility
250.2430 Preparation of Drawings and Specifications – Submission Requirements
250.2440 General Hospital Standards
250.2442 Fees
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250.2450 Details
250.2460 Finishes
250.2470 Structural
250.2480 Mechanical
250.2490 Plumbing and Other Piping Systems
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250.2500 Electrical Requirements

SUBPART U: CONSTRUCTION STANDARDS FOR EXISTING HOSPITALS

Section
250.2610 Applicability of these Standards
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250.2630 Existing General Hospital Standards
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SUBPART V: SPECIAL CARE AND/OR SPECIAL SERVICE UNITS

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250.2710 Special Care and/or Special Service Units
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SUBPART W: ALCOHOLISM AND INTOXICATION TREATMENT SERVICES

Section
250.2810 Applicability of Other Parts of These Requirements
250.2820 Establishment of an Alcoholism and Intoxication Treatment Service
250.2830 Classification and Definitions of Service and Programs
250.2840 General Requirements for all Hospital Alcoholism Program Classifications
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250.APPENDIX A Codes and Standards (Repealed)
250.EXHIBIT A Codes (Repealed)
250.EXHIBIT B Standards (Repealed)
250.EXHIBIT C Addresses of Sources (Repealed)
250.ILLUSTRATION A Seismic Zone Map
250.TABLE A Measurements Essential for Level I, II, III Hospitals
250.TABLE B Sound Transmission Limitations in General Hospitals
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250.TABLE C  Filter Efficiencies for Central Ventilation and Air Conditioning Systems in General Hospitals (Repealed)

250.TABLE D  General Pressure Relationships and Ventilation of Certain Hospital Areas (Repealed)

250.TABLE E  Piping Locations for Oxygen, Vacuum and Medical Compressed Air (Repealed)

250.TABLE F  General Pressure Relationships and Ventilation of Certain Hospital Areas (Repealed)

250.TABLE G  Insulation/Building Perimeter

AUTHORITY:  Implementing and authorized by the Hospital Licensing Act [210 ILCS 85].

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SUBPART C: THE MEDICAL STAFF

Section 250.310 Organization

a) The medical staff shall be organized in accordance with written bylaws, rules and regulations, approved by the Governing Board. The bylaws, rules and regulations shall specifically provide but not be limited to:

1) establishing written procedures relating to the acceptance and processing of initial applications for medical staff membership, granting and denying of medical staff reappointment, and medical staff membership or clinical privileges disciplinary matters in accordance with subsection (b) of this Section for county hospitals as defined in subsection (c) of Section 15-1(c) of the Illinois Public Aid Code [305 ILCS 5/15-1], or subsection (c) of this Section for all other hospitals. The procedures for initial applicants at any particular hospital may differ from those for current medical staff members. However, the procedures at any particular hospital shall be applied equally to each practitioner eligible for medical staff membership under Section 250.150 (Medical Staff) of this Part. The procedures shall provide that, prior to the granting of any medical staff privileges to an applicant, or renewing a current medical staff member's privileges, the hospital shall request of the Director of the Department of Financial and Professional Regulation information concerning the licensure status and any disciplinary action taken against the applicant's or medical staff member's license. This provision shall not apply to medical personnel who enter a hospital to obtain organs and tissues for transplant from a deceased donor in accordance with the Uniform Anatomical Gift Act [775 ILCS 59]. This provision shall not apply to medical personnel who have been granted disaster privileges pursuant to the procedures and requirements established in this Section. (Section 10.4 of the Act);
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2) identifying divisions and departments as are warranted (as a minimum, active and consulting divisions are required);

3) identifying officers as are warranted;

4) establishing committees as are warranted to assure the responsibility for such functions as pharmacy and therapeutics, infection control, utilization review, patient care evaluation, and the maintenance of complete medical records;

5) assuring that active medical staff meetings are held regularly, and that written minutes of all meetings are kept;

6) reviewing and analyzing the clinical experience of the hospital at regular intervals – the medical records of patients to be the basis for such review and analysis;

7) identifying conditions or situations which require consultation, including consultation between medical staff members in complicated cases;

8) examining of tissue removed during operations by a qualified pathologist and requiring that the findings are made a part of the patient's medical record;

9) keeping completed medical records;

10) maintaining a Utilization Review Plan, which shall be in accordance with the Conditions of Participation for Hospitals in the Medicare Program;

11) establishing Medical Care Evaluation Studies;

12) establishing policies requiring a physician as first assistant to major and/or hazardous surgery, including written criteria to determine when an assistant is necessary;

13) assuring, through credentialing by the medical staff, that a qualified surgical assistant, whether a physician or non-physician, assists the operating surgeon in the operating room;
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14) determining additional privileges that may be granted a staff member for the use of his/her employed allied health personnel in the hospital in accordance with policies and procedures recommended by the medical staff and approved by the governing authority. The policies and procedures shall include, at least, requirements that the staff member requesting this additional privilege shall submit for review and approval by the medical staff and the governing authority of the hospital:

A) a curriculum vitae of the identified allied health personnel, and

B) a written protocol with a description of the duties, assignments and/or functions, including a description of the manner of performance within the hospital by the allied health personnel in relationship with other hospital staff;

15) establishing a mechanism for assisting medical staff members in addressing physical and mental health problems;

16) implementing a procedure for preserving medical staff credentialing files in the event of the closure of the hospital;

17) establishing a procedure for granting disaster privileges.

A) When the emergency management plan has been activated and the hospital is unable to handle patients' immediate needs, it shall:

i) identify in writing the individuals responsible for granting disaster privileges;

ii) describe in writing the responsibilities of the individuals granting disaster privileges. The responsible individual is not required to grant privileges to any individual and is expected to make such decisions on a case-by-case basis at his or her discretion;

iii) describe in writing a mechanism to manage individuals who receive disaster privileges;
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iv) include a mechanism to allow staff to readily identify individuals who receive disaster privileges;

v) require that medical staff address the verification process as a high priority and begin the verification process of the credentials and privileges of individuals who receive disaster privileges as soon as the immediate situation is under control.

B) The individual responsible for granting disaster privileges may grant disaster privileges upon presentation of any of the following:

i) a current picture hospital ID card;

ii) a current license to practice and a valid picture ID issued by a state, federal or regulatory agency;

iii) identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or an Illinois Medical Emergency Response Team (IMERT);

iv) identification indicating that the individual has been granted authority to render patient care, treatment and services in disaster circumstances (such authority having been granted by a federal, state or municipal entity); or

v) presentation by current hospital or medical staff members with personal knowledge regarding practitioner's identity.

C) Any hospital and any employees of the hospital or others involved in granting privileges that, in good faith, grants disaster privileges pursuant to Section 10.4 of the Act to respond to an emergency shall not, as a result of his, her, or its acts or omissions, be liable for civil damages for granting or denying disaster privileges except in the event of willful and wanton misconduct, as that term is defined in Section 10.2 of the Act.

D) Individuals granted privileges who provide care in an emergency situation, in good faith and without direct compensation, shall not,
b) The medical staff bylaws for county hospitals as defined in subsection (c) of Section 15-1(c) of the Illinois Public Aid Code shall include at least the following:

1) The procedures relating to evaluating individuals for staff membership, whether the practitioners are or are not currently members of the medical staff, shall include procedures for determination of qualifications and privileges, criteria for evaluation of qualifications, and procedures requiring information about current health status, current license status in Illinois, and biennial review of renewed license.

2) The procedure shall grant to current medical staff members at least: written notice of an adverse decision by the Governing Board; an explanation and reasons for an adverse decision; the right to examine and/or present copies of relevant information, if any, related to an adverse decision; an opportunity to appeal an adverse decision; and written notice of the decision resulting from the appeal. The procedures for providing written notice shall include timeframes for giving such notice.

c) The medical staff bylaws for all hospitals except county hospitals shall include at least the following provisions for granting, limiting, renewing, or denying medical staff membership and clinical staff privileges: (Section 10.4(b) of the Act)

1) Minimum procedures for initial applicants for medical staff membership shall include the following:

   A) Written procedures relating to the acceptance and processing of initial applicants for medical staff membership.

   B) Written procedures to be followed in determining an applicant's qualifications for being granted medical staff membership and privileges.
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C) Written criteria to be followed in evaluating an applicant's qualifications.

D) An evaluation of an applicant's current health status and current license status in Illinois.

E) A written response to each applicant that explains the reason or reasons for any adverse decision (including all reasons based in whole or in part on the applicant's medical qualifications or any other basis, including economic factors). (Section 10.4(b) of the Act)

2) Minimum procedures with respect to medical staff and clinical privilege determinations concerning current members of the medical staff shall include the following:

A) A written explanation of the reasons for an adverse decision including all reasons based on the quality of medical care or any other basis, including economic factors.

B) A statement of the medical staff member's right to request a fair hearing on the adverse decision before a hearing panel whose membership is mutually agreed upon by the medical staff and the hospital governing board. The hearing panel shall have independent authority to recommend action to the hospital governing board. Upon the request of the medical staff member or the hospital governing board, the hearing panel shall make findings concerning the nature of each basis for any adverse decision recommended to and accepted by the hospital governing board.

i) Nothing in subsection (c)(3)(C) of this Section limits a hospital's or medical staff's right to summarily suspend, without a prior hearing, a person's medical staff membership or clinical privileges if the continuation of practice of a medical staff member constitutes an immediate danger to the public, including patients, visitors, and hospital employees and staff. A fair hearing shall be commenced within 15 days after the suspension and completed without delay.
ii) Nothing in subsection (c)(3)(C) of this Section limits a medical staff’s right to permit, in the medical staff bylaws, summary suspension of membership or clinical privileges in designated administrative circumstances as specifically approved by the medical staff. This bylaw provision must specifically describe both the administrative circumstance that can result in a summary suspension and the length of the summary suspension. The opportunity for a fair hearing is required for any administrative summary suspension. Any requested hearing must be commenced within 15 days after the summary suspension and completed without delay. Adverse decisions other than suspension or other restrictions on the treatment or admission of patients may be imposed summarily and without a hearing under designated administrative circumstances as specifically provided for in the medical staff bylaws as approved by the medical staff.

iii) If a hospital exercises its option to enter into an exclusive contract and that contract results in the total or partial termination or reduction of medical staff membership or clinical privileges of a current medical staff member, the hospital shall provide the affected medical staff member 60 days prior notice of the effect on his or her medical staff membership or privileges. An affected medical staff member desiring a hearing under subsection (c)(2)(B) of this Section must request the hearing within 14 days after the date he or she is so notified. The requested hearing shall be commenced and completed (with a report and recommendation to the affected medical staff member, hospital governing board, and medical staff) within 30 days after the date of the medical staff member's request. If agreed upon by both the medical staff and the hospital governing board, the medical staff bylaws may provide for longer time periods.
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C) A statement of the member's right to inspect all pertinent information in the hospital's possession with respect to the decision.

D) A statement of the member's right to present witnesses and other evidence at the hearing on the decision.

E) A written notice and written explanation of the decision resulting from the hearings.

F) A written notice of a final adverse decision by the hospital governing board.

G) Notice given 15 days before implementation of an adverse medical staff membership or clinical privileges decision based substantially on economic factors. This notice shall be given after the medical staff member exhausts all applicable procedures under subsection (c)(2)(B)(iii) of this Section, and under the medical staff bylaws in order to allow sufficient time for the orderly provision of patient care.

H) Nothing in subsection (c)(2) of this Section limits a medical staff member's right to waive, in writing, the rights provided in subsection (c)(2)(A)-(G) of this Section upon being granted the written exclusive right to provide particular services at a hospital, either individually or as a member of a group. If an exclusive contract is signed by a representative of a group of physicians, a waiver contained in the contract shall apply to all members of the group unless stated otherwise in the contract. (Section 10.4(b) of the Act)

3) Every adverse medical staff membership and clinical privilege decision based substantially on economic factors shall be reported to the hospital licensing board before the decision takes effect. The reports shall not be disclosed in any form that reveals the identity of any hospital or physician. These reports shall be utilized to study the effects that hospital medical staff membership and clinical privilege decisions based upon economic factors have on access to care and the availability of physician services. (Section 10.4(b) of the Act)
d) Regardless of any other categories (divisions of the medical staff) having privileges in the hospital, there shall be an active staff which must include physicians and may also include podiatrists and dentists, properly organized, which perform all the organizational duties pertaining to the medical staff. These duties include:

1) Maintenance of the proper quality of all medical care and treatment of inpatients and outpatients in the hospital. Proper quality of medical care and treatment includes:

   A) availability and use of accurate diagnostic testing for the types of patients admitted;

   B) availability and use of medical, surgical, and psychiatric treatment for patients admitted;

   C) availability and use of consultation, diagnostic tools and treatment modalities for the care of patients admitted including the care needed for complications which may be expected to occur;

   D) availability and performance of auxiliary and associate staff with documented training and experience in diagnostic and treatment modalities in use by the medical staff and documented training and experience in managing complications which may be expected to occur.

2) Organization of the medical staff, including adoption of rules and regulations for its government (which require the approval of the governing body), election of its officers or recommendations to the governing body for appointment of the officers, and recommendations to the governing body upon all appointments to the staff and grants of hospital privileges.

3) Other recommendations to the governing body regarding matters within the purview of the medical staff.

e) The medical staff may include one or more divisions in addition to the active staff, but this in no way modifies the duties and responsibilities of the active staff.
f) For the purpose of this Section only:

1) Adverse decision means a decision reducing, restricting, suspending, revoking, denying, or not renewing medical staff membership or clinical privileges. (Section 10.4(b) of the Act)

2) Economic factor means any information or reasons for decisions unrelated to quality of care or professional competency. (Section 10.4(b) of the Act)

3) Privilege means permission to provide medical or other patient care services and permission to use hospital resources, including equipment, facilities and personnel that are necessary to effectively provide medical or other patient care services. This definition shall not be construed to require a hospital to acquire additional equipment, facilities, or personnel to accommodate the granting of privileges. (Section 10.4(b) of the Act)

(Source: Amended at 31 Ill. Reg. ______, effective ____________ )
NOTICE OF PROPOSED AMENDMENT

1) **Heading of the Part:** Control of Communicable Diseases Code

2) **Code Citation:** 77 Ill. Adm. Code 690

3) **Section Numbers:**

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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

690.900   Amended
690.1000  Amended
690.1010  Amended
690.1300  New
690.1305  New
690.1310  New
690.1315  New
690.1320  New
690.1325  New
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690.1355  New
690.1360  New
690.1365  New
690.1370  New
690.1375  New
690.1380  New
690.1385  New
690.1390  New
690.1400  New
690.1405  New
690.1410  New
690.1415  New

4)  Statutory Authority: Authorized by and implementing the Communicable Disease Report Act [745 ILCS 45], and implementing and authorized by the Department of Public Health Act [20 ILCS 2305]

5)  A Complete Description of the Subjects and Issues Involved: The rules for the Control of Communicable Diseases provide: a list of the reportable diseases and conditions; the time frames in which these diseases or conditions shall be reported; the reporting entities; and the procedures for reporting. The rules also provide detailed procedures for the control of communicable diseases for each reportable disease, as well as general procedures for the control of communicable diseases. The document also provides definitions of terms and references to incorporated materials. The proposed amendments to the existing rules update all Subparts based on the most current disease control procedures to improve the
control of communicable disease in Illinois. Information on diseases and conditions, appropriate measures to control communicable diseases, and technology in place to report diseases has changed since the last revision of the Control of Communicable Disease Code. Particularly, information on controlling infectious diseases due to bioterrorism or new epidemics of infectious disease has advanced, and the proposed amendments address these issues, including new language on isolation, quarantine and other infectious disease control measures to implement the powers authorized in Section 2 of Public Health Act [20 ILCS 2305/2].


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? Yes

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand any State mandate on units of local government.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the Illinois Register to:

Susan Meister
Division of Legal Services
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761

217/782-2043
e-mail: rules@idph.state.il.us

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Small businesses, small municipalities and not for profit corporations will not be affected. Business owners, regardless of size of the business, may be asked to cooperate with an outbreak investigation, as specified in the amended Control of Communicable Disease Code, if the Department or local health department believes that the business may be the source of the outbreak and deems it necessary for the control of a communicable disease.

B) Reporting, bookkeeping or other procedures required for compliance: Reporting entities, as specified in the amended Control of Communicable Disease Code, or any other person who has knowledge of a known or suspected case or carrier of a reportable communicable disease or communicable disease death are required to report such cases or deaths within the time frames set forth in this Part. Local health departments are required to report cases of reportable communicable disease to the Department within the time frames set forth in this Part, follow the specified procedures for control of each of the reportable communicable diseases, follow the general procedures for the control of communicable diseases, and follow the responsibilities and duties of the local health authority for isolation, quarantine and closure. Health care providers are required to follow the general procedures for the control of communicable diseases and the responsibilities and duties of health care providers for isolation, quarantine and closure.

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: July 2006

The full text of the Proposed Amendments begins on the next page:
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

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

PART 690
CONTROL OF COMMUNICABLE DISEASES CODE

SUBPART A: REPORTABLE DISEASES AND CONDITIONS

Section
690.100 Diseases and Conditions
690.110 Diseases Repealed from This Part

SUBPART B: REPORTING

Section
690.200 Reporting

SUBPART C: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section
690.290 Acquired Immunodeficiency Syndrome (AIDS) (Repealed)
690.295 Any Unusual Case or Cluster of Cases That May Indicate a Public Health Hazard, Including, But Not Limited to, Glanders, Orf, Monkeypox, Viral Hemorrhagic Fever (Reportable by telephone immediately as soon as possible, within 24 hours)
690.300 Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.310 Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.320 Anthrax (Reportable by telephone immediately, within 3 hours, upon initial clinical suspicion of the disease)
690.322 Arboviral Infections (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.325 Blastomycosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Infant, Wound, Other (Reportable by telephone immediately, within 3 hours upon initial clinical
suspicion of the disease for foodborne botulism or within 24 hours for other types) (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease for foodborne or within 24 hours for other types)

690.330 Brucellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days), unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone

690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

690.340 Chancroid (Repealed)

690.350 Chickenpox (Varicella) (In persons 20 years of age and over, reportable by telephone, facsimile or electronically within 24 hours. In persons less than 20 years of age, reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.360 Cholera (Vibrio cholerae O1 or O139) (Reportable by telephone as soon as possible, within 24 hours)

690.362 Creutzfeldt-Jakob Disease (CJD) (all laboratory confirmed cases) (Reportable by mail, telephone, facsimile or electronically within 7 days after confirmation of the disease)

690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)

690.380 Diphtheria (Reportable by telephone as soon as possible, within 24 hours)

690.385 Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Disease) Granulocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.386 Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Disease) Monocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.390 Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

690.400 Enteric Escherichia coli Infections (E. coli O157:H7, E. coli: 0157:H7 and Other Shiga toxin-producing E. coli Enterohemorrhagic E. coli, Enterotoxigenic E. coli, and Enteropathogenic E. coli and Enteroinvasive E. coli) (Reportable by telephone as soon as possible, within 24 hours)

690.410 Foodborne or Waterborne Illness (Reportable by telephone as soon as possible, within 24 hours)
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<td>690.420</td>
<td>Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<tr>
<td>690.430</td>
<td>Gonorrhea (Repealed)</td>
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<tr>
<td>690.440</td>
<td>Granuloma Inguinale (Repealed)</td>
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<tr>
<td>690.441</td>
<td>Haemophilus influenzae, Meningitis and Other Invasive Disease (Reportable by telephone, within 24 hours)</td>
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<tr>
<td>690.442</td>
<td>Hantavirus Pulmonary Syndrome (Reportable by mail, telephone, facsimile or electronically, within 24 hours)</td>
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<td>690.444</td>
<td>Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone, within 24 hours)</td>
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<td>690.450</td>
<td>Hepatitis A (Reportable by telephone as soon as possible, within 24 hours)</td>
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<tr>
<td>690.451</td>
<td>Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within 7 days)</td>
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<tr>
<td>690.452</td>
<td>Hepatitis C, Acute Infection and Non-Acute Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within 7 days)</td>
</tr>
<tr>
<td>690.453</td>
<td>Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)</td>
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<tr>
<td>690.460</td>
<td>Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<tr>
<td>690.465</td>
<td>Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<td>690.470</td>
<td>Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)</td>
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<tr>
<td>690.475</td>
<td>LegionellosisLegionnaires' Disease (Legionellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<tr>
<td>690.480</td>
<td>Leprosy (Hansen's Disease) (infectious and non-infectious cases are reportable) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<tr>
<td>690.490</td>
<td>Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<tr>
<td>690.495</td>
<td>Listeriosis (when both mother and newborn are positive, report mother only) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<td>690.500</td>
<td>Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia Venereum) (Repealed)</td>
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<tr>
<td>690.505</td>
<td>Lyme Disease (See Tickborne Disease) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<tr>
<td>690.510</td>
<td>Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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### DEPARTMENT OF PUBLIC HEALTH

**NOTICE OF PROPOSED AMENDMENT**

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<tr>
<td>690.520</td>
<td>Measles (Reportable by telephone as soon as possible, within 24 hours)</td>
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<td>690.530</td>
<td>Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)</td>
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<td>690.540</td>
<td>Meningococcemia (Reportable by telephone as soon as possible) (Repealed)</td>
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<td>690.550</td>
<td>Mumps (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<td>690.555</td>
<td>Neisseria meningitidis, Meningitis and Invasive Disease (Reportable by telephone as soon as possible, within 24 hours)</td>
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<td>690.560</td>
<td>Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)</td>
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<td>690.570</td>
<td>Plague (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)</td>
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<tr>
<td>690.580</td>
<td>Poliomyelitis (Reportable by telephone as soon as possible, within 24 hours)</td>
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<td>690.590</td>
<td>Psittacosis (Ornithosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<td>690.595</td>
<td>Q-fever (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days, unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone) (Repealed)</td>
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<td>Rabies, Human (Reportable by telephone as soon as possible, within 24 hours)</td>
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<td>690.601</td>
<td>Rabies, Potential Human Exposure (Reportable by telephone, within 24 hours)</td>
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<td>690.610</td>
<td>Rocky Mountain Spotted Fever (See Tickborne Disease) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<td>690.620</td>
<td>Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<td>690.630</td>
<td>Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<td>690.635</td>
<td>Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)</td>
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<td>690.640</td>
<td>Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<td>690.650</td>
<td>Smallpox (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)</td>
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<tr>
<td>690.655</td>
<td>Smallpox vaccination, complications of vaccination for (Reportable by telephone or electronically as soon as possible, within 24 hours)</td>
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<tr>
<td>690.658</td>
<td>Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of 3 or More Cases Occurring in Community Settings (including, but not limited to,</td>
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DEPARTMENT OF PUBLIC HEALTH

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**schools, correctional facilities, day care settings, and sports teams** (Reportable by telephone as soon as possible, within 24 hours)

690.660 **Staphylococcus aureus, Methicillin Resistant (MRSA) Infections, Invasive Disease and Skin and Soft Tissue Infections, Occurring In Infants in a Neonatal Intensive Care Unit or Newborn Nursery Under 28 Days of Age Within a Health Care Institution or With Onset After Discharge** (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 24 hours)

690.661 **Staphylococcus aureus Infections with Intermediate (MIC between 4 and 8) (VISA) or High Level Resistance to Vancomycin (MIC greater than or equal to 16) (VRSA)** (Reportable by telephone, within 24 hours)

690.670 **Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and necrotizing fasciitis) and Sequelae to Group A Streptococcal Infections (rheumatic fever and acute glomerulonephritis)** (Reportable by telephone, within 24 hours)

690.675 **Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months)** (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

690.678 **Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years** (Streptococcus pneumoniae, Invasive Disease (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.680 **Syphilis** (Repealed)

690.690 **Tetanus** (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.695 **Toxic Shock Syndrome due to Staphylococcus aureus Infection, Toxic Shock Syndrome** (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.698 **Tickborne Disease (includes Ehrlichiosis, Human granulocytotropic anaplasmosis (HGA), Ehrlichiosis, Human monocyctotropic ehrlichiosis (HME), Lyme disease and Rocky Mountain spotted fever)** (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.700 **Trachoma** (Repealed)

690.710 **Trichinosis (Trichinellosis)** (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.720 **Tuberculosis** (Repealed)

690.725 **Tularemia** (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days, unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone) (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)
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690.730 Typhoid Fever (Reportable by telephone as soon as possible, within 24 hours)
690.740 Typhus (Reportable by telephone as soon as possible, within 24 hours)
690.745 Vibriosis (Non-cholera Vibrio Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)
690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

SUBPART D: DEFINITIONS

Section 690.900 Definition of Terms

SUBPART E: GENERAL PROCEDURES

Section 690.1000 General Procedures for the Control of Communicable Diseases
690.1010 Incorporated and Referenced Materials

SUBPART F: SEXUALLY TRANSMITTED DISEASES (Repealed)

Section 690.1100 The Control of Sexually Transmitted Diseases (Repealed)

SUBPART G: PROCEDURES FOR WHEN DEATH OCCURS FROM COMMUNICABLE DISEASES

Section 690.1200 Death of a Person Who Had a Known or Suspected Communicable Disease
690.1210 Funerals (Repealed)

SUBPART H: ISOLATION, QUARANTINE, AND CLOSURE

Section 690.1300 General Purpose
690.1305 Department of Public Health Authority
DEPARTMENT OF PUBLIC HEALTH

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690.1310  Local Health Authority
690.1315  Responsibilities and Duties of the Local Health Authority
690.1320  Responsibilities and Duties of Health Care Providers
690.1325  Conditions and Principles for Isolation and Quarantine
690.1330  Order and Procedure for Isolation, Quarantine and Closure
690.1335  Isolation or Quarantine Premises
690.1340  Enforcement
690.1345  Relief from Isolation, Quarantine, or Closure
690.1350  Consolidation
690.1355  Access to Medical or Health Information
690.1360  Right to Counsel
690.1365  Service of Isolation, Quarantine, or Closure Order
690.1370  Documentation
690.1375  Voluntary Isolation, Quarantine, or Closure
690.1380  Physical Examination, Testing and Collection of Laboratory Specimens
690.1385  Vaccinations, Medications, or Other Treatments
690.1390  Observation and Monitoring
690.1400  Transportation of Persons Subject to Public Health or Court Order
690.1405  Information Sharing
690.1410  Amendment and Termination of Orders
690.1415  Penalties

690.EXHIBIT A  Typhoid Fever Agreement (Repealed)

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

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SUBPART A: REPORTABLE DISEASES AND CONDITIONS

Section 690.100 Diseases and Conditions

The following are declared to be contagious, infectious, and communicable and may be dangerous to the public health. Each and each suspected or diagnosed case shall be reported to the local health authority, who shall subsequently report each case to the Illinois Department of Public Health. This listing includes those diseases and conditions reportable because of classification as communicable or sexually transmitted. Communicable diseases and conditions are reportable under this Part (77 Ill. Adm. Code 690) and sexually transmissible diseases and conditions are reportable under the Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). (See Subpart B, Section 690.200.)

a) Class I(a)

The following diseases shall be reported immediately (within 3 hours) upon initial clinical suspicion of the disease to the local health authority, who shall then report to the Department immediately (within 3 hours). This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities who are required to report to the Department. The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart C shall be submitted within 24 hours to the Department laboratory.

1) Any unusual case or cluster of cases that may indicate a public health hazard 690.295

2) Anthrax* 690.320

3) Botulism, foodborne 690.327

4) Brucellosis* (if suspected to be a bioterrorist event or part of an outbreak) 690.330
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5) Plague* 690.570

6) Q-fever* (if suspected to be a bioterrorist event or part of an outbreak) 690.595

7) Severe Acute Respiratory Syndrome 690.635

8) Smallpox 690.650

9) Tularemia* (if suspected to be a bioterrorist event or part of an outbreak) 690.725

10) Any suspected bioterrorist threat or event 690.800

b) Class I(b)

The following diseases shall be reported as soon as possible during normal business hours, but within 24 hours (i.e., within 8 regularly scheduled business hours after identifying the case), to the local health authorities, who shall then report to the Department as soon as possible, but within 24 hours. This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities who are required to report to the Department. The Section number associated with each of the listed diseases indicates the Section Part under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart C shall be submitted within 7 days after identification of the organism to
<table>
<thead>
<tr>
<th></th>
<th>the Department laboratory.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Botulism, intestinal, wound, and other 690.327</td>
</tr>
<tr>
<td>2)</td>
<td>Chickenpox (Varicella) in adults age 20 and over 690.350</td>
</tr>
<tr>
<td>3)</td>
<td>Cholera* 690.360</td>
</tr>
<tr>
<td>4)</td>
<td>Diphtheria* 690.380</td>
</tr>
<tr>
<td>5)</td>
<td>Enteric Escherichia coli infections* (E. coli O157:H7 and other Shiga toxin-producing E. coli, enterotoxigenic E. coli, enteropathogenic E. coli and enteroinvasive E. coli) 690.400</td>
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<tr>
<td>6)</td>
<td>Foodborne or waterborne illness 690.410</td>
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<tr>
<td>7)</td>
<td>Haemophilus influenzae, meningitis and other invasive disease* 690.441</td>
</tr>
<tr>
<td>8)</td>
<td>Hantavirus pulmonary syndrome* 690.442</td>
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<tr>
<td>9)</td>
<td>Hemolytic uremic syndrome, post-diarrheal 690.444</td>
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<tr>
<td>10)</td>
<td>Hepatitis A 690.450</td>
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<tr>
<td>11)</td>
<td>Measles 690.520</td>
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<tr>
<td>12)</td>
<td>Neisseria meningitidis, meningitis and invasive disease* 690.555</td>
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<tr>
<td>13)</td>
<td>Pertussis* (whooping cough) 690.750</td>
</tr>
<tr>
<td>14)</td>
<td>Poliomyelitis 690.580</td>
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<tr>
<td>15)</td>
<td>Rabies, human 690.600</td>
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<tr>
<td>16)</td>
<td>Rabies, potential human exposure 690.601</td>
</tr>
<tr>
<td>17)</td>
<td>Smallpox vaccination, complications of 690.655</td>
</tr>
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</table>
### DEPARTMENT OF PUBLIC HEALTH

#### NOTICE OF PROPOSED AMENDMENT

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Code</th>
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<tbody>
<tr>
<td>18</td>
<td><strong>Staphylococcus aureus, Methicillin resistant (MRSA) clusters of 3 or more cases in a community setting</strong></td>
<td>690.658</td>
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<tr>
<td>19</td>
<td><strong>Staphylococcus aureus, Methicillin resistant (MRSA) invasive disease occurring in infants in a neonatal intensive care unit or newborn nursery within a health care institution</strong></td>
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<tr>
<td>20</td>
<td><strong>Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin</strong></td>
<td>690.661</td>
</tr>
<tr>
<td>21</td>
<td><strong>Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections</strong></td>
<td>690.670</td>
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<tr>
<td>22</td>
<td><strong>Typhoid fever</strong></td>
<td>690.730</td>
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<tr>
<td>23</td>
<td><strong>Typhus</strong></td>
<td>690.740</td>
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### Section

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<th></th>
<th>Description</th>
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<tr>
<td>1</td>
<td><strong>Any unusual case or cluster of cases that may indicate a public health hazard</strong></td>
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<tr>
<td>2</td>
<td><strong>Botulism, infant, wound, and other</strong></td>
<td>690.327</td>
</tr>
<tr>
<td>3</td>
<td><strong>Cholera</strong></td>
<td>690.360</td>
</tr>
<tr>
<td>4</td>
<td><strong>Diarrhea of the newborn</strong></td>
<td>690.370</td>
</tr>
<tr>
<td>5</td>
<td><strong>Diphtheria</strong></td>
<td>690.380</td>
</tr>
<tr>
<td>6</td>
<td><strong>Enteric Escherichia coli infections (E. coli: 0157:H7 and other enterohemorrhagic E. coli, enterotoxigenic E. coli, enteropathogenic E. coli)</strong></td>
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</tr>
<tr>
<td>7</td>
<td><strong>Foodborne or waterborne illness</strong></td>
<td>690.410</td>
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<tr>
<td>8</td>
<td><strong>Haemophilus influenzae, meningitis and other invasive disease</strong></td>
<td>690.441</td>
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<td>9</td>
<td><strong>Hemolytic uremic syndrome, post-diarrheal</strong></td>
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10) Hepatitis A 690.450
11) Measles 690.520
12) Neisseria meningitidis, meningitis and invasive disease 690.555
13) Pertussis (whooping cough) 690.750
14) Poliomyelitis 690.580
15) Rabies, human 690.600
16) Rabies, potential human exposure 690.601
17) Smallpox, complications of vaccination for 690.655
18) Staphylococcus aureus infections with intermediate or high level resistance to vancomycin * 690.661
19) Streptococcal infections, Group A, invasive (including toxic shock syndrome) and sequelae to Group A streptococcal infections (rheumatic fever and acute glomerulonephritis) 690.670
20) Typhoid fever * 690.730
21) Typhus 690.740

c) Class II
The following diseases shall be reported as soon as possible during normal business hours, but within 7 days, to the local health authority which shall then report to the Department within 7 days. The Section number associated with each of the listed diseases indicates the Section Part under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart C shall be submitted within 7 days after identification of the organism to the Department laboratory.

1) Arboviral Infection* 690.322
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### NOTICE OF PROPOSED AMENDMENT

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<tr>
<th></th>
<th>Condition</th>
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<tr>
<td>2</td>
<td>Brucellosis*</td>
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<tr>
<td>3</td>
<td>Chickenpox (Varicella) in persons less than 20 years of age</td>
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<td>4</td>
<td>Creutzfeldt-Jakob Disease</td>
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<tr>
<td>5</td>
<td>Cryptosporidiosis</td>
<td>690.365</td>
</tr>
<tr>
<td>6</td>
<td>Cyclosporiasis</td>
<td>690.368</td>
</tr>
<tr>
<td>7</td>
<td>Giardiasis</td>
<td>690.420</td>
</tr>
<tr>
<td>8</td>
<td>Hepatitis B and Hepatitis D</td>
<td>690.451</td>
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<td>9</td>
<td>Hepatitis C</td>
<td>690.452</td>
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<td>10</td>
<td>Histoplasmosis</td>
<td>690.460</td>
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<tr>
<td>11</td>
<td>Influenza, Deaths in persons less than 18 years of age</td>
<td>690.465</td>
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<td>12</td>
<td>Legionellosis*</td>
<td>690.475</td>
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<td>13</td>
<td>Leprosy</td>
<td>690.480</td>
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<td>14</td>
<td>Leptospirosis*</td>
<td>690.490</td>
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<tr>
<td>15</td>
<td>Listeriosis*</td>
<td>690.495</td>
</tr>
<tr>
<td>16</td>
<td>Malaria*</td>
<td>690.510</td>
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<tr>
<td>17</td>
<td>Mumps</td>
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<tr>
<td>18</td>
<td>Psittacosis</td>
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<tr>
<td>19</td>
<td>Q-fever*</td>
<td>690.595</td>
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## NOTICE OF PROPOSED AMENDMENT

<table>
<thead>
<tr>
<th>Section</th>
<th>Disease Description</th>
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<tbody>
<tr>
<td>1)</td>
<td>Acquired immunodeficiency syndrome (AIDS)</td>
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<tr>
<td>2)</td>
<td>Amebiasis*</td>
</tr>
<tr>
<td>3)</td>
<td>Blastomycosis</td>
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<tr>
<td>4)</td>
<td>Brucellosis</td>
</tr>
<tr>
<td>5)</td>
<td>Campylobacteriosis*</td>
</tr>
<tr>
<td>6)</td>
<td>Chanchroid</td>
</tr>
<tr>
<td>7)</td>
<td>Chickenpox</td>
</tr>
<tr>
<td>20)</td>
<td>Rubella, including congenital rubella syndrome</td>
</tr>
<tr>
<td>21)</td>
<td>Salmonellosis* (other than typhoid fever)</td>
</tr>
<tr>
<td>22)</td>
<td>Shigellosis*</td>
</tr>
<tr>
<td>23)</td>
<td>Toxic shock syndrome due to Staphylococcus aureus infection</td>
</tr>
<tr>
<td>24)</td>
<td>Streptococcus pneumoniae, invasive disease in children less than 5 years</td>
</tr>
<tr>
<td>25)</td>
<td>Tetanus</td>
</tr>
<tr>
<td>26)</td>
<td>Tickborne Disease, including ehrlichiosis, Lyme disease, and Rocky Mountain spotted fever</td>
</tr>
<tr>
<td>27)</td>
<td>Trichinosis</td>
</tr>
<tr>
<td>28)</td>
<td>Tularemia*</td>
</tr>
<tr>
<td>29)</td>
<td>Vibriosis (Non-cholera Vibrio infections)</td>
</tr>
<tr>
<td>30)</td>
<td>Yersiniosis</td>
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<table>
<thead>
<tr>
<th>Section</th>
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<tr>
<td>1)</td>
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<td>7)</td>
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</table>
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8) Chlamydia 693.20
9) Cryptosporidiosis 690.365
10) Cyclosporiasis 690.368
11) Ehrlichiosis, human-granulocytie 690.385
12) Ehrlichiosis, human-monocytie 690.386
13) Encephalitis 690.390
14) Giardiasis* 690.420
15) Gonorrhea 693.20
16) Hantavirus-pulmonary syndrome 690.442
17) Hepatitis-B* 690.451
18) Hepatitis-C* 690.452
19) Hepatitis, viral, other* 690.453
20) Histoplasmosis 690.460
21) Human-immunodeficiency-virus (HIV) infection 693.20
22) Legionnaires'-disease (legionellosis) 690.475
23) Leprosy 690.480
24) Leptospirosis 690.490
25) Listeriosis 690.495
26) Lyme-disease 690.505
### DEPARTMENT OF PUBLIC HEALTH

**NOTICE OF PROPOSED AMENDMENT**

<table>
<thead>
<tr>
<th></th>
<th>Condition</th>
<th>Code</th>
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<tbody>
<tr>
<td>27)</td>
<td>Malaria</td>
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</tr>
<tr>
<td>28)</td>
<td>Meningitis, aseptic (including arboviral infections)</td>
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</tr>
<tr>
<td>29)</td>
<td>Mumps</td>
<td>690.550</td>
</tr>
<tr>
<td>30)</td>
<td>Ophthalmia neonatorum (gonococcal)</td>
<td>693.20</td>
</tr>
<tr>
<td>31)</td>
<td>Psittaeosis</td>
<td>690.590</td>
</tr>
<tr>
<td>32)</td>
<td>Rocky Mountain-spotted fever</td>
<td>690.610</td>
</tr>
<tr>
<td>33)</td>
<td>Rubella, including congenital rubella syndrome</td>
<td>690.620</td>
</tr>
<tr>
<td>34)</td>
<td>Salmonellosis* (other than typhoid fever)</td>
<td>690.630</td>
</tr>
<tr>
<td>35)</td>
<td>Shigellosis*</td>
<td>690.640</td>
</tr>
<tr>
<td>36)</td>
<td>Staphylococcus aureus infection, toxic shock syndrome</td>
<td>690.695</td>
</tr>
<tr>
<td>37)</td>
<td>Staphylococcus aureus infections occurring in infants under 28 days of age (within a health care institution or with onset after discharge)</td>
<td>690.660</td>
</tr>
<tr>
<td>38)</td>
<td>Streptococcal infections, group B, invasive disease, of the newborn-</td>
<td>690.675</td>
</tr>
<tr>
<td>39)</td>
<td>Streptococcus pneumoniae, invasive disease <em>(including antibiotic susceptability test results)</em></td>
<td>690.678</td>
</tr>
<tr>
<td>40)</td>
<td>Syphilis</td>
<td>693.20</td>
</tr>
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<td>41)</td>
<td>Tetanus</td>
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<tr>
<td>42)</td>
<td>Trichinosis</td>
<td>690.710</td>
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<tr>
<td>43)</td>
<td>Tuberculosis</td>
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</tr>
<tr>
<td>44)</td>
<td>Yersiniosis</td>
<td>690.752</td>
</tr>
</tbody>
</table>
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*Cases and carriers (when carriers are required to be reported) of these diseases should be confirmed by appropriate laboratory tests before reporting.

* Diseases for which laboratories are required to forward clinical materials to the Department's laboratory.

d) When an epidemic of a disease dangerous to the public health occurs, and present rules are not adequate for its control or prevention, more stringent requirements shall be issued by this Department.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.110 Diseases Repealed from This Part

The following diseases have been repealed from this Part. As indicated below, some of these diseases are no longer reportable, while some are reported to the Department under other rules. Rules governing reporting and control of those diseases that are reportable under other rules of the Department are cited below.

a) Amebiasis

b) Blastomycosis

c) Campylobacteriosis

d) Diarrhea of the newborn

e) Hepatitis, viral, other

f) Meningitis, aseptic

g) Streptococcal infections, group B, invasive disease, of the newborn

a) Acquired immunodeficiency syndrome (AIDS) 693.20

b) AIDS-related complex Not Reportable

e) Animal bites Not Reportable
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<table>
<thead>
<tr>
<th></th>
<th>d)  Chanereoid</th>
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<tbody>
<tr>
<td></td>
<td>e)  Gonorrhea</td>
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<tr>
<td></td>
<td>f)  Granuloma inguinale</td>
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<tr>
<td></td>
<td>g)  Intestinal worms</td>
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</tr>
<tr>
<td></td>
<td>h)  Lymphogranuloma venereum</td>
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</tr>
<tr>
<td></td>
<td>i)  Ophthalmia neonatorum</td>
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</tr>
<tr>
<td></td>
<td>j)  Syphilis</td>
<td>693.20</td>
</tr>
<tr>
<td></td>
<td>k)  Trachoma</td>
<td>Not Reportable</td>
</tr>
<tr>
<td></td>
<td>l)  Tuberculosis</td>
<td>696.170</td>
</tr>
</tbody>
</table>

(Source: Amended at 31 Ill. Reg. _______, effective ____________)

SUBPART B: REPORTING

Section 690.200 Reporting

a) Reporting Entities and Manner of Reporting.

1) Each It shall be the duty of each of the following persons or any other person having knowledge of a known or suspected case or carrier of a reportable communicable disease or communicable disease death shall—

   to report within the time frames set forth in Section 690.100 of this Part (except for sexually transmissible diseases that are reportable under the Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) and tuberculosis, which is reportable under the Control of Tuberculosis Code (77 Ill. Adm. Code 696)) the case, suspected case, carrier or death in humans within the time frames set forth in Section 690.100 of this Part:

   A) Physicians
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B) Physician assistants

C) Nurses

D) Nurse aides

E) Dentists

F) Health care practitioners

G) Emergency medical services personnel

H) Laboratory personnel

I) Long-term care personnel

J) Any institution, school, college/university, child care facility or camp personnel

K) Pharmacists

L) Poison control center personnel

M) Blood bank and organ transplant personnel

N) Coroners

O) Medical Examiners

P) Veterinarians

Q) Correctional facility personnel

R) Food service management personnel

S) Any other person having knowledge of a known or suspected case or carrier of a reportable communicable disease or communicable disease death
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A) Physicians;
B) Nurses;
C) Nurse aides;
D) Dentists;
E) Health care practitioners;
F) Laboratory personnel;
G) School personnel;
H) Long-term care personnel;
I) Day care personnel;
J) College/university personnel.

2) Laboratories shall are required to report certain positive test results and provide clinical materials as specified in Subpart C of this Part or if requested. If a medical laboratory forwards clinical materials out of the State for testing, the originating medical laboratory retains the duty to comply with this requirement by either reporting the results and submitting clinical materials to the Department or ensuring that the results are reported and materials are submitted to the Department.

3) The reports shall be submitted electronically through the Illinois National Electronic Disease Surveillance System (I-NEDSS) web-based system or by mail, telephone or facsimile by mail, telephone, facsimile or electronically (see Section 690.100) to the local health authority (see definition of, Section 690.900) in whose jurisdiction the reporter is located. The reporter shall provide, when available, the case name, contact information and physician of the case. During an outbreak investigation, the reporter and any involved business, organization or institution shall cooperate in any case investigation conducted by health officials, which includes, but is not limited to, supplying locating information for those individuals believed to be associated with the
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outbreak. Any party receiving the reports shall notify the local health authority where the patient resides within 3 hours following notification for Class I(a) diseases, within 24 hours (during normal business hours) following notification for Class I(b) diseases and within 7 days following notification for Class II diseases. When a case of infectious disease is reported from one local health authority’s jurisdiction but resides in another’s jurisdiction, the case should be transferred electronically in I-NEDSS with additional relevant information supplied to the other jurisdiction. A case transfer form supplied by the Department should be completed. The reporter shall cooperate in any case investigation conducted by health officials. If a known or suspected case or carrier of a reportable communicable disease is hospitalized or examined in a hospital or long-term care facility, it shall be the duty of the administrator of the health care facility to ensure that the case is promptly reported to the local health authority within the time frame specified in Section 690.100 for that disease.

b) Upon receipt of this report, the local health authority shall report cases to the Department as specified in this subsection. Local health authorities shall report cases to the Department using the I-NEDSS web-based system according to the time frames specified in Section 690.100. In the event that I-NEDSS becomes temporarily non-functional, the local health authority may report to the Department by mail, telephone or facsimile. Prior to an I-NEDSS disease-specific module becoming operational statewide, the local health authority shall submit demographic and morbidity information electronically through I-NEDSS and additional case report information by mail or facsimile to the Department according to the time frames specified in Section 690.100. Forward a written copy to the Department according to time frames specified in Section 690.100.

c) The report to the Department shall provide the following information: name, age, date of birth, sex, race, ethnicity, address of the case (including zip code), telephone number and name of the attending physician (except for chickenpox). When requested, on paper forms provided by the Department or electronically through the I-NEDSS web-based system, clinical and laboratory findings in support of the diagnosis and epidemiological facts relevant to the source and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing diagnostic and epidemiologic information shall be required.
d) Confidentiality.

1) It is the policy of the Department to maintain the confidentiality of information that would identify individual patients.

2) Whenever any medical practitioner or other person is required by statute, regulation, ordinance or resolution to report cases of communicable disease to any governmental agency or officer, such communicable disease reports shall be confidential. Any medical practitioner or other person who provides a report of communicable disease in good faith shall have immunity from suit for slander or libel upon statements made in the report. The identity of any individual contained in a report of communicable disease or foodborne illness or an investigation conducted pursuant to a report of a communicable disease or foodborne illness shall be confidential and the individual's identity shall not be disclosed publicly in an action of any kind in any court or before any tribunal, board or agency. 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 communicable diseases, including sexually transmitted diseases to any governmental agency or officer, such reports shall be confidential, and any medical practitioner or other persons making such report in good faith shall be immune from suit for slander or libel based upon any statements contained in such report. The identity of any individual contained in a report of communicable disease, sexually transmitted disease or foodborne illness or an investigation conducted pursuant to a report of a communicable disease, sexually transmitted disease or foodborne illness 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])

3) As outlined in the Privacy Rule (45 CFR 164.512(a), (b)) (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), health information may be disclosed to public health authorities when required by federal, tribal, state, or local laws. This includes the requirements set forth in this Part that provide for reporting of disease or conducting public health investigations.
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health surveillance, investigation, or intervention. For disclosures not required by law, a public health authority may collect or receive information for the purpose of preventing or controlling disease.

4) To prevent the spread of a contagious disease, or a dangerously contagious or infectious disease, the Department, local boards of health, and local public health authorities shall have emergency access to medical or health information or records or data upon the condition that the Department, local boards of health, and local public health authorities protect the privacy and confidentiality of any medical or health information or records or data obtained pursuant to Section 2 of the Department of Public Health Act [20 ILCS 2305/2] in accordance with federal and State law. Additionally, any such medical or health information or records or data shall be exempt from inspection and copying under the Freedom of Information Act. Any person, facility, institution, or agency that provides emergency access to health information and data shall have immunity from any civil or criminal liability, or any other type of liability that might otherwise result by reason of these actions, except in the event of willful and wanton misconduct. The privileged quality of communication between any professional person or any facility shall not constitute grounds for failure to provide emergency access.

5) Information pertaining to human or animal cases of zoonotic disease will be provided by the Department to another State or federal agency only if the disease is reportable to the agency or if another agency is assisting with control of an outbreak.

e) Section 8-2101 of the Code of Civil Procedure [735 ILCS 5/8-2101] explains the confidential character of reports obtained for research projects [735 ILCS 5]. The Department, and other agencies specified in this Section, may collect certain information and require reporting of certain diseases and conditions for research projects. The law provides for confidentiality of these reports, prohibits disclosure of all data so obtained except that which is necessary for the purpose of the specific study, and provides that such data shall not be admissible as evidence, and that the furnishing of such information in the course of a research project shall not subject any informant to any action for damages.

f) The local health authority shall notify the Department upon issuing any order for isolation, quarantine or closure. The notification shall be made telephonically
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within 3 hours after issuance of the order unless otherwise directed by the Department.

f) When the Director determines that morbidity and mortality from a certain disease warrants study, the Director may declare the disease to be the subject of an emergency medical investigation and require hospitals, physicians, etc., to submit information, data and reports as are necessary for the purpose of the specific study. Because any unusual case or cluster of cases is reportable, the data so obtained shall be held confidential in accordance with the Communicable Disease Report Act [745 ILCS 45].

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

SUBPART C: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section 690.295 Any Unusual Case or Cluster of Cases That May Indicate a Public Health Hazard, Including, But Not Limited to, Glanders, Orf, Monkeypox, Viral Hemorrhagic Fever (Reportable by telephone immediately as soon as possible, within 3 hours)

a) Control of Case. Cases shall be evaluated to determine the need for isolation in a health care setting or at the person's residence. The Isolation Precautions followed shall be based on the most likely pathogen.

b) Control of Contacts. Contacts shall be evaluated to determine the need for quarantine.

c) Health care providers who identify a health care provider who identifies a single case or cluster of a suspected, rare or significant infectious disease, a disease non-indigenous to the United States, or a cluster of cases of unknown etiology, but which case or cluster of cases appears to be infectious in nature shall (other than colds, influenza or other common diseases) should report the case or cluster of cases to the local health authority.

d) The local health authority shall investigate these reports by:

1) obtaining locating information of suspect cases and relevant medical information, including date of onset, signs and symptoms and laboratory test results obtained; and
2) determining whether there is a common activity or exposure that might have led to the presumed infection.

e) The local health authority shall implement appropriate control measures.

f) Laboratory Reporting. Laboratories shall report to the local health authority any unusual case or cluster of cases that may indicate a public health hazard.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.300 Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

a) Incubation Period—Variable, from a few days to several months or years; commonly 2 to 4 weeks.

b) Control of Case and Carrier.

1) Isolation is required for patients while they are in health care facilities. (See enteric precautions or disease specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13)).

2) Cases or carriers who are food handlers or in sensitive occupations may return to their usual occupations after treatment has been completed.

3) Concurrent disinfection of feces and articles contaminated with feces is required; disposal of excreta by sanitary sewer is appropriate; hand washing is required after use of the toilet. (See Section 690.1000(e)(1)).

4) Instruction of convalescent and chronic carriers in personal hygiene, particularly as to sanitary disposal of fecal waste and hand washing after use of toilet.

c) Control of Contacts. Household members and other suspected contacts should be tested for amebiasis. Household contacts who are employed as food handlers or in sensitive occupations and who test positive shall be restricted according to subsection (b)(2) of this Section.
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d) Sale of Food, Milk, etc. (See Section 690.1000(f).)

e) General Measures.

1) Sanitary disposal of human feces.

2) Safeguarding of water supplies.
   A) Protect potable water supplies against fecal contamination.
   B) Boil drinking water where necessary.
   C) Chlorination is inadequate for destruction of cysts.
   D) Filtration by a municipal system or by some selected portable units is the only effective treatment other than boiling.

3) Supervision of the general cleanliness and the personal health and sanitary practices of persons preparing and serving food in public eating places, especially moist foods eaten raw.

4) Education in personal cleanliness, particularly washing hands with soap and water after use of the toilet. Supervision of persons incompetent in personal hygiene.

5) Avoidance of cross-connections between public and private auxiliary water supplies and of back-flow connections in plumbing systems.

6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.

f) Laboratory Reporting. Laboratories are required to report to the local health authority all patients from whom Entamoeba histolytica trophozoites or cysts have been identified or patients from whom antigen detection is positive.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all
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Section 690.320 Anthrax (Reportable by telephone immediately, within 3 hours, upon initial clinical suspicion of the disease)

a) Incubation Period—2 to 7 days; most cases occur within 48 hours following exposure.

b) Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for care of persons with cutaneous anthrax when dressing does not adequately contain drainage. Isolation is required until lesions have healed. (See drainage/secretion precautions or disease specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13)).

2) A search shall be made for history of exposure to infected animals or animal products and traced to place of origin. The reporting of exposures other than from infected animals or animal products shall follow the reportable guidelines for suspected bioterrorist threat or event (see Section 690.800). The Department will refer information about exposures indicating a domestic animal source within the United States to the Illinois Department of Agriculture.

3) All anthrax cases shall be reviewed carefully for consideration of a bioterrorist event.

b) Control of Contacts. No restrictions if patient is properly isolated.
d) General Measures.

1) A search should be made for history of exposure to infected animals or animal products and trace to place of origin.

2) Individuals should avoid contact with animal hide and hair products imported from anthrax endemic countries.

3) Animals suspected of being ill with anthrax should be isolated immediately in the care of a veterinarian and the presence of this disease in animals should be reported to the Illinois Department of Agriculture. Post-mortem examination of animals should be made only by a veterinarian or in the presence of one.

4) Milk from an infected animal should not be used.

5) Effluents and trade wastes, and areas of land polluted by such effluents and wastes, from factories or premises where spore-infected hides or other infected hide and hair products are known to have been worked up into manufactured articles should be controlled and disinfected.

6) Special instruction should be given to all employees handling raw hides in regard to the necessity of personal cleanliness. Every employee handling raw hides, hair, or bristles who has recent abrasion of the skin should report immediately to a physician.

7) Tanneries, woolen mills, and factories or laboratories in which work may involve exposure to anthrax should be equipped with proper ventilating apparatus so that dust can be promptly removed before reaching the respiratory tract of humans.

8) Inhalation anthrax cases should be reviewed carefully for consideration of a bioterrorist event.

c) Laboratory Reporting.

1) Laboratories shall are required to report to the local health authority patients who have a positive or suspect positive result on any laboratory test indicative of and specific for detecting Bacillus anthracis infection.
patients from whom Bacillus anthracis has been isolated, or who have a positive immunofluorescence test for anthrax or a positive immunoblot for anthrax or identification of a high concentration of gram positive sporeforming rods in blood.

2) Laboratories shall are required to forward clinical materials suspected to be positive for isolates of Bacillus anthracis to the Department's laboratory for typing.

f) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.322 Arboviral Infections (Reportable by mail, telephone, facsimile or electronically as soon as possible (within 7 days))

a) Control of Case.
   1) Standard Precautions shall be followed.
   2) Cases suspected of having an arboviral infection shall have appropriate specimens (serum and/or cerebrospinal fluid (CSF)) collected and tested for arboviruses.

b) Control of Contacts. No restrictions.

c) General Measures.
   1) The local health authority shall perform an environmental investigation at sites of possible mosquito exposure of a case of California encephalitis to eliminate mosquito breeding sites, such as discarded tires.
   2) Local health authorities shall inquire of all persons for whom a West Nile virus test result is positive about recent blood donation. If such a donation took place in the 2 weeks prior to onset of symptoms, the local health authority shall notify the director of the donation facility of the donor's name, date of birth, sex, zip code, state of residence, date of donation, date of illness onset and arboviral test results. Patient information, including
test results received by donation facilities, shall be confidential.

d) Laboratory Reporting.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting acute arboviral infection.

2) Laboratories shall forward to the Department's laboratory clinical materials from patients who are suspected of having an arboviral infection or, upon request, clinical materials testing positive for arboviruses at any laboratory other than the Department.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.325 Blastomycosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) **(Repealed)**

a) Incubation Period—Indefinite; probably a few weeks or less, to months; for symptomatic infections, average is 45 days.

b) Control of Case:

1) Isolation is not required.

2) Concurrent disinfection of sputum and discharges, and articles contaminated with sputum or discharges is required. (See Section 690.1000(e)(1)(A) through (E).)

3) Terminal cleaning is required. (See Section 690.1000(e)(2).)

4) A search for the source of infection is not advised unless a cluster of cases is identified.

c) Control of Contacts—There are no restrictions on contacts.

d) Laboratory Reporting—Laboratories are required to report to the local health authority patients from whom Blastomyces dermatitidis is cultured or from whom there is identification of the yeast form of Blastomyces dermatitidis using
potassium iodide stain. Blastomyces dermatitidis isolates from the skin do not need to be reported.

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Repealed at 31 Ill. Reg. ______, effective ____________)

Section 690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Infant, Wound, or Other (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease for foodborne botulism or within 24 hours for other types) (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease for foodborne or within 24 hours for other types)

a) Incubation Period—12 to 36 hours for foodborne.

b) Control of Case.

1) Standard Precautions shall be followed. There are no restrictions on cases.

2) There are no restrictions on cases.

3) After consultation with and approval by the Department, serum, stool or gastric aspirates from suspect cases should be collected. For foodborne botulism, the suspect source food should be identified and submitted for testing through the Department.

4) Requests for botulinum antitoxin for treatment of suspected wound or foodborne botulism must be made through the Department to the Centers for Disease Control and Prevention. Administration of antitoxin to suspected infant botulism cases has little merit. Botulism immune globulin for treatment of infants with botulism can be requested through the Department.

5) Suspect cases shall be investigated immediately, within 3 hours after initial clinical suspicion.

b) Control of Contacts. People who also ate the incriminated food should be purged
with cathartics, given gastric lavage, receive enemas and be kept under close medical observation.

1) No restrictions.

2) For foodborne botulism, persons who may have eaten food suspected of containing botulinum toxin should seek medical consultation.

d) Investigation of Case.

1) Look for additional cases.

2) For foodborne botulism, the source food should be identified and submitted for testing. Home canned foods are often vehicles but almost any food maintained in an anaerobic state could be suspect.

3) If a commercial product is implicated, it should not be consumed.

e) General Measures.

1) Infants should not be fed honey or corn syrup.

2) Foods should be canned properly to destroy spores and toxin.

3) All wounds should be thoroughly cleaned.

c)f) Laboratory Reporting. Laboratories shall report to the local health authority all persons for whom botulism testing was requested or any patient whose physician requests antitoxin for administration.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. _______, effective ____________)

Section 690.330 Brucellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, (within 7 days), unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone)
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a) Incubation Period—Highly variable and difficult to ascertain; usually 5 to 60 days, occasionally several months.

b) Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed when dressing does not adequately contain drainage. Isolation is required until lesions have healed. (See drainage/secretion precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13).)

2) Brucella species may be used as a biologic weapon for humans. Any clustering of cases shall be immediately investigated.

3) If a domestic animal source within the United States is identified, the Department will provide this information to the Illinois Department of Agriculture.

2) Concurrent disinfection of body discharges is required. (See Section 690.1000(e)(1)).

c) Control of Contacts. No restrictions. There are no restrictions on contacts.

d) General Measures.

1) Pasteurization of milk and milk products, whether from cows or goats. The public should be encouraged to consume only pasteurized dairy products, especially when traveling abroad.

2) Search for infection among livestock and elimination of infected animals from the herd.

3) Education of the public, and particularly workers in slaughter houses, packing houses and butcher shops, as to the nature of the disease, the mode of transmission, and the danger of handling carcasses or products of infected animals.

e) Laboratory Reporting.
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1) Laboratories shall be required to report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting Brucella species infection from whom Brucella species are isolated and all patients with positive serologic tests for Brucella.

2) Laboratories shall forward clinical materials, including, but not limited to, cultures, isolates or serum, suspected to be positive for isolates of Brucella species to the Department's laboratory for further identification.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________ )

Section 690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

a) Incubation Period—1 to 10 days; usually 2 to 5 days.

b) Control of Case.

1) Enteric precautions (see Section 690.1010(a)(1)) or any equivalent isolation procedures (see Section 690.1010(a)(13)) are required for hospitalized patients until clinical recovery (i.e., absence of diarrhea for 24 hours).

2) Concurrent disinfection of feces and articles in contact with feces. Handwashing is required after use of the toilet (see Section 690.1000(e)(1)).

3) Terminal cleaning is required (see Section 690.1000(e)(2)).

c) Control of Contacts—No restriction of contacts.

d) Sale of Food, Milk, etc. (See Section 690.1000(f).)
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e) General Measures.

1) The public should be educated to thoroughly cook all foods derived from animal sources, especially poultry.
2) The public should be educated to avoid cross-contamination of cooked food with raw food.
3) Only pasteurized milk should be consumed.
4) Animals, such as young puppies with diarrhea, or poultry, can be sources of infection. Hands should be washed after contact with animal feces.
5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.

f) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Campylobacter has been isolated.

g) Reporting of Cases. A morbidity card supplied by the Department is required to be submitted on all cases by the local health authority. An individual case report form is not required unless an outbreak occurs.

(Source: Repealed at 31 Ill. Reg. ______, effective ____________)

Section 690.350 Chickenpox (Varicella) (In persons 20 years of age and over, reportable by telephone, facsimile or electronically within 24 hours. In persons less than 20 years of age, reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—From 2 to 3 weeks; commonly 13 to 17 days. The incubation period may be up to 4 weeks if immune globulin has been administered.

a) Control of Case.

1) Standard Precautions, Contact Precautions and Airborne Infection Isolation Precautions shall be followed for patients in a health care facility
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until all lesions are dry and crusted.

2) Children shall be excluded from school or child care facilities for a minimum of 5 days after the appearance of eruption or until vesicles become dry. In a health care facility, strict isolation (see Section 690.1010(a)(1)) is required until all lesions are crusted.

3) Adults shall be excluded from the workplace for a minimum of 5 days after the appearance of eruption or until vesicles become dry.

2) Concurrent disinfection is required of articles soiled by discharges from the nose, throat and lesions (see Section 690.1000(e)(1)).

b) Control of Contacts. No general restrictions. Susceptible contacts in a health care facility should be quarantined, as necessary, until the incubation period has elapsed to prevent exposure of immunocompromised patients.

1) Susceptible persons who have been exposed to varicella shall be identified. Susceptible persons are those with no history of disease or vaccination.

2) Vaccination should be offered to susceptible persons within 96 to 120 hours after exposure.

3) Varicella-specific immune globulin preparation should be offered, if available, to susceptible persons who are medically contraindicated to receive vaccine but are at high risk of developing severe varicella disease and complications. For maximum effectiveness, the vaccine shall be administered as soon as possible but only within 96 hours after exposure.

4) Health Care Facility-Related Guidance.

A) All exposed susceptible patients should be discharged as soon as feasible. All exposed susceptible patients who cannot be discharged shall be placed in Airborne Infection Isolation and Contact Precautions from days 10 to 21 following exposure to the index case. For patients who receive varicella-specific immune globulin, Airborne Infection Isolation and Contact Precautions shall be followed until day 28.
B) All exposed susceptible health care workers shall be restricted from patient contact from days 10 to 21 following exposure to an index case; this restriction should be extended to 28 days for persons receiving varicella-specific immune globulin.

d) General Measures.

1) Varicella vaccine is recommended for all susceptible children without contraindications, 12 months of age and older, in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Children who have not been immunized previously and who do not have a reliable history of chickenpox are considered susceptible.

2) Children 2 years of age and older enrolled in child care facilities, for the first time on or after July 1, 2002, must be vaccinated against varicella in accordance with the immunization requirements specified in rules of the Department titled Immunization Code (77 Ill. Adm. Code 695).

3) Children 2 years of age and older enrolled in school operated programs below the kindergarten level and kindergarten, for the first time on or after July 1, 2002, must be vaccinated against varicella in accordance with the immunization requirements specified in rules of the Department titled Child Health Examination Code (77 Ill. Adm. Code 665).

4) Susceptible adults who are at high risk of exposure to varicella or who will have close contact with persons at high risk for serious complications of varicella should be vaccinated in accordance with the most recent recommendations of ACIP.

c) Laboratory Reporting. Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting varicella infection. Serologic testing of children is generally not necessary. Serologic testing may be useful in adult vaccination programs.

f) Reporting of Cases. Uncomplicated cases shall be reported by the local health authority on the Department Summary Sheet by age, sex and week of onset. Cases
with complications such as meningitis should be reported in more detail.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.360 Cholera (Vibrio cholerae O1 or O139) (Reportable by telephone as soon as possible, within 24 hours)

   a) Incubation Period—From a few hours to 5 days, usually 2 to 3 days.

   a) Control of Case.

   1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours. Isolation is required until diarrhea ceases. See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13)).

   2) Return to Work Restrictions:

   2) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers. Cases with cholera shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and 3 consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted within one week after notification.

   A) Cases who are food handlers shall not return to their occupations until 3 consecutive release specimens of feces, collected at least 24 hours after discontinuation of antimicrobial agents and at least 24 hours apart, are found to be negative for Vibrio cholerae.

   B) Cases who work in sensitive occupations, use universal precautions or any equivalent isolation procedure, and do not have diarrhea may return to work, but they must submit 3 consecutive specimens of feces which are found to be negative for V. cholerae, collected at least 24 hours after discontinuation of antimicrobial
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agents and at least 24 hours apart.

C) Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification from the local health authority. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission.

3) Health Care Workers or Those Who Work in Occupations Requiring Standard Precautions.

A) Cases of cholera who are health care workers or those in occupations requiring Standard Precautions shall be restricted from work until diarrhea has ceased for at least 24 hours.

B) Health care workers or those in occupations requiring Standard Precautions who use Standard Precautions or any equivalent isolation procedures, and who do not have diarrhea, shall not be restricted from their occupations while submitting release specimens, but shall submit 3 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered.

C) Health care workers or those in occupations requiring Standard Precautions shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 3 consecutive negative specimens are obtained or the individual shall be restricted from working.

3) Concurrent disinfection of feces, vomitus, and linens and other articles used by patients is required. Hand washing is required after use of the toilet. (See Section 690.1000(e)(1).)

4) Terminal cleaning is required. (See Section 690.1000(e)(2).)

b) Control of Contacts. Observation of contacts is required during the period of
household exposure and for five days after last exposure.

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of cholera infection during the previous 4 weeks.

ii) Contacts to cases of cholera who are employed as food handlers or in sensitive occupations shall submit 3 consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 3 consecutive negative specimens are obtained or the individual shall be restricted from working.

iii) If any of the 3 release specimens is positive for Vibrio cholerae, contacts shall be considered cases and shall be required to comply with restrictions on returning to work in subsection (a)(2) of this Section.

B) Health Care Workers.

i) There are no work restrictions while submitting release specimens for contacts who are employed as health care workers and who have had no symptoms of Vibrio cholerae infection during the previous 4 weeks.

ii) Contacts to cases of cholera who are employed as health care workers shall submit specimens as described in subsection (a)(3) of this Section. These contacts shall be restricted from their occupations if they do not begin...
submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 3 consecutive negative specimens are obtained or the individual shall be restricted from working.

**iii) If any of the 3 release specimens is positive for Vibrio cholerae, contacts shall be considered cases and shall be required to comply with restrictions on returning to work in subsection (a)(3) of this Section.**

**A) There are no automatic restrictions from working for contacts who are food handlers or employed in sensitive occupations and who have had no symptoms of cholera during the previous 4 weeks.**

**B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks following notification.**

**C) If any of the 3 release specimens referenced in subsection (c)(1)(B) of this Section is positive for Vibrio cholerae, contacts shall be considered cases and will be required to comply with the requirements of subsection (b)(2) of this Section.**

2) **Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.**

**A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.**

**i) All contacts to cases of cholera employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous 4 weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have submitted 3 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of**
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antimicrobials, if administered. Specimens shall begin to be submitted within 1 week after notification.

ii) If any of the 3 release specimens is positive for Vibrio cholerae, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) Health Care Workers.

i) Contacts to cases of cholera who are employed as health care workers who currently have diarrhea shall be restricted from work until diarrhea has ceased for at least 24 hours.

ii) Contacts to cases of cholera who are employed as health care workers who have had diarrhea during the previous 4 weeks that has resolved and who use Standard Precautions or any equivalent isolation procedures are not required to stop working at their occupations but shall submit 3 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 3 consecutive negative specimens are obtained or the individual shall be restricted from working.

iii) If either of the 3 release specimens is positive for Vibrio cholerae, contacts shall be considered cases and shall be required to comply with restrictions on returning to work in subsection (a)(3) of this Section.

A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 3 stool specimens as described in subsection (b)(2) of this Section.
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B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, are not required to stop working in their occupations, but must submit 3 release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

D) If any of the 3 release specimens referenced in (c)(2)(A) or (c)(2)(B) is positive for Vibrio cholerae, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

c) Sale of Food, Milk, etc. (See Section 690.1000(b)(f.).)

e) General Measures.

1) The local health authority should educate the public about safe choices of food and drink when traveling to developing countries.

2) The local health authority should educate the public that raw seafood should not be brought home from developing countries.

3) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.

d) Laboratory Reporting.

1) Laboratories shall be required to report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting Vibrio cholerae infection, from whom Vibrio cholerae has been isolated and are required to report positive serology results.

2) Laboratories shall be required to forward clinical materials suspected to be
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positive for Vibrio cholerae isolates to the Department's laboratory for serotyping and toxin testing.

3) Laboratories shall report and submit to the Department's laboratory any food or environmental Vibrio cholerae isolates resulting from an outbreak investigation.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.362 Creutzfeldt-Jakob Disease (CJD) (all laboratory confirmed cases) (Reportable by mail, telephone, facsimile or electronically within 7 days after confirmation of the disease)

a) Control of Case.

1) Standard Precautions shall be followed.

2) Material contaminated or infected with prions requires laboratory Biosafety Level 2 containment.

3) Prions are highly resistant to standard disinfection and sterilization procedures. See disinfection procedures in Section 690.1010(b).

4) Direct contact with all potentially contaminated organ or tissue samples, especially cerebrospinal fluid, and waste should be avoided. It is recommended not to reuse potentially contaminated instruments, including, but not limited to, surgical equipment, specimen containers, knives, blades, cutting boards, and centrifuge tubes.

5) An autopsy or biopsy of the brain should be performed to confirm suspected cases.

b) Control of Contacts. No restrictions.

c) Laboratory Reporting. Laboratories shall report to the local health authority all
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patients who have a positive result on any laboratory test indicative of and specific for detecting Creutzfeldt-Jakob Disease.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period. The incubation period is not precisely known. The usual range is one to 12 days with an average of approximately 7 days.

Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours. Enteric precautions or disease-specific precautions (see Section 690.1010(a)(1)), or equivalent isolation procedures (see Section 690.1010(a)(13)) are required.

2) Cases with diarrhea shall not work as food handlers or in sensitive occupations until diarrhea ceases (no diarrhea for 24 hours). No release specimens are required before returning to work for persons employed as food handlers or in sensitive occupations.

3) Cases shall avoid swimming in public recreational water venues (e.g., swimming pools, whirlpool spas, wading pools, water parks, interactive fountains, lakes) while symptomatic and for 2 weeks after cessation of diarrhea.

3) Concurrent disinfection of feces and articles soiled with feces is required. Hand washing after use of the toilet is required. (See Section 690.1000(e)(1).)

4) Terminal cleaning is required. (See Section 690.1000(e)(2).)

Control of Contacts.

1) Household contacts and others in close contact with the case who have diarrhea should be tested for Cryptosporidium.
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2) Contacts with diarrhea shall not be employed as food handlers or in sensitive occupations until diarrhea ceases while they have diarrhea.

c) Sale of Food, Milk, etc. (See Section 690.1000(b)).

d) General Measures.

1) Provide education to the public about personal hygiene.

2) Provide education to the public about avoiding contact with calves and other animals with diarrhea.

3) Filtration should be included in the treatment of public water supplies.

d)e) Laboratory Reporting.

Laboratories are required to report to the local health authority patients from whom Cryptosporidium species has been identified, who have positive antigen detection, or who are polymerase chain reaction positive.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Cryptosporidium species infection.

2) Laboratories shall report and submit to the Department's laboratory any Cryptosporidium positive food or environmental samples resulting from an outbreak investigation.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period—2 to 7 days.
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a) Control of Case.
   
   1) Standard Precautions shall be followed. Enteric precautions are not required.
   
   2) No restrictions are required for food handlers or those in sensitive occupations. This infection is not believed to be transmitted person-to-person.

b) Control of Contacts.
   
   1) No restrictions. No control of contacts is required.
   
   2) Contacts who have had similar exposures as cases should see their physician if diarrhea develops.

d) General Measures.
   
   1) An investigation to find a common food source should be initiated if multiple cases occur.
   
   2) Produce should be purchased from safe sources and washed thoroughly before consumption.
   
   3) The public should be educated regarding the importance of drinking or swimming in non-contaminated water, especially when traveling.

c) Laboratory Reporting.
   Laboratories are required to report to the local health authorities patients who have positive polymerase chain reaction or identification of Cyclospora cayetanensis oocysts.
   
   1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Cyclospora infection.
   
   2) Laboratories shall report and submit to the Department's laboratory any Cyclospora positive food or environmental samples resulting from an outbreak investigation.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)

a) Incubation Period—12 to 72 hours.

b) Definition:

1) Any hospitalized neonate (infant 28 days of age or younger) having 4 or more loose or watery or otherwise pathological stools in 24 hours, with or without weight loss, anorexia, and listlessness shall be considered to have diarrhea of the newborn. Such neonates shall be isolated immediately pending determination of the etiology of the diarrhea.

2) The occurrence in a maternity department of 2 or more cases of diarrhea of the newborn within the same 2 week period shall be considered epidemic diarrhea. A single case of diarrhea with a proven contagious etiological agent shall be considered epidemic diarrhea.

c) Control of Case.

1) Isolation is required pending determination of the etiology of the diarrhea. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13).) The infected infant shall immediately be removed from the hospital nursery to isolation quarters and be cared for by separate nursing staff, skilled in isolation techniques, the members of which do not come in contact with other infants or children.

2) Immediate culture and examination of feces for specific bacterial and viral agents, and microscopic examination for protozoa and helminths, as indicated by the patient's clinical presentation, are required when the
etiology is unknown.

3) Concurrent disinfection, with sanitary disposal of feces, is required. (See Section 690.1000(e)(1)).

4) Terminal cleaning is required. (See Section 690.1000(e)(2)).

d) Control of Contacts to Epidemic Diarrhea.

1) When only one case of diarrhea of the newborn has occurred, and the baby's mother has tested positive for the same organism causing illness in the baby, testing for the identified pathogen is required only of other babies that were in the nursery at the same time as the infected baby.

2) When multiple cases of diarrhea of the newborn have occurred, when the source of the infected baby is most likely another infant or staff member, or when the etiologic agent is unknown:

A) The involved nursery shall be closed immediately to new admissions.

B) Any infant transferred from the involved nursery to another part of the hospital or to another health care institution must be placed in enteric precautions or disease-specific precautions (see Section 690.1010(a)(1)) or equivalent isolation procedures (see Section 690.1010(a)(13)).

C) The census in the involved nursery shall be reduced by discharge as rapidly as possible.

D) All exposed infants in the involved nursery shall be cared for by a separate nursing staff skilled in isolation techniques. Particular emphasis should be placed on hand washing between contacts with infants.

E) No new admissions may be made to the involved maternity department. A separate maternity section may be established for new maternity admissions upon approval by the Department.
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F) Bacteriologic or microscopic examination of stools, according to clinical indication, is required of all ill and exposed infants, mothers, attending physicians and maternity and nursery service personnel. Those persons found to harbor the suspected organisms or parasites shall be excluded from maternity, nursery and pediatric service until released by the Department. Personnel who use universal precautions (see Section 690.1010(a)(2)) while caring for patients shall not necessarily be restricted from their occupations if they do not have diarrhea (see rules in this Part specific to each etiologic agent). Health care workers shall be restricted from their occupations if they fail to begin submitting specimens within one week after notification. This occupational restriction shall terminate when required specimens are submitted, dependent upon the provisions of rules specific to each etiologic agent.

G) Investigation shall be made of all infants discharged from the hospital in the period 2 weeks prior to the onset of the initial case to determine if additional cases have occurred.

H) Maternity service may be renewed in the involved maternity section only after discharge of all contact infants and mothers and after terminal cleaning has been completed (see Section 690.1000(e)(2)).

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. The type of report form to be used will be determined based on the etiologic agent involved.

(Source: Repealed at 31 Ill. Reg. ______, effective ____________)

Section 690.380 Diphtheria (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period—Usually 2 to 5 days, occasionally longer.

a)b) Control of Case.

1) Standard Precautions shall be followed. Droplet Precautions shall be followed for pharyngeal diphtheria. Contact Precautions shall be followed
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for cutaneous diphtheria. Isolation is required until 2 successive cultures from the nose and 2 successive cultures from the throat, taken not less than 24 hours apart, are negative for diphtheria bacilli, or when a virulence test proves the bacilli to be avirulent.

2) These precautions shall be continued until 2 successive cultures from both throat and nose (and skin lesions in cutaneous diphtheria), not less than 24 hours apart, are negative for diphtheria bacilli or when a virulence test proves the bacilli to be avirulent.

3) Use of diphtheria antitoxin should be considered in addition to antibiotic therapy when clinical findings and consultation with Department personnel support use.

2) Cultures shall not be accepted for release from isolation until at least 7 days have elapsed since the last use of chemotherapeutic or antibiotic agents.

4) Specimens shall be considered to be satisfactory only if they reach an acceptable laboratory acceptable to the Department within 48 hours, and if growth of normal flora occurs.

4) Concurrent disinfection is required of all articles soiled by discharges of the patient. (See Section 690.1000(e)(1).)

5) Terminal cleaning is required. (See Section 690.1000(e)(1).)

b) Control of Contacts.

1) All close contacts (household members and other persons directly exposed to oral secretions of patients with pharyngeal presentation or with direct contact with secretions from lesions with cutaneous presentation) should be cultured from the nose and from the throat, provided antibiotic prophylaxis, and placed under surveillance for 7 days.

2) Contacts who are food handlers or in sensitive occupations shall not work in these occupations until shown, by 2 successive negative cultures from the nose and from the throat, not to be carriers, and permission is granted in writing by the local health authority.
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3) All previously immunized close contacts should receive a booster dose of diphtheria toxoid-containing vaccines if more than 5 years have elapsed since their last dose.

4) If close contacts have received fewer than 3 doses of diphtheria toxoid-containing vaccines, or vaccination history is unknown, an immediate dose of diphtheria toxoid-containing vaccine should be given and the primary series completed. All susceptible contacts shall be isolated.

5) All contacts found to be carriers shall be handled in the same manner as cases according to subsection (a)(1) and managed as indicated in subsection (c). They shall be kept under quarantine and isolation until initiation of proper therapy, or until requirements in subsection (b)(1), (2) and (3) are met.

6) In a non-immune individual who has been exposed, antitoxin should be considered. This should be followed immediately with active immunization.

4) Contacts who are food handlers or in sensitive occupations shall not work in these occupations until shown, by 2 successive negative cultures from the nose and from the throat, not to be carriers, and permission is granted in writing by the local health authority.

c) Control of Carriers.

1) Carriers discovered as the result of epidemiological follow-up of a known case or in another way (screening, etc.) shall be handled in the same manner as cases. (See subsections (a)(1) and (2) contact carriers. (See subsection (c)(3)).)

2) Carriers discovered in another way (screening, etc.) may, if well, continue their normal occupation, unless they are food handlers or in sensitive occupations, until such time as the results of a virulence test are available. If the organism is found to be virulent, such carriers shall be handled as contact carriers. (See subsection (c)(4)).

2) All previously immunized carriers should receive a booster dose of
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diphtheria toxoid-containing vaccines if more than one year has elapsed since their last dose.

3) Carriers who have received fewer than 3 doses of diphtheria toxoid-containing vaccines, or whose vaccination history is unknown, should receive an immediate dose of diphtheria toxoid-containing vaccine and complete the primary series.

d)i) Sale of Food, Milk, etc. (See Section 690.1000(b)(f).)

f) General Measures.

1) Children should be immunized in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices. Children should be given a series of 3 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine combined (DTaP) beginning at 2 months of age, with a minimum interval of at least 4 weeks between doses. A booster dose of DTaP should be administered at least 6 months later and repeated on or after the age of 4 and prior to school entry.

2) Children one year of age and older enrolled in child care facilities must be vaccinated against diphtheria in accordance with the immunization requirements specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).

3) Children entering school operated programs below the kindergarten level and school (K–12) must be vaccinated against diphtheria in accordance with the immunization requirements specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).

4) Persons 7 years of age or older should be given tetanus-diphtheria combined toxoid (Td) either as a primary immunizing agent for diphtheria or as a booster for diphtheria and tetanus.

5) Routine booster doses of tetanus-diphtheria combined toxoid (Td) should be given every 10 years.

6) Occasionally, in a non-immune individual who has been exposed,
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antitoxin will have to be used. This should be followed immediately with active immunization. Non-immune individuals who rely on equine diphtheria antitoxin are subject to the risk of serum anaphylaxis.

e) Laboratory Reporting.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Corynebacterium diphtheriae infection.

2) Laboratories shall forward clinical materials positive for isolates of Corynebacterium diphtheriae to the Department's laboratory for toxicity testing.

3) Laboratories shall report any request for suspected diphtheria testing as soon as possible, within 3 hours.

h) Reporting of Cases.

An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. _____, effective ___________)

Section 690.385 Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Disease) Granulocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)

See Tickborne Disease (Section 690.698).

a) Incubation Period—7 to 21 days after tick exposure.

b) Control of Case.

1) Isolation is not required.

2) Concurrent disinfection is not required.

3) Terminal cleaning is not required.
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4) Ticks must be carefully removed from patient.

e) Control of Contacts. No quarantine required.

d) General Measures.

1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals.

2) The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat.

3) The local health authority should investigate cases to determine the location of tick exposure (7 to 21 days prior to onset of symptoms).

4) Persons becoming ill following a tick bite should report the tick bite immediately to a physician.

5) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick control products.

e) Laboratory Reporting. Laboratories are required to report to the local health authority patients who have positive serology, morulae in white blood cells or positive polymerase chain reaction for ehrlichiosis.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.386 Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Disease) Monocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)

See Tickborne Disease (Section 690.698).

a) Incubation Period—7 to 21 days after tick exposure.
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b) Control of Case:

1) Isolation is not required.
2) Concurrent disinfection is not required.
3) Terminal cleaning is not required.
4) Ticks must be carefully removed from patient.

c) Control of Contacts—No quarantine required.

d) General Measures:

1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals.
2) The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat.
3) The local health authority should investigate cases to determine the location of tick exposure (7 to 21 days prior to onset of symptoms).
4) Persons becoming ill following a tick bite should report the tick bite immediately to a physician.
5) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick-control products.

e) Laboratory Reporting—Laboratories are required to report to the local health authority patients who have positive serology, morulae in white blood cells or positive polymerase chain reaction for ehrlichiosis.

f) Reporting of Cases—An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.
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(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.390 Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

Each case of acute encephalitis should be reported at the time diagnosis is suspected and appropriate measures for an etiological diagnosis should begin.

a) Primary Infectious Type:
   1) Incubation Period - Usually 5 to 15 days for primary infectious types.
   2) Control of Case:
      A) Isolation is not required unless required for etiologic agent. Patient should be protected from contact with biting or sucking insects.
      B) Concurrent disinfection is dependent upon etiologic agent.
   3) General Measures:
      Control measures will depend upon prompt reporting to the local health authority, and accurate etiologic diagnosis.

b) Post-infectious Type (specify pre-existing infection):
   1) Incubation Period—Occurs during course of, or following, specific infectious disease (e.g., measles, mumps, chickenpox, etc.) leading to the condition.
   2) Control of Case:
      A) Isolation is dependent upon primary disease.
      B) Concurrent disinfection is dependent upon primary disease.
      C) Terminal cleaning is dependent upon primary disease.
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3) Control of Contacts. There are no restrictions on contacts.

e) Post-vaccinal Type (specify antigens responsible).

1) Incubation Period - Uncertain, between 9th and 13th days in most instances.

2) Control of Case and Contacts. No restrictions on case or contacts.

d) General Measures. When cases occur during summer months, efforts should be made to obtain acute and convalescent serum specimens and cerebrospinal fluid for arbovirus antibody testing.

e) Laboratory Reporting.

1) Laboratories are required to report to the local health authority, encephalitis cases from whom a virus was cultured and patients with significant arbovirus antibody test results. Criteria for significance should be determined by each laboratory.

2) Laboratories are required to submit virus isolates from encephalitis patients to the Department’s laboratory for typing.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Repealed at 31 Ill. Reg. _______, effective ____________)

Section 690.400 Enteric Escherichia coli Infections (E. coli O157:H7 (E. coli: 0157:H7 and Other Shiga toxin-producing E. coli) Enterohemorrhagic E. coli, Enterotoxigenic E. coli, and Enteropathogenic E. coli and Enteroinvasive E. coli) (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - for E. coli O157:H7, up to 8 days, commonly 3 to 4 days. For enterotoxigenic E. coli, from 10 to 72 hours.

ab) Control of Case.
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1) **Standard Precautions** shall be followed. **Contact Precautions** shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours. **Isolation** is required until diarrhea ceases for at least 24 hours. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13).)

2) **Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.** Cases with E. coli infections caused by O157:H7 or other Shiga toxin-producing E. coli shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and 2 consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted beginning within one week after notification.

2) **Cases** shall not work as food handlers until 2 consecutive negative stool release specimens are obtained at least 24 hours apart and not less than 48 hours after discontinuation of antimicrobial agents. Health care workers shall be restricted from work until diarrhea has ceased for at least 24 hours. Health care workers who use universal precautions, and who do not have diarrhea, shall not be restricted from their occupations, but must submit 2 consecutive negative stool release specimens obtained at least 24 hours apart and not less than 48 hours after discontinuation of antimicrobial agents. Health care workers shall be restricted from their occupations if they do not begin submitting release specimens within 2 weeks after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission.

3) **Health Care Workers.**

A) **Cases with E. coli infections caused by O157:H7 or other Shiga toxin-producing strains** who are health care workers shall be restricted from work until diarrhea has ceased for at least 24 hours.

B) **Health care workers with E. coli infections caused by O157:H7 or other Shiga toxin-producing strains** who use Standard Precautions...
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or any equivalent isolation procedures, and who do not have diarrhea, shall not be restricted from their occupations while submitting release specimens, but shall submit 2 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered.

C) Health care workers with E. coli infections caused by O157:H7 or other Shiga toxin-producing strains shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individual shall be restricted from working.

4) Cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli shall not work as food handlers or in sensitive occupations, including health care, until diarrhea has ceased for at least 24 hours. Release specimens are not required for persons with these types of E. coli infections.

3) Concurrent disinfection of feces and articles soiled with feces is required. Handwashing is required after use of the toilet (see Section 690.1000(e)(1)).

4) Terminal cleaning is required (see Section 690.1000(e)(2)).

be) Control of Contacts.

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of E. coli infections caused by O157:H7 or other Shiga


toxin-producing strains during the previous 4 weeks.

ii) Contacts to cases with E. coli infections caused by O157:H7 or other Shiga toxin-producing strains who are employed as food handlers or in sensitive occupations shall submit 2 consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individual shall be restricted from working.

iii) If either of the 2 release specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin-producing strains, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) Health Care Workers.

i) There are no work restrictions while submitting release specimens for contacts who are employed as health care workers and who have had no symptoms of E. coli O157:H7 or other Shiga toxin-producing strains during the previous 4 weeks.

ii) Contacts to cases with E. coli infections caused by O157:H7 or other Shiga toxin-producing strains who are employed as health care workers shall submit specimens as described in subsection (a)(3) of this Section. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individuals shall be restricted from working.

iii) If either of the 2 release specimens is positive for E. coli
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infection caused by O157:H7 or other Shiga toxin-producing strains, contacts shall be considered cases and shall comply with subsection (a)(3) of this Section.

C) Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as food handlers or in sensitive occupations, including health care workers, and have not had diarrhea within the previous 4 weeks are not required to submit release specimens.

A) There are no automatic restrictions from working for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of E. coli O157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli or enteropathogenic E. coli during the previous 4 weeks.

B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks following notification.

C) If either of the 2 release specimens referenced in subsection (c)(1)(B) of this Section is positive for E. coli O157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli or enteropathogenic E. coli, contacts shall be considered cases and will be required to comply with the restrictions on returning to work in subsection (b)(2) of this Section.

2) Contacts Who Currently Have Diarrhea or Have Had Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) All contacts to cases of E. coli infections caused by O157:H7 or other Shiga toxin-producing strains employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the
previous 4 weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have submitted 2 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

ii) If either of the 2 release specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin-producing strains, contacts shall be considered cases and shall comply with subsection (a)(3) of this Section.

B) Health Care Workers.

i) Contacts to cases of E. coli infections caused by O157:H7 or other Shiga toxin-producing strains who are employed as health care workers, and who currently have diarrhea, shall be restricted from work until diarrhea has ceased for at least 24 hours.

ii) Contacts to cases of E. coli infections caused by O157:H7 or other Shiga toxin-producing strains who are employed as health care workers, and who have had diarrhea during the previous 4 weeks and the diarrhea has resolved, and who use Standard Precautions or any equivalent isolation procedures, are not required to stop working at their occupations, but shall submit 2 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individuals shall be restricted from working.
III) If either of the 2 release specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin-producing strains, contacts shall be considered cases and shall comply with subsection (a)(3) of this Section.

C) Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as foodhandlers or in sensitive occupations, including health care workers, and have had diarrhea within the previous 4 weeks and the diarrhea has resolved are not required to submit release specimens.

D) Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as food handlers or in sensitive occupations, including health care, and currently have diarrhea, shall not work until diarrhea has ceased for at least 24 hours. Release specimens are not required for persons with these types of E. coli infections.

A) All contacts employed as food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions or any equivalent isolation procedures, and who do not currently have diarrhea, are not required to stop working at their occupations but must submit release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

D) If either of the 2 release specimens referenced in (c)(2)(A) or (c)(2)(B) is positive for E. coli O157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli, or enteropathogenic E. coli, contacts shall be considered cases and
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will be required to comply with the provisions of subsection (b)(1)
of this Section.

cd) Sale of Food, Milk, etc. (See Section 690.1000(bf).)

e) General Measures.

1) The local health authority should educate the public about the need to
   thoroughly cook ground meat prior to ingestion to prevent infection by E.
   coli 0157:H7.

2) Irradiation of beef and produce could reduce contamination by E. coli
   0157:H7.

3) The local health authority should educate the public that milk should be
   pasteurized before ingestion.

4) Protect public water supplies from contamination by sewage and animal
   waste.

5) Swimming pools should be chlorinated.

6) Adequate hygiene in child care facilities, especially frequent handwashing,
   should be ensured.

7) Consumption of home-prepared treats or sharing "common" food bowls,
   such as popcorn or unwrapped candy, should be discouraged in child care
   facilities and schools.

df) Laboratory Reporting.

1) Laboratories shall report to the local health authority all patients who have
   a positive result from a stool specimen or any laboratory test indicative of
   and specific for detecting Escherichia coli O157, other Shiga toxin-
   producing E. coli, enterotoxigenic E. coli, enteropathogenic E. coli or
   enteroinvasive E. coli infection.

1) Laboratories are required to report all patients with isolation of
   Escherichia coli O157 or other enterohemorrhagic E. coli or shiga toxin
   producing E. coli to the local health authority.
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2) Laboratories shall are required to submit E. coli O157 or other enterohemorrhagic E. coli or other Shiga toxin-producingshiga toxin producing E. coli isolates, broth or specimens to the Department's laboratory for serotyping. When suspicious clusters occur, these isolates will be available if additional typing methods such as pulse field gel electrophoresis is considered necessary.

3) Laboratories shall report and submit to the Department's laboratory any food, environmental or animal E. coli isolates resulting from an outbreak investigation.

g) Reporting of Cases—An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.410 Foodborne or Waterborne Illness (Reportable by telephone as soon as possible, within 24 hours)

a) Definition of Foodborne or Waterborne Illness: Foodborne and waterborne illnesses are caused by many different bacterial, viral, parasitic and chemical etiologic agents. Foodborne or waterborne illnesses usually produce gastrointestinal symptoms, but uncommon forms of foodborne or waterborne illness produce other symptoms. "Foodborne Pathogenic Microorganisms & Natural Toxins" (Section 690.1010(a)(4)) lists most known causes of foodborne and waterborne disease. All causes of foodborne or waterborne illness specified in this Part are required to be reported.

b) Investigation of Cases and Outbreaks.

1) All suspected or confirmed cases of foodborne or waterborne illness shall be investigated by the local health authority where the food was prepared or the contact with water occurred. If multiple jurisdictions are involved, the jurisdiction where the food was prepared or the contact with water occurred shall be in charge of the investigation unless determined otherwise. If the investigation determines that a foodborne or waterborne
illness has occurred, the jurisdiction in charge of the investigation shall submit a final report to the Department, using the most current outbreak reporting form available from the Department, within 4 weeks following the completion of the epidemiologic investigation.

2) For specific information on how to conduct a foodborne or waterborne outbreak investigation, see the current edition of the Department's Investigating Suspected Outbreaks of Foodborne and Waterborne Illness manual.

3) When outbreaks of foodborne or waterborne disease occur in commercial food establishments and the etiologic agent responsible for the outbreak is not addressed in this Part, food handlers in the establishment where the outbreak occurred may be considered to be contacts to cases and may be required by the local health authority to submit specimens for testing.

4) When outbreaks of foodborne or waterborne disease occur in any business, organization, institution or private home, the person in charge of the establishment shall cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks and suspected outbreaks of foodborne or waterborne disease. This includes, but is not limited to, release of food preparation methods, menus, customer lists, environmental specimens, food specimens, and the name and other pertinent information about food handlers or other employees diagnosed with a communicable disease as it relates to a foodborne or waterborne disease investigation.

2) Investigation of outbreaks shall conform to the following:

A) A central log should be maintained of all incoming complaints of illness suspected to be due to ingestion of food or water. The log should be reviewed at the time of each new entry to determine if there is a pattern of illness suggesting a public health threat.

B) When an outbreak is suspected, a small number of ill persons (approximately 10) with symptoms typical of the syndrome (or with diagnostic laboratory results) should be interviewed. Case histories should include:

i) Date and time of onset of each person's illness.
ii) A comprehensive list of signs and symptoms of each ill person. The presence or absence of each sign and symptom should be noted on the interview form as well as the duration of each sign and symptom.

iii) All foods and drinks ingested (and their sources) during the 72 hours prior to onset of illness.

G) A hypothesis should be established regarding a suspect common source when histories indicate a majority of ill persons attended one or more common events or were exposed to a potential common source, and became ill with similar symptoms at approximately the same interval after exposure.

D) A questionnaire should be developed for collecting information specific to each outbreak using restaurant menus, the list of foods and drinks served at a suspect function, etc. When using menus, include information about foods served with each menu item, appetizers, condiments available at the table, condiments ordered from the kitchen (sour cream, butter, etc.), type of salad dressing, ice ingestion, and all other choices available to diners. The questionnaire should require all interview subjects to answer specifically whether each item was ingested.

E) Case histories should be obtained from all ill persons and well persons, when possible. Interview each adult directly, not through a spouse or other household member. Children should be interviewed with the assistance of an adult. In person or telephone interviews are preferred to mailed questionnaires. When available, the number of well persons interviewed should be the same or more than the number of ill persons interviewed.

3) Specimens should be collected from a representative sample of cases, when practical, and tested to confirm the etiologic agent responsible for the outbreak.

4) Samples of implicated foods should be collected and tested, when practical, to identify the vehicle responsible for the outbreak.
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5) A final report summarizing the findings of the investigation must be prepared by the local health authority using "Investigation of a Foodborne Outbreak", form number CDC-52.13, Rev. 10/2000. This form is available from the Department.

b) Control of Cases.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.

2) Persons who become ill due to a foodborne or waterborne outbreak shall comply with restrictions specific to each etiologic agent addressed in this Part.

3) If the etiologic agent responsible for a foodborne or waterborne outbreak is not addressed in this Part and diarrhea or vomiting of infectious or unknown cause is present, foodhandlers and persons in sensitive occupations, including health care workers, who are ill shall not work until 24 hours after diarrhea or vomiting has resolved.

4) Persons with draining skin lesions shall not work as food handlers unless the drainage is contained by a dressing and lesions are not on the hands or forearms.

c) Control of Contacts. Contacts to persons who become ill due to a foodborne or waterborne outbreak shall comply with restrictions specific to each etiologic agent.

def) Sale of Food, Milk, etc. (See Section 690.1000(bf).)

d) General Measures.

1) Persons with diarrhea shall not work as food handlers and must abide by restrictions placed on food handlers specified in this Part, specific to each etiologic agent.

2) Persons with pyogenic skin infections shall not work as food handlers.
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3) Potentially hazardous foods shall be kept at temperatures below 41 degrees F (5 degrees C) or above 140 degrees F (60 degrees C), as appropriate, during display and service.

4) When outbreaks of foodborne or waterborne disease occur in commercial food service establishments, food handlers in the establishment where the outbreak occurred are considered to be contacts to cases and shall be subject to this Part, specific to each etiologic agent.

e) Laboratory Reporting.

1) Laboratories shall report to the local health authority clinical, environmental or food specimens that have a positive result on a laboratory test indicative of and specific for detecting any foodborne or waterborne illness.

2) Laboratories shall submit to the Department's laboratory any positive food, environmental or animal samples resulting from an outbreak investigation.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—Variable, 5 to 25 days, sometimes longer.

ab) Control of Case and Carrier.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours. Isolation is required until absence of fever and diarrhea. (See enteric precautions or disease specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13).)

2) Cases who are food handlers or in sensitive occupations may return to their usual occupations after diarrhea has ceased for at least 24 hours and
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antimicrobial therapy has been completed for 48 hours. Cases or carriers who work as food handlers or in sensitive occupations are prohibited from performing their job duties until 3 consecutive release stool specimens, taken not less than 48 hours apart and at least 24 hours after discontinuation of an antimicrobial agent, are negative for trophozoites and cysts of Giardia lamblia or who are negative by antigen detection. Health care workers with diarrhea are restricted from their occupations until diarrhea has ceased for 24 hours. Health care workers who use universal precautions (see Section 690.1010(a)(2)) and who do not have diarrhea are not required to cease their occupations, but must submit release specimens as described above. Health care workers shall be restricted from their occupations if they do not comply with submission of release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

3) Concurrent disinfection of feces and articles soiled with feces is required unless disposal of excreta is by sanitary sewer; hand washing after use of the toilet is mandatory (see Section 690.1000(e)(1)).

4) Terminal cleaning is required (see Section 690.1000(e)(1)).

5) Instruction of convalescent and chronic carriers in personal hygiene, particularly as to sanitary disposal of fecal waste and hand washing after use of toilet.

be) Control of Contacts. Contacts with symptoms who are employed as food handlers or in sensitive occupations, including health care workers, shall submit one specimen for testing for giardiasis. Contacts who test positive shall be restricted according to subsection (a)(2) of this Section.

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) There are no automatic restrictions from working for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of giardiasis during the previous 4 weeks.

B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts shall be restricted from their
occupations if they do not comply with submission of 3 release specimens within 2 weeks following notification.

C) If any of the 3 release specimens referenced in subsection (c)(1)(B) of this Section is positive for giardiasis, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.

A) All contacts who work as food handlers or in sensitive occupations and currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 3 stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions, and who do not currently have diarrhea, are not required to stop working in their occupations but must submit release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall not work in their occupations if they do not comply with submission of 3 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

D) If any of the 3 release specimens referenced in (c)(1)(A) or (c)(2)(B) is positive for Giardia, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

cd) Sale of Food, Milk, etc. (See Section 690.1000(bf).)

e) General Measures.

1) Sanitary disposal of human feces.

2) Safeguarding of water supplies.
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A) Protect potable water supplies against fecal contamination.

B) Boil drinking water where necessary.

C) Chlorination appears inadequate for destruction of cysts.

D) Filtration by a municipal system or by some selected portable units is the only effective treatment other than boiling.

E) Avoidance of cross connections between public and private auxiliary water supplies and of back-flow connections in plumbing systems.

3) Supervision of the general cleanliness and the personal health and sanitary practices of persons preparing and serving food in public eating places, especially where moist foods that are eaten raw are served.

4) Education on personal cleanliness, particularly washing hands with soap and warm water after use of the toilet. Supervision of persons incompetent in personal hygiene. This is especially important in child care facilities and in the institutional setting.

5) Maintain high index of suspicion in travelers returning from endemic areas.

6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.

d) Laboratory Reporting. Laboratories shall be required to report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Giardia infection, in whom Giardia lamblia trophozoites or cysts are found in stool or by antigen detection.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card is required for the additional household cases.
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(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.441  Haemophilus influenzae, Meningitis and Other Invasive Disease
(Reportable by telephone, within 24 hours)

a)  Incubation Period—Unknown, most likely 2 to 4 days.

ab)  Control of Case.  Standard Precautions and Droplet Precautions shall be followed. Droplet Precautions shall be followed until 24 hours after initiation of effective antimicrobial therapy.

  1)  Respiratory isolation, disease-specific precautions (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(13)) is required until 24 hours after chemotherapy is started.

  2)  Concurrent disinfection is not required.

  3)  Terminal cleaning is not required.

be)  Control of Contacts.

  1)  No restrictions.

  2)  When a case of Haemophilus influenzae type b occurs, chemoprophylaxis shall be considered for all household contacts in households in which there is a child under 12 months of age (other than the index case) who has not received the primary series of Hib conjugate vaccine; or for all household contacts in households with a child less than 4 years of age who is inadequately immunized against Haemophilus influenzae type b; or for all household contacts in households with an immunocompromised child regardless of immunization status.

  2)  Contacts under 6 years of age, infants in particular, should be observed for signs of illness, especially fever.

  3)  When 2 or more cases of Haemophilus influenzae type b invasive disease occur in a child care facility within 60 days and unimmunized or incompletely immunized children attend the child care facility,
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administration of chemoprophylaxis to all attendees and staff having sufficient contact is indicated.

3) When a case of Haemophilus influenzae type b occurs, selective chemoprophylaxis may be desirable for household contacts in households in which there are other children under 12 months of age or children 1 to 3 years of age who are inadequately immunized against Haemophilus influenzae type b. Chemoprophylaxis is also recommended in child care facilities classrooms where a case has occurred and children under 12 months of age have been exposed or children 12 to 24 months of age have been exposed and are inadequately immunized.

d) General Measures.

1) Infants and children should be vaccinated against Haemophilus influenzae type b disease in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).

2) Children 2 years of age and older enrolled in child care facilities and school operated programs below the kindergarten level must be vaccinated against Haemophilus influenzae type b disease in accordance with the immunization requirements specified in the rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).

e) Laboratory Reporting.

1) Laboratories shall be required to report to the local health authority when Haemophilus influenzae (any type) has been cultured from a normally sterile site or patients who have a positive result on any other laboratory test indicative of and specific for detecting invasive Haemophilus influenzae (any type).positive antigen detection in cerebrospinal fluid.

2) Laboratories shall forward clinical materials from a normally sterile site that are positive for Haemophilus influenzae (any type) to the Department's laboratory. Hospitals are also required to forward to the Department's laboratory all Haemophilus influenzae isolates from normally sterile sites for typing.
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f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.442 Hantavirus Pulmonary Syndrome (Reportable by mail, telephone, facsimile or electronically, within 24 hours/7 days)

a) Incubation period—2 days to 2 months, usually 2 to 4 weeks.

ab) Control of Case.

1) Standard Precautions shall be followed. Isolation is not required.

2) The local health authority shall investigate cases to determine locations of exposure to rodents, which can transmit hantavirus, in the 2 months before illness onset.

2) Concurrent disinfection is not required.

3) Terminal cleaning is not required.

bc) Control of Contacts. No restrictions. No control of contacts required.

d) General Measures.

1) The local health authority should investigate cases to determine locations of rodent exposure in the 2 months before illness onset.

2) Rodents should be exterminated in and around households.

3) The public should be educated regarding rodent avoidance and rodent control.

4) Food should be stored under rodent-proof conditions.

5) Rodent-contaminated areas should be disinfected by spraying a disinfectant (such as dilute bleach) solution prior to cleaning. Rodent-
contaminated areas should not be swept or vacuumed; a wet mop or towels moistened with disinfectant should be used.

ce) Laboratory Reporting. Laboratories are required to report to the local health authority cases from whom a positive serology, positive polymerase chain reaction or positive immunohistochemistry have been identified.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting hantavirus infection.

2) Laboratories shall forward clinical materials positive for hantavirus to the Department’s laboratory.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.444 Hemolytic Uremic Syndrome, Post Diarrheal (Reportable by telephone, within 24 hours)

a) Incubation Period—Variable, depending on type of infection that preceded the hemolytic uremic syndrome (HUS).

ab) Control of Case. See applicable Section of this Part concerning the disease that preceded the HUS (Section 690.400 or 690.640).

be) Control of Contacts. See applicable Section of this Part concerning the disease that preceded the HUS (Section 690.400 or 690.640).

d) General Measures.

1) The public should be educated to thoroughly cook all foods derived from animal sources.

2) Persons should consume only pasteurized milk and dairy products.
3) Persons should be educated regarding the importance of good personal hygiene, including proper handwashing, particularly in daycare centers.

4) Persons should thoroughly wash produce prior to consumption.

5) Persons should be educated regarding the importance of safe drinking water and recreational water.

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. The form to be completed will vary, depending on the type of infection that preceded the HUS.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.450 Hepatitis A (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period – Dose related; from 15 to 50 days, average 28 to 30 days.

b) Control of Case.

1) Standard Precautions shall be followed. In diapered or incontinent persons, the following Contact Precautions shall be followed: infants and children less than 3 years of age for duration of hospitalization; children 3 to 14 years of age, until 2 weeks after onset of symptoms; and those greater than 14 years of age, for one week after onset of symptoms. Enteric precautions, disease specific precautions (see Section 690.1010(a)(1)), or equivalent isolation procedures (see Section 690.1010(a)(13)) are required until two weeks after onset of initial symptoms or one week after onset of jaundice. Prolonged enteric precautions or an equivalent isolation procedure should be considered in an outbreak in a neonatal intensive care unit. Patients shall not work as food handlers or in sensitive occupations during the period when infection control precautions apply.

2) Cases shall not work as food handlers or in sensitive occupations during the period when infection control precautions apply.

2) Concurrent disinfection of feces is required. Hand washing is required after use of the toilet. (See Section 690.1000(e)(1).)
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3) Terminal cleaning is not required.

b) Control of Contacts.

1) No restrictions. Quarantine is not indicated.

2) Non-immune contacts who have been exposed in such a manner to allow for transmission of hepatitis A should be given immune globulin (IG) as early as possible, but within 2 weeks from the last exposure. These non-immune contacts should consider receiving hepatitis A vaccine at the same time IG is received but at a different site.

2) Passive immunization of contacts, including household contacts, who have been exposed in such a manner to allow for transmission of hepatitis A virus and who have not been vaccinated for hepatitis A should be started as early as possible, but within two weeks from the last exposure, with immune globulin, 0.01 ml. per lb. (0.02/kg.) body weight. Immune globulin should also be administered to food handlers who have worked with a hepatitis A case who was a food handler. In a child care facility center, immune globulin should be given to all classroom contacts. If the facility admits children in diapers, immune globulin should be given to all potentially exposed children and staff in the facility. Given intramuscularly within two weeks after exposure, this has been found effective in protection against hepatitis A for 6 to 8 weeks.

3) Persons who have received one dose of hepatitis A vaccine at least one month prior to exposure or are considered adequately vaccinated do not need IG.

4) Administration of IG is not recommended for symptomatic contacts, but testing is recommended to verify the diagnosis.

5) For unimmunized staff and attendees in a child care facility where one case has occurred or cases were recognized in 2 or more households, simultaneous vaccination with hepatitis A vaccine and IG is recommended. If recognition of hepatitis A cases is delayed by 3 or more weeks from the onset of the index case or if illness has occurred in 3 or more household members of facility attendees, IG should be considered
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for all non-immune household members of facility attendees.

c) Sale of Food, Milk, etc. (See Section 690.1000(bf).)

e) General Measures.

1) The local health authority should educate the public about good sanitation and personal hygiene, with special emphasis on hand washing and sanitary disposal of feces.

2) The local health authority should educate food handlers about hand washing. Managers of restaurants and other food services should supervise the hand washing of food handlers.

3) Travelers to highly endemic areas may be given prophylactic doses of immune globulin, or, if time permits, may be given the hepatitis A vaccine series.

4) Local health authorities should educate the public that oysters, clams and other shellfish from contaminated areas should be thoroughly cooked before ingestion.

5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.

6) Recommendations for hepatitis A vaccine are listed in the "Prevention of Hepatitis A Through Active or Passive Immunization" (see Section 690.1010(a)(7)).

7) Infants and children should be vaccinated against hepatitis A disease, in accordance with the most recent Recommended Childhood Immunization Schedule and the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).

df) Laboratory Reporting. Laboratories shall be required to report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting acute hepatitis A infection, including IgM specific antibodies to the hepatitis A virus (total antibody is not reportable), cases that have
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been found positive for IgM-specific antibodies to the hepatitis A virus (anti-HAV IgM).

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case occurs in a household, only a morbidity card is required for subsequent cases.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.451  Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period (for cases)—Usually 45 to 180 days, average 60 to 90 days; variation may in part be related to size of inoculum.

ab) Control of Cases and Carriers. Standard Precautions shall be followed. 1) Use universal precautions, blood and body fluid precautions, disease specific precautions or any equivalent isolation procedure (see Section 690.1010(a)(1) or 690.1010(a)(13)) for body fluids and items exposed to body fluids until disappearance of hepatitis B surface antigen (HBsAg) and appearance of hepatitis B surface antibody (anti-HBs) by serologic testing. 2) Concurrent disinfection is required of equipment contaminated with blood, saliva and semen (see Section 690.1000(e)(1)). 3) Terminal cleaning is not required.

be) Control of Contacts.

1) No restrictions. Quarantine is not indicated.

2) Contacts to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus.

3) A person who is a contact to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus and given prophylaxis in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).

4) Infants born to mothers who are hepatitis B surface antigen (HBsAg)
positive should receive hepatitis B vaccine and hepatitis B immune globulin (0.5 mL) within 12 hours of birth, both by intramuscular injection, but at different sites.

3) Infants born to HBsAg-positive mothers should be given prophylaxis in accordance with the most recent recommendations of ACIP.

5) Non-immune contacts who have been exposed in such a manner to allow for transmission of hepatitis B or hepatitis D should receive hepatitis B immune globulin (HBIG) as early as possible, but within 14 days after exposure.

6) Non-immune contacts should begin hepatitis B vaccination.

cd) General Measures.

1) Pregnant women shall be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available. Pregnant women who are at high risk for hepatitis B infection (recent history of sexually transmitted disease, injection drug use, or other possible risks of hepatitis B infection) should be re-tested upon admission. Pregnant women shall be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available.

2) Health care providers shall refer pregnant women who are HBsAg positive within 7 days after receipt of the test result to a local health authority for counseling and recommendations on testing and immunizing contacts within seven days after report of the test result.

3) Infants, children and persons at high risk should be vaccinated against hepatitis B in accordance with the most recent Recommended Childhood Immunization Schedule and the most recent recommendations of ACIP.

4) Children 2 years of age and older enrolled in child care facilities must be vaccinated against hepatitis B in accordance with the immunization requirements specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).
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5) Children 2 years of age and older enrolled in school operated programs below the kindergarten level and children who entered the fifth grade for the first time after July 1997 must be vaccinated against hepatitis B in accordance with the immunization requirements specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).

36) Persons previously known to test positive for HBsAg hepatitis B surface antigen shall not must never donate blood for blood transfusion.

42) "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States – Part 1: Immunization of Infants, Children, and Adolescents" (see Section 690.1010(a)(8)), the The "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 690.1010(a)(1)(5)) and the "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis" (see Section 690.1010(a)(2)) shall be followed.

de) Laboratory Reporting. Laboratories are required to report to the local health authority patients who: tested positive for HBsAg or IgM antibodies to hepatitis B core antigen.

1) Have a positive result on any laboratory test indicative of and specific for detecting hepatitis B and/or hepatitis D infection.

2) Are pregnant with evidence of acute or chronic hepatitis B infection (surface antigen positive).

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases and on all carriers where contacts are identified who need vaccination against hepatitis B.

(Source: Amended at 31 Ill. Reg. ______, effective ___________)
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Section 690.452  Hepatitis C, Acute Infection and Non-Acute Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within 7 days)

   a) Incubation Period—2 weeks to 6 months, usually 6 to 9 weeks.

   ab) Control of Case. Standard Precautions shall be followed.

      1) Use universal precautions (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(13)).

      2) Concurrent disinfection is required of equipment contaminated with blood (see Section 690.1000(e)(1)).

      3) Terminal cleaning is not required.

   be) Control of Contacts. No restrictions. Quarantine is not indicated.

   d) General Measures.

      1) Patients with a history of hepatitis C or a positive laboratory test for hepatitis C should be advised not to donate blood, body organs, other tissue or semen.

      2) Members of the public who may be recommended for testing are included in the "Recommendations for Prevention and Control of Hepatitis C Infection and HCV-Related Chronic Disease" (see Section 690.1010(a)(9)).

   ce) Laboratory Reporting. Laboratories shall be required to report to the local health authority patients who are anti-HCV positive by immunoassay (e.g., enzyme immunoassay, chemiluminescence immunoassay) with a signal-to-cutoff ratio (S/C) predictive of a true positive as determined for the particular assay (S/C should be included with all test results that are reported) or who test positive for hepatitis C by recombinant immunoblot assay, polymerase chain reaction (PCR) or any other supplemental or confirmatory test that may be used. Results of the alanine aminotransferase testing that are closest in time to the date of the positive hepatitis C result and within 3 months of the positive test for hepatitis C should be reported concurrently with the positive immunoassay, PCR, immunoblot or other confirmatory test results. Viral genotype results (when performed) should also be
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reported testing positive for hepatitis C by polymerase chain reaction, recombinant immunoblot assay or any other supplemental or confirmatory test that may be used.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on patients whose infections are verified by a supplemental or confirmatory test.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.453  Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

a) Incubation Period—2 to 8 weeks for hepatitis D; 15 to 64 days for hepatitis E; unknown for other types of viral hepatitis.

b) Control of Case.

1) For hepatitis D same as Section 690.451(b).

2) Control measures should be designed according to the etiology indicated by the epidemiological evidence.

c) Control of Contacts.

1) No restrictions and no quarantine are required for hepatitis D.

2) A person exposed to cases and carriers of hepatitis D should be given prophylaxis as recommended in "Protection Against Viral Hepatitis" (see Section 690.1010(a)(3)).

3) Infants born to women known to be currently infected with the delta virus agent should be given prophylaxis according to "Protection Against Viral Hepatitis" (see Section 690.1010(a)(3)).

d) General Measures. Patients with a history of hepatitis D or whose blood has been tested positive for exposure to the delta agent must never be blood donors.

e) Laboratory Reporting. Laboratories are required to report to the local health
authority patients with hepatitis D antibodies.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If a patient is found to be a carrier, only a morbidity card needs to be submitted.

(Source: Repealed at 31 Ill. Reg. ______, effective ____________)

Section 690.460 Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—In reported epidemics, symptoms appear within 5 to 18 days after exposure, commonly 10 days.

ab) Control of Case

1) Standard Precautions shall be followed. Isolation is not required.

2) The local health authority should search for similar illness among household or occupational contacts. If a cluster of cases is identified, the local health authority shall look for a common environmental source of infection. Concurrent disinfection of sputum and articles soiled with sputum is required. (See Section 690.1000(e)(1)).

3) Terminal cleaning is required. (See Section 690.1000(e)(2)).

be) Control of Contacts. No restrictions. There are no restrictions on contacts.

d) General Measures.

1) Household contacts or occupational contacts who have systemic symptoms should be investigated. If multiple cases are identified, the local health authority should look for evidence of infection from a common environmental source.

2) Exposure to dust and soil should be minimized around chicken coops and areas heavily contaminated with bird droppings. Dust should be controlled in enclosed areas by spraying with water or oil.
3) An industrial hygienist or environmental engineering specialist and the local health department should be consulted for environmental cleanup recommendations. Local health departments can consult with the Department's Environmental Health Division.

c(e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Histoplasma capsulatum has been cultured. Laboratories are also required to report to the local health authority patients with a significant (criteria for significance should be determined by each laboratory) positive histoplasma antibody test result.

1) Laboratories shall report to the local health authority patients from whom Histoplasma capsulatum has been cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting Histoplasma capsulatum infection.

2) Laboratories shall report and submit to the Department's laboratory any environmental Histoplasma samples resulting from an outbreak investigation.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. _______, effective ____________)

Section 690.465 Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

The death of a child less than 18 years of age with lab-confirmed influenza (including rapid tests) shall be reported. There should have been no period of recovery between illness and death.

(Source: Added at 31 Ill. Reg. _______, effective ____________)

Section 690.475 Legionellosis, Legionnaires' Disease (Legionellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
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a) **Incubation Period**—2 to 10 days, most often 5 to 6 days. With the Pontiac Fever form—5 to 66 hours, most often 24-48 hours.

**ab) Control of Case.**

1) **Standard Precautions shall be followed.** Isolation is not required.

2) The local health authority shall investigate clusters of cases to determine if there is a common environmental source of infection.

3) **Concurrent disinfection is not required.**

3) **Terminal cleaning is not required.**

**be) Control of Contacts.** No restrictions.

1) Quarantine is not indicated.

2) Immunization of contacts is not indicated because there are no vaccines available.

**d) General Measures.**

1) The local health authority should investigate cases to determine potential common exposures.

2) Cooling towers should be drained when not in use.

3) Cooling towers should be cleaned periodically to remove scale and sediment and a biocide should be used to prevent the growth of slime-forming organisms.

**ce) Laboratory Reporting.**

1) Laboratories shall be required to report to the local health authority patients from whom Legionella species is cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting Legionella infection. Laboratories are also required to report to the local health authority patients with a 4-fold or greater increase in
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2) Laboratories shall be required to forward clinical materials positive for isolates of Legionella species pneumophila to the Department’s laboratory.

3) Laboratories shall report and submit to the Department’s laboratory any environmental Legionella samples resulting from an outbreak investigation.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. _______, effective ____________)

Section 690.480 Leprosy (Hansen’s Disease) (infectious and non-infectious cases are reportable) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—Ranges from 9 months to 20 years; average is 4 years for tuberculoid leprosy and 8 years for lepromatous leprosy.

ab) Control of Case.

1) Standard Precautions shall be followed. No isolation is required for tuberculoid leprosy. Contact isolation (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(13)) is required during hospitalization for lepromatous leprosy.

2) There are no restrictions in employment or attendance at school or child care facilities.

2) Infectious patients may return to school or work after continuous treatment for a specified period with antimicrobial agents. Infectious patients are non-infectious after 3 months of continuous treatment with dapsone or clofazimine or within 3 days after continuous treatment with rifampin.
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3) Concurrent disinfection of discharges and articles soiled by nasal discharges of infectious patients is required. (See Section 690.1000(e)(1).)

4) Terminal cleaning (see Section 690.1000(e)(2)) is required.

be) Control of Contacts. **No restrictions.** There are no restrictions for contacts. However, household contacts should be examined to identify secondary cases. Initial examination should be made at the time a case is discovered and periodic examinations at yearly intervals thereafter for 5 years after last contact with an infectious case.

cd) Laboratory Reporting. Laboratories shall be required to report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Mycobacterium leprae from whom Mycobacterium leprae has been identified.

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—4 to 19 days, usually 10 days.

ab) Control of Case.

1) **Standard Precautions shall be followed.** Universal precautions, blood and body fluid precautions, disease-specific precautions (see Section 690.1010(a)(1)) or any other equivalent isolation procedure (see Section 690.1010(a)(13)) of blood and urine are required during hospitalization.

2) If a cluster of cases is identified, the local health authority shall look for evidence of infection from a common environmental source.

2) Concurrent disinfection of discharged urine is required. Where sewage disposal systems are adequate, urine may be discharged directly into
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sewers without preliminary disinfection. (See Section 690.1000(e)(1).)

3) Terminal cleaning is not required.

be) Control of Contacts. No restrictions. There are no restrictions on contacts.

d) General Measures.

1) If multiple cases are identified, the local health authority should look for evidence of infection from a common environmental source.

2) Protective boots and gloves should be used when there is contamination of area by urine from infected animals.

3) Rodents should be controlled.

4) Infected domestic animals should be segregated to avoid urine contamination of areas where persons work.

5) The public should be advised not to swim in waters accessible to wild or domestic animals, particularly if they have skin abrasions.

6) The public should be advised to avoid taking untreated recreational water into their mouths or swallowing such water.

dg) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Leptospira species has been cultured. Laboratories are also required to report to the local health authority patients with a significant (each laboratory will determine criteria for significance) antibody titer against leptospires.

1) Laboratories shall report to the local health authority patients from whom Leptospira species has been cultured or patients who have a positive result on any laboratory test indicative of and specific for detecting Leptospira species infection.

2) Laboratories shall forward clinical materials positive for Leptospira to the Department's laboratory.
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3) Laboratories shall report and submit to the Department's laboratory any positive environmental or animal samples resulting from an outbreak investigation.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.495 Listeriosis (when both mother and newborn are positive, report mother only) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—Variable; probably 3 to 70 days; average of 21 days.

ab) Control of Case.

1) Standard Precautions shall be followed. Enteric precautions, disease-specific precautions (see Section 690.1010(a)(1)) or isolation procedures (see Section 690.1010(a)(13)) required until clinical recovery.

2) Concurrent disinfection is not required.

3) Terminal cleaning is not required.

2) If a cluster of cases is identified, the local health authority shall look for evidence of infection from a common source.

bc) Control of Contacts. No restrictions.

d) General Measures.

1) The local health authority should investigate clusters of cases to determine potential common exposures.

2) All dairy products, except those that are aged for 60 days or longer, should be pasteurized; soft cheeses made with unpasteurized milk have been associated with past listeriosis outbreaks.
3) Contamination of ready-to-eat foods by uncooked meats or poultry should be avoided.

4) The local health authority should educate the public that thorough reheating of potentially contaminated leftover foods is advisable, because Listeria can multiply at refrigerator temperatures.

5) Pregnant women and immunocompromised individuals should be advised to eat only properly cooked meats and pasteurized dairy products. They should also avoid contact with potentially infective materials, such as aborted animal fetuses on farms.

c) Laboratory Reporting.

1) Laboratories shall be required to report to the local health authority patients from whom Listeria monocytogenes has been cultured from a normally sterile site or patients who have a positive result on any other laboratory test indicative of and specific for detecting Listeria monocytogenes.

2) Laboratories shall be required to forward clinical materials from a normally sterile site that are positive for isolates of Listeria monocytogenes from a sterile site to the Department's laboratory.

3) Laboratories shall report and submit to the Department's laboratory any food or environmental Listeria isolates resulting from an outbreak investigation.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.505 Lyme Disease (See Tickborne Disease)(Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

See Tickborne Disease.
a) Incubation Period—From 3–32 days after tick exposure for the appearance of erythema migrans (EM). In the absence of EM, incubation periods are extremely variable for early disseminated or later stage disease and signs and/or symptoms can appear weeks to months to years following Borrelia burgdorferi infection; objective diagnosis aids in eliminating other conditions and disorders manifesting the same symptoms as Lyme disease.

b) Control of Case.
   1) Isolation is not required.
   2) Concurrent disinfection is not required.
   3) Terminal cleaning is not required.
   4) Ticks must be carefully removed from the patient.

c) Control of Contacts.
   1) Quarantine does not apply.
   2) Immunization of contacts does not apply.

d) General Measures.
   1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals.
   2) The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat.
   3) The local health authority should investigate cases to determine the location of tick exposures.
   4) Persons becoming ill following a tick bite should report the bite immediately to a physician.
5) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick control products.

e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Borrelia burgdorferi has been cultured and patients with significant Borrelia burgdorferi enzyme immunoassay or immunofluorescent assay test result followed by a significant Western blot result (significance determined by the Second National Conference on Serologic Diagnosis of Lyme Disease, Section 690.1010(a)(14)).

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.510 Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—Average 7 days to 14 days for Plasmodium falciparum, 8 days to 14 days for P. vivax and P. ovale, and 7 days to 30 days for P. malariae. With some strains of P. vivax, there may be a protracted incubation period of 8 to 10 months. With infection by blood transfusion, incubation is usually short, but varies with the number of parasites in the transfused blood.

ab) Control of Case. Standard Precautions shall be followed.

1) Universal precautions, disease specific precautions (see Section 690.1010(a)(2)) or equivalent isolation procedures (see Section 690.1010(a)(13)) are required for the duration of the illness. Patients should be in mosquito proof areas at night.

2) Concurrent disinfection is not required.

3) Terminal cleaning is not required.

be) Control of Contacts. No restrictions. There are no restrictions on contacts. If a history of needle sharing is obtained from the case, all persons who share the
equipment should be investigated and treated.

d) General Measures.

1) Known effective measures against anopheline mosquitoes should be employed.

2) Sleeping and living quarters should be screened; mosquito nets and repellents should be used when applicable.

3) The public should be educated as to the mode of transmission and methods of prevention of malaria.

4) Appropriate chemoprophylaxis should be prescribed for all travelers to malarious areas.

5) Blood donors should be questioned as to history of malaria or possible exposure to the disease.

e) Laboratory Reporting.

1) Laboratories shall are required to report to the local health authority, regardless of the patients' state or country of residence, patients who have a positive result on any laboratory test indicative of and specific for detecting Plasmodium species infection. Patients from whom Plasmodium species have been identified or for whom polymerase chain reaction is positive.

2) Laboratories shall are required to forward to the Department's laboratory slides of blood specimens found to contain malaria parasites to the Department's laboratory for speciation.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)
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a) Incubation Period—About 10 days, varying from 8 to 13 days, exposure to onset of fever; about 14 days until rash appears; uncommonly longer or shorter. Late measles immune serum globulin inoculation in attempted passive protection may extend incubation to 21 days.

b) Control of Case.

1) Standard Precautions and Airborne Infection Isolation Precautions shall be followed for patients in health care facilities from diagnosis until 4 days after appearance of rash. Respiratory isolation or an equivalent isolation procedure (see Section 690.1010(a)(1) or Section 690.1010(a)(13)) is required in hospitalized patients from diagnosis until 4 days after appearance of rash. Children with measles should be kept out of school for at least 4 days after appearance of the rash.

2) Children with measles shall be kept out of school or child care facilities for at least 4 days after appearance of the rash. Concurrent disinfection is required of all articles soiled with secretions of nose and throat. (See Section 690.1000(e)(1).)

be) Control of Contacts. Passive immunization in the form of immune serum globulin, 0.1 cc. per lb. of body weight, should be considered for all unimmunized susceptible close contacts to cases, especially infants under 1 year of age. When gamma globulin is used, it should be followed by active immunization as soon as possible (6-8 weeks). Live virus vaccine, if given within 72 hours after exposure, may provide protection.

1) All susceptible contacts (persons age 6 months of age or older who have not yet received a total of 2 doses of measles-containing vaccine) should begin vaccination with live virus measles vaccine. Vaccine should be administered within 72 hours after exposure for maximal protection. When vaccine is given prior to the first birthday, a second dose shall be given on or after the first birthday, and a third dose at least 28 days later but prior to school entry (4 to 6 years of age).

2) Susceptible household contacts with high risk of complications or with measles vaccine contraindications should be given immune globulin (IG) within 6 days after exposure. IG is not indicated for contacts who have
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received one dose of vaccine at 12 months of age or older unless they are immunocompromised. Live measles vaccine should be given 5 to 6 months later to those IG recipients, provided that vaccine is not contraindicated.

3) Susceptible health care personnel with direct patient contact should be required to provide proof of immunity to measles as described by the Advisory Committee on Immunization Practices (see Section 690.1010(a)(3)).

cd) Measles Outbreak Control.

1) Personnel in each attendance center responsible for investigating absenteeism shall report suspected cases of measles to the school principal or the school nurse immediately.

2) On the same day that a report of a suspected case of measles is received, school personnel shall conduct an inquiry into absenteeism to determine the existence of any other cases of the illness in the suspect case's class and school.

3) A telephone report shall be made by the school officials within 24 hours to the local health authority, either a full-time official health department as recognized by the Department or regional office of the Department, specifying the name, age, and sex of any case. The name of the case's private physician, if any, shall also be reported. The Department or local health department shall be contacted by school personnel and involved in the investigation of the outbreak so that all necessary vaccination services are assured.

4) A notice shall be sent home with each student who has not presented proof of immunity, explaining that the student is to be excluded, effective the following morning, until acceptable proof of immunity is received by the school or until 21 days after the onset of the last reported measles case. Acceptable proof shall consist of:

A) a written record from the student's physician or a health professional indicating dates of vaccination and type of vaccine administered; or
B) a statement from a physician indicating date when student had measles; or

C) a laboratory report indicating the student has a protective measles antibody titer as measured by a test with demonstrable reliability.

e) General Measures.

1) Children should be vaccinated in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Active immunization should be given as soon as possible after 12 months of age and may be given as part of a measles-mumps-rubella (MMR) combined vaccine. Single antigen measles vaccine may be given after 12 months of age. When measles is prevalent in a community, monovalent measles vaccine may be given to infants 6-11 months of age. When vaccine is given prior to the first birthday, a second dose must be given on or after the first birthday, and a third dose at least 28 days later and prior to school entry (4-6 years of age).

2) Children 2 years of age and older enrolled in child care facilities must be vaccinated against measles in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).

3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against measles in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).

4) Persons entering a college or university must be vaccinated against measles in accordance with the immunization requirements as specified in rules of the Department entitled College Immunization Code (77 Ill. Adm. Code 694).

5) Adults should be vaccinated against measles in accordance with the most recent recommendations of ACIP.
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting measles virus infection, including positive results from IgM (measles specific) serologies, measles virus isolates, or a significant rise in antibody results from IgG (measles specific) between paired sera. Laboratories are required to report positive IgM (measles specific) serologic test results, or a significant rise to IgG (measles specific) serologic test results, or measles virus isolates.

Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.530 Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

a) Incubation Period Varies with the specific infectious agent.

b) Control of Case.

1) Enteric precautions (Section 690.1010(a)(1)) or equivalent isolation procedures (Section 690.1010(a)(13)) are indicated for 7 days after onset of illness unless a non-enteroviral diagnosis is established.

2) Concurrent disinfection is required of eating and drinking utensils and articles soiled by excretions and secretions of patient. (See Section 690.1000(e)(1).)

3) Local health departments shall inquire of all persons for whom a West Nile virus test result is positive about recent blood donation. If such a donation took place in the two weeks prior to onset of symptoms, the local health department shall notify the director of the donation facility of the donor's name, date of birth, sex, zip code, state of residence, date of donation, date of illness onset and arboviral test results. Patient information, including test results received by donation facilities, shall be confidential.
Control of Contacts. There are no restrictions for contacts.

d) General Measures:

1) During summer months, cases should have acute and convalescent serum specimens collected and tested for arbovirus antibodies. Cerebrospinal fluid should also be submitted to the State laboratory for arboviral and enteroviral studies.

2) An environmental investigation should be performed by the local health authority at sites of possible mosquito exposure of a case of California encephalitis to eliminate mosquito breeding sites, such as discarded tires.

3) Persons should be encouraged to use proper hand-washing procedures.

e) Laboratory Reporting:

1) Laboratories are required to report to the local health authority meningitis patients from whom a virus was cultured.

2) Laboratories are required to submit virus isolates from meningitis patients to the Department's laboratory for typing.

3) Laboratories are required to report persons with suspected meningitis who also have pleocytosis of the cerebrospinal fluid, even in the absence of a positive culture. Local health authorities will then investigate to determine if the case represents a reportable form of meningitis or if additional specimens need to be collected to determine if the case may be an arboviral infection.

4) Between June 15 and October 31 laboratories are required to forward cerebrospinal fluid (CSF) specimens from patients with aseptic meningitis for arboviral testing and enterovirus culture.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority for all reportable meningitis cases.

AGENCY NOTE: Laboratory efforts to identify the etiologic agent should be made.
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(Source: Repealed at 31 Ill. Reg. _____, effective ____________)

Section 690.550 Mumps (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—12 to 26 days, commonly 18 days.

ab) Control of Case.

1) Standard Precautions and Droplet Precautions shall be followed for patients in health care facilities for 9 days after parotid gland swelling. Respiratory isolation or an equivalent isolation procedure (see Section 690.1010(a)(1) or 690.1010(a)(13)) and a private room are required for 9 days after salivary gland involvement. Exclusion from school or workplace is required until 9 days after salivary gland involvement, if susceptible contacts (those not immunized) are present.

2) Cases shall be excluded from school, child care facilities or workplace until 9 days after parotid gland swelling, if susceptible contacts (those not immunized) are present. Concurrent disinfection is required of eating and drinking utensils and of articles soiled with secretions of nose and throat. (See Section 690.1000(e)(1).)

bc) Control of Contacts. Susceptible contacts should be excluded from school or the workplace from days 12 through 25 after exposure the 12th through the 25th day after exposure if other susceptible persons are present in those settings.

d) General Measures.

1) Children should be vaccinated in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Active immunization should be given as soon as possible after 12 months of age and may be given as part of a measles-mumps-rubella (MMR) combined vaccine. Single antigen mumps may be given after 12 months of age.

2) Children 2 years of age and older enrolled in child care facilities must be
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vaccinated against mumps in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).

3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against mumps in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).

4) Persons entering a college or university must be vaccinated against mumps in accordance with the immunization requirements as specified in rules of the Department entitled College Immunization Code (77 Ill. Adm. Code 694.)

5) Adults should be vaccinated against mumps in accordance with the most recent recommendations of ACIP.

c) Laboratory Reporting. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting mumps virus infection, including positive results for IgM (mumps specific) serologies, a significant rise in antibody to IgG (mumps specific) between paired sera, polymerase chain reaction, or mumps virus isolates. Laboratories are required to report positive IgM (mumps specific) serologic test results, or a significant rise to IgG (mumps specific) serologic test results, or mumps virus isolates.

d) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.555 Neisseria meningitidis, Meningitis and Invasive Disease (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period—Varies from 2 to 10 days, commonly 3 to 4 days.

b) Control of Case. Standard Precautions and Droplet Precautions shall be followed. Droplet Precautions shall be followed until 24 hours after initiation of effective
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1) Respiratory isolation (see Section 690.1010(a)(1)) or an equivalent isolation procedure (Section 690.1010(a)(13)) is required until 24 hours after start of chemotherapy.

2) Concurrent disinfection of secretions of nose and throat is required and of articles contaminated with secretions of nose or throat. (See Section 690.1000(e)(1)).

3) Terminal cleaning is required. (See Section 690.1000(e)(2)).

b) Control of Contacts.

1) No restrictions.

2) Vaccination should be considered in selected outbreaks following guidelines in Section 690.1010(a)(3).

3) Vaccination recommendations for young adults and college students are specified in Section 690.1010(a)(3).

1) There are no restrictions on contacts.

2) Close clinical observation is the single most effective protective measure. Child care contacts to cases should be given chemoprophylaxis. Household contacts and people close enough to have had an exposure to the ill person's respiratory-tract secretions should be given appropriate chemoprophylaxis. Healthcare workers should be given chemoprophylaxis only if they have had prolonged, direct contact with oral secretions (i.e., unprotected mouth-to-mouth resuscitation or inadvertent spray onto mucous membranes.) Selective chemoprophylaxis may be desirable in other situations; the choice of agent should depend on the most recent available information regarding current sensitivity patterns and safety. Local health authorities can be consulted about chemoprophylaxis recommendations.

d) General Measures.
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1) Overcrowding should be prevented in living quarters, working quarters, and public conveyances, especially barracks, camps and ships.

2) The public should be educated about the need to reduce direct contact and exposure to droplets of respiratory tract secretions and to properly dispose of articles contaminated with nose or throat secretions.

3) Vaccination should be considered in selected outbreaks following guidelines in "Control and Prevention of Meningococcal Disease and Control and Prevention of Serogroup C Meningococcal Disease: Evaluation and Management of Suspected Outbreaks" (see Section 690.1010(a)(8)).

4) Vaccination recommendations for college students are specified in the document "Prevention and Control of Meningococcal Disease and College Students" (see Section 690.1010(a)(15)).

c) Laboratory Reporting.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Neisseria meningitidis from a normally sterile site each patient from whom Neisseria meningitidis has been isolated from a normally sterile site and patients with a positive antigen test from cerebrospinal fluid.

2) Persons with physician-diagnosed purpura fulminans diagnosed by a physician shall also be reported to the local health authority.

3) Laboratories shall forward clinical materials from a normally sterile site that are positive for are required to submit Neisseria meningitidis isolates to the Department's laboratory for serogrouping.

f) Reporting of cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 31 Ill. Reg. ______, effective __________)
Section 690.570  Plague (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

a) Incubation Period—From 1 to 7 days in bubonic plague, 1 to 4 days in pneumonic plague; may be shorter, rarely longer.

ab) Control of Case.
Isolation is required. Hospitalize all patients. Cases and their clothing should be treated to get rid of fleas.

1) Standard Precautions shall be followed. For all patients, Droplet Precautions shall be followed until pneumonia has been determined not to be present. For patients with bubonic plague who have no cough and have a normal chest x-ray, drainage/secretion precautions or equivalent isolation procedures or disease-specific precautions are required for 48 hours after start of chemotherapy. (See Section 690.1010(a)(1) or (a)(13)).

2) For patients with pneumonic plague, Droplet Precautions shall be followed until 72 hours after initiation of effective antimicrobial therapy and the patient has a favorable clinical response. Antimicrobial susceptibility testing is recommended. For patients with pneumonic plague, strict isolation with precautions against airborne spread or an equivalent isolation procedure is required until 48 hours of chemotherapy have been completed and the patient has a favorable clinical response. (See Section 690.1010(a)(1) or (a)(13)).

3) Cases and their clothing should be treated to eliminate fleas. Concurrent disinfection of sputum, purulent discharge and articles soiled with either of these substances is required. (See Section 690.1000(e)(1)).

4) Terminal cleaning is required. (See Section 690.1000(e)(2)).

5) Bodies of persons who have died with plague shall be handled with strict aseptic precautions. (See Section 690.1200.)

be) Control of Contacts.
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1) Contacts to pneumonic plague cases shall be offered chemoprophylaxis and placed under surveillance for 7 days with close observation for developing illness for 7 days. For contacts who refuse chemoprophylaxis, strict isolation is required for 7 days.

2) Contacts to bubonic plague shall be disinfected with an appropriate insecticide and kept under surveillance with close observation for developing illness for 7 days. Contacts to bubonic plague should be offered chemoprophylaxis.

d) General Measures.

1) Intensive flea control, followed by extermination of rats by poisoning and trapping and ratproofing in urban areas. Surveys and inspection in rural areas to detect sylvatic plague. Rodent control should be emphasized.

2) Active immunization with killed vaccine of travelers or workers in known infected areas—repeated in 6 months if remaining in the area. Immunization alone must not be relied on while neglecting measures to control rats and fleas. Immunization upon arrival in infected country may be recommended.

3) Hunters should be cautious of being bitten by insects (particularly fleas) on rabbits and other rodents which they may handle.

e) Laboratory Reporting.

1) Laboratories shall be required to report to the local health authority patients from whom Yersinia pestis is cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting Yersinia pestis infection with a positive antibody test.

2) Laboratories shall forward clinical materials that are suspect or confirmed positive for are required to submit Yersinia pestis isolates to the Department's laboratory.

f) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.
Section 690.580  Poliomyelitis (Reportable by telephone as soon as possible, within 24 hours)

a)  Incubation Period—Commonly 7 to 12 days, with a range from 3 to 21 days.

ab) Control of Case.

1) Occurrence of a single case of poliomyelitis due to wild polio virus shall be recognized as a public health emergency, prompting immediate investigation and response. Isolation at home is of little value because spread of infection is greatest in the prodromal period. Isolation procedures for hospitalized cases are stated in the latest edition of the manual entitled "CDC Guideline for Isolation Precautions in Hospitals" (see Section 690.1010(a)(1)).

2) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks for the duration of hospitalization. Concurrent disinfection is required of throat discharges, feces and articles soiled therewith. Where sewage disposal systems are adequate, feces and urine may be discharged directly into sewers without preliminary disinfection. (See Section 690.1000(e)(1)).

be) Control of Contacts.

1) Vaccination should begin for all susceptible contacts who have previously not been adequately immunized, even though these contacts may have already been infected.

2) Susceptible contacts should be monitored for compatible symptoms for 2 weeks after date of last exposure. No restrictions. Keep susceptible persons who are contacts under surveillance for 2 weeks from date of last exposure.

2) Immunization of familial and other close contacts who have not previously been adequately immunized with polio vaccine is indicated, even though the susceptible contacts in these groups have probably been infected by
the time the disease is recognized. Children with limited exposure, such as exposure at school or to a neighbor, should be offered polio vaccine if they have not previously received a complete course.

d) General Measures.

1) Polio vaccine is recommended in accordance with the most recent Recommended Childhood Immunization Schedule and the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).

2) Children 2 years of age and older enrolled in child care facilities must be vaccinated against poliomyelitis in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).

3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against poliomyelitis in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).

4) Susceptible adults who are at high risk of exposure to poliomyelitis should be vaccinated in accordance with the most recent recommendations of ACIP.

c) Laboratory Reporting.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting polio virus infection. Confirm etiologic agent by submitting fecal specimens for virus isolation, and acute and convalescent phase serum specimens to a laboratory acceptable to the Department as soon as possible.

2) Laboratories shall forward clinical materials to the Department's laboratory for confirmation with 24 hours after preliminary findings. Laboratories are required to report positive polio virus isolates.
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3) Laboratories shall report any request for polio testing as soon as possible, within 3 hours.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.590 Psittacosis (Ornithosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—1 to 4 weeks.

ab) Control of Case. Standard Precautions shall be followed.

1) Isolation is not required. Patients should cover their mouths when coughing.

2) Concurrent disinfection of oral and nasal secretions is required. (See Section 690.1000(e)(1).)

3) Terminal cleaning is required. (See Section 690.1000(e)(2).)

cd) Control of Contacts. No restrictions. There are no restrictions on contacts.

cd) Control of Infected Birds and Premises. If information on the source of the birds suspected of exposing the person to psittacosis is available, the Department will provide this information to the Illinois Department of Agriculture for follow-up.

1) The local health authority should investigate the case's bird contact and provide this information to the Illinois Department of Agriculture.

2) Trace origin of infected birds. Laboratory examination is desirable.

3) Buildings housing infected birds should not be used by humans until thoroughly cleaned and disinfected.

e) The following shall apply to the sale of birds within the State of Illinois:
1) All persons dealing in psittacine birds shall keep a record of each transaction for at least two years; such record shall include the number of birds purchased or sold, the date of the transaction, the number and address of the person or agency from whom purchased or to whom sold.

2) In addition to the above, such records shall include the type and period of treatment, antibiotic or other, which may have been administered, and records of all tests for psittacosis which may have been conducted prior to sale or exchange.

3) All records as described in subsections (e)(1) and (2) of this Section shall be available for official inspection at all times.

f) The following Food and Drug Administration interstate transportation regulations for psittacine birds (21 CFR 1240.65) pertaining to the shipment and transportation of birds of the psittacine family shall be followed:

1) The term psittacine birds shall include all birds commonly known as parrots, Amazons, Mexican double heads, African grays, cockatoos, macaws, parakeets, love birds, lories, lorikeets, and all other birds of the psittacine family.

2) No person shall transport, or offer for transportation in interstate traffic, any psittacine bird unless the shipment is accompanied by a permit from the state health department of the state of destination, where required by such department.

3) Whenever the Surgeon General finds that psittacine birds or human beings in any area are infected with psittacosis and there is such danger of transmission of psittacosis from such area as to endanger the public health, he may declare it an area of infection. No person shall thereafter transport, or offer for transportation, in interstate traffic any psittacine bird from such area, except shipments authorized by the Surgeon General for purposes of medical research and accompanied by a permit issued by him, until the Surgeon General finds that there is no longer any danger of transmission of psittacosis from such area. As used in this subsection (f)(3), the term "area" includes, but is not limited to, specific premises or buildings.
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4) No permit, referenced in subsection (f)(2) of this Section, is required for the admission of psittacine birds into the State of Illinois by the Department.

d) Laboratory Reporting. Laboratories shall be required to report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detection of Chlamydophila psittaci infection from whom Chlamydia psittaci has been isolated and patients with significant antibody titers to this organism. Each laboratory will determine the definition of a significant titer.

h) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.595 Q-fever (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days, unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone)(Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

a) Incubation Period–2 to 3 weeks.

ab) Control of Case.

1) Standard Precautions shall be followed. No isolation required.

2) Concurrent disinfection of sputum, blood and articles in contact with sputum or blood; 0.05% hypochlorite, 5% peroxide or a 1:100 solution of Lysol should be used.

3) Use precautions at postmortem examination of suspected cases in humans or animals.

24) The local health authority should investigate cases to determine history of contact with sheep, cattle or goats, parturient cats, consumption of raw milk, or contact with laboratory cultures of Coxiella burnetti.
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be) Control of Contacts. No restrictions. Immunization of contacts is unnecessary.

d) General Measures.

1) Pasteurized dairy products only should be consumed.

2) Vaccination can be considered for those at high risk (laboratory workers working with C. burnetti, researchers working with pregnant sheep).

e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom C. burnetti is isolated or who have positive serology for Q-fever.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of or specific for detecting Coxiella burnetti infection.

2) Laboratories shall forward clinical materials positive for Coxiella burnetti to the Department's laboratory.

f) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.600 Rabies, Human (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period—Usually 2 to 8 weeks, occasionally shorter or much longer; depends on extent of laceration, site of wound in relation to richness of nerve supply and distance from brain, amount of virus introduced, protection provided by clothing, and other factors.

ab) Control of Case.

1) Standard Precautions shall be followed. Caregivers shall wear either masks and eye protection or face shields; gowns shall be worn when substantial contact with patient is anticipated. The number of exposed
personnel should be limited.

2) Testing for suspected human rabies cases can be requested through the Department and local health authority.

1) Universal precautions, contact isolation, or disease-specific precautions for respiratory secretions are required for duration of illness. A private room is required. (See Section 690.1010(a)(1)).

2) Concurrent disinfection is required of saliva and articles soiled therewith. Immediate attendants must be provided with impervious gloves and protective gowns to avoid inoculation with patient's saliva. (See Section 690.1000(e)(1)).

3) Terminal cleaning is required. (See Section 690.1000(e)(2)).

b) Control of Contacts. Contacts who have open wound or mucous membrane exposure to the case's saliva or central nervous system fluid or tissue shall be offered rabies post-exposure prophylaxis.

c) Laboratory Reporting.

1) Laboratories shall immediately report to the local health authority all persons for whom rabies testing has been requested.

2) The Department's laboratory shall be contacted for instructions prior to the shipment of specimens.

3) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of or specific for detecting acute rabies infection.

d) General Measures. See Section 690.601 (Rabies, Potential Human Exposure).

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.601 Rabies, Potential Human Exposure (Reportable by telephone, within 24 hours)
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a) Reporting. Definition of exposed person to be reported:

1) Any contact (bite or non-bite) to a bat; or

2) Any contact (bite or non-bite) to a person or animal that subsequently tests positive for rabies virus infection; or

3) Anyone who was started on rabies post-exposure prophylaxis; or

4) Exposure to saliva from a bite, or contact of any abrasion or mucous membrane with brain tissue or cerebrospinal fluid of any suspect rabid person or animal. Exposure to healthy rabbits, small rodents, indoor-only pets or rabies-vaccinated dogs, cats or ferrets is excluded, unless the exposure complies with subsections (a)(1) through (a)(3), or the animal displays signs consistent with rabies; or

5) Anyone who was in the same room as a bat and who might be unaware that a bite or direct contact has occurred (e.g., a sleeping person awakens to find a bat in the room or an adult witnesses a bat in the room with a previously unattended child, mentally disabled person, or intoxicated person) and rabies cannot be ruled out by testing the bat.

b) Investigations. All known instances of potential rabies exposure shall be investigated promptly by the local health authority to determine whether rabies post-exposure prophylaxis for the exposed person should be recommended.

c) Rationale of rabies post-exposure prophylaxis. Rabies post-exposure prophylaxis is discussed more fully in an Advisory Committee on Immunization Practices document incorporated in this Part (see Section 690.1010(a)(6)). Every exposure to a potentially rabid animal must be individually evaluated. The following factors should be considered:

1) Species of biting animal—carnivorous wild animals (especially skunks, foxes, coyotes, raccoons) and bats are more likely to be infected than other animals. A dog, cat or ferret that is current on its rabies vaccinations has only a minimal chance of developing rabies and transmitting the virus. Bites of rabbits, squirrels, chipmunks, rats, and mice seldom, if ever, call for rabies prophylaxis. Individuals exposed to birds, fish, amphibians or reptiles never require rabies post-exposure prophylaxis.
2) **Circumstances of biting incident**—an unprovoked attack by a dog or cat is more likely to indicate a rabies exposure. Bites during attempts to feed or handle an apparently healthy dog or cat should generally be regarded as provoked.

3) **Type of exposure**—rabies is transmitted by inoculation of infectious saliva or cerebrospinal fluid through the skin or mucus membranes. Bites from some species, such as bats, may go undetected due to small teeth size. Therefore, exposure of a sleeping person, or a person who is unable to describe an exposure to a bat, require that the exposed person be recommended for rabies post-exposure prophylaxis.

4) **Presence of rabies in terrestrial wild mammals in an area.** If rabies virus is circulating in terrestrial wild mammals (as evidenced by animal rabies testing results) in a given area, the likelihood of rabies in unvaccinated domestic animals is increased and rabies post-exposure prophylaxis may be recommended.

cd) **Control of Biting Animals**. See the Illinois Animal Control Act [510 ILCS 5].

e) **General Measures.**

1) The public should be educated to avoid contact with wild, unfamiliar or stray animals, but if they do have exposure, they should seek medical attention;

2) The prompt reporting of animal bites to an animal control agency is important;

3) Animals should be vaccinated in accordance with local and State ordinances and laws;

4) The local health and local animal control authorities should closely cooperate on animal bite issues.

f) **Reporting of Cases.** An individual case report form and a morbidity card supplied by the Department are required by the local health authority for all potential
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exposures.

(Source: Amended at 31 Ill. Reg. _______, effective ____________)

Section 690.610 Rocky Mountain Spotted Fever (See Tickborne Disease)(Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

See Tickborne Disease (Section 690.698).

a) Incubation Period—From 3 to 14 days.

b) Control of Case.

1) Isolation is not required.

2) Destruction of all ticks on patients.

c) Control of Contacts—There are no restrictions for contacts.

d) General Measures.

1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals.

2) The local health authority should investigate cases to determine the location of tick exposure (3 to 14 days prior to onset of symptoms). The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat.

3) Persons becoming ill within 2 weeks after a tick bite should report the bite immediately to a physician.

4) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick-control products.

e) Laboratory Reporting. Laboratories are required to report to the local health authority patients with significant (each laboratory will determine criteria for
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significance) positive antibody test results showing evidence of infection with Rickettsia rickettsii, positive polymerase chain reaction, positive immunofluorescence or isolation of the organism.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—From 14 to 21 days; usually 18 days.

ab) Control of Case.

1) Standard Precautions shall be followed. Droplet Precautions shall be followed for persons in health care facilities for 7 days after onset of rash. Isolation is not required unless hospitalized. Isolation procedures for hospitalized cases are stated in the latest edition of the manual entitled CDC Guideline for Isolation Precautions in Hospitals (see Section 690.1010(a)(1)).

2) Infants with congenital rubella syndrome may shed virus for months. Contact Precautions shall be followed for infants under 12 months of age with Congenital Rubella Syndrome in a health care facility, unless urine and pharyngeal virus cultures are negative for rubella virus after 3 months of age.

3) Rubella cases should be insolated from pregnant females. If a pregnant woman is exposed, a blood specimen should be obtained and tested for rubella IgG specific and IgM specific antibodies.

4) Cases shall be excluded from school, child care facilities or the workplace for 7 days after rash onset. Exclude from school or workplace for 7 days after rash onset.
Control of Contacts. No restrictions.

d) General Measures.

1) Children should be vaccinated in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Active immunization should be given as soon as possible after 12 months of age and may be given as part of a measles-mumps-rubella (MMR) combined vaccine. Single antigen rubella or mumps/rubella vaccine may be given after 12 months of age.

2) Children 2 years of age and older enrolled in child care facilities must be vaccinated against rubella in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).

3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against rubella in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).

4) Persons entering a college or university must be vaccinated against rubella in accordance with the immunization requirements as specified in rules of the Department entitled College Immunization Code (77 Ill. Adm. Code 694).

5) Adults should be vaccinated against rubella in accordance with the most recent recommendations of ACIP.

d) Laboratory Reporting.

Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting rubella virus infection, including positive results from IgM (rubella specific) serology, rubella virus isolates, or a significant rise in antibody results from IgG (rubella specific) from paired serologies. Laboratories are required to report positive IgM (rubella specific) serologic test results, or a significant rise to IgG (rubella specific) serologic test results, or rubella virus isolates.
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f) Reporting of Cases:
An individual case report form and morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—6 to 72 hours, usually about 12 to 36 hours.

ab) Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.

2) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers. Cases with salmonellosis shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and 2 consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

3) Health Care Workers.

A) Cases of salmonellosis who are health care workers shall be restricted from work until diarrhea has ceased for at least 24 hours.

B) Health care workers who use Standard Precautions or any equivalent isolation procedures, and who do not have diarrhea, shall not be restricted from their occupations while submitting release specimens, but shall submit 2 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered.
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C) Health care workers shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individuals shall be restricted from working.

1) Enteric precautions, disease-specific precautions, or equivalent isolation procedures are required for hospitalized patients until absence of fever and diarrhea. (See Section 690.1010(a)(1) and (a)(13)).

2) Cases who are food handlers or work in sensitive occupations shall not return to their usual occupation until 2 consecutive specimens (release specimens) of feces taken not less than 24 hours apart are tested and found to be negative. Health care workers who have diarrhea are restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or any equivalent isolation procedure, and who do not have diarrhea, are not required to be restricted from their occupations, but must submit release specimens as described in this subsection (b)(2). Health care workers who have diarrhea are restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission. Specimens must be submitted to a laboratory acceptable to the Department. If an antimicrobial agent has been given, release specimens must be collected at least 48 hours after treatment was discontinued.

3) Concurrent disinfection of body discharges is required. Hand washing is required after use of the toilet. (See Section 690.1000(e)(1)).

4) Terminal cleaning is required. (See Section 690.1000(e)(2)).

be) Control of Contacts.

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.
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i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or sensitive occupations and have had no symptoms of Salmonella infection during the previous 4 weeks.

ii) Contacts to cases of salmonellosis who are employed as food handlers or in sensitive occupations shall submit 2 consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individuals shall be restricted from working.

iii) If either of the 2 release specimens is positive for Salmonella, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) Health Care Workers.

i) There are no work restrictions while submitting release specimens for contacts who are employed as health care workers and have had no symptoms of Salmonella infection during the previous 4 weeks.

ii) Contacts to cases of salmonellosis who are employed as health care workers shall submit specimens as described in subsection (a)(3) of this Section. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individuals shall be restricted from working.

iii) If either of the 2 release specimens is positive for
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Salmonella, contacts shall be considered cases and shall comply with subsection (a)(3) of this Section.

A) There are no automatic restrictions from working for contacts who are food handlers or employed in sensitive occupations and who have had no symptoms of salmonellosis during the previous 4 weeks.

B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks following notification.

C) If either of the 2 release specimens referenced in subsection (c)(1)(B) of this Section is positive for Salmonella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) All contacts to cases of salmonellosis employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous 4 weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and 2 consecutive negative stool specimens have been submitted. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

ii) If either of the 2 release specimens is positive for Salmonella, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.
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B) Health Care Workers.

i) Contacts to cases of salmonellosis who are employed as health care workers who currently have diarrhea shall be restricted from work until diarrhea has ceased for at least 24 hours.

ii) Contacts to cases of salmonellosis who are employed as health care workers who have had diarrhea during the previous 4 weeks and the diarrhea has resolved, and who use Standard Precautions or any equivalent isolation procedures, are not required to stop working at their occupations but shall submit 2 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individuals shall be restricted from working.

iii) If either of the 2 release specimens is positive for Salmonella, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, are not required to cease their occupations but must submit release specimens as described in subsection (b)(2) of this Section.
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C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks of notification. This occupational restriction will terminate when specimens are submitted.

D) If either of the 2 release specimens referenced in subsection (e)(2)(A) or (e)(2)(B) is positive for Salmonella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

e) General Measures.

1) The public should be educated to thoroughly cook all foods derived from animal sources, particularly egg products, meat, poultry or pork dishes.

2) Pasteurized egg products should be used when preparing foods that require use of raw eggs or foods in which eggs would be pooled before cooking.

3) All food handlers should be instructed and supervised in hand washing.

4) The public should be educated about the risk of Salmonella from pets such as reptiles, chicks or ducklings. These types of pets should be avoided by families with young children and by immunocompromised persons.

5) Irradiation of meat may decrease the risk of Salmonella.

6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

d) Laboratory Reporting.

1) Laboratories shall be required to report to the local health authority patients from whom Salmonella has been isolated or patients who have a positive result on any other laboratory test indicative of and specific for detecting Salmonella infection.
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2) Laboratories shall forward clinical materials positive for Salmonella are required to submit Salmonella isolates to the Department's laboratory for serotyping.

3) Laboratories shall report and submit to the Department's laboratory any food, environmental or animal Salmonella isolates resulting from an outbreak investigation.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority. If more than one case is identified in a household, completion of the morbidity card is all that is required for the additional household cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.635 Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)

a) Control of Case.

1) Standard Precautions, Contact Precautions, Droplet Precautions including eye protection, and Airborne Infection Isolation Precautions shall be followed for cases or suspect cases in a health care facility. The local health authority shall be notified immediately if Airborne Infection Isolation rooms are not available. These precautions shall comply with the guidelines referenced in Section 690.1010(a)(4). When a case or suspected case is isolated in the home or in any other non-hospital setting, isolation procedures shall comply with Section 690.1010(a)(4).

2) Cleaning and disinfection procedures shall comply with the guidelines referenced in Section 690.1010(a)(4).

b) Control of Contacts.

1) Contacts of SARS cases shall be placed under surveillance, with close observation for fever and respiratory symptoms for the 10 days following the last exposure. Observation and monitoring procedures shall comply with Section 690.1010(a)(4).
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2) Contacts of cases may be quarantined. Quarantine procedures shall comply with Subpart H and Section 690.1010(a)(4).

c) Laboratory Reporting. Laboratories shall report all persons with SARS (suspected or confirmed) to the local health authority. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting SARS virus.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—12 hours to 7 days, usually one to 3 days.

ab) Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours. Enteric precautions, disease-specific precautions, or equivalent isolation procedures (see Section 690.1010(a)(1) or (a)(13)) are required for patients in health care facilities until two negative fecal cultures are obtained.

2) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers. Cases with shigellosis shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and 2 consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

3) Health Care Workers.

A) Cases of shigellosis who are health care workers shall be restricted from work until diarrhea has ceased for at least 24 hours.
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B) Health care workers who use Standard Precautions or any equivalent isolation procedures, and who do not have diarrhea, shall not be restricted from their occupations while submitting release specimens, but shall submit 2 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered.

C) Health care workers shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individual shall be restricted from working.

4) If an antimicrobial agent has been given, the specimens shall be collected at least 48 hours after treatment was completed. If Cary-Blair media is used to transport the specimen, the specimen shall arrive at the Department's laboratory or an acceptable laboratory within 72 hours after collection. Because of the fragility of the Shigella organism, specimens submitted using other transport media shall arrive at a Department laboratory or an acceptable laboratory within 6 hours after passage.

2) Cases who are food handlers or work in sensitive occupations shall not return to their usual occupations until 2 consecutive specimens of feces, taken not less than 24 hours apart, are found to be negative. Health care workers with diarrhea shall be restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or an equivalent isolation procedure and who do not have diarrhea shall not be restricted from their occupations, but must submit release specimens as described in this subsection (b)(2). Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission. If an antimicrobial agent has been given, the specimens must be collected at least 48 hours after treatment was completed. If Cary-Blair media is used to transport the specimen, the specimen must arrive at the Department's laboratory or a laboratory acceptable to the Department within 72 hours. Because of the fragility of the Shigella organism,
specimens submitted using other transport media must arrive in a laboratory of the Department or in a laboratory acceptable to the Department within 6 hours after passage.

3) Concurrent disinfection of feces and articles soiled with feces is required. Hand washing after use of the toilet is required. (See Section 690.1000(e)(1).)

4) Terminal cleaning is required. (See Section 690.1000(e)(2).)

be) Control of Contacts.

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of Shigella infection during the previous 4 weeks.

ii) Contacts to cases of shigellosis who are employed as food handlers or in sensitive occupations shall submit 2 consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individual shall be restricted from working.

iii) If either of the 2 release specimens is positive for Shigella, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) Health Care Workers.
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i) There are no work restrictions while submitting release specimens for contacts who are employed as health care workers and who have had no symptoms of Shigella infection during the previous 4 weeks.

ii) Contacts to cases of shigellosis who are employed as health care workers shall submit specimens as described in subsection (a)(3) of this Section. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individual shall be restricted from working.

iii) If either of the 2 release specimens is positive for Shigella, contacts shall be considered cases and shall comply with subsection (a)(3) of this Section.

A) There are no automatic restrictions from working for contacts who are food handlers or employed in sensitive occupations and who have had no symptoms of shigellosis during the previous 4 weeks.

B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks following notification.

C) If either of the 2 release specimens referenced in subsection (c)(1)(B) of this Section is positive for Shigella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.
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i) All contacts to cases of shigellosis employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous 4 weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have submitted 2 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

ii) If either of the 2 release specimens is positive for Shigella, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) Health Care Workers.

i) Contacts to cases of shigellosis who are employed as health care workers who currently have diarrhea shall be restricted from work until diarrhea has ceased for at least 24 hours.

ii) Contacts to cases of shigellosis who are employed as health care workers who have had diarrhea during the previous 4 weeks that has resolved and who use Standard Precautions or any equivalent isolation procedures are not required to stop working at their occupations but shall submit 2 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individuals shall be restricted from working.

iii) If either of the 2 release specimens is positive for Shigella, contacts shall be considered cases and shall comply with
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subsection (a)(3) of this Section.

A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, shall not be restricted from their occupations but must submit release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

D) If either of the 2 release specimens referenced in subsection (e)(2)(A) or (e)(2)(B) is positive for Shigella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

cd) Sale of Food, Milk, etc. (See Section 690.1000(b)(f).)

e) General Measures.

1) Protection and purification of public water supplies.

2) Supervision of hygienic practices, especially hand washing, of food handlers and young children.

3) Sanitary disposal of human excreta.

4) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.
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Laboratory Reporting.

1) Laboratories shall report to the local health authority patients from whom Shigella has been isolated or patients who have a positive result on any laboratory test indicative of and specific for detecting Shigella infection.

2) Laboratories shall forward clinical materials positive for Shigella and are required to submit Shigella isolates to the Department's laboratory for serotyping. When suspicious clusters occur, these isolates will be available if additional typing such as pulse field gel electrophoresis is considered necessary.

3) Laboratories shall report and submit to the Department's laboratory any environmental Shigella isolates resulting from an outbreak investigation.

Reporting of Cases. An individual case report form and morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 31 Ill. Reg. _______, effective ____________)

Section 690.650 Smallpox (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

a) Incubation Period—From 7 to 17 days; commonly 10 to 12 days to onset of illness and 2 to 4 days more to onset of rash.

ab) Control of Case. Standard Precautions, Contact Precautions and Airborne Infection Isolation Precautions shall be followed. The local health authority shall be notified immediately if Airborne Infection Isolation rooms are not available. In hospitals, strict isolation shall be used until disappearance of all scabs. (See Section 690.1010(a)(1)).

be) Control of Contacts. Post-exposure immunization, within 3 to 4 days after exposure, provides some protection against disease and significant protection against a fatal outcome. Any person with significant exposure to a person with proven smallpox during the infectious stage of illness requires immunization as
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soon after exposure as possible, but within the first 4 days after exposure. Contacts to cases may be quarantined as specified in Section 690.1000(b).

cd) Sale of Food, Milk, etc. (See Section 690.1000(b)(f).)

e) Reporting of Cases. A narrative report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

df) Laboratory Reporting.

1) Laboratories shall immediately report to the local health authority all persons for whom smallpox testing has been requested.

2) Laboratories shall contact the Department for instructions prior to the shipment of specimens.

3) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting smallpox infection.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.655 Smallpox vaccination, complications of vaccination for (Reportable by telephone or electronically as soon as possible, within 24 hours)

a) Complications of vaccination for smallpox include, but are not limited to, the following: eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, autoinoculation, ocular vaccinia, myopericarditis, post-vaccinal encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the vaccination site, vaccinia transmission to contacts, and other adverse events resulting in hospitalization, permanent disability, life-threatening illness, or death.

b) Control of Case.

1) Only vaccinated persons should have contact with active vaccination sites and care for persons with adverse vaccinia events. If unvaccinated, only health care workers without contraindications to vaccine may provide care.
2) Precautions for individuals with vaccinia complications vary depending upon the type of complication:

A) Blepharitis or conjunctivitis: Standard Precautions shall be followed. Contact Precautions shall be followed if there is copious drainage.

B) Eczema vaccinatum: Standard and Contact Precautions shall be followed. Contact Precautions shall be followed until all lesions are dry and crusted and scabs have separated.

C) Fetal vaccinia: Standard and Contact Precautions shall be followed. Contact Precautions shall be followed until all lesions are dry and crusted and scabs have separated.

D) Generalized vaccinia: Standard and Contact Precautions shall be followed. Contact Precautions shall be followed until all lesions are dry and crusted and scabs have separated.

E) Iritis or keratitis: Standard Precautions shall be followed.

F) Postvaccinial encephalitis: Standard Precautions shall be followed.

G) Progressive vaccinia: Standard and Contact Precautions shall be followed. Contact Precautions shall be followed until all lesions are dry and crusted and scabs have separated.

H) Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome): Standard Precautions shall be followed. Note: this is not an infectious condition.

c) Control of Contacts. Contacts shall be interviewed to determine smallpox vaccination status. Unvaccinated contacts shall be evaluated for risk factors for smallpox vaccine-related complications and be counseled regarding appropriate infection control measures. Persons in whom vaccine-related complications develop shall be managed as noted in subsections (b)(1) and (2).

b) Incubation Period. Most complications occur within 14-28 days after vaccination;
complications may occur later (e.g., vaccinia infection in contacts, fetal vaccinia).

e) Control of case and contacts. Isolation and infection control precautions for individuals with vaccinia complications vary depending upon the type of complication.

d) Laboratory Reporting. As laboratory tests become available to identify vaccinia virus as the cause of complication, laboratories shall be required to report positive test results and accompanying demographic information.

e) Reporting of cases. Complications of smallpox vaccination shall be reported to the local health department within 24 hours after diagnosis.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.658 Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of 3 or More Cases Occurring in Community Settings (including, but not limited to, schools, correctional facilities, day care settings, and sports teams) (Reportable by telephone as soon as possible, within 24 hours)

a) Control of Clusters. The local health authority shall be consulted regarding any identified cluster of 3 or more cases for recommendations specific to the setting where the cluster is identified.

b) Laboratory Reporting.

1) Laboratories shall report to the local health authority all MRSA cultures that are known or suspected to be part of a cluster or as requested by the local health authority or the Department.

2) Upon request, laboratories shall forward MRSA isolates to the Department's laboratory.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.660 Staphylococcus aureus, Methicillin Resistant (MRSA) Infections, Invasive Disease and Skin and Soft Tissue Infections, Occurring In Infants in a Neonatal Intensive Care Unit or Newborn Nursery Under 28 Days of Age Within a Health Care Institution or With Onset After Discharge (Reportable by mail, telephone, facsimile or electronically as
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soon as possible, within 24 hours

a) Incubation Period—Commonly 4 to 10 days, but disease may not occur until several months after colonization.

b) Control of Case (Invasive and Non-invasive).

1) Contact Precautions shall be followed. Contact isolation, disease-specific precautions, universal precautions or equivalent isolation procedures are required for hospitalized patients (see Section 690.1010(a)(1) or 690.1010(a)(13).)

2) Investigation of Clusters.

A) For the purpose of this Section, an MRSA cluster is defined as 2 or more patients associated with a neonatal intensive care unit (NICU) or newborn nursery with a culture (screening or clinical) positive for MRSA during a 14-day period for whom an epidemiologic link is feasible and a pulse field gel electrophoresis (PFGE) or other typing method result is identical or a PFGE is not yet performed.

B) If a cluster of MRSA is identified in a NICU or newborn nursery, for which an epidemiologic link cannot be excluded, NICU or newborn nursery personnel who provided care for affected infants should be screened and evaluated for the presence of any acute or chronic skin lesions. Additional screening and evaluation for skin lesions among other personnel involved in care of culture-positive individuals may be performed based on the determination of the chairperson of the infection control committee.

2) Patients outside of a health care institution do not require special handling.

3) Concurrent disinfection of articles contaminated by infectious discharges is required. (See Section 690.1000(e)(1).)

4) Terminal cleaning is required. (See Section 690.1000(e)(2).)

5) If within two weeks after diagnosis additional cases associated in place
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and time are identified, nursery personnel who provided care for affected infants should be screened and treated if positive.

b) Control of Contacts. Hospital personnel with minor skin lesions, such as pustules, boils, abscesses, conjunctivitis, severe acne, otitis externa, or infected lacerations, shall not work in a newborn nursery.

d) General Measures. Strict adherence to hand washing of hospital nursery staff before contact with each infant is required.

e) Laboratory Reporting. Laboratories shall report to the local health authority all cultures from which MRSA is isolated from a normally sterile site if the culture was obtained during hospitalization of the infant in a NICU or newborn nursery, infants less than 28 days of age from whom a clinically significant Staphylococcus aureus is isolated.

f) Reporting of Cases. A morbidity card supplied by the Department is required to be submitted on all cases by the local health authority.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.661 Staphylococcus aureus Infections with Intermediate (Mic between 4 and 8) (VISA) or High Level Resistance to Vancomycin (MIC greater than or equal to 16) (VRSA) (Reportable by telephone, within 24 hours)

a) Control of Case. Standard Precautions and Contact Precautions shall be followed for cases or suspect cases in a health care facility. These precautions shall comply with the guidelines referenced in Section 690.1010(a)(5) and (6). Specific recommendations will be issued on a case-by-case basis.

b) Control of Contacts. The Department will issue specific recommendations on a case-by-case basis.

b) General Measures. The document entitled "Recommendations for Preventing the Spread of Vancomycin Resistance" should be followed. (See Section 690.1010(a)(16).)

c) Laboratory Reporting.
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1) Laboratories shall be required to report to the local health authority patients from whom VISA (MIC between 4 and 8) or VRSA (MIC greater than or equal to 16) intermediate or high level vancomycin-resistant Staphylococcus aureus has been isolated regardless of method.

2) Laboratories shall forward clinical materials with a vancomycin minimum inhibitory concentration greater than or equal to 4 to the Department's laboratory. Isolates defined by hospital or commercial laboratories as vancomycin-resistant Staphylococcus aureus shall be forwarded to the Department's laboratory for confirmation (minimum inhibitory concentrations greater than or equal to 4).

e) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and necrotizing fasciitis) and Sequelae to Group A Streptococcal Infections (rheumatic fever and acute glomerulonephritis) (Reportable by telephone, within 24 hours)

a) Incubation Period—Short, usually 1 to 3 days; rarely longer.

ab) Control of Case.

1) Standard Precautions shall be followed. In cases of necrotizing fasciitis, Contact Precautions shall be followed when the dressing does not adequately contain drainage. Droplet Precautions shall be followed for persons with bacteremia, necrotizing fasciitis, or toxic shock syndrome. Droplet Precautions shall also be followed for infants and children with pharyngitis, pneumonia or scarlet fever. Drainage/secretion precautions, universal precautions, disease-specific precautions or equivalent isolation procedures are required, but may be terminated after 24 hours' treatment with penicillin or other appropriate antibiotics, provided treatment is continued for a minimum of 10 days to prevent rheumatic fever. (See Section 690.1010(a)(1) or (a)(13).)

2) Concurrent disinfection is required of nose and throat secretions and all
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purulent discharges and articles soiled with these discharges... (See Section 690.1000(e)(1).)

3) Terminal cleaning is required. (See Section 690.1000(e)(2).)

24) The local health authority shall be consulted regarding any identified cluster of cases, particularly in closed settings, such as a long-term care facility, for additional recommendations.

be) Control of Contacts.

1) No restrictions. There are no restrictions for contacts. Pharyngeal culture of symptomatic contacts. Under certain conditions, pharyngeal cultures of asymptomatic individuals may be recommended.

2) Culture of symptomatic contacts should be considered. Under certain conditions, pharyngeal cultures of asymptomatic individuals may be recommended. The local health department should be consulted on cases of fatal invasive Group A streptococcus, necrotizing fasciitis or toxic shock syndrome on a case-by-case basis for additional precautions.

d) Sale of Food, Milk, etc. (See Section 690.1000(b)(f).)

e) General Measures. Educate the public about transmission.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

dg) Laboratory Reporting. Laboratories shall report to the local health authority patients from whom Group A Streptococcus has been isolated from a normally sterile site; patients clinically compatible with Streptococcal toxic shock syndrome or necrotizing fasciitis from whom Group A Streptococcus has been isolated from a normally sterile or non-sterile site; and patients who have a positive result on any other laboratory test indicative of and specific for detecting invasive Group A Streptococcus from a normally sterile site. All isolates of Streptococcus pyogenes from a sterile site are required to be forwarded to the Department's laboratory.
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(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

a) Control of Case.
   1) No special precautions.
   2) If multiple cases occur in a nursery, cohorting of infected infants separately from non-infected infants can be helpful.

b) Control of Contacts. No control measures indicated.

e) General Measures. Each hospital or primary medical provider should utilize a prevention strategy as outlined in "Prevention of Perinatal Group B Streptococcal Disease: A Public Health Perspective" (see Section 690.1010(a)(10)).

d) Laboratory Reporting. Laboratories are required to report to the local health authority all patients under 3 months of age with Streptococcus agalactiae isolated from a normally sterile site.

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Repealed at 31 Ill. Reg. _____, effective ____________)

Section 690.678 Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years (Streptococcus pneumoniae, Invasive Disease (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period—Not well determined, may be as short as 1 to 3 days.

ab) Control of Case. Standard Precautions shall be followed.
   1) In hospitals, standard precautions or equivalent isolation procedures should be used for patients (see Section 690.1010(a)(13)).
2) Concurrent disinfection of discharges from nose or throat of pneumonia cases (see Section 690.1000(e)(1)).

3) Terminal cleaning is required (see Section 690.1000(e)(2)).

be) Control of Contacts. No restrictions.

1) No restrictions.

2) In outbreaks in institutions or other closed population groups, immunization should be carried out unless the serotype causing the disease is not included in the vaccine.

d) General Measures.

1) Avoid crowding, especially in institutions, barracks and ships.

2) Immunization of high risk individuals is recommended according to "Preventing Pneumococcal Disease Among Infants and Young Children" (Section 690.1010(a)(11)) and "Prevention of Pneumococcal Disease" (Section 690.1010(a)(12)).

c)e) Laboratory Reporting. Laboratories shall report to the local health authority patients less than 5 years of age from whom Streptococcus pneumoniae has been isolated from a normally sterile site or patients less than 5 years of age with a positive result on any other laboratory test indicative of and specific for detecting Streptococcus pneumoniae infection from a normally sterile site. The antibiotic susceptibility test results, resistance pattern and test method shall also be reported.

f) Reporting of Cases. Only invasive cases (patients in which the organism was isolated from a normally sterile site) should be reported. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within
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7 days)

<table>
<thead>
<tr>
<th>a) Incubation Period—Commonly 4 days to 3 weeks, dependent on character, extent and location of wound; average 10 days. Most cases occur within 14 days, but may be longer.</th>
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<tbody>
<tr>
<td>ab) Control of Case—No restrictions.</td>
</tr>
<tr>
<td>1) Standard Precautions shall be followed.</td>
</tr>
<tr>
<td>2) Post-injury patients at risk should receive human tetanus immune globulin and/or toxoid.</td>
</tr>
<tr>
<td>be) Control of Contacts—No restrictions.</td>
</tr>
<tr>
<td>d) General Measures</td>
</tr>
<tr>
<td>1) Children should be immunized in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Children should be given a series of 3 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine combined (DTaP) beginning at 2 months of age, with a minimum interval of at least 4 weeks between doses. A booster dose of DTaP should be administered at least 6 months later and repeated on or after the age of 4 and prior to school entry.</td>
</tr>
<tr>
<td>2) Children one year of age and older enrolled in child care facilities must be vaccinated against tetanus in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).</td>
</tr>
<tr>
<td>3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against tetanus in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).</td>
</tr>
<tr>
<td>4) Persons 7 years of age or older should be given tetanus-diphtheria combined toxoid (Td) either as a primary immunizing agent for tetanus or as a booster for diphtheria and tetanus.</td>
</tr>
</tbody>
</table>
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5) Routine booster doses of tetanus-diphtheria combined toxoid (Td) should be given every 10 years.

6) Post-injury patients at risk should receive human tetanus immune globulin and/or toxoid according to the most recent recommendations of ACIP.

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.695 Toxic Shock syndrome due to Staphylococcus aureus Infection, Toxic Shock Syndrome (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Control of Case. Standard Precautions shall be followed.

1) Isolation—Drainage/secretion precautions or disease-specific precautions are required for vaginal discharge and pus during the duration of illness (see Section 690.1010(a)(1)).

2) Concurrent disinfection of purulent discharges and articles soiled with these discharges is required (see Section 690.1000(e)(1)).

3) Terminal cleaning is required (see Section 690.1000(e)(2)).

b) Control of Contacts. No restrictions. None.

c) General Measures. Cases must be investigated to determine risk factors associated with disease.

d) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)
Section 690.698  Tickborne Disease (includes Ehrlichiosis, Human granulocytotropic anaplasmosis (HGA), Ehrlichiosis, Human monocyctotropic ehrlichiosis (HME), Lyme disease and Rocky Mountain spotted fever) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Control of Case. Standard Precautions shall be followed.

b) Control of Contacts. No restrictions.

c) Laboratory Reporting. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Anaplasma phagocytophilum, Ehrlichia species, Borrelia burgdorferi or Rickettsia rickettsii infection.

(Source: Added at 31 Ill. Reg. _______, effective ____________)

Section 690.710  Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period—About 8 to 15 days after ingestion of contaminated meat; varies between 5 and 45 days.

ab) Control of Case—There are no restrictions for cases.

1) Standard Precautions shall be followed.

2) The local health authority shall investigate the case's food history, identify possible sources of Trichinella, and confiscate any remaining suspect food. If information on the suspected food source for a human trichinosis case indicates that livestock in the United States may be infected, the Department will provide this information to the Illinois Department of Agriculture for follow-up.

be) Control of Contacts. No restrictions. There are no restrictions for contacts.

d) General Measures.

1) The local health authority should investigate the case's food history and identify possible sources of trichinella and should confiscate any
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remaining suspect food.

2) The public should be educated to cook all meat from wild carnivores, pork and pork products at a temperature allowing all parts of the meat to reach at least 171 degrees F (77 degrees C) or until meat changes from pink to gray, unless meat previously properly processed.

3) Attempt to identify the source for all cases.

4) Farmers and hog raisers are encouraged to use standard swine sanitation practices, including control of rats and prevention of swine feeding on rats or swine carcasses.

5) Food stores are urged to have separate grinding machines for beef and pork.

6) Irradiation of pork products could reduce the risk of trichinella.

c) Laboratory Reporting.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Trichinella spiralis infection.

2) Laboratories shall report and submit to the Department's laboratory any Trichinella-positive food, environmental or animal samples resulting from an outbreak investigation.

Laboratories are required to report to the local health authority persons from whom Trichinella spiralis has been identified and patients with significant serologic test results. Each laboratory will determine a significant serologic test result.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 31 Ill. Reg. ______, effective ____________ )
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Section 690.725 Tularemia (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days, unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone) (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

a) Incubation Period—1 day to 14 days, usually 3 days to 5 days.

ab) Control of Case.

1) Standard Precautions shall be followed. Drainage/secretion precautions or disease-specific procedures for drainage from open lesions is required. (See Section 690.1010(a)(1)).

2) Biosafety Level 2 laboratory precautions are required. Laboratory workers who encounter/handle this organism are at high risk of disease if exposed. Concurrent disinfection of drainage from open lesions and conjunctivae, and articles contaminated with drainage is required. (See Section 690.1000(e)(1)).

3) Terminal cleaning is not required.

be) Control of Contacts. No restrictions. There are no restrictions for contacts.

d) General Measures.

1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals.

2) The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat.

3) The local health authority should investigate cases to determine the location of tick exposure (1-14 days prior to onset of symptoms).

4) Persons becoming ill following a tick bite should report the tick bite immediately to a physician.
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5) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick control products.

6) The public should be educated to use impervious gloves when skinning or handling animals, especially rabbits.

7) The meat of wild rabbits and rodents should be thoroughly cooked before ingestion.

8) The public should be educated to avoid bites of flies and mosquitoes in addition to ticks.

9) The public should be educated about the hazards of swimming in streams and ponds in areas where wild animal infection is known.

ce) Laboratory Reporting.

1) Laboratories shall report to the local health authority patients from whom Francisella tularensis has been cultured and patients who have a positive result on any other laboratory test indicative of and specific for detecting Francisella tularensis infection, with significant (criteria for significance should be determined by each laboratory) serologic test result for tularemia.

2) Laboratories shall forward clinical materials positive for Francisella tularensis isolates are required to be forwarded to the Department's laboratory.

f) Reporting of Cases—An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.730 Typhoid Fever (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period—Dependent on size of infecting dose; usual range 8 days to 14 days.
Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or for persons with poor hygiene during the acute illness. Enteric precautions, disease-specific precautions (see Section 690.1010(a)(1)) or equivalent procedures (see Section 690.1010(a)(13)) are required during the acute illness. If the patient is not in a licensed hospital, conditions must be approved by the local health authority. After termination of the acute illness (absence of fever), cases may resume their usual activities after receiving education on transmission of the bacterium that causes typhoid fever from the local health authority, but shall not return to child care facilities or to food handling or sensitive occupations until released according to subsection (b)(4) of this Section.

2) Feces, urine and articles soiled with excreta shall be disinfected before being discharged to a private sewage disposal system. Concurrent disinfection of feces and urine and articles soiled by these excreta is required until the case is released by the local health authority. In communities with municipal sewage disposal systems, feces and urine may be discharged into sewers without preliminary disinfection. (See Section 690.1000(e)(1).) Hand washing after defecation is required.

3) Terminal cleaning is required. (See Section 690.1000(e)(2).)

Persons in Non-sensitive Occupations.

A) Cases with typhoid fever in non-sensitive occupations shall not return to their occupation until:

i) Termination of the acute illness (absence of fever); and

ii) Receipt of education on transmission of the bacterium that causes typhoid fever from the local health authority.

B) Cases who are in non-sensitive occupations who are no longer acutely ill may resume their occupation but shall submit 3 consecutive specimens of feces negative for Salmonella typhi,
taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy. Once specimen submission begins, specimens shall be submitted at least once per week until the case is released or reclassified. Each release specimen shall be examined in a laboratory of the Department or in an acceptable laboratory. Specimens of feces shall show evidence of growth of normal flora.

C) Reclassification of Cases.

i) Convalescent Carrier. If any of the 3 release specimens from the case are positive for Salmonella typhi and the patient is asymptomatic, the case shall be classified as a convalescent carrier, providing that the specimen was collected within 12 months following onset of symptoms. If the patient becomes classified as a convalescent typhoid carrier, the patient is subject to subsection (b)(2) of this Section.

ii) Chronic Carrier. If cases in non-sensitive occupations do not submit 3 consecutive negative specimens within 12 months following onset of illness, the case shall be classified as a chronic carrier and subject to subsection (b)(1) of this Section.

4) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

A) Cases with typhoid fever shall not work as food handlers or in sensitive occupations until:

i) Termination of the acute illness (absence of fever); and

ii) Receipt from the local health authority of education on transmission of the bacterium that causes typhoid fever; and
iii) Submission of 3 consecutive specimens of feces negative for Salmonella typhi, taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy. Once specimen submission begins, specimens shall be submitted at least once per week until the case is released or reclassified. Each release specimen shall be examined in a Department laboratory or an acceptable laboratory.

B) Reclassification of Cases.

i) Convalescent Carrier. If any of the 3 release specimens from the case is positive for Salmonella typhi and the patient is asymptomatic, the case shall be classified as a convalescent carrier, provided that the specimen was collected within 12 months following onset of symptoms. If the patient becomes classified as a convalescent typhoid carrier, the patient is subject to subsection (b)(2) of this Section.

ii) Chronic Carrier. If cases in non-sensitive occupations do not submit 3 consecutive negative specimens within 12 months following onset of illness, the case shall be classified as a chronic carrier and shall be subject to subsection (b)(1) of this Section.

5) Health Care Workers.

A) Cases with typhoid fever employed as health care workers shall not return to their occupation until:

i) Termination of the acute illness (absence of fever); and

ii) Receipt from the local health authority of education on transmission of the bacterium that causes typhoid fever.

B) Health care workers who use Standard Precautions or any
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equivalent isolation procedure and who are not acutely ill may continue working while submitting release specimens as described. Health care workers shall submit 3 consecutive specimens of feces negative for Salmonella typhi, taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset of illness. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy.

C) Once specimen submission begins, health care workers shall submit at least one specimen per week until the case is released or reclassified, or they shall be restricted from working until they comply with required specimen submission. Each release specimen shall be examined in a Department laboratory or an acceptable laboratory. Specimens of feces shall show evidence of growth of normal flora.

D) Reclassification of Cases.

i) Convalescent Carrier. If any of the 3 release specimens from the case are positive for Salmonella typhi and the patient is asymptomatic, the case shall be classified as a convalescent carrier provided the specimen was collected within 12 months following onset of symptoms. If the patient becomes classified as a convalescent typhoid carrier, he or she is subject to subsection (b)(2) of this Section.

ii) Chronic Carrier. If cases in non-sensitive occupations do not submit 3 consecutive negative specimens within 12 months following onset of illness, the case shall be classified as a chronic carrier and subject to subsection (b)(1) of this Section.

4) The case will be released from enteric precautions when 3 consecutive specimens of feces, taken not less than 24 hours apart and preferably 30 days after onset, are negative for Salmonella typhi. The first release specimen shall be taken not less than 48 hours after completion of any antimicrobial agent. Each release specimen must be examined in a
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laboratory of the Department or in a laboratory acceptable to the Department within 48 hours after collection. Specimens of feces must show evidence of growth of normal flora. Health care workers with diarrhea will be restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or any equivalent isolation procedure, and who do not have diarrhea, shall not be restricted from their occupations, but must submit release specimens as described. Health care workers will be restricted from their occupations if they do not begin submitting release specimens within 2 weeks after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission.

5) If any of the 3 release specimens from the case are positive and the patient is asymptomatic, the case shall be classified as a convalescent carrier providing the specimen was collected within 12 months following onset of symptoms.

6) If cases do not submit 3 consecutive negative specimens within 12 months following onset of illness according to this subsection (b), they will be classified as chronic carriers.

be) Control of Carriers.

1) Chronic Carriers.

A) A chronic carrier is defined as:

i) A person who excretes typhoid bacilli in feces or urine and had no symptoms of typhoid disease during the past 12 months; or

ii) A person who was an acute typhoid fever case who excretes typhoid bacilli for 12 months or longer after onset of typhoid fever; or

iii) A person who harbors typhoid bacilli at a site where excretion is likely (including a patient with culture-positive bile or another clinical specimen following
cholecystectomy), but had no symptoms of typhoid disease during the past 12 months; or

iv) A person with culture-proven acute typhoid fever more than 12 months earlier who has not submitted 3 negative specimens of feces as described in subsection (a)(4) of this Section.

B) A person found to be a chronic typhoid carrier is subject to the same regulations as cases, but may be granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Chronic typhoid carriers may not be employed as food handlers or in sensitive occupations or attend a day care (adult or child) facility until released from the restrictions placed on chronic typhoid carriers (see subsection (b)(1)(D) of this Section). The local health authority shall contact the carrier annually or as often as necessary to reiterate education about modes of transmission of the bacteria that causes typhoid fever. Carriers over age 70 and other carriers with infirm health shall be contacted every 6 months.

C) When a chronic typhoid carrier requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted as a patient to assure that proper precautions are taken. A health care worker, upon taking care of the case at home, shall also be informed for his/her protection. Typhoid carriers can be admitted to long-term care facilities or day care programs after consultation with the local health authority and the Department, at which time a care plan specific to each carrier shall be developed.

D) A chronic carrier may be released from modified isolation after submitting 3 consecutive negative specimens of feces collected not less than 30 days apart. Each specimen shall be authenticated and at least one specimen shall be collected after administering a saline cathartic. The post-cathartic specimen shall be collected from the second or third bowel movement after administering the cathartic.
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Specimens shall not be taken within 48 hours after antimicrobial therapy, regardless of the reason for which the medication was prescribed. Testing and transport of specimens shall comply with subsection (a)(4) of this Section.

2) Convalescent Carriers,

A) A convalescent carrier is defined as:

i) A case of acute typhoid fever who has one or more positive cultures subsequent to clinical recovery; or

ii) A person who is culture-positive for typhoid bacilli, as described in subsection (b)(1)(A), and who has a history of acute typhoid within the previous 12 months.

B) A person found to be a convalescent typhoid carrier may not resume his/her usual activities outside the home until granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Convalescent typhoid carriers may not work as food handlers or in sensitive occupations or attend group day care (adult or child) until released from the restrictions on convalescent typhoid carriers (see subsection (b)(2) of this Section).

C) When a convalescent typhoid carrier requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted as a patient to assure that proper precautions are taken. A health care worker, upon taking care of the case at home, shall also be informed for his/her protection. Typhoid carriers can be admitted to long-term care facilities or day care programs after consultation with the local health authority and the Department, at which time a care plan specific to each carrier shall be developed.

D) A convalescent carrier may be released from modified isolation after submitting 3 consecutive negative specimens of feces at
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intervals of not less than 30 days and within 12 months after onset. Collection, testing and transport of these specimens shall conform to subsection (a)(4) of this Section.

1) A chronic carrier is defined as:
   A) A person who excretes typhoid bacilli in feces or urine and had no symptoms of typhoid disease during the past 12 months; or
   B) A person who was an acute typhoid fever case who excretes typhoid bacilli for 12 months or longer after onset of typhoid fever; or
   C) A person who harbors typhoid bacilli at a site where excretion is likely (including a patient with culture-positive bile or another clinical specimen following cholecystectomy), but had no symptoms of typhoid disease during the past 12 months; or
   D) A person with culture-proven acute typhoid fever more than 12 months earlier who has not submitted 3 negative specimens of feces as described in subsection (b)(4) of this Section.

2) A convalescent carrier is defined as:
   A) A case of acute typhoid fever who has one or more positive cultures subsequent to clinical recovery; or
   B) A person who is culture-positive for typhoid bacilli, as described above, and who has a history of acute typhoid within the previous 12 months.

3) A person found to be a chronic typhoid carrier is subject to the same regulations as cases, but may be granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Chronic typhoid carriers may not be employed as food handlers or in sensitive occupations (see Section 690.900) or attend group day care until released from the restrictions placed on chronic typhoid carriers (see subsection (e)(7) of this Section). The local health authority shall visit the carrier annually or as
often as necessary to reiterate education about modes of transmission of the bacteria that causes typhoid fever. Carriers over age 70 and other carriers with infirm health shall be contacted every 6 months.

4) A person found to be a convalescent typhoid carrier may not resume his/her usual activities outside the home until granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Convalescent typhoid carriers may not work as food handlers or in sensitive occupations (see Section 690.900) or attend group day care until released from the restrictions on convalescent typhoid carriers (see subsection (c)(6) of this Section).

5) When a typhoid carrier (chronic or convalescent) requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted as a patient to assure that proper precautions are taken. A nurse, upon taking care of the case at home, shall also be informed for his/her protection. Typhoid carriers can be admitted to long-term care facilities or day care programs after consultation with the local health authority and the Department, at which time a care plan specific for each carrier will be developed.

6) A convalescent carrier may be released from modified isolation after submitting 3 consecutive negative specimens of feces at intervals of not less than 30 days and within 12 months after onset. Collection, testing and transport of these specimens must conform to subsection (b)(4) of this Section.

7) A chronic carrier may be released from modified isolation after submitting 3 consecutive negative specimens of feces collected not less than 30 days apart. Each specimen must be authenticated and at least one specimen shall be collected after administering a saline cathartic. The post-cathartic specimen shall be collected from the second or third bowel movement after administering the cathartic. Specimens may not be taken within 48 hours after treatment with an antimicrobial agent, regardless of the reason for which the medication was prescribed. Testing and transport of specimens must conform to subsection (b)(4) of this Section.
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(c) Control of Contacts to a Case.

1) Contacts to a case whose most likely source of infection is travel to a foreign country (usually a developing country) within 30 days prior to onset of symptoms shall abide by the following.

A) Members of households where these cases reside are not required to be tested for typhoid bacilli, except for household members who were also foreign travel companions of the case, unless the local health authority identifies specific risks for transmission within the household.

B) Travel companions of such cases shall be tested, but need not restrict their occupations unless they had symptoms of typhoid fever during or subsequent to foreign travel.

C) Travel companions who have had symptoms of typhoid fever shall not work as food handlers or in sensitive occupations or attend group day care (adult or child) until testing is completed.

D) When testing is required in this subsection (c)(d)(1), 2 specimens of feces shall be collected not less than 24 hours apart. Other aspects of specimen collection, transport and testing shall conform with subsection (a)(4) through (a)(6)(b)(4) of this Section.

E) If persons required to be tested according to this subsection (c)(d)(1) refuse to comply within 2 weeks after notification of this testing requirement, they shall be restricted from their occupation, school attendance or day care (adult or child) attendance until compliance is achieved.

2) In tour groups to foreign countries (usually developing countries) in which typhoid fever has occurred, all members of the tour group shall be tested (see requirements for travel companions in subsections (c)(d)(1)(B) through (E) of this Section).

3) Persons living in the household of cases whose source was in the United States are considered contacts to typhoid fever. Other persons outside the household who have had close contact with the case at a time when they
could have been the source of infection for the case, or at a time when they may have been exposed to infection by the case, are also classified as contacts to typhoid fever.

A) Contacts shall submit 2 consecutive negative specimens of feces, but need not curtail their usual activities, except they may not be employed in food handling or in sensitive occupations (see Section 690.900) or attend group day care (child or adult) until testing is completed.

B) Collecting, testing and transport of specimens shall comply with subsections (a)(4) through (a)(6) of this Section.

C) If persons required to be tested according to this subsection refuse to comply within 2 weeks after notification, they shall be restricted from their occupations or school attendance until compliance is achieved.

de) Control of Contacts to a Carrier. All persons living in the household of a newly identified chronic carrier and other contacts living outside the home must submit 2 consecutive negative specimens of feces collected, tested and transported according to subsections (a)(4) through (a)(6) of this Section. Persons employed in food handling or sensitive occupations shall not return to these occupations until this testing requirement has been fulfilled. Other persons need not have their usual activities curtailed. If persons required to be tested according to this subsection refuse to comply with this testing requirement within 2 weeks after notification, they shall be restricted from their occupations, school attendance or day care (adult or child) attendance until compliance is achieved.

ef) Sale of Food, Milk, etc. (See Section 690.1000(b)(4).)

g) General Measures.

1) Travelers to developing countries should be educated about safe food and beverage ingestion.

2) Immunization against typhoid is advised for international travelers to
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endemic areas, especially if travel is likely to involve exposure to unsafe food or water.

3) Protection and purification of public water supplies; construction of safe private water supplies.

4) Sanitary disposal of human excreta.

5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.

Laboratory Reporting.

1) Laboratories shall are required to report to the local health authority patients from whom Salmonella typhi has been isolated or patients who have a positive result on any other laboratory test indicative of and specific for detecting Salmonella typhi infection.

2) Laboratories shall forward clinical materials positive for Salmonella typhi are required to submit isolates to the Department's laboratory for verification of results.

3) Laboratories shall report and submit to the Department's laboratory any Salmonella typhi isolates from food resulting from an outbreak investigation.

Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.740 Typhus (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - From 1 to 2 weeks, commonly 12 days.

ab) Control of Case. Standard Precautions shall be followed.
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1) Isolation is not required after proper delousing for louseborne typhus. No isolation is required for murine typhus.

2) Concurrent disinfection is accomplished by effective destruction of lice and fleas in the clothing and bedding of cases.

b) Control of Contacts.

1) Louse-infected susceptible contacts exposed to typhus should have their clothing and bedding deloused and should be quarantined for 15 days, if possible, after application of insecticide with residual effect.

2) In cases of murine typhus, the premises around the patient should be searched for rodents.

3) The local health authority shall monitor all immediate contacts for clinical signs for 2 weeks.

c) Laboratory Reporting. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting murine typhus infection.

d) General Measures.

1) Endemic flea-borne typhus fever is controlled by the destruction of rat fleas followed by rodent control measures.

2) The possibility of louse-borne typhus should be considered and public health officials consulted regarding control measures.

e) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.745 Vibriosis (Non-cholera Vibrio Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 Days)

a) Control of Case. Standard Precautions shall be followed. Contact Precautions
shall be followed for diapered or incontinent persons or during institutional outbreaks until diarrhea ceases.

b) Control of Contacts. No restrictions.

c) Laboratory Reporting. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting non-cholera Vibrio infections.

(Source: Added at 31 Ill. Reg. ______, effective ____________)

Section 690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period—Commonly 7 days, almost uniformly within 10 days, and not exceeding 21 days.

ab) Control of Case.

1) Standard Precautions and Droplet Precautions shall be followed. Droplet Precautions shall be followed for known cases until the patient has received at least 5 days of a course of appropriate antibiotics. Respiratory isolation is required for known cases until the patient has received at least 5 days of a minimum 14-day course of an antimicrobial agent. The contagion usually disappears within 3 weeks after the onset of the paroxysmal cough, even if paroxysmal cough continues. The patient should be kept out of contact with susceptible unimmunized children.

2) Cases should avoid contact with susceptible unimmunized infants and children until cases have completed at least 5 days of antibiotic therapy.

3) Suspected cases who do not receive antibiotics should be isolated for 3 weeks after onset of paroxysmal cough or until the end of the cough, whichever comes first.

2) Concurrent disinfection of discharges from nose and throat and articles soiled by them (see Section 690.1000(e)(1)).

3) Terminal cleaning is required (see Section 690.1000(e)(2)).
Control of Contacts.

1) All household contacts and community-based contacts determined by the local health authority to be at risk should receive at least 5 days of a course of appropriate antibiotics.

2) All household contacts and community-based contacts determined by the local health authority to be at risk should avoid contact with non-immunized infants or children until they have completed at least 5 days of appropriate antibiotic therapy.

3) Close contacts under 7 years and over 9 years of age who are incompletely immunized should complete antibiotic prophylaxis and continue or initiate the primary series.

4) Health care workers and other persons with close contact with infants less than 12 months of age should receive TDaP if more than 2 years has passed since their last dose of TDaP.

d) General Measures.

1) Children should be immunized in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Children should be given a series of 3 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine combined (DTaP) beginning at 2 months of age, with a minimum interval of at least 4 weeks between doses. A booster dose of DTaP should be administered at least 6 months later and repeated on or after the age of 4 and prior to school entry.

2) Children one year of age and older enrolled in child care facilities must be vaccinated against pertussis in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).
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3) Children entering school operated programs below the kindergarten level and school (K–12) must be vaccinated against pertussis in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).

c(e) Laboratory Reporting. Laboratories are required to report all isolates of Bordetella pertussis, positive direct fluorescent antibody (DFA) and positive polymerase chain reaction (PCR) test results for pertussis. Laboratories should send all isolates for B. pertussis to the Department for Pulse Field gel electrophoresis (PFGE) testing.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting pertussis infection, including all isolates of Bordetella pertussis, positive direct fluorescent antibody tests and positive polymerase chain reaction tests for pertussis. Serology is not generally effective in diagnosing new cases.

2) Laboratories shall forward clinical materials positive for Bordetella pertussis to the Department for pulsed-field gel electrophoresis testing.

f) Reporting of Cases. An individual case report form and morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period—3 days to 7 days.

ab) Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours. Enteric precautions, disease specific precautions (see Section 690.1010(a)(1)) or equivalent
procedures (see Section 690.1010(a)(13)) are required for hospitalized patients. Cases with diarrhea shall not attend a child care facility or other group settings until no diarrhea for 24 hours.

2) Cases who are employed as food handlers or in sensitive occupations shall (such as patient care or child care) should be excluded from work until absence of diarrhea for at least 24 hours.

3) Concurrent disinfection of feces (see Section 690.1000(e)).

b) Control of Contacts. No restrictions. No search for unrecognized cases is needed unless a common-source exposure is suspected.

c) Sale of Food, Milk, etc. (See Section 690.1000(b)(f).)

e) General Measures.

1) Foods should be prepared in a sanitary manner; eating raw or undercooked pork should be avoided; pasteurized milk only should be consumed; meat irradiation should be considered.

2) Hands should be washed prior to handling and eating food, after handling raw pork and after contact with animal feces.

3) Water supplies should be protected from any fecal contamination; appropriate water treatment should be done.

4) Rodents and birds in areas where food is stored, prepared, served and consumed should be controlled.

5) Disposal of animal feces should be done in a sanitary manner.

6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.

d) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Yersinia enterocolitica or Y. pseudotuberculosis has been isolated.
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1) Laboratories shall report to the local health authority patients from whom Yersinia enterocolitica or Yersinia pseudotuberculosis has been isolated or patients who have a positive result on any laboratory test indicative of and specific for detecting Yersinia infection.

2) Laboratories shall report and submit to the Department's laboratory any food, environmental or animal Yersinia isolates resulting from an outbreak investigation.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

a) Control of Case. Cases shall be evaluated to determine need for isolation. Until etiology is determined and disease-specific recommendations are issued, initial control measures include: Control of Cases and Contacts. Control measures will be instituted on a case-by-case basis.

1) Dermatologic symptoms, non-vesicular lesions: Contact Precautions shall be followed.

2) Dermatologic symptoms, vesicular lesions: Airborne Infection Isolation Precautions and Contact Precautions shall be followed.

3) Gastrointestinal symptoms: Standard Precautions (use Contact Precautions for diapered or incontinent persons) shall be followed.

4) Neurologic symptoms: Droplet Precautions shall be followed.

5) Respiratory symptoms: Droplet Precautions (Airborne Infection Isolation preferred) shall be followed.

b) Control of Contacts. Contacts shall be evaluated to determine need for
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quarantine.

Reporting of Threat or Event. The local health authority shall submit a narrative report is required to be submitted to the Department by the local health authority on all bioterrorist threats or events.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

SUBPART D: DEFINITIONS

Section 690.900 Definition of Terms

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

"Acceptable laboratory" is a laboratory that is certified under the Centers for Medicare and Medicaid Services, Department of Health and Human Services, Laboratory Requirements (42 CFR 493), which implements the Clinical Laboratory Improvement Amendments of 1988 (42 USC 263a).

"Act" – The Department of Public Health Act of the Civil Administrative Code of Illinois [20 ILCS 2305].

"Airborne Precautions" or "Airborne Infection Isolation Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that may be suspended in the air in either dust particles or small particle aerosols (airborne droplet nuclei (5 µm or smaller in size)) (see Section 690.1010(a)(7)).

"Authenticated Fecal Specimen" – A specimen is considered to be authenticated when a public health authority or a person authorized by a public health authority has observed one or more of the following:

- The patient produce the specimen.
- Conditions such that no one else other than the case, carrier or contact could be the source of the specimen.

"Bioterrorist threat or event" – The intentional use of any microorganism, virus, infectious substance or biological product that may be engineered as a result of
biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product, to cause death, disease, or other biological malfunction in a human, an animal, a plant or another living organism.

"Carrier" – A person or deceased person who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection for others.

"Case" – Any person or deceased person having a recent illness due to a communicable disease.

"Confirmed Case" – A case that is classified as confirmed per federal or State case definitions.

"Suspect Case" – A person whose medical history or symptoms suggest that he or she may have or may be developing a communicable disease and does not yet meet the case definition of a probable or confirmed case.

"Chain of Custody" – The methodology of tracking specimens for the purpose of maintaining control and accountability from initial collection to final disposition of the specimens and providing for accountability at each stage of collecting, handling, testing, storing, and transporting the specimens and reporting test results.

"Child Care Facility" – A center, private home, or drop-in facility open on a regular basis where children are enrolled for care or education.

"Child Care Facility" – A facility or private home open on a regular basis where children are enrolled for care and education, or where care is provided as a drop-in facility for any number of children.

"Cleaning" – The removal of visible soil (organic and inorganic material) from objects and surfaces; it normally is accomplished by manual or mechanical means using water with detergents or enzymatic products.

"Clinical Materials" – A clinical isolate containing the infectious agent or other material containing the infectious agent or evidence of the infectious agent.
"Cluster" – Two or more persons with a similar illness, usually associated by place or time, unless defined otherwise in Subpart C of this Part.

"Communicable Disease" – An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate source to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector or the inanimate environment.

"Contact" – Any person known to have been associated sufficiently with a case or carrier of a communicable disease to have been the source of infection for that person or to have been associated sufficiently with the case or carrier of a communicable disease to have become infected by the case or carrier, to have become infected by the case or carrier, or to have been exposed to the source for a diagnosed case and developed compatible symptoms.

"Contact Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that can be spread through direct contact with the patient or indirect contact with potentially infectious items or surfaces (see Section 690.1010(a)(7)).

"Contagious disease" – An infectious disease that can be transmitted from person to person.

"Dangerously contagious or infectious disease" – A disease that may be disseminated or transmitted from person to person, and may pose an imminent and significant threat to the public health, resulting in severe morbidity or high mortality.

"Decontamination" – A procedure that removes pathogenic microorganisms from objects so they are safe to handle, use or discard.

"Department" – Illinois Department of Public Health.

"Director" – The Director of the Department, or his or her duly designated officer or agent.

"Diarrhea" – The presence of 3 or more loose stools within a 24-hour period.
"Disinfection" – A process, generally less lethal than sterilization, that eliminates virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g., bacterial spores). The process of rendering pathogenic microorganisms non-viable by chemical or physical means.

Concurrent disinfection – the application of disinfection immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges, all personal contact with such discharges or articles being minimized prior to their disinfection.

Terminal cleaning – the process of rendering the personal clothing and immediate physical environment of the patient free from the possibility of conveying the infection to others at a time when the patient is no longer a source of infection.

"Disinfestation" – Any physical or chemical process serving to destroy or remove undesired small animal forms, particularly arthropods or rodents, present upon the person, the clothing, or in the environment of an individual, or on domestic animals.

"Droplet Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents via large particle droplets that do not remain suspended in the air and are usually generated by coughing, sneezing, or talking (see Section 690.1010(a)(7)).

"Emergency" – An occurrence or imminent threat of an illness or health condition that:

is believed to be caused by any of the following:

bioterrorism;

the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;

a natural disaster;

a chemical attack or accidental release; or
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a nuclear attack or incident; and

poses a high probability of any of the following harms:

a large number of deaths in the affected population;

a large number of serious or long-term disabilities in the affected population; or

widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.

"Endemic"—The constant presence of a disease or infectious agent within a given geographic area; may also refer to the usual prevalence of a given disease within such area.

"Epidemic" — The occurrence in a community or region of cases of a communicable disease or illness (or an outbreak) clearly in excess of expectancy.

"Fever" — The elevation of body temperature above the normal (typically considered greater than or equal to 100.4 degrees Fahrenheit).

"First Responder" — Those individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in section 2 of the Homeland Security Act of 2002 (6 USC 101), as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations.

"Food Handler" — A person who produces, prepares, packages or dispenses food or drink that will not be subsequently heated to appropriate cooking temperatures.

"Health Care Facility" — Any institution, building, or agency or portion thereof, whether public or private (for-profit or nonprofit) that is used, operated, or designed to provide health services, medical treatment, or nursing, rehabilitative, or preventive care to any person or persons. This includes, but is not limited to:
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ambulatory surgical treatment centers, home health agencies, hospices, hospitals, end-stage renal disease facilities, long-term care facilities, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, residential treatment facilities, and adult day care centers.

"Health Care Provider" – Any person or entity who provides health care services, including, but not limited to, hospitals, medical clinics and offices, long-term care facilities, medical laboratories, physicians, pharmacists, dentists, physician assistants, nurse practitioners, registered and other nurses, paramedics, emergency medical or laboratory technicians, and ambulance and emergency workers.

"Health Care Worker" – Any person who is employed by (or volunteers his or her services to) a health care facility to provide direct personal services to others when health care is being delivered. This definition includes, but is not limited to, physicians, dentists, nurses and nursing assistants.

"Incubation Period" – The time interval between initial contact with an infectious agent and the first appearance of symptoms associated with the infection.

"Infectious Disease" – A disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, prion, or virus. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

"Institution" – An established organization or foundation, especially one dedicated to education, public service, or culture, or a place for the care of persons who are destitute, disabled, or mentally ill.

"Isolation" – The physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.

"Isolation" – The separation during the infectious period of a person who has a communicable disease or who is a carrier of the infecting organism, or who is suspected of having such a disease or of being a carrier, from other persons in such places and under such conditions as will prevent the direct or indirect transmission of the infectious agent.
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"Isolation, Modified" – A selective, partial limitation of freedom of movement or actions of a person or group of persons infected with, or reasonably suspected to be infected with, a contagious or infectious disease. Modified isolation is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease transmission.

"Isolation, Modified" – A selective, partial limitation of freedom of movement that is applicable to certain specified diseases.

"Isolation Precautions" – Infection control measures for preventing the transmission of infectious agents, i.e., Standard Precautions, Airborne Precautions (also known as Airborne Infection Isolation Precautions), Contact Precautions, and Droplet Precautions (see Section 690.1010(a)(7)).

"Least Restrictive" – The minimal limitation of the freedom of movement and communication of a person or group of persons while under an order of isolation or an order of quarantine, which also effectively protects unexposed and susceptible persons from disease transmission.

"Local Health Authority" – The health authority (i.e., full-time official health department, as recognized by the Department) having jurisdiction over a particular area, including city, village, township and county boards of health and health departments and the responsible executive officers of such boards, or any person legally authorized to act for such health authority. In areas without a health department recognized by the Department, the local health authority shall be the Department.

"Medical Record" – A written or electronic account of a patient's medical history, current illness, diagnosis, details of treatments, chronological progress notes, and discharge recommendations.

"Observation" – The practice of close medical or other supervision of contacts in order to promote prompt recognition of infection or illness, but without restricting their movements.

"Observation and Monitoring" – Close medical or other supervision, including, but not limited to, review of current health status, by health care personnel, of a
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person or group of persons on a voluntary or involuntary basis to permit prompt recognition of infection or illness.

"Outbreak" – The occurrence of illness in a person or a group of epidemiologically associated persons, with the rate of frequency clearly in excess of normal expectations. The number of cases indicating presence of an outbreak is disease-specific.

"Premises" – The physical portion of a building or other structure and its surrounding area so designated by the Director of the Department, his authorized representative, or the local health authority.

"Quarantine" – The physical separation and confinement of an individual or groups of individuals who are or may have been exposed to a contagious disease or possibly contagious disease and who do not show signs or symptoms.

"Quarantine" – Restriction of the activities of well persons or animals who have been exposed to a case of communicable disease during its period of communicability (i.e., contacts) to prevent disease transmission during the incubation period if infection should occur.

"Sensitive Occupation" – An occupation involving the direct care of others, especially young children and the elderly, or any other occupation so designated by the Department or the local health authority, including, but not limited to, health care workers and child care facility personnel.

"Sentinel Surveillance" – A means of monitoring the prevalence of infectious disease or syndromes through reporting of cases, suspected cases, or carriers or submission of clinical materials by selected sites.

"Specimens" – Include, but are not limited to, blood, sputum, urine, stool, other bodily fluids, wastes, tissues, and cultures necessary to perform required tests.

"Standard Precautions" – Infection prevention and control measures that apply to all patients regardless of diagnosis or presumed infection status (see Section 690.1010(a)(7)).

"Sterilization" – The use of a physical or chemical process to destroy all microbial life, including large numbers of highly resistant bacterial endospores.
"Susceptible (non-immune)" – A person who is not known to possess sufficient resistance against a particular pathogenic agent to prevent developing infection or disease if or when exposed to the agent.

"Suspect Case" – A person whose medical history or symptoms suggest that he or she may have or may be developing a communicable disease.

"Syndromic Surveillance" – Surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.

"Tests" – Include, but are not limited to, any diagnostic or investigative analyses necessary to prevent the spread of disease or protect the public's health, safety, and welfare.

"Transmission" – Any mechanism by which an infectious agent is spread from a source or reservoir to a person, including direct, indirect, and airborne transmission.

"Voluntary compliance" – Deliberate consented compliance of a person or group of persons that occurs at the request of the Department or local health authority prior to instituting a mandatory order for isolation, quarantine, closure, physical examination, testing, collection of laboratory specimens, observation, monitoring, or medical treatment pursuant to this Subpart.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

SUBPART E: GENERAL PROCEDURES

Section 690.1000 General Procedures for the Control of Communicable Diseases

The purpose of this Subpart is to establish routine measures for the control of communicable diseases by the Department or local health authorities and health care providers. This Subpart establishes progressive initiatives to ensure that disease-appropriate measures are implemented to control the spread of communicable diseases. These procedures are intended for use in homes and similar situations. This Subpart does not apply to Sexually Transmissible Diseases. Sexually Transmissible Diseases are regulated under 77 Ill. Adm. Code 693. Hospital and long term care facility personnel will find helpful, authoritative and detailed procedures for most diseases in
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a) Isolation.

1) Establishment. Upon being informed of the existence of a case, of a carrier, or of a suspected case or carrier of a communicable disease, the local health authority having jurisdiction over the area in which the patient is located shall immediately establish isolation of the patient when such isolation for the specific disease is required by these rules and regulations. When the case, carrier, or suspected case or carrier is hospitalized, the isolation procedures shall comply with those outlined in "CDC Guidelines for Isolation Precautions in Hospitals" as updated by "Recommendations for Prevention of HIV Transmission in Healthcare Settings," published by the Centers for Disease Control and Prevention (August 21, 1987) (see Section 1010(a)(1) and (a)(2)).

2) Duration. Isolation shall be maintained for the minimum period of time required for the specific disease by these rules and by the CDC Guidelines mentioned above. When rules for specific disease differ from the content of the CDC Guidelines mentioned above, the rules will prevail.

3) Termination. Isolation required for the specific disease by this Part may be terminated only by the local health authority having jurisdiction over the area in which the patient is located or by the Department.

b) Quarantine.

1) Establishment. Quarantine of contacts to a case, a carrier, or a suspected case or carrier of a communicable disease shall immediately be established by the local health authority having jurisdiction over the area in which the contacts reside when such quarantine is required for these specific diseases: diphtheria (Section 690.380), smallpox (Section 690.650), and typhus (Section 690.740).

2) Duration. Quarantine of contacts shall be maintained for the minimum period of time required for the specific disease by this Part.
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3) Termination. Quarantine may be terminated only by the local health authority having jurisdiction over the area in which the contacts reside or the Department.

c) Persons with diarrhea shall not work in sensitive occupations or as food handlers and must adhere to restrictions on sensitive occupations and food handlers specified in this Part, specific to each etiologic agent.

d) Investigation.

1) 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 Act)

2) Each case or cluster of a reportable communicable disease shall be investigated to determine the source, where feasible. Findings of the investigation shall be reported as specified under the Section of this Part applicable to each specific disease.

3) The Department or local health authority may investigate the occurrence of cases, suspected cases, or carriers of reportable diseases or unusual disease occurrences in a public or private place for the purposes of verifying the existence of disease; ascertaining the source of the disease-causing agent; identifying unreported cases; locating and evaluating contacts of cases and suspected cases; identifying those at risk of disease; determining necessary control measures, including isolation and quarantine; and informing the public if necessary.
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4) When the Director determines that a certain disease or condition that is known or suspected to be communicable or infectious warrants study, the Director may declare the disease or condition to be the subject of a medical investigation and require hospitals, physicians, health care facilities, etc., to submit such information, data and reports, and allow review and examination of medical records as are necessary for the purpose of the specific study. No such practitioner or person shall be liable in any action at law for permitting such examination and review. The data so obtained shall be held confidential in accordance with the Communicable Disease Report Act [745 ILCS 45].

5) When cases of reportable infectious 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 public health authorities in the investigation, including, but not limited to, release of food preparation methods, menus, customer lists, environmental specimens, food specimens, clinical specimens and the name and other pertinent information about employees or guests diagnosed with a communicable disease as the information relates to an infectious disease investigation.

6) When two or more cases of a reportable communicable disease occur in association with a common source, the investigation should include a search for additional cases.

7) The Department may conduct sentinel surveillance for an infectious disease or syndrome, other than those diseases or syndromes for which general reporting is required under this Part, if the Department determines that sentinel surveillance will provide adequate data for the purpose of preventing or controlling disease or achieving other significant public health purposes. The Department shall select, after consultation with the sites, sentinel surveillance sites that have epidemiological significance for the disease or syndrome under investigation. A disease or syndrome may be removed from sentinel surveillance if the Department determines that the surveillance is no longer necessary. The Department shall provide a description, in writing, to sentinel surveillance sites of a specific, planned mechanism for surveillance of the disease or syndrome and/or submission of clinical materials from cases and suspect cases.
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83) Investigations of outbreaks shall be summarized in a final report and submitted to the Department. The most current summary form shall be used, and a narrative report may also be requested.

9) Investigations conducted by the Department or local health authority may include, but are not limited to:

A) Review of pertinent, relevant medical records by authorized personnel, if necessary to confirm the diagnosis; to investigate causes; to identify other cases related to the outbreak or the reported dangerously contagious or infectious disease in a region, community, or workplace; to conduct epidemiologic studies; to determine whether a patient with a reportable dangerously contagious or infectious disease has received adequate treatment to render the patient non-infectious or whether a person exposed to a case has received prophylaxis, if appropriate. Review of records may occur without patient consent and shall be conducted at times and with such notice as is possible under the circumstances;

B) Performing interviews with the case or persons knowledgeable about the case to collect pertinent and relevant information about the causes of or risk factors for the reportable condition;

C) Medical examination and testing of persons, with their explicit consent;

D) Obtaining, from public or private businesses or institutions, the identities of and locating information about persons, travelers, passengers, or transportation crews with a similar or common potential exposure to the infectious agent as a reported case; such exposure may be current or have occurred in the past;

E) Interviewing or administering questionnaire surveys confidentially to any resident of any community, or any agent, owner, operator, employer, employee, or client of a public or private business or institution, who is epidemiologically associated either with the outbreak or with the reported dangerously contagious or infectious disease case or has had a similar exposure as a reported case;
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F) Collecting environmental samples of substances or measurements of physical agents that may be related to the cause of an outbreak or reportable dangerously contagious or infectious disease;

G) Taking photographs related to the purpose of the investigation. If the photographs are taken in a business, the employer shall have the opportunity to review the photographs taken or obtained for the purpose of identifying those that contain or might reveal a trade secret; and

H) 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 of the outbreak or reportable dangerously contagious or infectious disease. Investigations shall be conducted during regular business hours, if possible, and with such notice as is possible under the circumstances.

e) Disinfection:

1) Concurrent disinfection as required by this Part shall be carried out.

2) Disposable articles freshly soiled by discharges from the eyes, ears, nose, throat, and skin lesions shall be placed in biohazard bags and disposed of appropriately.

3) Food from the patient's room shall not be used by anyone except the patient. Solid food wastes may be put in the garbage can or garbage disposal. Liquid food wastes may be emptied into the kitchen sink.

4) Disposable items shall only be used by the same patient. Reusable items shall be disinfected as described by the manufacturer before being used on a different patient.

5) Terminal cleaning, as required by this Part, shall be carried out at the termination of the period of isolation. Bed frames, chairs and other parts of the room likely to come in contact with secretions shall be thoroughly cleaned with water, soap or detergent, and disinfectant.
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bf) Control of *Food Products Milk, Milk Products and Other Food Stuffs*. Whenever a case, a carrier, or a suspected case or carrier of the following diseases exists in the home of a *food producer or processor of distributor*, or on any farm or dairy producing milk, cream, butter, cheese or other foods likely to be consumed raw or handled after pasteurization and before final packaging, the sale, exchange, removal or distribution of such food items from such home or establishment, farm or dairy may be prohibited as deemed necessary by the Department or the local health authority to prevent the transmission of communicable diseases.

1) **Amebiasis**

2) **Campylobacteriosis**

13) **Cholera**

2) **Cryptosporidiosis**

34) **Diphtheria**

45) E. coli infections (*Shiga toxin-producing E. coli, Enterotoxigenic E. coli, Enteropathogenic E. coli and Enteroinvasive E. coli*) due to serotype 0157:H7

56) **Foodborne or waterborne illness**

67) **Giardiasis**

78) **Hepatitis A**

9) **Hepatitis, viral, other**

8) **Norovirus**

940) **Salmonellosis**

1044) **Shigellosis**
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1. Smallpox
2. Staphylococcal skin infections
3. Streptococcal infections
4. Typhoid fever
5. Yersiniosis

Schools, Child Care Facilities, and Colleges/Universities.

1) Except in an emergency, the occurrence of a case of a communicable disease in a school, child care facility or college/university should not be considered a reason for closing of the school, facility or college/university. When a case of communicable disease occurs in a school, day care center, or college/university, this fact should not be considered a reason for the facility to be closed, except in the event of an emergency.

2) Persons suspected of being infected with a reportable infectious disease for which isolation is required, or persons with diarrhea believed to be infectious in nature, shall be refused admittance to the school or child care facility while acute symptoms are present.

3) School, child care facility, and college/university authorities shall handle contacts of infectious disease cases in the manner prescribed in these rules and regulations, or as recommended by the local health authority.

Release of Specimens.

1) Whenever this Part requires the submission of laboratory specimens for release from imposed restrictions, isolation or quarantine, the results of such examinations will not be accepted unless the specimens have been examined in the Department's laboratory or an acceptable laboratory, a laboratory of the Department or in a laboratory acceptable to the Department for the specific tests required. To determine if a given private laboratory is acceptable, specific inquiry to the Department must be made.
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The number of specimens needed for release, as detailed under specific diseases, is the minimum and may be increased when deemed necessary by the Department.

2) The local health authority may require testing of foodhandlers for specific pathogens, including, but not limited to, Norovirus, as deemed necessary in response to an outbreak.

i) Hospitalization.

1) If proper isolation of the patient cannot be accomplished in the home, hospitalization may be required by the Department or the local health authority. Neither public health agency shall bear the cost of such hospitalization.

2) Every person who has a contagious or communicable disease and is ordered by the Director of the Department or by the local health authority to be isolated in conformity with the rules of the Department shall immediately comply with such order and be so isolated until such time as the Director of the Department or local health authority shall certify him to be no longer a danger to the public health.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

Section 690.1010 Incorporated and Referenced Materials

a) The following federal guidelines materials are incorporated or referenced in this Part:


2) "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis", U.S. Department of Health and Human
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7) "Prevention of Hepatitis A Through Active or Passive Immunization",
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17) Laboratory Requirements; 42 CFR 493 (2000). Federal regulations implementing the Clinical Laboratory Improvement Amendments of 1988 (42 USC 263a), promulgated by the Centers for Medicare and Medicaid Services, Department of Health and Human Services.

b) The following standard is incorporated in this Part:


c) The following federal regulations are incorporated in this Part:
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1) Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR 162.512(a), (6)).

2) Centers for Medicare and Medicaid Services, Department of Health and Human Services, Laboratory Requirements (42 CFR 493).

d) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations, guidelines and standards on the date specified and do not include any editions or amendments, additions or deletions subsequent to the date specified.

e) The following federal and State laws and rules are referenced in this Part:

1) Illinois Statutes

A) Communicable Disease Report Act [745 ILCS 45]

B) Department of Public Health Act [20 ILCS 2305]

C) Civil Administrative Code of Illinois (Department of Public Health Powers and Duties Law) [20 ILCS 2310]

D) Code of Civil Procedure [735 ILCS 5]

E) Animal Control Act [510 ILCS 5]

F) Freedom of Information Act [5 ILCS 140]

G) Illinois Emergency Management Act [20 ILCS 3305]

2) Illinois Rules

A) Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693)


C) Certified Local Health Department Code (77 Ill. Adm. Code 600)
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D) Child Health Examination Code (77 Ill. Adm. Code 665)

E) Immunization Code (77 Ill. Adm. Code 695)

F) College Immunization Code (77 Ill. Adm. Code 694)

G) Control of Tuberculosis Code (77 Ill. Adm. Code 696)

3) Federal Statutes

A) Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191)

B) Clinical Laboratory Improvement Amendments of 1988 (CLIA) (42 USC 263a)

C) Homeland Security Act of 2002 (6 USC 101)

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

SUBPART H: ISOLATION, QUARANTINE, AND CLOSURE

Section 690.1300 General Purpose

The purpose of this Subpart is to implement the powers of the Department of Public Health in matters of quarantine and isolation, as authorized in Section 2 of the Department of Public Health Act. This Subpart establishes provisions for Department orders for isolation; quarantine; facility closure; physical examinations and tests; administration of vaccines, medications, and treatments; and observation and monitoring. This Subpart applies to Tuberculosis infection and disease, which is also regulated under the Control of Tuberculosis Code (77 Ill. Adm. Code 696).

(Source: Added at 31 Ill. Reg. ______, effective ____________)

Section 690.1305 Department of Public Health Authority

a) The Department has supreme authority in matters of quarantine and isolation, and may declare and enforce quarantine and isolation when none exists, and may modify or relax quarantine and isolation when it has been established. (Section
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2(a) of the Act) The Department may order a person or a group of persons to be quarantined or isolated or may order a place to be closed and made off limits to the public on an immediate basis without prior consent or court order if, in the reasonable judgment of the Department, immediate action is required to protect the public from a dangerously contagious or infectious disease. (Section 2(c) of the Act)

b) The Department may order physical examinations and tests and collect laboratory specimens as necessary for the diagnosis or treatment of individuals in order to prevent the probable spread of a dangerously contagious or infectious disease. (Section 2(d) of the Act)

c) The Department may order the administration of vaccines, medications, or other treatments to persons as necessary in order to prevent the probable spread of a dangerously contagious or infectious disease. (Section 2(e) of the Act)

d) The Department may order observation and monitoring of persons to prevent the probable spread of a dangerously contagious or infectious disease. (Section 2(f) of the Act)

e) In addition to the public health measures in this Subpart, the Department may take actions that it considers necessary to prevent the spread of any dangerously contagious or infectious disease, based on the Department's evaluation of the actions taken by the local health authority and whether the disease has spread since the local health authority's actions were initiated.

f) The Department has primary jurisdiction to isolate or quarantine persons or groups of persons if a dangerously contagious or infectious outbreak has affected more than one county or has multi-county, statewide or interstate public health implications. If isolation is imposed by the Department, the local health authority may not alter, amend, modify, or rescind any Department order without the express permission of the Department. The Department may rescind any order issued by a local health authority if the need arises and shall notify the local authority of that action.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.1310 Local Health Authority
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a) All local boards of health, health authorities and officers, police officers, sheriffs and all other officers and employees of the State or any locality shall enforce the rules in this Subpart and orders issued by the Department pursuant to Section 2 of the Act. (Section 2(a) of the Act)

b) This Subpart applies to all local health authorities certified pursuant to the Certified Local Health Department Code.

c) In accordance with Section 2310-15 of the Department of Public Health Powers and Duties Law, the Department has the general authority to delegate to a local health authority, for the purpose of local administration and enforcement, the duties that the Department is authorized to enforce. Due to the need for immediate action to respond to a threat of a dangerously contagious or infectious disease, the Department delegates its powers to issue orders for isolation, quarantine or closure, and to issue and enforce orders to county and multiple-county boards of health within the State of Illinois. The Department shall work jointly with municipal local health authorities in instituting and implementing the public health measures set forth in this Subpart.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.1315 Responsibilities and Duties of the Local Health Authority

a) The local health authority shall, in coordination with the Department, administer and enforce the standards set forth in this Subpart.

b) The local health authority shall, when necessary, have the authority to:

1) Investigate any case or suspected case of a reportable communicable disease or condition; and

2) Institute disease control and contamination control measures, including physical examination, testing, counseling, treatment, vaccination, decontamination of persons, isolation, quarantine, inspection and closure of buildings and facilities, or other measures considered necessary.

c) The local health authority shall be responsible for the surveillance and investigation of any dangerously contagious or infectious disease that occurs in its jurisdiction and shall report all surveillance and investigations to the Department.
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(See Section 690.200.) In cooperation with the Department, the local health authority is responsible for instituting measures for disease control, which may include implementing the isolation, quarantine and closure orders of the Department.

d) For each reported case or suspected case of a reportable condition, the local health authority shall assess the situation and, in consultation with the Department, identify the least restrictive means of controlling the transmission of the disease.

e) The local health authority shall notify the Department upon issuing any order for isolation, quarantine or closure. The notification shall be made telephonically within 3 hours after issuance of the order unless otherwise directed by the Department.

f) In consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, animal control, schools, the local judicial system, and any other entity that the local health authority considers necessary, the local health authority shall establish plans, policies, and procedures for instituting and maintaining emergency measures necessary to prevent the spread of a dangerously contagious or infectious disease or contamination.

g) The local health authority shall notify health care providers that are within the local health authority's jurisdiction regarding the requirements of this Subpart.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.1320  Responsibilities and Duties of Health Care Providers

a) Every health care provider shall provide adequate, understandable instruction to the following persons in control measures designed to prevent the spread of disease:

1) Each patient with a dangerously contagious or infectious disease who is under his or her care; and

2) Other persons as appropriate to prevent the spread of disease.

b) Every health care provider shall cooperate with the Department and the local health authority during the investigation of:

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1) A case or suspected case of a dangerously contagious or infectious disease; and

2) An outbreak or suspected outbreak of a dangerously contagious or infectious disease.

c) If a person subject to isolation or quarantine is already in a health care facility, the Department or the local health authority may direct the facility to hold the person. The facility shall take all reasonable measures to prevent the person from exposing others to the disease.

d) If proper isolation or quarantine of a person cannot be accomplished in a home setting, hospitalization may be required by the Department or local health authority. Neither public health agency shall bear the cost of such hospitalization.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.1325 Conditions and Principles for Isolation and Quarantine

a) The Department and the local health authority shall adhere to the following conditions and principles when isolating or quarantining a person or group of persons:

1) Isolation or quarantine shall be by the least restrictive means necessary to prevent the spread of a dangerously contagious or infectious disease to others, and may include, but is not limited to, confinement to private homes or other public or private premises;

2) Isolated individuals shall be confined separately from quarantined individuals;

3) The health status of isolated or quarantined individuals shall be monitored regularly to determine whether they require continued isolation or quarantine;

4) A quarantined individual shall promptly be placed in isolation if the individual subsequently becomes infected or is reasonably believed to have become infected with a dangerously contagious or infectious disease.
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that the Department or local health authority believes poses a significant threat to the health and safety of other quarantined individuals;

5) Isolated or quarantined individuals shall be released when the Department or local health authority determines that the individuals pose no substantial risk of transmitting a dangerously contagious or infectious disease that would constitute a serious or imminent threat to the health and safety of others;

6) To the extent possible, cultural and religious beliefs shall be considered in addressing the needs of individuals and in establishing and maintaining isolation or quarantine premises;

7) Isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means (e.g., through prayer) to treat a dangerously contagious or infectious disease in accordance with religious tenets and practices, nor shall anything in this Subpart be deemed to prohibit a person so relying who is infected with a dangerously contagious or infectious disease from being isolated or quarantined in a private place of his or her own choice, provided that the location is approved by the Department or local health authority. The Department or local health authority may isolate infected individuals who decline treatment for the period of time they are believed to be infectious.

b) An individual who is subject to an order of isolation or quarantine may supply the addresses and/or telephone numbers of friends and/or relatives to receive notification of the person's detention, and the Department or the local health authority shall, upon request, provide notice to a reasonable number of persons that the individual is being detained.

c) An individual who is detained in a medical facility, premises or other isolation or quarantine facility shall not conduct himself or herself in a disorderly manner, and shall not leave or attempt to leave such facility or premises until he or she is discharged pursuant to this Subpart.

d) Management of a dangerously contagious or infectious disease for an affected area may require the coordinated use of local, regional, State, and national resources to specify one or more affected areas to be placed under isolation or quarantine or to be closed, so as to protect as many people as possible in the least
restrictive means. If defining the precise boundaries and time frame of the exposure is not possible, or changes as additional information becomes available, the Department or local health authority shall ensure that the latest information is communicated to persons in the affected area.

e) The Department encourages local health authorities to collaborate with local emergency response entities in meeting the needs of isolated or quarantined persons in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication between those in isolation and those outside these settings, medication, and competent medical care.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.1330 Order and Procedure for Isolation, Quarantine and Closure

a) The Department or local health authority may order a person or group of persons to be quarantined or isolated or may order a place to be closed and made off limits to the public on an immediate basis without prior consent or court order if, in the reasonable judgment of the Department or local health authority, immediate action is required to protect the public from a dangerously contagious or infectious disease. (Section 2(c) of the Act) The determination that immediate action is required shall be based on the following:

1) The Department or the local health authority has first made efforts, which shall be documented, to obtain voluntary compliance with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, and inspection and closure of facilities, or has determined that seeking voluntary compliance would create a risk of serious harm; and

2) The Department or the local health authority has reason to believe that a person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a dangerously contagious or infectious disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and

3) The Department or the local health authority has reason to believe that the person or group of persons would pose a serious and imminent risk to the
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health and safety of others if not detained for isolation.

b) All police officers, sheriffs and all other officers and employees of the State or any locality shall enforce the rules and regulations so adopted and orders issued by the Department or the local health authority. (Section 2(a) of the Act) The Department or local health authority may request the assistance of police officers, sheriffs, and all other officers and employees of any political subdivision within the jurisdiction of the Department or local health authority to immediately enforce an order given to effectuate the purposes of this Subpart.

c) If the Department or local health authority orders the immediate isolation or quarantine of a person or group of persons:

1) The immediate isolation or quarantine order shall be for a period not to exceed the period of incubation and communicability, as determined by the Department or local health authority, for the dangerously contagious or infectious disease.

2) The Department or local health authority shall issue a written isolation or quarantine order within 24 hours after isolation or quarantine, which shall specify the following:

A) The identity of all persons or groups subject to quarantine or isolation, if known;

B) The premises subject to quarantine, isolation or closure;

C) Notice of the right to counsel;

D) Notice that if the person or owner is indigent, the court will appoint counsel for that person or owner;

E) Notice of the reason for the order for isolation, quarantine or closure, including the suspected dangerously contagious or infectious disease, if known;

F) Notice of whether the order is an immediate order, and if so, the time frame for the Department or local health authority to seek consent or to file a petition requesting a court order;
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G) Notice of the anticipated duration of the isolation, quarantine, or closure, including the dates and times at which isolation, quarantine, or closure commences and ends (Section 2(c) of the Act);

H) A statement of the measures taken by the Department or the local health authority to seek voluntary compliance or the basis on which the Department or the local health authority determined that seeking voluntary compliance would create a risk of serious harm;

I) A statement regarding the medical basis on which isolation, quarantine, or closure is justified, e.g., clinical manifestations; physical examination; laboratory tests, diagnostic tests or other medical tests; epidemiologic information; or other evidence of exposure or infection available to the Department or local health authority at the time;

J) A statement that such persons may refuse examination, medical monitoring, medical treatment, prophylaxis, or vaccination, but remain subject to isolation or quarantine; and

K) A statement that, at any time while the isolation, quarantine or closure order is in effect, persons under isolation, quarantine, or closure may request a hearing to review the isolation, quarantine, or closure order.

d) Verbal Orders.

1) The Department or local health authority may issue a verbal order of isolation, quarantine, or closure without prior notice to the person or group of persons if the delay in imposing a written order of isolation, quarantine, or closure would jeopardize the Department's or local health authority's ability to prevent or limit:

A) The transmission of a dangerous contagious or infectious disease that poses a threat to the public;

B) The transmission of an infectious agent or possibly infectious
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agent that poses a threat to the public health; or

C) The exposure or possible exposure to a chemical or biological agent that poses a threat to the public health.

2) A verbal order of isolation, quarantine, or closure issued under this Subpart:

A) Is valid for 24 hours and shall be followed up with a written order;

B) May be verbally communicated by a first responder to the person or group of persons subject to isolation, quarantine, or closure; and

C) May be enforced by the first responder until a written order is issued.

e) In the event of an immediate order issued without prior consent or court order, the Department or local health authority shall, as soon as practical, within 48 hours after issuing the order, obtain the consent of the person or owner or file a petition requesting a court order authorizing the isolation, quarantine or closure. When exigent circumstances exist that cause the court system to be unavailable or that make it impossible to obtain consent or file a petition within 48 hours after issuance of an immediate order, the Department or local health authority must obtain consent or file a petition requesting a court order as soon as reasonably possible. (Section 2(c) of the Act)

1) The petition for a court order authorizing involuntary isolation or quarantine of a person or group of persons or the closure of premises shall specify the following:

A) The identity of all persons or groups subject to isolation or quarantine, if known;

B) The premises subject to isolation, quarantine or closure;

C) The reason for the order for isolation, quarantine or closure, including the suspected dangerously contagious or infectious disease if known;
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D) The date and time at which isolation, quarantine or closure will commence;

E) The anticipated duration of isolation, quarantine, or closure based on the suspected dangerously contagious or infectious disease, if known;

F) The measures taken by the Department or the local health authority to seek voluntary compliance or the basis on which the Department or the local health authority determined that seeking voluntary compliance would create a risk of serious harm;

G) The medical basis on which isolation, quarantine or closure is justified, e.g., clinical manifestations; physical examination; laboratory tests, diagnostic tests or other medical tests; epidemiologic information; or other evidence of exposure or infection available to the Department or local health authority at the time.

2) The petition shall be accompanied by the declaration of the Department or the local health authority attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

f) Upon filing a petition requesting a court order authorizing the isolation, quarantine or closure, or a petition requesting continued isolation, quarantine, or closure, the Department or local health authority shall serve a notice of the hearing upon the person or persons who are being quarantined or isolated or upon the owner of the property that is being closed at least 24 hours before the hearing. If it is impractical to provide individual notice to large groups who are isolated or quarantined, a copy of the notice shall be posted in a designated location. The notice shall contain the following information:

1) The time, date and place of the hearing;

2) The grounds and underlying facts upon which continued isolation, quarantine or closure is sought;

3) The person's right to appear at the hearing; and
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4) The person's right to counsel, including the right, if the person is indigent, to be represented by counsel designated by the court.

4) To obtain a court order, the Department or local health authority, by clear and convincing evidence, must prove that the public's health and welfare are significantly endangered by a person or group of persons that has, or that is suspected of having a dangerously contagious or infectious disease, that has been exposed to, or that is reasonably believed to have been exposed to, a dangerously contagious or infectious disease, including non-compliant tuberculosis patients, or that the public's health and welfare have been significantly endangered by a place where there is a significant amount of activity likely to spread a dangerously contagious or infectious disease. The Department or local health authority must also prove that all other reasonable means of correcting the problem have been exhausted and no less restrictive alternative exists. (Section 2(c) of the Act)

1) Isolation, quarantine, or closure authorized as a result of a court order shall be for a period not to exceed 30 days from the date of issuance of the court order.

2) The Department or local health authority may petition the court to continue the isolation, quarantine, or closure beyond the initial 30 days.

3) The Department or the local health authority may petition the court to provide interpreters.

4) Prior to the expiration of a court order for continued isolation, quarantine, or closure, the Department or local health authority may petition the court to continue isolation, quarantine, or closure, provided that:

A) The Department or local health authority provides the court with a reasonable basis to require continued isolation, quarantine, or closure to prevent a serious and imminent threat to the health and safety of others.

B) The request for a continued order shall be for a period not to exceed 30 days.
Section 690.1335 Isolation or Quarantine Premises

a) Entry into isolation and quarantine premises shall be restricted under the following conditions:

1) The Department or local health authority shall authorize health care providers or others to have access to individuals in isolation or quarantine as necessary to meet the needs of isolated or quarantined persons;

2) No person, other than the persons authorized by the Department or local health authority, shall enter the isolation or quarantine premises;

3) Any person entering isolation or quarantine premises shall be provided by the Department or the local health authority with infection control information and may be required to wear personal protective equipment or to receive medication or vaccination as appropriate;

4) Any person entering isolation or quarantine premises with or without authorization by the Department or local health authority may be isolated or quarantined; and

5) The Department or local health authority shall permit a reasonable number of individuals to enter the isolation or quarantine area if the individual signs a consent form stating that he or she has been informed of the potential health risks, isolation and quarantine guidelines of the Department or the local health authority, and the consequences of entering the area. The individual may not hold the Department, the local health authority, or the State responsible for any consequences of entering the isolation or quarantine area. If an individual poses a danger to public health by entering an isolation or quarantine area, the individual shall be subject to isolation or quarantine according to this Section.

b) Persons who are subject to isolation and quarantine and persons who enter isolation and quarantine premises shall obey the isolation or quarantine orders of the Department or the local health authority. Failure to do so shall constitute a Class A misdemeanor.
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c) Sites of isolation, quarantine, or closure shall be prominently placarded with isolation, quarantine, or closure signs prescribed and furnished by the Department or local health authority and posted on all sides of the building wherever access is possible.

d) Premises used for isolation or quarantine shall be maintained to minimize the likelihood of further transmission of infection or other harm to persons isolated and quarantined.

(Source: Added at 31 Ill. Reg. ______, effective ____________)

Section 690.1340 Enforcement

a) An order issued by a local health authority in accordance with this Subpart shall be enforced by all local and statewide law enforcement, and all other officers and employees of any political subdivision within the jurisdiction of the local health authority.

b) The Department or local health authority may request the assistance of police officers, sheriffs, and all other officers and employees of any political subdivision within the jurisdiction of the Department or local health authority to apprehend, hold, transport, quarantine or isolate a person who is subject to an order if that person flees or forcibly resists the Department or local health authority.

(Source: Added at 31 Ill. Reg. ______, effective ____________)

Section 690.1345 Relief from Isolation, Quarantine, or Closure

a) Any person or group of persons who are isolated or quarantined or who are owners of places subject to closure may seek relief from the local circuit court. Any person or persons who are isolated or quarantined or who are owners of places subject to closure by order of the Department or local health authority may apply to the court for an order to show cause why the individual or group should be released or the place should be opened.

b) A request for a hearing under this Section shall not stay or enjoin an isolation, quarantine or closure order.

c) In any proceedings brought for relief under this Section, in extraordinary
circumstances and for good cause shown, the Department or local health authority may move the court to extend the time for a hearing. The court, in its discretion, may grant the extension, giving due regard to the rights of the affected persons, the protection of the public's health, the severity of the emergency and the availability of necessary witnesses and evidence.

d) Any hearing for relief under this Section involving a petitioner or petitioners judged to be contagious for a dangerously contagious or infectious disease shall be conducted in a manner that uses appropriate infection control precautions and minimizes the risk of disease transmission.

(Source: Added at 31 Ill. Reg. ______, effective _____________)

Section 690.1350 Consolidation

In any proceeding brought pursuant to this Subpart, to promote the fair and efficient operation of justice and having given due regard to the rights of the affected persons, the severity of the threat to the public's health, and the availability of necessary witnesses and evidence, the Department or the local health authority may petition the court to order the consolidation of individual claims into group claims when:

a) The number of individuals involved or to be affected is so large as to render individual participation impractical;

b) There are questions of law or fact common to the individual claims or rights to be determined;

c) The group claims or rights to be determined are typical of the affected persons' claims or rights; and

d) The entire group will be adequately represented in the consolidation.

(Source: Added at 31 Ill. Reg. ______, effective _____________)

Section 690.1355 Access to Medical or Health Information

a) To prevent the spread of a dangerously contagious or infectious disease, the Department, local boards of health, and local public health authorities shall have emergency access to medical or health information or records or data upon the
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condition that the Department, local boards of health, and local public health authorities shall protect the privacy and confidentiality of any medical or health information or records or data obtained pursuant to this Section in accordance with federal and State law. (Section 2(h) of the Act)

b) Any medical or health information or records or data provided to the Department or local health authority shall be exempt from inspection and copying under the Freedom of Information Act. Other than a hearing held in accordance with this Part, any information, records, reports, statements, notes, memoranda, or other data in the possession of the Department, local boards of health, or local public health authorities shall not be admissible as evidence, nor discoverable in any action of any kind in any court or before any tribunal, board, agency, or person. (Section 2(h) of the Act)

c) Copies of Medical Records and Diagnostic Tests

1) Health care providers and governmental entities shall, when requested, provide a copy of the medical records and diagnostic test results that are relevant to a public health order to the Department or local health authority and to the individual who is subject to the public health order.

2) The records requested under this Section shall be provided as soon as possible after the request is submitted to the health care provider, or as soon as possible after the health care provider receives the results of any relevant diagnostic testing of the individual.

3) The production of records under this Section is for the benefit of the public health and safety of the citizens of the State. A health care provider is encouraged to provide copies of the medical records or other records necessary to carry out the purpose of this Subpart free of charge.

4) A health care provider that is a State governmental entity shall provide medical records or other records necessary to carry out the purposes of this Subpart free of charge.

d) The privileged quality of communication between a professional person or any facility shall not constitute grounds for failure to provide emergency access to the Department or local health authority. (Section 2(h) of the Act)
e) Medical records held by a court related to orders of isolation, quarantine or closure shall be sealed by the circuit court.

f) Any person, facility, institution, or agency that provides emergency access to health information and data shall have immunity from any civil or criminal liability, or any other type of liability that might otherwise result by reason of these actions except in the event of willful and wanton misconduct. (Section 2(h) of the Act)

(Source: Added at 31 Ill. Reg. ______, effective ____________)

Section 690.1360 Right to Counsel

a) Persons who are or are about to be ordered to be isolated or quarantined and owners of places that are or are about to be closed and made off limits to the public shall have the right to counsel. (Section 2(c) of the Act)

b) If a person or owner is indigent, the court shall appoint counsel for that person or owner. (Section 2(c) of the Act)

c) The Department or local health authority may petition the court to allow alternate communication between the affected groups or persons and their representative for the court hearing and occasions outside the court hearing, depending on the mode of transmission of the disease.

(Source: Added at 31 Ill. Reg. ______, effective ____________)

Section 690.1365 Service of Isolation, Quarantine, or Closure Order

a) A copy of the isolation, quarantine, or closure order shall be personally served on the person or group of persons at the time that isolation, quarantine, or closure commences or as soon thereafter as the circumstances permit.

b) If the Department or local health authority considers posting or publishing the isolation, quarantine or closure order in a conspicuous location to be necessary, the Department or local health authority shall omit the names and identities of persons and shall take other measures respecting the privacy of persons.

c) If the court determines that serving or posting the order according to subsections
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(a) and (b) of this Section is impractical because of the number of persons to be isolated or quarantined or the geographical area affected, the court must use the best means available to ensure that the affected persons are fully informed of the order.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.1370 Documentation

The Department or local health authority shall keep a record of each person or group of persons subject to an isolation, quarantine, or closure order. Each record shall, when applicable, consist of the isolation, quarantine, or closure order; any medical, laboratory, epidemiologic, or other information in support of the order; evidence submitted by the person under isolation, quarantine, or closure; written findings and recommendations of the Department or local health authority; and the hearing transcript, if any, or summary notes of the hearing.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.1375 Voluntary Isolation, Quarantine, or Closure

a) Prior to instituting mandatory isolation, quarantine, or closure pursuant to this Subpart, the Department or local health authority may request that a person or group of persons voluntarily confine themselves to a private home or other facility.

b) When isolation is initiated by a hospital or physician, such isolation is voluntary and not at the Department or local health authority's direction. When a patient with a dangerously contagious or infectious disease no longer consents to or has left isolation against a physician's orders, the hospital or physician shall immediately inform the local health authority.

c) If the Department or local health authority obtains voluntary consent, the consent shall be in writing and shall inform the person or group of persons of the following:

1) The terms and duration of the isolation, quarantine, or closure;

2) The importance of complying with the order of isolation, quarantine, or closure to protect the public's health;
3) That each person has the right to agree or refuse to agree to the order of isolation, quarantine, or closure and to seek a judicial review of the order;

4) That for any person who consents to the order of isolation, quarantine, or closure:
   A) The order of isolation, quarantine, or closure will not be reviewed by the court unless the person withdraws consent to the order for isolation, quarantine, or closure; and
   B) The person shall notify the local health authority verbally, confirmed in writing immediately, but not later than 24 hours, if the person intends to withdraw consent to the order for isolation, quarantine, or closure; and

5) A breach of a consent agreement or revocation of a consent agreement prior to the end of the order of isolation, quarantine, or closure shall subject the person to an involuntary order of isolation, quarantine, or closure.

(Source: Added at 31 Ill. Reg. ______, effective ____________)

Section 690.1380 Physical Examination, Testing and Collection of Laboratory Specimens

a) The Department may order physical examinations and tests and collect laboratory specimens as necessary for the diagnosis or treatment of individuals in order to prevent the probable spread of a dangerously contagious or infectious disease. (Section 2(d) of the Act)

b) Persons who are subject to physical examination, tests and collection of laboratory specimens shall report for physical examinations, tests, and collection of laboratory specimens and comply with other conditions of examinations, tests, and collection as the Department or local health authority orders.

c) An individual may refuse to consent to a physical examination, test, or collection of laboratory specimens, but shall remain subject to isolation or quarantine, provided that, if those persons are isolated or quarantined, they may request a hearing in accordance with this Subpart. (Section 2(d) of the Act)
d) An individual shall be given a written notice that shall include notice of the following:

1) That the individual may refuse to consent to physical examination, test, or collection of laboratory specimens;

2) That if the individual consents to physical examination, tests, or collection of laboratory specimens, the results of that examination, test, or collection of laboratory specimens may subject the individual to isolation or quarantine pursuant to the provisions of this Subpart;

3) That if the individual refuses to consent to physical examinations, tests, or collection of laboratory specimens and that refusal results in uncertainty regarding whether he or she has been exposed to or is infected with a dangerously contagious or infectious disease or otherwise poses a danger to the public's health, the individual may be subject to isolation or quarantine pursuant to the provisions of this Subpart; and

4) That if the individual refuses to consent to physical examinations, tests, or collection of laboratory specimens and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of this Subpart. (Section 2(d) of the Act)

e) All specimens collected shall be clearly marked.

f) Specimen collection, handling, storage, and transport to the testing site shall be performed in a manner that will reasonably preclude specimen contamination or adulteration and provide for the safe collection, storage, handling, and transport of the specimen.

g) Any person authorized to collect specimens or perform tests shall use chain of custody procedures to ensure proper record keeping, handling, labeling, and identification of specimens to be tested. This requirement applies to all specimens, including specimens collected using on-site testing kits.

h) Nothing in this Section shall be construed to limit the Department or local health authority's ability to conduct physical examinations and tests or to collect laboratory specimens on a voluntary basis or from engaging in other methods of
voluntary disease surveillance.

(Source: Added at 31 Ill. Reg. ______, effective ____________)

Section 690.1385 Vaccinations, Medications, or Other Treatments

a) The Department may order the administration of vaccinations, medications, or other treatments to persons as necessary in order to prevent the probable spread of a dangerously contagious or infectious disease. (Section 2(e) of the Act)

b) Persons who are required to receive treatment, including, but not limited to, vaccination and medication, shall comply with other conditions of vaccination, medication, or other treatment as the Department or local health authority orders.

c) An individual may refuse to receive vaccinations, medications, or other treatments, but shall remain subject to isolation or quarantine, provided that, if the individual is isolated or quarantined, he or she may request a hearing in accordance with this Subpart. (Section 2(e) of the Act)

d) An individual shall be given a written notice that shall include notice of the following:

1) That the individual may refuse to consent to vaccinations, medications, or other treatments;

2) That if the individual refuses to receive vaccinations, medications, or other treatments, the individual may be subject to isolation or quarantine pursuant to the provisions of this Subpart; and

3) That if the individual refuses to receive vaccinations, medications, or other treatments and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of this Subpart. (Section 2(f) of the Act)

e) Nothing in this Section shall be construed to limit the Department's or local health authority's ability to administer vaccinations, medications, or other treatments on a voluntary basis or to prohibit the Department or local health authority from engaging in other methods of voluntary disease surveillance.
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(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.1390 Observation and Monitoring

a) The Department may order observation and monitoring of persons to prevent the probable spread of a dangerously contagious or infectious disease. (Section 2(f) of the Act)

b) Persons who are subject to observation and monitoring shall comply with other conditions of observation and monitoring as the Department or local health authority orders.

c) An individual may refuse to undergo observation or monitoring, but shall remain subject to isolation or quarantine, provided that, if an individual is isolated or quarantined, he or she may request a hearing in accordance with this Subpart. (Section 2(f) of the Act)

d) An individual shall be given a written notice that shall include notice of the following:

1) That the individual may refuse to undergo observation and monitoring;

2) That, if the individual consents to observation and monitoring, the results of that observation and monitoring may subject the individual to isolation or quarantine pursuant to the provisions of this Subpart;

3) That if the individual refuses to undergo observation or monitoring and that refusal results in uncertainty regarding whether the individual has been exposed to or is infected with a dangerously contagious or infectious disease or otherwise poses a danger to the public's health, the individual may be subject to isolation or quarantine pursuant to the provisions of this Subpart; and

4) That, if the individual refuses to undergo observation or monitoring and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of this Subpart. (Section 2(f) of the Act)

e) Nothing in this Section shall be construed to limit the Department's or local health
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authority's ability to conduct observation and monitoring on a voluntary basis or to prohibit the Department or local health authority from engaging in other methods of voluntary disease surveillance.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.1400 Transportation of Persons Subject to Public Health or Court Order

The Department or local health authority shall work with local law enforcement in their jurisdiction to provide transportation to court or to a place for examination, quarantine, isolation, or treatment of the person or group of persons who are subject to a public health order or court order under this Subpart.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.1405 Information Sharing

a) Whenever a local health authority learns of a case of a reportable illness or health condition, an unusual cluster, or a suspicious event that may be the cause of a public health emergency as that term is defined in Section 4 of the Illinois Emergency Management Agency Act, it shall immediately notify the Department, the Illinois Emergency Management Agency, and the appropriate State and local law enforcement authorities.

b) Sharing of medical information on persons with reportable illnesses or health conditions, unusual disease or symptom clusters, or suspicious events between the Department, local health authorities and law enforcement authorities shall be restricted to information necessary for the treatment, control of, investigation of, containment of, and prevention of a public health emergency, as that term is defined in Section 4 of the Illinois Emergency Management Act, or for criminal investigation or criminal prosecution of or arising out of that matter.

(Source: Added at 31 Ill. Reg. _____, effective ____________)

Section 690.1410 Amendment and Termination of Orders

a) The Department or local health authority responsible for the person or group of persons subject to isolation, quarantine, or closure shall periodically reexamine the reasons upon which the order of isolation, quarantine, or closure was based.
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This reexamination shall occur at least once a month.

b) If, at any time, the Department or local health authority determines that the conditions justifying the order of isolation, quarantine, or closure no longer exist, the Department or local health authority shall immediately discharge the person or group of persons or the owner whose place was subject to closure from the order of isolation, quarantine, or closure.

c) If the Department or local health authority determines that the conditions justifying the order of isolation, quarantine, or closure continue to exist, the Department or local health authority shall send to the person or group of persons a written notice of:

1) The Department's or local health authority's findings, the expected duration of the order of isolation, quarantine or closure, and the reason for the decision; and

2) The individual's right to a judicial review of the order of isolation, quarantine, or closure by the court if the individual requests a review.

d) Upon an individual's request for judicial review, the Department or local health authority shall file a petition with the local circuit court within 48 hours after the individual's request.

(Source: Added at 31 Ill. Reg. ______, effective ____________)

Section 690.1415 Penalties

a) All local boards of health, health authorities and officers, police officers, sheriffs and all other officers and employees of the State or any locality shall enforce the rules in this Subpart and orders issued by the Department pursuant to Section 2 of the Act. (Section 2(a) of the Act)

b) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any dangerously contagious or infectious disease in connection with the Department's or local health authority's power of quarantine, isolation and closure or refuses to comply with a quarantine, isolation or closure order is guilty of a Class A misdemeanor. (Section 2(k) of the Act)
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(Source: Added at 31 Ill. Reg. _____, effective ____________)
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1) **Heading of the Part**: Control of Tuberculosis Code

2) **Code Citation**: 77 Ill. Adm. Code 696

3) **Section Numbers**: Proposed Action:

   - 696.100 Amendment
   - 696.110 Amendment
   - 696.130 Amendment
   - 696.140 Amendment
   - 696.150 Amendment
   - 696.160 Amendment
   - 696.170 Amendment
   - 696.200 Amendment
   - 696.APPENDIX A Amendment
   - 696.APPENDIX B Amendment

   a) **Statutory Authority**: Implementing the Communicable Disease Report Act [745 ILCS 45] and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

   b) **A Complete Description of the Subjects and Issues Involved**: The current rules on tuberculosis (TB) cover the screening, treatment, testing, management and reporting requirements for persons with active or suspected of TB, having TB disease or latent TB infection (LTBI). The current rules require the use of the Mantoux tuberculin skin test (TST) as the only test approved for screening for LTBI. The proposed amendment will allow the use of a newly developed FDA-approved blood test for the detection of patients with active TB disease or LTBI. The proposed amendment only adds the use of the new FDA approved blood test as an approved test for screening patients and does not remove the TST as an approved test for screening.

   The proposed rulemaking is needed because of the availability of the first test in over 100 years for persons with LTBI. This test can also be used as part of an evaluation for individuals with active or suspected of tuberculosis (TB) disease. In some testing situations, the FDA-approved blood test provides more specific, efficient and effective means of screening for LTBI or active TB disease. In particular, the current Mantoux skin test has false positive reactions because it cannot distinguish between persons who are infected with *M. tuberculosis* complex (MTB) and those either infected with other non-tuberculosis Mycobacterium (e.g., *M. avium* complex) or persons recently vaccinated with the TB vaccine Bacillus of Calmette and Guerin (BCG), which is used in many
countries where TB is an endemic disease (e.g., the new FDA blood test, Quantiferon® Gold test, does not cross react with *M. avium* or BCG).

6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: "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, Atlanta, GA 30333 (Morbidity and Mortality Weekly Report (MMWR) 2006; 55 (No. RR-09): 1-44).

"Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (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, Atlanta, GA 30333 (Morbidity and Mortality Weekly Report (MMWR) 2005; 54 (No. RR-17)).


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? Yes

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand any State mandate on units of local government.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written or e-mail comments may be submitted within 45 days after this issue of the *Illinois Register* to:

    Susan Meister
    Division of Legal Services
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Illinois Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761

217-782-2043  
(E-mail: rules@idph.state.il.us)

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Hospitals, alcohol and drug treatment centers

B) Reporting, bookkeeping or other procedures required for compliance: There are no new requirements for reporting, bookkeeping or other procedures required for compliance.

C) Types of Professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: July 2006

The full text of the Proposed 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

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SUBPART C: ENFORCEMENT OF TUBERCULOSIS PREVENTION AND CONTROL MEASURES

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696.APPENDIX A Mantoux Skin Testing Procedures
696.APPENDIX B Waivers for TB Screening TestsMantoux Skin Testing Requirements
696.APPENDIX C Summary of the Interpretation of Tuberculin Skin Test Results

AUTHORITY: Implementing the Communicable Disease Report Act [745 ILCS 45] and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].
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SUBPART A: GENERAL PROVISIONS

Section 696.100 Definition of Terms

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

"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 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 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 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 includes
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isolation of M. tuberculosis from a clinical specimen; demonstration of M. tuberculosis 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 TB, 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.

"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 Mantoux skin test, chest radiograph and bacteriologic examinations.

"Directly Observed Therapy" or "(DOT)" means a process by which a trained 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 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").

"Healthcare Worker" means an employee or volunteer in a healthcare facility who has the potential for exposure to M. tuberculosis. Healthcare workers may
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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.

"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 who should be screened for TB infection because of an increased probability of becoming infected with TB, and/or who have increased probability of progressing to 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
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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; jejunoileal 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-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 a person who has, or is suspected of having, 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
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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 separation of a person with suspected or confirmed tuberculosis disease 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.

" 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.
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"Not Infectious" means a person previously determined to be infectious who now meets the following criteria:

- received a treatment regimen for two or more weeks composed of multiple drugs to which the organisms are susceptible in accordance with the incorporated publication, Treatment of TB and TB Infection;

- has favorable clinical response to treatment; and

- has three consecutive negative sputum smear results from sputum collected 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.
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"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.

"Suspected Case" means an occurrence that is being considered as TB disease while diagnostic procedures are being completed, whether or not treatment has been started.

"TB Screening Test" means a federal Food and Drug Administration (FDA) approved screening test to detect latent TB 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 31 Ill. Reg. _______, effective ____________)

Section 696.110  Incorporated Materials

a) The following materials are incorporated by reference in this Part:


2) "Core Curriculum on Tuberculosis, What the Clinician Should Know"
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(Core Curriculum), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333; (1994).


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. RR8RR-8)).

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. RR4RR-4)).


8) "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children" (Treatment of TB and TB Infection), American Thoracic Society, Medical Section of the American Lung Association, New York.
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b) All incorporations by reference of guidelines of federal agencies and the standards of nationally recognized organizations refer to the guidelines and standards on the date specified and do not include any amendments or editions subsequent to the date specified.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

SUBPART B: TUBERCULOSIS PREVENTION AND CONTROL MEASURES

Section 696.130 Responsibilities of High-Risk Congregate Settings and Programs Providing Alcohol and Drug Treatment

a) Written Plans. A written plan shall be developed that includes protocols for the screening and management of infection among employees, volunteers and clients; protocols for the screening, diagnosis and management of TB disease among employees, volunteers and clients; data collection; evaluation of data; reporting of persons with signs or symptoms of TB to the local TB control authority; and 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 facility; procedures for the purpose of protecting employees, volunteers and clients from contracting tuberculosis; and a referral mechanism to ensure prevention of transmission and completion of treatment for clients with TB who leave the facility. The written plan shall be updated at least annually. (See the incorporated publications, Guidelines for Health-Care Settings, Healthcare Facilities and the OSHA Instruction.)

b) TB Prevention and Control Program. A program shall be executed in accordance with the written plan.
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c) Employee and Volunteer Education. Training about TB shall be provided or arranged. All employees and volunteers shall be trained upon hiring and periodically thereafter to ensure employee knowledge equivalent to the employee's work responsibilities and the level of risk in the facility. OSHA-regulated settings and programs shall comply with the incorporated publications, OSHA Instruction. (See the incorporated publications, Core Curriculum and Controlling TB in Correctional Facilities.)

d) Collaboration. 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 TB infection and disease, reporting of disease, and the education of employees and volunteers.

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 (a) of this Section. Individual and aggregate data should be analyzed periodically to identify the 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 authority upon request.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 696.140 Screening for Tuberculosis Infection and Disease

The TB screening testMantoux skin test shall be used when screening persons for infection. (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 disease or a positive TB screening test resultMantoux skin test or other positive screening test results shall have additional diagnostic tests as recommended in the incorporated publications Treatment of TB and TB Infection and Guidelines for Health-Care Facilities.

a) Screening for TB Infection. Persons in high-risk groups should be screened for tuberculosis. Local health department clients who are in high-risk groups should be screened and records maintained of TB screening Mantoux skin test results.
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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 TB disease shall be tested with a TB screening Mantoux skin 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) 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, Appendices A, B, and C, and the following incorporated publications: Screening High-Risk Populations; Guidelines for Healthcare Facilities; Prevention and Control of Tuberculosis in Correctional Facilities; and the OSHA Instruction.

A) All employees and volunteers in high-risk congregate settings and programs providing alcohol and drug treatment shall obtain a TB screening Mantoux skin test within seven days after being employed. If Mantoux skin testing is used, two-step testing should be done. Employees and volunteers who are part of a routine, periodic screening program shall initially be screened by TB screening tests two-step testing. Routine, periodic screening of employees and volunteers should be determined by a risk assessment performed in cooperation with the local TB control authority. Persons who are not part of a routine, periodic screening program may be screened by a single Mantoux skin test.

B) All clients in high-risk congregate settings and clients in high-risk groups in programs providing alcohol and drug treatment shall obtain a TB screening Mantoux skin test within seven days after admission. If Mantoux skin testing is used, two-step testing should be done. All clients who are part of a routine, periodic screening program should be initially screened by two-step testing. Routine, periodic screening of clients should be determined by a risk assessment performed in cooperation with the local TB control authority. Persons who are not part of a routine, periodic screening
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program may be screened by a single Mantoux skin test. In addition:

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 with the first Mantoux skin test of a two-step 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 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 following incorporated publications:

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.
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Facilities and Screening High-Risk Populations.

4) Employees, Volunteers and Students in a School (Pupil Attendance Center) or School District.

A) Initial screening skin testing of employees and volunteers in a school or a school district shall be performed using a TB screening Mantoux skin 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.

5) Day Care Center Employees and Volunteers. Day care center employees and volunteers shall obtain a TB screening test the first Mantoux skin test of a two-step test within seven days after being employed. If Mantoux skin testing is used, two-step testing shall be done. Routine, periodic screening of employees and volunteers should be determined by a risk assessment performed in cooperation with the local TB control authority.

b) Screening for 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:
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A) Persons with a documented prior-positive TB screening test result (Mantoux skin test) who are required to receive TB screening skin 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 skin 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 skin test or checklist.

B) Clients admitted to 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.

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.

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 skin test results.

B) Screening for disease among the homeless may also include sputum smears and cultures.

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 696.150 Management of Persons with Tuberculosis Infection

a) Preventive Therapy. Before therapy is started, persons with a positive TB screening test result (skin test reaction) shall receive a diagnostic evaluation for TB disease. See Appendix C for information on how to interpret skin test results. If there is no evidence of disease, persons with TB infection should be considered for preventive therapy. Preventive therapy shall be conducted in accordance with
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the incorporated publication, 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 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 Tuberculin positive 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
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(G)(E) 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:

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) Positive Skin Test Reaction in Persons in High Risk Groups. 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.)

c) 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
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at high-risk for TB disease, or at high-risk of nonadherence to preventive therapy.

d) Monitoring for Adverse Reactions. At a minimum, patients should be seen monthly during therapy and evaluated for adverse drug reactions.

(Source: Amended at 31 Ill. Reg. _____, effective ____________)

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

a) Diagnostic Evaluation. The evaluation of persons with suspected or confirmed TB disease shall include but not be limited to:

1) Medical History;
2) Physical Examination;
3) TB Screening TestMantoux Skin Test;
4) Chest Radiograph; and
5) Bacteriologic Examinations on Available Specimens (e.g., smears, cultures and other tests for M. tuberculosis, and drug susceptibility tests).

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 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 Facilities and OSHA Instruction.

A) In settings that serve infectious TB patients, precautions that shall be implemented include early identification and isolation of patients with suspected or confirmed TB disease. Infection control measures shall be maintained until it is determined that the patient is not infectious.
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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. 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.

C) Once determined to be infectious, a person is considered infectious until medically determined to be not infectious and 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 not infectious status of a suspected or confirmed case of TB, a final decision of infectiousness will be made only by the Department.

2) Treatment of Suspected or Confirmed TB Disease. Suspected or confirmed TB disease shall be treated with multiple drugs in accordance with the incorporated publication, 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
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severe consequences; prompt and vigorous treatment is appropriate as soon as TB is suspected.

A) Directly Observed Therapy (DOT). Treatment of all patients with TB should be conducted by DOT.

B) Monitoring for Response to Antituberculosis Chemotherapy. 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.

C) Monitoring for Adverse Reactions. Adults treated for TB disease should have baseline tests to detect any abnormality that would complicate treatment or require a modified regimen. Baseline 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.)
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c) Contact Investigation. Close contacts to suspected or confirmed cases of TB disease shall obtain a TB screening test be tested with a Mantoux skin test to identify infection. Close contacts shall be retested three months after the last exposure if their reaction to the first TB screening test skin test was negative. 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.)

(Source: Amended at 31 Ill. Reg. ______, effective ____________)

Section 696.170 Reporting

Health professionals listed in subsection (a)(1) shall report suspected and confirmed cases of TB 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.

1) Health Professionals Required to Report. Reports shall be made by physicians, physician assistants, nurses, dentists, laboratory personnel and the health coordinator of settings serving high-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.

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
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of TB screening tests (Mantoux skin test results shall be recorded in millimeters) in millimeters of Mantoux skin tests 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 not infectious status, isolation precautions taken, treatment regimen, 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 should include the name, address, date of birth, gender, race, ethnic origin, country of origin, month and year the person arrived in the United States (if applicable), non-prescribed drug use and excess alcohol use within the year before the date of submission, occupation, address changes, names and addresses of close contacts, and other information required to complete the tuberculosis reporting form of the Department and the Centers for Disease Control and Prevention, the Report of Verified Case of TB (RVCT) form.

D) Other Information. Any other relevant information requested by the local TB control authority or the Department should be provided. Such information may include hospital discharge plans for out-patient follow-up and locating information 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 their records available for inspection by the Department when requested in order to carry out
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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 Department shall receive available information on an RVCT form.

2) Reports 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.

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 \textit{M. tuberculosis}, and drug susceptibility test results.

d) Confidentiality.

1) It is the policy of the Department to maintain the confidentiality of information that would identify individual patients.

2) \textit{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])

(Source: Amended at 31 Ill. Reg. ______, effective ____________)
Section 696.200 Types of Directives

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 (Mantoux skin 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 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.

c) 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, Healthcare Facilities, 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: Amended at 31 Ill. Reg. ______, effective ____________)
Section 696. APPENDIX A Mantoux Skin Testing Procedures

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.
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(See Appendix B.)

(Source: Amended at 31 Ill. Reg. _______, effective ___________)

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Section 696.APPENDIX B Waivers for **TB Screening Tests** Mantoux Skin Testing Requirements

a) Persons Who are Not Part of a Routine, Periodic Screening Program. **TB screening test** Mantoux skin testing requirements can be waived when documentation is available of a **TB screening test** Mantoux skin test result read within 90 days before employment.

b) Persons Who are Part of a Routine, Periodic Screening Program. **TB screening test** Mantoux skin testing 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** Mantoux skin test result read within one year before employment/admission, provided that the employee shall then receive an additional **TB screening test** Mantoux skin 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.

c) 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** Mantoux skin testing requirements, may have such the skin test 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
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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 the facility's medical director shall be included in the employees' files.

d) Persons with Documentation of a Previous Positive TB Screening Test Result Reaction. Repeat skin testing is not needed or required for persons with documentation of a previous positive test result reaction to a Mantoux skin test. (See Section 696.140(b) for screening procedures for persons with documentation of a previous positive result reaction.)

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: Amended at 31 Ill. Reg. _____, effective ____________)
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NOTICE OF PROPOSED AMENDMENT

1) **Heading of the Part:** Health Care Professional Credentials Data Collection Code

2) **Code Citation:** 77 Ill. Adm. Code 965

3) **Section Number:** Proposed Action:
   - 965.130 Amendment

4) **Statutory Authority:** Health Care Professional Credentials Data Collection Act [410 ILCS 517]

5) **A Complete Description of the Subjects and Issues Involved:** Part 965 regulates the process for credentialing health care professionals, including credentialing forms, complaints, violations, fines, and waivers. The proposed amendments to Section 965.130 (Use of Uniform Credentialing Forms) clarify that nothing in the Health Care Professional Credentials Data Collection Act [410 ILCS 517] or Part 965 prohibits hospitals from granting disaster privileges under the appropriate conditions. The proposed amendment implements Public Act 93-0829, which establishes procedures for handling an emergency or disaster.

   The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

   The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

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:** This rule will not create a State mandate.
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12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the Illinois Register to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 West Jefferson St., 5th Floor
Springfield, Illinois 62761

217/782-2043
e-mail: rules@idph.state.il.us

13) Initial Regulatory Flexibility Analysis:

A) Type of small businesses, small municipalities and not-for-profit corporations affected: Hospitals

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: January 2007

The full text of the Proposed Amendment begins on the next page:
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NOTICE OF PROPOSED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICES

PART 965
HEALTH CARE PROFESSIONAL CREDENTIALS DATA COLLECTION CODE

SUBPART A: GENERAL

Section
965.110 Definitions
965.120 Referenced Materials
965.130 Use of Uniform Credentialing Forms
965.140 Required Policies and Procedures

SUBPART B: ENFORCEMENT ACTION

Section
965.210 Complaints
965.220 Notice of Violation
965.230 Adverse Action
965.240 Fines and Penalties
965.250 Hearings
965.300 Single Credentialing Cycle
965.310 Waiver from Single Credentialing Cycle

965.APPENDIX A Health Care Professional Credentialing and Business Data Gathering Form
965.APPENDIX B Health Care Professional Recredentialing and Business Data Gathering Form
965.APPENDIX C Health Care Professional Update Data Gathering Form

AUTHORITY: Implementing and authorized by the Health Care Professionals Data Collection Act [410 ILCS 517].

a) The Department shall establish uniform forms for the purpose of credentialing, recredentialing, and information updates as required in Section 15 of the Act. The forms shall be coordinated to avoid the need for duplication of effort and information in submission.

b) Hard copies and/or electronic copies of the forms shall be provided by the credentialing entity to applicants and current providers for use in their process. Copies may be obtained through the Department electronically via the website at www.idph.state.il.us or in hard copy upon request. No health care entity, health care plan, or hospital may require submission of the form in a specific format, either paper or electronic, until a date has been established under this Part whereby electronic submission can be required.

c) Beginning January 1, 2002, all health care entities, health care plans, and hospitals that credential health care professionals shall only require the submission of the following forms, as specified in Section 15 of the Act:

1) For credentialing, the Uniform Health Care Credentials Form (Appendix A).

2) For recredentialing, the Uniform Health Care Recredentials Form (Appendix B).

3) For updating credentials information, the Uniform Updating Form (Appendix C).

4) Any additional credentials data requested.

d) Credentialing and recredentialing applications and forms distributed before January 1, 2002 may continue to be accepted, but only through June 30, 2002. Health care plans, health care entities, and hospitals need not require that the forms adopted in this Part be filed for a health care professional whose credentialing is already in process prior to January 1, 2002.

e) This Section does not prohibit or restrict the right of a health care entity, health
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care plan or hospital to request additional information necessary for credentialing or recredentialing. (Section 15(i) of the Act) Nothing in this Part prohibits a pre-application process from being in place at a health care entity, health care plan, or hospital. Individual attestation and release forms may be unique to each health care plan, hospital, or health care entity as a part of the credentialing or recredentialing process.

f) The forms adopted in this Part cannot be altered in structure. Nothing prohibits the use of pre-populated or double-sided forms as long as the structure of each page remains as adopted and as appearing on the Department website at www.idph.state.il.us.

g) Nothing in the Act or this Part requires a health care entity, health care plan, or hospital to seek all of the credentials data that may be provided in the mandated credentials data gathering forms. The extent to which a health care entity, health care plan, or hospital requires a health care professional to complete the applicable sections of the forms is within the discretion of the health care entity, health care plan, or hospital. However, no health care entity, plan, or hospital may reject or deny a form that includes more information than the requirements of the individual entity, plan, or hospital.

h) Keeping current and making changes in information, corrections, updates, and modifications to a health care professional's credentials data on file with health care entities, health care plans, and hospitals is the responsibility of the health care professional. Data and information changes shall be submitted by the health care professional in accordance with the following time frames:

1) Within 5 business days for state health care professional license revocation, federal drug enforcement agency license revocation, Medicare or Medicaid sanctions, revocation of hospital privileges, any lapse in professional liability coverage required by a health care entity, health care plan or hospital, or conviction of a felony.

2) Within 45 days for any other change in the information from the date the health care professional knew of the change. (Section 15(g) of the Act)

i) All updates shall be made on the updating forms in Appendix C of this Part. (Section 15(g) of the Act) Updated information will be based on the information submitted to a health care plan, health care entity or hospital in the form in
Appendix B of this Part.

j) Collection of the information contained in the forms under this Part does not require health care entities, health care plans or hospitals to use all of the data and fields in the credentialing process. Nothing in the Act or this Part mandates whether or how credentials data must be verified or assessed as part of the credentialing process. All decisions about whether and how to verify and assess any or all of the credentials data submitted to a health care entity, health care plan or hospital by a health care professional is exclusively within the lawful discretion of the health care entity, health care plan, or hospital that is credentialing that health care professional.

k) Nothing in the Act or this Part prohibits a hospital from granting disaster privileges pursuant to the provisions of Section 10.4 of the Hospital Licensing Act. When a hospital grants disaster privileges pursuant to Section 10.4 of the Hospital Licensing Act, that hospital is not required to collect credentials data pursuant to the Act. (Section 15(m) of the Act)

(Source: Amended at 31 Ill. Reg. ______, effective ____________)


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1) **Heading of the Part:** Health Care Data Collection and Submission Code

2) **Code Citation:** 77 Ill. Adm. Code 1010

3) **Section Numbers:**

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4) **Statutory Authority:** Illinois Health Finance Reform Act [20 ILCS 2215] and Sections 2310-33 and 2310-57 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2310-33 and 2310-57].

5) **A Complete Description of the Subjects and Issues Involved:** These rules implement the Health Finance Reform Act as amended by Public Act 94-27, effective June 14, 2005, and the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois as amended by Public Act 94-501, effective August 8, 2005. The Health Care Data Collection and Submission Code requires individual hospitals and ambulatory surgical treatment centers to electronically submit claims and encounter data related to inpatient discharges and outpatient cases involving surgical and invasive procedures. Data collected from hospitals and ambulatory surgical treatment centers will be used in part to compile the “Consumer Guide to Health Care”, a report of at least 60 conditions and procedures demonstrating the widest variation in charges and quality of care. National standard measures will be applied to Illinois data in the development of this public report to be made available on the Department’s web site. The “Consumer Guide
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to Health Care” shall include inpatient and outpatient data with current comparison information related to, but not limited to, volume of cases, average charges, risk-adjusted mortality rates, complications, nosocomial infections and surgical infections. The "Consumer Guide to Health Care" shall include additional information appropriate for interpretation of report content, explanation of causes of variation from provider to provider and a description of standards that facilities meet under voluntary accreditation and State and federal law. The Department will evaluate additional methods of comparing the performance of hospitals and ambulatory surgical treatment centers using accepted national standard measures and methodologies. Data collected under PA 94-027 shall be made available, with certain limitations, to government agencies, academic research organizations and private sector organizations for clinical performance measures and analyses. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois authorizes the Department to establish a fee schedule for the sale of these data to requesting agencies and organizations.

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? Yes

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objective: This rulemaking does not create or expand a State mandate.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the Illinois Register to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761
13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Hospitals and ambulatory surgical treatment centers

B) Reporting, bookkeeping or other procedures required for compliance: Reporting of clinical and related information regarding patients served

C) Types of professional skills necessary for compliance: Clerical, computer programming, computer operation, filing, report reading and data interpretation

14) Regulatory Agenda on which this rulemaking was summarized: July 2006

The full text of the Proposed Rules begins on the next page:
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULES

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER x: HEALTH STATISTICS

PART 1010
HEALTH CARE DATA COLLECTION AND SUBMISSION CODE

Section
1010.10 Purpose
1010.20 Definitions
1010.30 Incorporated and Referenced Materials
1010.40 Data Submission Requirements
1010.50 Common Data Verification, Review, and Comment Procedures
1010.60 Data Dissemination
1010.70 Data Customer Categories and Data Product Fee Schedule
1010.APPENDIX A Uniform Inpatient Discharge Data
1010.APPENDIX B Ambulatory Surgical Categories Reported by CPT Procedure Codes
1010.APPENDIX C Ambulatory Surgical Data Elements
1010.APPENDIX D Research Oriented Dataset (RODS) Data Elements
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1010.APPENDIX H Revenue Code Dataset (RCD) Data Elements
1010.APPENDIX I Data Product Price List
1010.APPENDIX J Data Product Preparation Cost Table

AUTHORITY: Implementing and authorized by the Illinois Health Finance Reform Act [20 ILCS 2215] and Sections 2310-33 and 2310-57 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-33 and 2310-57].

SOURCE: Adopted at 31 Ill. Reg.________, effective _____________.

Section 1010.10 Purpose

This Part is promulgated under the authority of Section 4-2 of the Illinois Health Finance Reform Act [20 ILCS 2215/4-2] and Section 2310-57 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-57]. Its purpose is to provide to consumers, health care providers, insurers, purchasers, governmental agencies, and others information to make valid comparisons among health care facilities of prices and
performance of services provided and to support ongoing analysis of the health care delivery system in Illinois.

Section 1010.20 Definitions

Unless otherwise indicated, in this Part:

"Affirmation statement" means a document that, when signed by a hospital or ambulatory surgical treatment center administrator or an authorized representative of a hospital or ambulatory surgical treatment center submitting data to the Department, affirms, to the best of the signer's knowledge, all of the following:

That any necessary corrections to data submitted to the Department have been made; and

That the data submitted are complete and accurate.

"AHRQ" means the Agency for Healthcare Research and Quality, a part of the U.S. Department of Health and Human Services.

"Ambulatory surgical treatment center" has the meaning ascribed to that term under Section 3 of the Ambulatory Surgical Treatment Center Act [210 ILCS 5].

"APC" means ambulatory patient classification, as defined by the Centers for Medicare and Medicaid Services (Medicare), for the prospective payment system (PPS) under Medicare for hospital outpatient services. All services paid under the PPS are classified into groups called APCs. Services in each APC are similar clinically and in terms of the resources they require. A payment rate is established for each APC based on the resources involved in treatment.

"CCS" means Clinical Classification Software, a diagnosis and procedure categorization scheme developed by the Healthcare Cost and Utilization Project.

"CCYYMMD" means a calendar date in the format of century, year, month and day of the week, where 1 = Sunday, 2 = Monday, etc.

"CCYYMMDD" means a calendar date in the format of century, year, month and day, without separators.
"Claims and encounter" means either of the following:

A request to obtain payment, and necessary accompanying information, from a health care provider to a health plan, for health care; or

An inpatient stay or outpatient visit in which a claim is not generated.

"Cleaned claims data" means data that have passed validity tests that edit for individual element content and comparison with related elements for appropriate context within the time periods and value ranges appropriate for the data file.

"Compliance percentage" means the value obtained when the number of cleaned and unduplicated claims and encounters per calendar month is divided by the reported discharge count for the same calendar month, with the dividend of this calculation multiplied by 100.

"Consumer Guide to Health Care" means a comparative health care information report showing conditions and procedures that demonstrate the widest variation in charges and quality of care in inpatient and outpatient services provided in hospitals and ambulatory surgical treatment centers.

"CPT" means Current Procedural Terminology, a listing of descriptive terms and identifying codes providing a consistent and standardized language for reporting medical services and procedures performed by physicians. These codes are maintained and distributed by the American Medical Association (515 North State Street, Chicago IL 60610).

"Custom dataset" means requests for specific data elements for particular research or reporting tasks. This may include specific aggregations or combinations of data values into categories or groups.

"Data submission profile" means a set of validation and verification reports containing accumulated statistical summaries of all data submitted to the Department by the facility for each month of the current collection period. These reports contain information identifying claims and encounters that fail Departmental edits, as well as data quality statistics showing data accepted up to and including the latest submission.
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"Data submission manual" means the Department's Technical Reference for Data Submission document specifying the details of the record layout, the outpatient surgical procedure code range, specifications of identification of emergency department and observation cases and contact information for questions related to data submission.

"Data use agreement" means a written contract between parties that defines the care and handling of sensitive or restricted use data, including, but not limited to, the terms of the agreement, ownership of the data, security measures and access to the data, uses of the data, data confidentiality procedures, duration of the agreement, disposition of the data at the completion of the contract, and any penalties for violation of the terms of the agreement.

"De-identified" means data that do not contain directly identifiable individual patient health information as defined in HIPAA privacy regulations (Security and Privacy: 45 CFR 164), or that, through analysis by an experienced expert statistician or by the use of probability software, can be shown to have a low probability of individual identification.

"Department" means the Illinois Department of Public Health.

"DRG" means Diagnosis Related Group, a patient classification scheme that provides a means of categorizing hospital inpatients according to the resources required in treatment, developed for the Centers for Medicare and Medicaid Services for use in the Medicare Prospective Payment System.

"Electronically submit" means that required data submission will be carried out by the transfer of appropriate files to the Department's secure web server. Physical media of any form or type will not be used in the transfer of these data.

"Emergency Department" or "ED" means the location within hospitals where persons receive initial treatment by health care professionals for conditions of an immediate nature caused by injury or illness. The person treated may or may not be admitted to the hospital as an inpatient.

"Emerging technology" means new approaches to the treatment of medical conditions through the use of existing machines and equipment in new and different ways or the development of new machines and equipment for a specific form of medical treatment.
"Ethnicity" means the classification of a person's ethnic background. Classification categories collected will follow the Federal Office of Management and Budget (OMB) Statistical Policy Directive Number 15, "Race and Ethnic Standards for Federal Statistics and Reporting".

"Facility" means a hospital, as defined in the Hospital Licensing Act and the University of Illinois Hospital Act, or an ambulatory surgical treatment center, as defined in the Ambulatory Surgical Treatment Center Act.

"Final closing date" means the final day, 65 days after the end of each calendar quarter, on which electronically submitted corrections and missing data are accepted for each quarterly data submission period.

"FIPS" means Federal Information Processing Standards, a standardized set of numeric or alphabetic codes issued by the National Institute of Standards and Technology (NIST) to ensure uniform identification of geographic entities through all federal government agencies.

"HCPCS" means the Healthcare Common Procedure Coding System, a set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT). The HCPCS was established to provide a standardized coding system for describing the specific items and services provided in the delivery of health care. HIPAA made the HCPCS mandatory for Medicare and Medicaid billings. HCPCS includes three levels of codes:

   Level I consists of the American Medical Association's Current Procedural Terminology (CPT) and is numeric.

   Level II codes are alphanumeric and primarily include non-physician services such as ambulance services and prosthetic devices.

   Level III consists of temporary codes for emerging technologies, services and procedures.

"HCUP" means the Healthcare Cost and Utilization Project, a group of health care databases and software tools and products created by a government and industry partnership and sponsored by AHRQ.
"Health plan" means an individual or group plan that provides, or pays the cost of, medical care. Further explanation can be found in HIPAA privacy regulations (Security and Privacy: 45 CFR 164).

"HHMM" means clock time in hour and minute format, with no separators.


"Health Insurance Portability and Accountability Act privacy regulations" or "HIPAA privacy regulations" means regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

"Hospital" means any institution, place, building, or agency, public or private, whether organized for profit or not for profit, that is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act, and the University of Illinois Hospital as defined in the University of Illinois Hospital Act.

"Initial closing date" means the date, 60 days after the end of each calendar quarter, established for all hospitals and ambulatory surgical treatment centers to electronically submit inpatient and outpatient claims and encounter data to the Department.

"Invasive" means a medical procedure that penetrates or breaks the skin or a body cavity by means of a perforation, incision, catheterization or other methods into a patient's body.

"Limited datasets" means data containing protected health information (PHI) that excludes certain direct identifiers of the individual or of relatives, employers or household members of the individual, as defined in HIPAA privacy regulations.

"MDC" means Major Diagnostic Category, a collection of DRGs for categorizing specifically defined interventions and illnesses related to an organ or a body system, not to the cause of an illness or injury.

"Minimally invasive" means a medical procedure carried out by entering the body through the skin or through a body cavity or anatomical opening, but with the smallest disturbance possible to these structures. Special medical equipment may
be used, such as fiber optic cables, miniature video cameras, and special surgical instruments handled via tubes inserted into the body through small openings in its surface.

"Non-invasive surgery" means a medical procedure using highly focused beams of radiation when the nature or location of the condition is not amenable to mechanical intervention.

"NPI" means National Provider Identifier, a unique identification number assigned to all health care providers to be used by all health plans. The NPI will be issued and maintained by the National Provider System.

"Observation care" or "OC" means services furnished to a person by a hospital on the hospital's premises, including use of a bed and at least periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or to determine the need for a possible admission to the hospital as an inpatient. In general, the duration of observation care services does not exceed 24 hours, although, in some circumstances, patients may require a second day.

"Outpatient" means any health care service provided in a hospital to a patient who is not admitted as an inpatient to the hospital, or any health care service provided to a patient in a licensed ambulatory surgical treatment center.

"Outpatient surgery" means specific procedures performed on an outpatient basis in a hospital or licensed ambulatory surgical treatment center. Specific ranges of required procedure codes can be found in the Department's data submission manual.

"PHI" means personal health information as defined in HIPAA privacy regulations.

"Public use data" means any form of data from the Department's comprehensive discharge database or facility-level database that contains de-identified data.

"Race" means the classification of a person's racial background. Classification categories collected will follow the Federal Office of Management and Budget (OMB) Statistical Policy Directive Number 15, "Race and Ethnic Standards for Federal Statistics and Reporting".
"Raw data" means any file, individual record, or any subset thereof that contains information about an individual health care service provided to a single patient and is released by the Department in data products or custom data files.

"Reciprocal data availability" means that, if a data requester controls the discharge data of another state, release of Illinois discharge data to that state entity would be contingent on the availability of discharge data from that state of comparable quantity, quality, and content at a similar price point.

"Research" means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

"Small number" means any number that is small enough to be useful in an attempt to determine the identity of a specific individual patient when used in conjunction with other elements in the data file or when the data file is linked with information from other sources. The Department considers a small number to be any cell size fewer than 10.

"Surgery" means treatment of diseases or injuries by manual and/or instrumental methods. Such methods may include invasive, minimally invasive or non-invasive procedures, depending on the condition treated and the nature of the instruments and technology used.

"Uniform" means related unique data values that are combined into a smaller number of common categories.

"UPIN" means Unique Physician Identification Number, a unique identification number assigned to all Medicare providers. The UPIN Registry is maintained by the National Heritage Insurance Company under contract from the Centers for Medicare and Medicaid Services.

Section 1010.30 Incorporated and Referenced Materials

The following materials are incorporated or referenced in this Part:
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a) Federal Regulations

1) Prospective Payment Systems for Inpatient Hospital Services (42 CFR 412), October 1, 2005

2) Medical Facility Construction and Modernization (42 CFR 124), October 1, 2005

3) Security and Privacy (45 CFR 164), October 1, 2005

b) Federal Guidelines


c) Federal Statutes

1) Gramm-Leach-Bliley Act (12 USC 1811)

2) Social Security Act (42 USC 1320)

3) Health Insurance Portability and Accountability Act of 1996 (110 USC 1936)

d) State Statutes

1) Illinois Health Finance Reform Act [20 ILCS 2215]

2) Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2310]

3) University of Illinois Hospital Act [110 ILCS 330]

4) Ambulatory Surgical Treatment Center Act [210 ILCS 5]

5) Hospital Licensing Act [210 ILCS 85]
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e) Federal regulations and guidelines incorporated by reference in this Part are incorporated on the date specified and do not include any later amendments or editions.

Section 1010.40 Data Submission Requirements

a) Inpatient and Outpatient Claims and Encounter Data

1) Hospitals and ambulatory surgical treatment centers shall electronically submit patient claims and encounter data, as outlined in this subsection (a), to the Department no later than the initial closing date, 60 calendar days after the last day of each calendar quarter. Calendar quarters shall begin on January 1, April 1, July 1, and October 1 and shall end on March 31, June 30, September 30, and December 31. Beginning no later than 45 days after the last day of each calendar quarter, hospitals and ambulatory surgical treatment centers shall begin an internal review of all quarterly data accepted by the Department.

A) Hospitals shall submit to the Department:

i) All of the patient claims and encounter data pertaining to discharge data for each inpatient as specified in Appendix A, beginning with a transition submission period starting on July 1, 2007. This transition period will end on December 31, 2007, with mandatory submission as specified in Appendix A beginning on January 1, 2008; and

ii) All of the patient claims and encounter data pertaining to case data for each emergency department (ED) visit (wherever care is administered) and each outpatient observation case (OC) as specified in Appendix C, beginning with a transition submission period starting on April 1, 2008. This transition period will end on December 31, 2008, with mandatory submission of ED and OC data as specified in Appendix C beginning on January 1, 2009.

B) Hospitals and ambulatory surgical treatment centers shall report to the Department:
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i) Information relating to any patient treated with an ambulatory surgical procedure within any of the general types of surgeries as specified in Appendix B; and

ii) All of the patient claims and encounter data for each surgical procedure outlined in subsection (a)(1)(B)(i) of this Section as specified in Appendix C, beginning with a transition submission period starting on July 1, 2007. This transition period will end on December 31, 2007, with mandatory submission as specified in Appendix C beginning on January 1, 2008.

C) Hospitals and ambulatory surgical treatment centers shall report data to the Department using the current submission format as specified in the Department's data submission manual until June 30, 2007. Beginning with the start of the transition period on July 1, 2007, data will be accepted either in the current format or in the new format outlined in Appendices A and C and detailed in the Department's data submission manual until the end of the transition period on December 31, 2007. Beginning with submissions received on January 1, 2008, only data consisting of the elements listed in Appendices A and C, as detailed in the Department's data submission manual, will be accepted.

2) Each hospital and ambulatory surgical treatment center shall electronically submit to the Department all patient claims and encounter data pursuant to this subsection (a) in accordance with the uniform electronic transaction standards and code set standards adopted by the Secretary of Health and Human Services under the Social Security Act (42 US 1320d-2) and the physical specifications, format and record layout as specified in the Department's data submission manual. Ambulatory surgical treatment centers that are unable to electronically submit data shall submit required data in the specified format on diskette until June 30, 2008. Beginning July 1, 2008, ambulatory surgical treatment centers shall electronically submit all data to the Department.

3) To be considered compliant with this Section, a hospital's or ambulatory surgical treatment center's data submission shall:
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A) Be submitted to the Department electronically, as specified in the data submission manual;

B) Consist of an individual facility data file; and

C) Meet the Department's minimum level of data submission compliance on or before the data submission due date:

i) Hospitals shall maintain a compliance percentage of no less than 98% for each calendar month beginning with the calendar month of July 2007.

ii) Ambulatory surgical treatment centers shall maintain a compliance percentage of no less than 90% during the period beginning with calendar month of July 2007. Beginning with the calendar month of April 2008, ambulatory surgical treatment centers shall maintain a monthly compliance percentage of no less than 95%. Thereafter, beginning with the calendar month of April 2009, ambulatory surgical treatment centers shall maintain a monthly compliance percentage of no less than 98%.

4) Failure to comply with this Section may subject the facility to penalties as provided in the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act.

b) Inpatient and Outpatient Report of Monthly Discharge and Outpatient Surgery Counts

1) Each hospital shall, within 30 calendar days following the last day of each calendar month, submit:

A) The actual total number of hospital inpatient discharges for that calendar month. In the case of multiple births, each child is counted as a discharge; and

B) The actual number of hospital outpatient cases with a surgical procedure as defined in this Part for that calendar month.
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2) Effective beginning with calendar month April 2008, each hospital shall, within 30 calendar days following the last day of each calendar month, submit for each category the actual number of hospital outpatient cases with an emergency department visit, observation stay, or surgical procedure as defined in this Part for that calendar month. Each patient shall be counted only once. Outpatient surgical cases, regardless of other services, shall be counted as surgical cases. Non-surgical cases may be counted as combined ED and OC or separately as ED and OC. Patients receiving both services should be counted only once in both counting methods: as combined ED and OC in the combined method or counted as OC (the last service received) in the separate method.

3) Each licensed ambulatory surgical treatment center shall, within 30 calendar days following the last day of each calendar month, submit the actual total number of licensed ambulatory surgical treatment center outpatient cases with a surgical procedure for that calendar month as defined in this Part.

4) All filings required in this Section shall be reported using the Department's electronic submission systems.

5) Effective 60 days after the end of each calendar quarter, monthly reported discharge count acceptance for that calendar quarter will end. If any facility finds it necessary to change monthly reported counts after the initial closing date and before the final closing date, the revised monthly count shall be submitted by the facility administrator with a written justification.

Section 1010.50  Common Data Verification, Review, and Comment Procedures

a) Each facility shall review its patient discharge data for accuracy and completeness before submitting the data specified in this Part to the Department.

b) The Department will edit each data submission for proper file formatting; content and context edits will be applied to each data element as appropriate; the file will be checked for duplicate records; and the database transactions will result in a data submission profile that will be available in electronic format on the Department's data submission web site.
c) The submitting facility shall obtain and review the data submission profile as specified in subsection (b) of this Section from each data submission to verify that data received and accepted by the Department are in fact a complete and accurate representation of the services provided by the facility during the stated time frames. If a facility or the Department determines that any data are in fact incomplete or inaccurate, it is the facility’s responsibility to submit corrected data prior to the final closing date of the affected data collection period.

d) If the Department determines that data submitted by a facility are questionable, inaccurate or incomplete, the Department will notify the facility of the need to audit data submission practices. Upon notification by the Department, all hospitals and ambulatory surgical treatment centers shall provide access to all required information from the medical records and patient claims and encounter data underlying and documenting the inpatient and outpatient data submitted, as well as other related documentation deemed necessary to conduct successful inpatient and outpatient data audits of hospital and ambulatory surgical treatment center data. The facility shall closely monitor future data submissions to ensure that submissions accurately reflect health care services provided. It is the responsibility of each facility to review the results of each data submission for erroneous, inaccurate, incomplete or unreasonable information in data accepted by the Department and to resubmit accurate data prior to the end of the submission period.

e) Final edited data shall be received prior to the final closing date, 20 calendar days after the start date for internal data review as specified in Section 1010.40(a)(1) of this Part. Five calendar days are specified between the initial and final closing dates to correct errors in claims and encounter data that were rejected on the last day of submission. To meet these requirements, the facility shall do all of the following:

1) Correct and re-submit all data rejected throughout the quarterly submission period because of errors revealed by the Department edit checks performed under subsection (b) of this Section, and submit any missing claims and encounter data;

2) Review the resultant data profile for accuracy and completeness; and
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3) Supply the Department with an affirmation statement, signed by the chief executive officer or designee, indicating that the facility's data are accurate and complete.

f) Failure to comply with subsections (d) and (e) of this Section shall result in the facility's being noncompliant with this Section, and the facility may be subject to penalties as provided in the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act.

g) After the facility has made any revisions under subsection (e) of this Section in the data for a particular time period, a data submission profile will be available for the submitting facility's review.

h) If the Department discovers data errors after releasing the data, or if a facility representative notifies the Department of data errors after the Department releases the data, the Department will note the data errors as caveats to the completed datasets. No revisions or additions to discharge data, case data, or monthly counts will be accepted after the final closing date of each quarterly data collection period. If the Department makes an error in the preparation, presentation or reporting of collected data, the error will be corrected.

Section 1010.60 Data Dissemination

a) The Department will provide facilities the opportunity to review the Consumer Guide to Health Care (Guide) prior to public release. The entire report will be made available to each facility on the Department's secure web server for review before publication. This review period will end 15 working days after the availability date of the review material. During the review period, each facility may submit written comments concerning its report content to the Department. Comments shall be submitted on facility letterhead and shall be signed by the administrator or designee. All comments received by the Department will be kept on file. No comments will be accepted after the end of the review period and no changes to the content of the Guide will be accepted. If any facility or the Department finds erroneous or incomplete data in the Guide, these data will be identified and footnoted prior to publication. If the Department makes an error in the preparation or presentation of the Guide, the error will be corrected.

b) Limited Data Products and Reports
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1) The Department will charge fees to the requesting entity for providing access to data files or producing studies, data products or analyses of such data. A schedule of fees for standard and custom datasets and products according to category of purchaser is presented in Section 1010.70 of this Part. In determining fees, the Department will consider all of the following:

A) Type of data;
B) Record count and computer time required;
C) Access fees for computer time;
D) Staff time expended to process the request; and
E) Handling and shipping charges.

2) All requests for data files, data products, aggregations or reports containing limited data elements shall be made in writing to the Department. All data obtained from the Department shall be used solely for the purpose identified by the requesting entity and for use by the requesting entity. Use of the data for any other purpose shall require a separate and specific written request and approval.

3) When facility-specific data, reporting or comparative analysis is prepared by the Department, affected facilities will be given the opportunity to review and comment on the data, studies or reports and their content prior to release to the public. Facilities will be provided access to the entire report on the Department's secure web server for review prior to publication. The review period will end 15 working days after the availability date of the review material. While no changes to previously submitted data will be accepted, the Department will accept written comments and explanations from facilities during the review period. The Department will keep these comments and explanations on file and, as appropriate and reasonable, will incorporate them into the text description of the published report, study or analyses. If a Departmental error is found in the publication, the error will be corrected.

c) De-identified Data Files and Reports
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1) Public use data files, reports and studies based on information submitted by hospitals and ambulatory surgical treatment centers shall contain de-identified data and shall comply with State and federal law, including, but not limited to, the Gramm-Leach-Bliley Act and the HIPAA privacy regulations (Security and Privacy: 45 CFR 164).

2) All requests for public use files or special compilations, reports, studies or analyses derived from public use files shall be made in writing to the Department. The release of data related to an approved public use data request shall not require a data use agreement.

Section 1010.70 Data Customer Categories and Data Product Fee Schedule

This Section establishes customer categories, data product descriptions, and data product fees.

a) Customer categories are established as follows:

1) Category I: Resellers

A) Any corporation, association, coalition, person, entity or individual that redistributes in any form any of the data or products (or any subset thereof) obtained from the Department for any revenue is engaged in reselling of the data or products and shall pay for the data or products at the reseller rate.

B) All redistribution shall be restricted to de-identified data as defined by HIPAA privacy regulations (Security and Privacy: 45 CFR 164).

2) Category II: Commercial, Private, For-Profit Organizations and Non-Illinois State and Local Government Entities

A) Any corporation, association, coalition, person, entity or individual that functions in whole or in part for the benefit of the owners, members, or sponsors of the corporation or organization seeking to obtain data or products (or any subset thereof) from the Department is presumed to be acquiring the data or products for a commercial use.
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B) Any non-profit organization that purchases data materials on behalf of, either in whole or in part, or receives payment from, for-profit organizations for work done is presumed to be acquiring the data or products for a commercial use.

C) Data release to other state governments and local governments in other states will be contingent on reciprocal data availability.

3) Category III: Federal government, educational institutions, all non-profit organizations, and college students enrolled in non-Illinois educational institutions, including:

A) The federal government and other non-state or local political subdivisions outside of the State of Illinois.

B) All educational institutions (Illinois and non-Illinois), all non-profit organizations, and all college students enrolled in non-Illinois educational institutions.


b) The following data products are available at rates established by the Department:

1) Standard datasets are defined sets of data elements.

A) Research Oriented Dataset (RODS) containing data elements listed in Appendix D of this Part.

B) Universal Dataset (UDS) containing data elements listed in Appendix E of this Part.

C) State Inpatient Database (SID) containing elements derived for the purposes of the HCUP, Appendix F of this Part.
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D) State Ambulatory Surgery Database (SASD) containing elements derived for the purposes of the HCUP, Appendix G of this Part.

E) Revenue Code Dataset (RCD), a supplement to datasets A through D containing data elements listed in Appendix H of this Part.

2) The Department will evaluate requests for custom datasets and make the determination of complex or simple based on details of the request.

A) Complex dataset: a subset of RODS, UDS, SID or SASD (with or without RCD) that contains the majority of significant data elements, or an intricate aggregation or report that includes many significant data elements and compound relationships.

B) Simple dataset: a subset of RODS, UDS, SID or SASD (without RCD) that contains a small number of significant data elements, or a straightforward aggregation or report that includes few significant data elements and no or a small number of relationships.

c) Standard data product fees by category are set forth in Appendix I of this Part. In addition to standard data product fees, the Department will assess data request processing and data product preparation fees as follows:

A) The Department will assess a non-refundable data request application fee of $100. The application fee shall be applied to the final cost of approved and completed data products.

B) The Department will assess fees for the costs of preparing requested data products, including, but not limited to, programming, research, administrative, media and shipping as described in Appendix J of this Part. The minimum charge will be one unit per resource factor, with additional units as necessary for more complicated requests.
Section 1010. APPENDIX A Uniform Inpatient Discharge Data

Header Data

1. Hospital ID (federal tax identification number/Department assigned/NPI)
2. Facility name and address (in the header record for verification)
3. Facility city
4. Facility zip code
5. Contact person
6. Telephone number
7. Period covered: first day
8. Period covered: last day

Detail Data

1. Hospital identifier (federal tax identification number/Department assigned/NPI)
2. Patient account number
3. Discharge time (hour)
4. Patient zip code and Plus 4
5. Patient birth date (MMDDCCYY)
6. Patient sex
7. Admission date (MMDDYY) and time (hour)
8. Type of admission
9. Source of admission
10. Patient discharge status
11. Type of bill
12. Total patient charges and components of charges (by revenue code, units of service and charges)
13. Primary payer ID and health plan name
14. Secondary and tertiary payer ID and health plan name (required when present)
15. Principal and secondary diagnosis codes, when present (up to 25)
16. Principal and secondary procedure codes and dates (MMDDYY), when present (up to 25)
17. Attending clinician ID number/NPI
18. Other clinician ID number/NPI (up to 2 required when present)
19. Patient race (according to OMB guidelines)
20. Patient ethnicity (according to OMB guidelines)
21. Patient county code (5 digits: state and county codes for Illinois and border state residents (FIPS code))
22. Diagnosis present at admission for each diagnosis
23. External cause of injury codes (up to 3 required when present)
24. Newborn birth weight value code and birth weight in grams
25. Admitting diagnosis code
26. Do not resuscitate indicator (entered in first 24 hours of stay)
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27. Prior stay occurrence code and prior stay from and through dates (required when present)

28. Operating clinician ID number/NPI (required when surgical procedures present as a component of treatment)

29. Accident state abbreviation (required when present)

30. Condition employment related (required when present)

31. Accident employment related occurrence code and date of accident (required when present)

32. Crime victim occurrence code and date of crime (required when present)

33. Statement covers period (from and through [discharge date] dates)

34. Insurance group numbers (up to 3 required when present)

35. Page number and total number of pages

36. Diagnoses code version qualifier (9=ICD-9, ICD-10 not yet implemented)

**Trailer Data**

1. Hospital identifier (Federal tax identification number/Department assigned/NPI)

2. Number of physical records in the file excluding header and trailer
Section 1010. APPENDIX B  Ambulatory Surgical Categories Reported by CPT Procedure Codes

1. Surgeries on the integumentary system
2. Surgeries on the musculoskeletal system
3. Surgeries on the respiratory system
4. Surgeries on the cardiovascular system
5. Surgeries on the hemic and lymphatic systems
6. Surgeries on the mediastinum and diaphragm
7. Surgeries on the digestive system
8. Surgeries on the urinary system
9. Surgeries on the male genital system
10. Intersex surgery
11. Surgeries on the female genital system
12. Surgeries on the female reproductive system
13. Surgeries on the endocrine system
14. Surgeries on the nervous system
15. Surgeries on the eye and ocular adnexa
16. Surgeries on the auditory system
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Section 1010. APPENDIX C   Ambulatory Surgical Data Elements

Header Data
1. Facility identifier (federal tax identification number/Department assigned/NPI)
2. Facility name and address (in the header record for verification)
3. Facility city
4. Facility zip code
5. Contact person
6. Telephone number
7. Period covered: first day
8. Period covered: last day
9. Surgical site identifier (Department assigned)

Detail Data
1. Facility identifier (Federal tax identification number/Department assigned/NPI)
2. Surgical site identifier (Department assigned)
3. Patient account number
4. Patient zip code and Plus 4
5. Patient birth date (MMDDCCYY)
6. Patient sex
7. Date (MMDDYY) and time (hour) of visit
8. Time (hour) of discharge
9. Type of admission/visit
10. Source of admission/visit
11. Patient discharge status
12. Type of bill
13. Total patient charges and components of those charges (revenue codes, HCPCS codes with modifiers, date of service, units of service and charges)
14. Primary payer ID and health plan name
15. Secondary and tertiary payer ID and health plan name (required when present)
16. Principal and secondary diagnosis codes, when present (up to 25)
17. Principal and secondary procedure codes and dates (MMDDYY), when present (up to 25); only the values of the CPT coding scheme will be accepted as procedure codes for outpatient data submissions
18. Attending clinician ID number/NPI
19. Operating clinician ID number/NPI
20. Other clinician ID number/NPI (up to 2 required when present)
21. Patient race (according to OMB guidelines)
22. Patient ethnicity (according to OMB guidelines)
23. External cause of injury codes (up to 3 required when present)
24. Patient county code (5 digits: state and county codes for Illinois and border state residents (FIPS code))
25. Patient reason for visit (diagnosis codes up to 3 required when present)
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULES

26. Accident state abbreviation (required when present)
27. Condition employment related (required when present)
28. Accident employment related occurrence code and date of accident (required when present)
29. Crime victim occurrence code and date of crime (required when present)
30. Page number and total number of pages of this claim
31. Insurance group number (up to 3 required when present)
32. Diagnoses code version qualifier (9=ICD-9, ICD-10 not yet implemented)
33. Statement covers period (from and through [discharge date] dates)

Trailer Data

1. Facility identifier (federal tax identification number/Department assigned/NPI)
2. Surgical site identifier (Department assigned)
3. Number of physical records in file excluding header and trailer
Section 1010. APPENDIX D  Research Oriented Dataset (RODS) Data Elements

1. Facility identifier (federal tax identification number/Department assigned/NPI)
2. Patient sex
3. Admission/visit type
4. Admission/visit source
5. Length of stay (in whole days; inpatient only)
6. Patient discharge status
7. Principal diagnosis code and up to 24 secondary codes
8. Principal procedure code and up to 24 secondary codes
9. DRG code inpatient/APC outpatient
10. MDC code inpatient/body system outpatient
11. Total charges
12. Room/board charges (inpatient only)
13. Ancillary charges
14. Anesthesiology charges
15. Pharmacy charges
16. Radiology charges
17. Clinical lab charges
18. Labor/delivery charges (inpatient only)
19. Operating room charges
20. Oncology charges
21. Other charges
22. Combined bill indicator (inpatient only)
23. Patient county
24. Patient planning area
25. Patient Health Service Area
26. Hospital Health Service Area
27. Patient date of birth (CCYYMMDD)
28. Admission date (CCYYMMDD) and time (HH)
29. Discharge Date (CCYYMMDD) and time (HH)
30. Primary, secondary and tertiary payer IDs and health plan names (when available)
31. Patient zip code in every record
32. Primary surgical procedure date (if present)
33. Patient race
34. Patient ethnicity
35. Newborn birth weight in grams
36. Do Not Resuscitate (DNR) (inpatient only)
37. Condition employment related
38. Accident employment related
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULES

39. Crime victim

40. Admitting diagnosis code/reason for visit code

41. Diagnosis present at admission for each diagnosis code (inpatient only)

42. Ecodes (when present: up to three)

43. Row ID (when necessary: provides linkage to Revenue Code Dataset)
Section 1010. APPENDIX E  Universal Dataset (UDS) Data Elements

1. Facility identifier (federal tax identification number/Department assigned/NPI)
2. Patient sex
3. Admission/visit type
4. Admission/visit source
5. Length of stay (in whole days) (inpatient only)
6. Patient discharge status
7. Principal diagnosis code and up to 24 secondary codes
8. Principal procedure code and up to 24 secondary codes
9. DRG code inpatient/APC outpatient
10. MDC code inpatient/body system outpatient
11. Total charges
12. Room/board charges (inpatient only)
13. Ancillary charges
14. Anesthesiology charges
15. Pharmacy charges
16. Radiology charges
17. Clinical lab charges
18. Labor/delivery charges (inpatient only)
19. Operating room charges
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULES

20. Oncology charges
21. Other charges
22. Combined bill indicator (inpatient only)
23. Primary health plan type
24. Secondary health plan type
25. Tertiary health plan type
26. Patient county
27. Patient planning area
28. Patient Health Service Area
29. Hospital Health Service Area
30. Patient age (in whole years)
31. Admission date (CCYYMMD)
32. Patient zip code (zip masked when hospital/zip cell size less than 10)
33. Newborn birth weight in grams
34. Do Not Resuscitate (DNR) (inpatient only)
35. Hospitalization employment related
36. Admitting diagnosis code
37. Diagnosis present at admission for each diagnosis code (inpatient only)
38. Ecodes (up to three)
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULES

39. Number of days between admission and primary procedure (inpatient only) (if present)

40. Row ID (when necessary: provides linkage to Revenue Code Dataset)
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULES

Section 1010. APPENDIX F  State Inpatient Database (SID) Data Elements

1. Age in years at admission
2. Age in days (when age < 1 year)
3. Age in months (when age < 11 years)
4. Admission month
5. Admission source (uniform)
6. Admission type
7. Admission day is a weekend
8. Room and board charges
9. Ancillary charges
10. Anesthesiology charges
11. Pharmacy charges
12. Radiology charges
13. Clinical lab charges
14. Labor-delivery charges
15. Operating room charges
16. Oncology charges
17. Other charges
18. Died during hospitalization
19. Disposition of patient (uniform)
20. Discharge quarter
21. DRG in effect on discharge date
22. Data source hospital identifier
23. Principal diagnosis
24. Up to 24 secondary diagnoses
25. CCS: principal diagnosis
26. CCS: up to 24 secondary diagnoses
27. Indicator of sex
28. Length of stay (as received from source)
29. MDC in effect on discharge date
30. Number of diagnoses on this record
31. Number of procedures on this record
32. Primary expected health plan identifier (uniform)
33. Secondary expected health plan identifier (uniform)
34. Principal procedure code (if present)
35. Up to 24 secondary procedure codes (if present)
36. CCS: principal procedure (if present)
37. CCS: up to 24 secondary procedures (if present)
38. Total charges (as received from source)
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULES

39. Calendar year of discharge
40. Patient zip code (uniform)
41. Patient county code (uniform)
43. Newborn birth weight in grams
44. Do Not Resuscitate (DNR)
45. Hospitalization employment related
46. Admitting diagnosis code
47. Diagnosis present at admission for each diagnosis code
48. Ecodes (up to three if present)
49. Number of days between admission and primary procedure (if present)
50. Row ID (when necessary: provides linkage to Revenue Code Dataset)
Section 1010. APPENDIX G  State Ambulatory Surgery Database (SASD) Data Elements

1. Age in years at admission/visit
2. Age in days (when age < 1 year)
3. Age in months (when age < 11 years)
4. Admission/visit month
5. Admission/visit source (uniform)
6. Admission/visit type
7. Admission/visit day is a weekend
8. Anesthesiology charges
9. Pharmacy charges
10. Radiology charges
11. Clinical lab charges
12. Operating room/surgical suite charges
13. Oncology charges
14. Other charges
15. Disposition of patient (uniform)
16. Discharge quarter
17. Data source hospital identifier
18. Principal diagnosis
19. Up to 24 secondary diagnoses
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULES

20. CCS: principal diagnosis
21. CCS: up to 24 secondary diagnoses
22. Indicator of sex
23. APC code
24. Body system affected by condition/injury
25. Number of diagnoses on this record
26. Number of procedures on this record
27. Primary expected health plan identifier (uniform)
28. Secondary expected health plan identifier (uniform)
29. Principal procedure code (if present)
30. Up to 24 secondary procedure codes (if present)
31. CCS: principal procedure (if present)
32. CCS: up to 24 secondary procedures (if present)
33. Total charges (as received from source)
34. Calendar year of discharge
35. Patient zip code (uniform)
36. Patient county code (uniform)
37. Race
38. Ethnicity
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULES

39. Hospitalization employment related

40. State of accident

41. Reason for visit

42. Ecodes (up to 3 if present)

43. Row ID (when necessary: provides linkage to Revenue Code Dataset)
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULES

Section 1010. APPENDIX H  Revenue Code Dataset (RCD) Data Elements

1. Row ID (provides linkage to primary file)
2. Revenue Code
3. HCPCS Code (when available: outpatient only)
4. Date of Service (when available: outpatient only)
5. Units of Service
6. Charge
7. Revenue Type
8. Revenue Category
9. Submission Type (Inpatient or Outpatient)
Section 1010. APPENDIX I  Data Product Price List

Data Product Price List

<table>
<thead>
<tr>
<th>Product</th>
<th>Inpatient Data 1987-Present</th>
<th>Outpatient Data (available only to researchers, Illinois educational institutions, and Illinois governmental entities) 2002-Present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per Quarter</td>
<td>Per Year</td>
</tr>
<tr>
<td>Category I: Resellers (Customers for Resale or Redistribution)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal Dataset</td>
<td>$8,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>State Inpatient Database (SID)</td>
<td>$8,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>State Ambulatory Surgery Database (SASD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Custom Dataset (Complex)</td>
<td>$8,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>Custom Dataset (Simple)</td>
<td>$1,000 + App fee + costs</td>
<td>$3,000 + App fee + costs</td>
</tr>
<tr>
<td>Revenue Code Dataset Inpatient: 1993-Present</td>
<td>$3,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>HCUP/AHRQ</td>
<td></td>
<td>$24,000</td>
</tr>
<tr>
<td>Category II: Commercial/Private/Non-IL Govt/For-Profit Customers with No Resale or Redistribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal Dataset</td>
<td>$4,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>State Inpatient Database (SID)</td>
<td>$4,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>State Ambulatory Surgery Database (SASD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Custom Dataset (Complex)</td>
<td>$4,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>Custom Dataset (Simple)</td>
<td>$500 + App fee + costs</td>
<td>$1,500 + App fee + costs</td>
</tr>
</tbody>
</table>
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULES

<table>
<thead>
<tr>
<th>Revenue Code Dataset</th>
<th>$1,500</th>
<th>$4,000</th>
<th>n/a</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient: 1993-Present</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**NOTICE OF PROPOSED RULES**

**Inpatient Data**
- 1987-Present

**Outpatient Data**
- 2002-Present (available only to researchers, Illinois educational institutions, and Illinois governmental entities)

<table>
<thead>
<tr>
<th>Product</th>
<th>Inpatient Data 1987-Present</th>
<th>Outpatient Data 2002-Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category III: Non-Profit/Educational Institution/College Student Non-IL Institution Customers with No Resale or Redistribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Oriented Dataset</td>
<td>$1,500</td>
<td>$4,500</td>
</tr>
<tr>
<td>Universal Dataset</td>
<td>$1,500</td>
<td>$4,500</td>
</tr>
<tr>
<td>State Inpatient Database (SID)</td>
<td>$1,500</td>
<td>$4,500</td>
</tr>
<tr>
<td>State Ambulatory Surgery Database (SASD)</td>
<td></td>
<td>$1,000</td>
</tr>
<tr>
<td>Custom Dataset (Complex)</td>
<td>$1,500</td>
<td>$4,500</td>
</tr>
<tr>
<td>Custom Dataset (Simple)</td>
<td>App fee + costs</td>
<td>App fee + costs</td>
</tr>
<tr>
<td>Revenue Code Dataset Inpatient: 1993-Present</td>
<td>$500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Revenue Code Dataset Outpatient: 2004-Present</td>
<td></td>
<td>$300</td>
</tr>
</tbody>
</table>

**Category IV: IL Gen Assembly/IL Executive Officers/IL Const Off/IL and Local Govt/College Student IL Inst Customers with No Resale or Redistribution**

<table>
<thead>
<tr>
<th>UDS, SID, SASD, RCD and Custom Dataset</th>
<th>No Fee</th>
<th>No Fee</th>
<th>No Fee</th>
<th>No Fee</th>
</tr>
</thead>
</table>
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED RULES

Section 1010. APPENDIX J  Data Product Preparation Cost Table

<table>
<thead>
<tr>
<th>Resource</th>
<th>Hours/Units</th>
<th>Cost Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programming</td>
<td>1+</td>
<td>$100</td>
</tr>
<tr>
<td>Research</td>
<td>1+</td>
<td>$65</td>
</tr>
<tr>
<td>Administration</td>
<td>2</td>
<td>$25</td>
</tr>
<tr>
<td>Media (cd-rom/dvd-rom)</td>
<td>1+</td>
<td>$5</td>
</tr>
<tr>
<td>Shipping</td>
<td>1</td>
<td>Shipper listed cost</td>
</tr>
</tbody>
</table>
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Business Enterprise Program: Contracting with Businesses Owned and Controlled by Minorities, Females and Persons with Disabilities

2) Code Citation: 44 Ill. Adm. Code 10

3) Section Numbers: Adopted Action:
   10.50    Amendment
   10.55    Amendment
   10.72    Amendment

4) Statutory Authority: Implementing and authorized by the Business Enterprise for Minorities, Females and Persons with Disabilities Act [30 ILCS 575]

5) Effective Date of Amendments: February 22, 2007

6) Does this rulemaking contain an automatic repeal date? No

7) Do these adopted amendments contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Date Notice of Proposal was Published in the Illinois Register: 30 Ill. Reg. 16106; October 13, 2006

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Differences between proposal and final version: In Section 10.72(a), language was added relating to the general information to be included on the Annual Confirmation Form. The term "firm" was changed to "business" throughout the amendment for consistency purposes. Other non-substantive changes were made as suggested by JCAR.

12) Have all of the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these amendments replace any emergency amendments currently in effect? No

14) Are there any amendments pending on this Part? No
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

15) **Summary and Purpose of Amendments:** Under the rule prior to these amendments, the Secretary certified companies as owned or controlled by minorities, females or persons with disabilities at least every two years. This required all companies to submit completely new paperwork, even though, for most companies, information had not changed. In order to lessen the administrative burden on both the State and the companies, this rulemaking now allows for certification every three years. However, to help ensure a company remains eligible over time, each year the company must submit a statement verifying that there have been no changes in ownership or control that would affect their eligibility for the program. This is one measure to help ensure that only those eligible for the program receive the benefits of the program.

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

   Lynn Carter  
   Illinois Department of Central Management Services  
   Legal Offices  
   James R. Thompson Center, Suite 4-607  
   100 West Randolph Street  
   Chicago, IL  60601  

   312/814-1569

17) **Do these adopted amendments require the preview of the Procurement Policy Board as specified in Section 5-25 of the Illinois Procurement Code [30 ILCS 50/5-25]?** The agency has agreed with JCAR to submit this and other rulemakings amending this Part to the Procurement Policy Board for review, comment and recommendation.

The full text of the Adopted Amendments begins on the next page.
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 44: GOVERNMENT CONTRACTS, PROCUREMENTS, AND PROPERTY MANAGEMENT
SUBTITLE A: PROCUREMENT AND CONTRACT PROVISIONS
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 10
BUSINESS ENTERPRISE PROGRAM: CONTRACTING WITH BUSINESSES OWNED AND CONTROLLED BY MINORITIES, FEMALES AND PERSONS WITH DISABILITIES

SUBPART A: GENERAL

Section
10.05 Introduction
10.10 Definitions

SUBPART B: GOAL AND GOAL MEASUREMENT

Section
10.20 Goal
10.21 Contracts and Expenditures Subject to the Goal
10.22 Categories of Contracts and Expenditures Exempt from Goal
10.23 Council Review of Agency Requests for Specific Exemptions
10.24 Goal Measurement
10.25 Subcontracting

SUBPART C: AGENCY COMPLIANCE AND REPORTING

Section
10.30 Agency Compliance
10.35 Professional and Artistic Contract Reporting

SUBPART D: PROGRAM ELIGIBILITY

Section
10.40 Program Eligibility

SUBPART E: CERTIFICATION
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

10.50  General
10.55  Program Information/List of Certified Businesses

SUBPART F: CERTIFICATION REQUIREMENTS AND PROCEDURES

Section 10.60  Application
10.61  Applicant Requirements
10.62  Time to Determine Eligibility
10.63  Certification by Other Certifying Entities
10.64  $27,000,000 Sales Limitation; Exception
10.65  Citizenship/Permanent Residency
10.66  Ownership/Control by Members of Eligible Groups
10.67  Ownership
10.68  Control
10.69  Notice of Certification or Denial

SUBPART G: RECONSIDERATION, DECERTIFICATION AND RECERTIFICATION

Section 10.70  Review and Reconsideration
10.71  Decertification Process
10.72  Annual Confirmation of Eligibility/Recertification Process

SUBPART H: SPECIAL ASSISTANCE FOR CERTIFIED BUSINESSES

Section 10.80  Special Assistance

SUBPART I: CONTRACT REQUIREMENTS

Section 10.90  Change in Eligibility
10.91  Contract Commitment; Good Faith Effort

SUBPART J: VIOLATIONS BY VENDOR

Section 10.100  Violations by Vendor
SUBPART E: CERTIFICATION

Section 10.50 General

a) The primary purpose of the certification process is to verify that the business is owned and controlled by BEP eligible individuals in accordance with requirements of the Act and this Part. The Secretary to the Council will oversee the certification process. The certification procedure consists of the requirements and procedures outlined in this Section.

b) The Secretary will certify a firm that meets the requirements of the Act and this Part. All certifications, new and existing, shall be valid for a period of 3 years from the effective date of the certification, subject to annual confirmation. The Secretary will conduct a routine review and reconsideration of each certified business at least one time every two years to ensure continued eligibility.

c) Only certified businesses are eligible for the benefits of the Program. Agencies may count only those expenditures with a certified business or certified subcontractor toward meeting the goal.

d) A business owned and controlled by females shall be certified as a FBE certified business regardless of the ethnicity of the female owners.

e) For a business to qualify as an MBE certified business, only those minorities who are male may be counted in determining ownership and control.

f) A business owned and controlled at least 51% by any combination of minorities, females and persons with disabilities shall be counted as a business owned and controlled by the eligible group that has the largest percentage of ownership.
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

When there is a tie, the business shall select the eligible group classification.

g) A business owned and controlled by a person with a disability, or by an entity that is a not-for-profit agency for the disabled, is a PBE certified business regardless of the ethnicity or gender of the owner or owners, or of the governing board.

h) These classifications facilitate consistent accounting of agency contract awards to businesses covered by the Act. These classifications do not preclude such businesses or not-for-profit agencies from receiving any contract that may be awarded under the Illinois Procurement Code [30 ILCS 500] or other applicable law.

(Source: Amended at 31 Ill. Reg. 4023, effective February 22, 2007)

Section 10.55 Program Information List of Certified Businesses

a) The Secretary, on behalf of the Council, shall compile a list of businesses certified under the Act and may compile and maintain other information regarding the program, including general vendor lists.

b) The list will contain the name, address, telephone and facsimile numbers, e-mail address, type of certification (MBE, FBE or PBE) and business classification (e.g., accounting or furniture sales) of certified businesses.

c) The list shall be available to the Chief Procurement Officers and State Purchasing Officers established under the Illinois Procurement Code, and to other interested State agencies for use in procurements under the Illinois Procurement Code and other procurement laws.

d) The list of certified businesses shall be available to the public. This list and other information shall be provided electronically via the Business Enterprise Website. If a hard copy is requested, there shall be a directory available for a fee to cover cost of compilation, maintenance, publication and distribution.

(Source: Amended at 31 Ill. Reg. 4023, effective February 22, 2007)

SUBPART G: RECONSIDERATION, DECERTIFICATION AND RECERTIFICATION
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

Section 10.72 Annual Confirmation of Eligibility Recertification Process

a) To maintain its certification, a certified business must file with the Secretary on an annual basis an Annual Confirmation form confirming there have been no changes in ownership or control from the last certification that would affect the validity of the certification and shall provide any additional information requested by the Secretary. The Annual Confirmation form shall be in the form specified by the Secretary and shall include, but not be limited to, owner demographics, annual gross sales, current licensing, ownership interest, certification documentation with other entities and a signed and notarized affidavit.

b) At least 60 days prior to the anniversary of a certification expiration of the certification, the Secretary shall send a notice letter to the certified business advising that it must complete and return the Annual Confirmation form, may apply for recertification by completing and returning the application. The application must be postmarked by the date specified in the notice at least 15 days prior to expiration of the current certification. Failure to meet that deadline shall result in expiration of the certification.

c) If the certified business applicant fails to submit the Annual Confirmation form, the Secretary shall issue a provisional revocation of the certification and so notify the business submits the material 15 days before the expiration of the current certification, the original certification shall remain in effect until the Secretary completes the recertification process. If the Annual Confirmation form is not received within 30 days after the mailing of the provisional revocation to the certified business, the revocation shall become final and the business shall be so notified.

d) If the certified business submits an Annual Confirmation form that indicates that ownership or control have changed such that the certified business is or may be no longer eligible for certification, the Secretary may request further information or may issue a final revocation.

e) Upon receipt of the notice of final revocation, the certified business may submit a new and complete application for certification recertification application, the Secretary will review it for changes that affect eligibility under the Act or this Part.

f) In addition to the annual confirmation, the Secretary may require confirmation of
NOTICE OF ADOPTED AMENDMENTS

eligibility at any time during the term of certification.

d) If no such changes have occurred, the Secretary will recertify the applicant. If changes give rise to questions regarding eligibility, the Secretary will notify the applicant and request clarification and/or additional information.

e) When all questions of eligibility have been resolved in favor of the applicant, the Secretary will issue a new certification valid for a period of two years.

f) If the Secretary determines that the firm is not eligible, the Secretary will notify the applicant by letter. The letter shall include the reasons for the decision and shall inform the applicant of the review and reconsideration process.

(Source: Amended at 31 Ill. Reg. 4023, effective February 22, 2007)
NOTICE OF ADOPTED AMENDMENTS

1) **Heading of the Part**: Registration of Insurers

2) **Code Citation**: 50 Ill. Adm. Code 852

3) **Section Numbers**: 
   - 852.10 Amendment
   - 852.20 Amendment
   - 852.30 Amendment
   - 852.40 Amendment
   - 852.ILLUSTRATION A Repealed
   - 852.ILLUSTRATION B Amendment
   - 852.ILLUSTRATION C Amendment

4) **Statutory Authority**: Implementing Article VIII ½ and authorized by Sections 131.13 and 401 of the Illinois Insurance Code [215 ILCS 5/131.13 and 401]

5) **Effective Date of Rulemaking**: February 23, 2007

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 rulemaking, including any material incorporated by reference, is on file in the principal office of the Division of Insurance and is available for public inspection.

9) **Notice of Proposal Published in Illinois Register**: September 15, 2006; 30 Ill. Reg. 14714

10) **Has JCAR issued a Statement of Objection to this rulemaking?** No

11) **Differences between proposal and final version**: None

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 amendments pending on this Part?** No
NOTICE OF ADOPTED AMENDMENTS

15) **Summary and Purpose of rulemaking:** Section 852.30(e)(1)(b) and the companion Illustration B of this Part permitted an exemption that is no longer applicable. In 1986 when this exemption was originally adopted, not all states had holding company registration requirements, but now they do. Because all states have these registration requirements in place, Illinois no longer needs to maintain a separate exemption standard. In addition to eliminating the exemption mentioned above, the Division has added definitions, clarified a few minor provisions and moved the existing Illustration A contents down to Illustration B.

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

Sara Ross  
Department of Financial and Professional Regulation  
Division of Insurance  
320 West Washington Street  
Springfield, Illinois  62767-0001

217/782-9760

The full text of the Adopted Amendments begins on the next page:
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 50: INSURANCE

CHAPTER I: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUBCHAPTER k: INSURANCE HOLDING COMPANY SYSTEMS

PART 852

REGISTRATION OF INSURERS

Section 852.10 Purpose
The purpose of this Part is to set forth requirements which the Director deems necessary to carry out the provisions of Sections 131.13 through 131.19 of the Illinois Insurance Code [215 ILCS 5/131.13 through 131.19](Ill. Rev. Stat. 1983, ch. 73, pars. 743.13 through 743.19).

(Source: Amended at 31 Ill. Reg. 4031, effective February 23, 2007)

Section 852.20 Definitions
Terms found in this Part, other than those defined in this Section, are used as defined in Section 131.1 of the Insurance Code [215 ILCS 5/131.1](Ill. Rev. Stat. 1985, ch. 73, par. 743.1).
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Code means the Illinois Insurance Code [215 ILCS 5].

Department means the Department of Financial and Professional Regulation.

Director means the Director of the Illinois Department of Financial and Professional Regulation-Division of Insurance (see Section 1-2(2) of the Act).

Division means the Illinois Department of Financial and Professional Regulation-Division of Insurance.

"Executive officer" means any individual charged with active management and control in a senior executive capacity as described by the company's by-laws (including a president, senior vice president, treasurer, secretary, controller, and any other individual regardless of title performing functions the same as those performed by the foregoing officers) of a person, whether incorporated or unincorporated.

"Foreign insurer" shall include an alien insurer except where clearly noted otherwise.

Secretary means the Secretary of the Illinois Department of Financial and Professional Regulation.

"Ultimate controlling person" means any controlling person within an insurance holding company system who is not controlled by any other person.

(Source: Amended at 31 Ill. Reg. 4031, effective February 23, 2007)

Section 852.30  Registration of Insurers – Form of Statement Filing

a) An insurer required to file a statement pursuant to Section 131.13 of the Illinois Insurance Code shall furnish the required information in the format and as specified in the instructions contained in Form B, which is Illustration B to this Part. The insurer is to identify whether the filing is an initial, annual or amendment to the Form B.

b) An annual filing shall be made on or before each May 1st in the format of Form B containing current information for the preceding calendar/fiscal year.
c) Amendments

1) An amendment to Form B shall be filed within 15 days after the end of any month in which the following occurs:

   A) there is a change in the control of the registrant, in which case the entire Form B shall be made current;

   B) there is a material change in the information given in Item 5 or Item 6 of Form B.

2) Each amendment shall include the Form B cover page and the transactions which is (are) the subject of the amendment. A current signature and certification shall be given in regard to the information in the amendment.

3) No amendment to the Form B need be filed with the Director for those transactions for which a filing has been made pursuant to Section 131.20a of the Illinois Insurance Code (Ill. Rev. Stat. 1985, ch. 73, par. 743.20a) and 50 Ill. Adm. Code 854.

d) Alternative and Consolidated Registration

1) Any authorized insurer may file a registration statement on behalf of any affiliated insurer or insurers which are required to register under Section 131.13 of the Illinois Insurance Code. Two or more affiliated insurers required to file may file a consolidated registration statement unless required otherwise by the Director. The Director shall request separate registration statements when the consolidated registration statement does not provide adequate information regarding the domestic insurer pursuant to Section 131.14 of the Insurance Code. A registration statement may include information regarding any insurer in the insurance holding company system even if such insurer is not authorized to do business in this State. In lieu of filing a registration statement in the format designated on Form B, the authorized insurer may file a copy of the registration statement or similar report which the authorized insurer is required to file in its state of domicile provided:
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A) the statement or report contains substantially similar information required to be furnished on Form B. The report or statement shall be deemed substantially similar when a Division analyst can reasonably make the same determinations regarding the information contained in the report or statement as the analyst does for Form B filings made by domestic insurers; and

B) the filing insurer demonstrates that such insurer is the principal insurance company in the insurance holding company system. The principal insurer shall be the insurer:

i) has the most admitted assets; or

ii) has the most insurance in force; or

iii) has the most premium volume on an annualized basis; or

iv) is the insurer that controls all other insurers.

2) The question of whether the filing insurer is the principal insurance company in the insurance holding company system as defined in Section 131.1(c) of the Illinois Insurance Code, is a question of fact and an insurer filing a registration statement or report in lieu of Form B on behalf of an affiliated insurer, shall, when required by the Director, set forth a brief statement of facts that will substantiate the filing insurer's claim that it, in fact, is the principal insurer in the insurance holding company system.

3) With the prior approval of the Director, an unauthorized insurer may follow any of the procedures which could be done by an authorized insurer under subsection (d)(1) above.

e) Exemptions

1) A foreign or alien insurer otherwise subject to this Section shall not be required to register pursuant to Section 131.13 of the Illinois Insurance Code if: it is admitted in the domiciliary state of the principal insurer (as the term is defined in subsection (d)(2) of this Section) and in that State is subject to disclosure requirements and standards adopted
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by statute or regulation that are substantially similar to those contained in Sections 131.13 through 131.19 of the Illinois Insurance Code. The provided that the Director may require a copy of the registration statement or other information filed with the domiciliary state; and

B) it has filed, as an attachment to its Annual Statement filed with the Illinois Department of Insurance, an affidavit setting forth, in the format designated by the affidavit form which is Illustration B of this Part, that it filed on its behalf a registration statement substantially similar to the statement required under Sections 131.13 through 131.19 of the Illinois Insurance Code.

2) The state of entry of an alien insurer shall be deemed to be its domiciliary state for the purpose of this Part.

f) Disclaimers and Termination of Registration

1) A disclaimer or a request for termination of registration, claiming that a person does not or will not, upon the taking of some proposed action, control any other person (i.e., hereinafter referred to as the "subject") shall contain the following information:

A) the number of authorized, issued and outstanding voting securities of the subject;

B) with respect to the person whose control is denied and all affiliates of that person:

i) the number and percentage of shares of the subject's voting securities which are held of record or known to be beneficially owned, and the number of shares for which there is a right to acquire, directly or indirectly;

ii) information as to all transactions in any voting securities of the subject which were effected during the past six months by that person;
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C) all relationships and bases for affiliation between the subject and the person whose control is denied and all affiliates of that person.

D) A statement explaining why the person whose control is denied would not be considered to control the subject.

2) A request for termination of registration shall be deemed to have been granted unless the Director, within 30 days after receiving the request, notifies the registrant otherwise. Such request will be granted if provided that the request is in compliance with the requirements of Article VIII½ of the Insurance Code and this Part.

(Source: Amended at 31 Ill. Reg. 4031, effective February 23, 2007)

Section 852.40 Summary of Changes to Registration Statement

An insurer required to file a statement pursuant to Section 131.13 of the Illinois Insurance Code shall also file a summary of changes to the registration statement in the format and as specified in Form C, which is Illustration C of this Part. A Summary of Changes to the Registration Statement must be filed simultaneously with the annual registration statement filed pursuant to 50 Ill. Adm. Code 852.30(c).

(Source: Amended at 31 Ill. Reg. 4031, effective February 23, 2007)
A. **Use of Form B**

*Form B* shall be used by an insurer required to file a Statement with the Director pursuant to Sections 131.14 and 131.16 of the Illinois Insurance Code. Subsequent amendments also shall be filed on Form B, but shall include on the top of the cover sheet "Amendments No.______ to" and shall indicate the date of the amendment and not the date of the original filing.

1) **Two complete copies** of each statement, including exhibits and all other papers and documents filed as a part thereof, shall be filed with the Director. If a consolidated filing is made to amend the individual registration statement of more than one insurer, a complete copy of such an amendment shall be filed for each insurer.

2) **Each statement** filed with the Director shall be manually signed in the manner prescribed by this form. If the signature of any person is affixed pursuant to a power of attorney or other similar authority, a copy of such power of attorney or other authority shall also be filed with the statement.

B. **Requirements as to Printing and Language**

1) **All filed statements, papers or documents** shall be clear, readable and suitable for photocopying. Debits in credit categories and credits in debit categories shall be designated in a manner other than color so as to be distinguishable on photocopies.

2) **Statements** shall be in the English language and monetary values shall be stated in United States currency. If any exhibit or other paper or document filed with a statement is in a foreign language, it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency shall be converted into United States currency. Monetary conversions made in financial statements shall be made as of the date of financial statements. Other required conversions shall be made as of the date of the Form B cover page.
C. Preparation of Statement
This form is not to be used as a blank form to be filled in, but only as a guide in the preparation of the statement.

The statement shall contain the numbers and captions of all items but the text of the items may be omitted provided the answers thereto are so prepared as to indicate to the reader the coverage of the items without the necessity of his referring to the text of the items or instructions thereof. All instructions, whether appearing under the items of the form or elsewhere therein, are to be omitted. Unless expressly provided otherwise within this Part, if any item is inapplicable or the answer thereto is in the negative, a statement to that effect shall be made.

D. Additional Information
In addition to the information expressly required to be included in the statement, there may, at the option of the acquiring party, be added such further material information, if any, as may be necessary to make the information contained therein not misleading.

E. Information Unknown or Not Available
Information required need be given only insofar as it is known or reasonably available to the Registrant. If any required information is unknown and not reasonably available to the Registrant, either because the obtaining thereof would involve unreasonable effort or expense, or because it rests peculiarly within the knowledge of another person not affiliated with the Registrant, the information may be omitted, subject to the following conditions:

1) The Registrant shall give such information on the subject as it possesses or can acquire without unreasonable effort or expense including by not limited to impossibility or the loss or destruction of documents, together with the source thereof.

2) The Registrant shall include a statement either showing that unreasonable effort or expense would be involved or indicating the absence of any affiliation with the person within whose knowledge the information rests and stating the result of a request made to such person for the information.

F. Incorporation by Reference
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1) **Matters** required by any item of this statement, may be incorporated by reference in answer or partial answer to any other item.

2) **Information contained** in a statement filed pursuant to the Federal Securities Act of 1933, the Federal Securities and Exchange Act of 1934 or a state law requiring registration or disclosure and information contained in any financial statement, annual report, proxy statement or any other document may be incorporated by reference in answer or partial answer to any item or items of this statement, provided such information meets the requirements of this statement. A copy of such incorporated documents shall be included on an exhibit to Form A.

3) **Material incorporated** by reference shall be clearly identified in the reference. An express statement that the specified matter is incorporated by reference shall be made at that particular place in the statement where the information is required. Matter shall not be incorporated by reference in any case where such incorporation would render the statement incomplete, unclear or confusing.

G. **Summaries or Outlines of Documents**

Where an item requires a summary or outline of the provisions of any document, only a brief statement shall be made as to the most important provisions of the document. In addition to such statement, the summary or outline may incorporate by reference particular parts of any exhibit and may be qualified in its entirety by such reference.

H. **Extension of Time for Furnishing Information**

If it is impractical to furnish any required information, document or report at the time it is required to be filed, the Registrant may file with the Director as a separate document an application (1) identifying the information, document or report in question (2) stating why the filing thereof at the time required is impractical, and (3) requesting an extension of time for filing the information, document or report to a specified date. The application shall be deemed granted unless the Director, within thirty (30) days after receipt thereof, shall enter an order denying the application.

Information required need to be given only insofar as it is known or reasonably available to the registrant. If any required information is unknown and not reasonably available to the registrant, either because the obtaining thereof would
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involve unreasonable effort or expense, or because it rests peculiarly within the knowledge of another person not affiliated with the registrant, the information may be omitted, subject to the following conditions:

1) The registrant shall given such information on the subject as it possesses or can acquire without reasonable effort or expense including but not limited to impossibility or the loss or destruction of documents, together with the sources thereof.

2) The registrant shall include a statement either showing that unreasonable effort or expense would be involved or indicating the absence of any affiliation with the person or indicating the absence of any affiliation with the person within whose knowledge the information rests and stating the result of a request made to such person for the information.

I. Additional Exhibits
The Registrant may file such exhibits as it may desire, in addition to those expressly required by the statement. Such exhibits shall be so marked as to indicate clearly the subject matters to which they refer.

J. Omission of Substantially Identical Documents
In any case where two or more documents required to be filed as exhibits are substantially identical in all material aspects except as to the parties thereto, the dates of execution, or other details, the registrant need file a copy of only one of such documents, with a schedule identifying the omitted documents and setting forth the material details in which such documents differ from the documents a copy of which is filed. The Director may at any time in his discretion require the filing of copies of any omitted documents in order to verify that the omitted documents are substantially identical to documents on file. For purposes of this Instruction, documents will be deemed substantially similar in all material aspects when a Department analyst, upon examining the documents independently, could reasonably make the same determinations and decisions regarding the documents.

K. Financial Statements
The financial statements shall include the annual financial statements of each ultimate controlling person in the insurance holding company system as of the end of the person's latest fiscal year. If at the time of the initial registration the annual financial statements for the previous fiscal year are not available, annual statements for the previous fiscal year shall, unless previously filed by
amendment, be filed and similar financial information consisting of balance sheet, operational statement and a statement of source and application of funds shall be filed for any subsequent period to the extent such information is available. The financial statements are to be audited by an independent certified public accountant in accordance with generally accepted auditing standards and are to contain financial information presented in accordance with generally accepted accounting principles. If the ultimate controlling person is an insurer which has been actively engaged in the business of insurance for the previous 10 years, the financial statements need not be audited, provided they are based on the Annual Statement of such insurer filed with the insurance department of the insurer's domiciliary State and are in accordance with requirements of insurance or other accounting principles prescribed or permitted under law and regulations of such state.

L. Shareholder Reports and Proxy Material
Exhibits shall include copies of the latest annual reports to shareholders of the ultimate controlling person and any proxy material used by the ultimate controlling person during the preceding year.

M. Signature and Certification
For purpose of filing the Form B and Form C, the signatures and certifications required by this Part shall be signed by an executive officer of the registrant.

N. Filing Fee
Pursuant to Section 408 of the Illinois Insurance Code (Ill. Rev. Stat. 1985, ch. 73, par. 1020), the Director shall collect a fee for the filing of a registration statement. The filing of the registration statement shall not be deemed complete until the Director has received the appropriate filing fee as required by Section 408.

FORM B

INSTRUCTIONS FOR COMPLETION

Filed with the Insurance Department of the State of Illinois.

BY

(Name of Registrant)
On Behalf of the Following Insurance Companies

ITEM 1. Identity and Control of Registrant

Furnish the exact name of each insurer registering or being registered (hereinafter called "the Registrant"); the address and principal executive offices of each; the date on which each Registrant became a part of the insurance holding company system; and the method(s) by which control of each Registrant was acquired and is maintained.

ITEM 2. Organization Chart

Furnish a chart or listing presenting the identities of and interrelationships among all affiliated persons with the insurance holding company system. No affiliate need be shown if its total assets are equal to less than 1/2 of 1 percent of the total assets of each ultimate controlling person within the insurance holding company system. The chart or listing shall show the percentage of voting securities of each affiliate which is owned, directly or indirectly by another affiliate. If control of any person within the system is maintained other than by the ownership or control of voting securities, indicate the basis of such control. As to each person specified in such chart or listing indicate the type of organization (e.g.—corporation, trust, partnership) and the state or other jurisdiction of domicile.

ITEM 3. Each Ultimate Controlling Person
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As to each ultimate controlling person, furnish the following information:

a) Name.

b) Address.

c) Principal executive office.

d) The organizational structure of the person, i.e., corporation, partnership, individual, trust, etc.

e) The principal business of the person.

f) The name and address of any person who holds or owns 10% or more of any voting security, the number of shares held of record or known to be beneficially owned, and the percentage of all shares so held or owned.

g) If court proceedings looking toward a reorganization or liquidation are pending, indicate the title of the court, the nature of proceedings and the date when commenced.

ITEM 4. Biographical Information

Furnish the following information for the directors and executive officers of each ultimate controlling person: the individual’s name and address, his principal occupation and all offices and positions held during the past five years, and any conviction of crimes, other than minor traffic violations, during the past ten years.

ITEM 5. Transactions, Relationships and Agreements

a) Briefly describe the following agreements in force, relationships subsisting, and transactions currently outstanding or which have occurred during the last calendar year between the Registrant and its affiliates:

1) loans, other investments, or purchases, sales or exchanges of securities of the affiliates by the Registrant or of the Registrant by its affiliates;
2) purchases, sales or exchanges or assets;

3) transactions not in the ordinary course of business;

4) guarantees or undertakings for the benefit of an affiliate which result in a contingent exposure of the Registrant's assets to liability, other than insurance contracts entered into in the ordinary course of the Registrant's business;

5) all management agreements, service contracts and all cost-sharing arrangements, other than cost allocation arrangements based upon generally accepted accounting principles;

6) reinsurance agreements;

7) any pledge of the company's own securities or securities of any subsidiary or affiliate, to secure a loan made to any member of the insurance holding company system;

8) consolidated tax allocation agreements; and

9) dividends and other distributions to shareholders.

No information need be disclosed if such information is not material. Sales, purchases, exchanges, guarantees or loans or extensions of credit or investments involving one-half of 1% or less of the Registrant's admitted assets as of the 31st day of December next preceding shall not be deemed material. All other amounts shall be deemed material.

b) The description shall be in a manner as to permit the proper evaluation thereof by the Director, and shall include at least the following: the nature and purpose of the transaction; the nature and amounts of any payments or transfers of assets between the parties and the identity of all parties to such transaction; and relationship of the affiliated parties to the Registrant.

ITEM 6. Litigation or Administrative Proceedings

A brief description of any litigation or administrative proceedings of the following types; either then pending or concluded within the preceding fiscal
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year, to which each ultimate controlling person or any of its directors or executive officers was a part of or of which the property of any such person is or was the subject; give the names of the parties and the court or agency in which such litigation or proceeding is or was pending:

a) Criminal prosecutions or administrative proceedings by any government agency or authority other than minor traffic violations; and

b) Proceedings which may have a material effect upon the solvency or capital structure of each ultimate controlling company including, but not necessarily limited to, bankruptcy, receivership or other corporate reorganizations. For purposes of this instruction, an effect upon the solvency or capital structure of each ultimate controlling company shall be deemed material if it is likely that a reasonable corporate officer would attach importance to the effect that a proceeding or litigation would have on the corporation.

ITEM 7. Financial Statements and Exhibits

Financial statements and exhibits shall be attached to this statement as an appendix, but list under this item the financial statements and exhibits so attached.

ITEM 8. Signature and Certification

Signature and certification shall be in the following form: SIGNATURE

Pursuant to the requirements of Section 131.14 of the Illinois Insurance Code and 50 Ill. Adm. Code 852 the registrant has caused this registration statement to be duly signed on its behalf in the City of _______________ and State of ______________ on the ______ day of _______________, 19__.

(Name of Registrant)

BY

(Name)  (Title)
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Attest:

______________________________
(Signature of Officer)

______________________________
(Title)

CERTIFICATION

The undersigned deposes and says that he has duly executed the attached registration statement dated __________, 19____, for and on behalf of _______ (Name of Company) ________, that he is the _______ (Title of Officer) ________ of such company, and that he has authority to execute and file such instrument. Deponent further say that he is familiar with such instrument and that the facts therein set forth are true to the best of his knowledge, information and behalf.

______________________________
(Signature)

______________________________
(Type or Print Name Beneath)

(Source: Repealed at 31 Ill. Reg. 4031, effective February 23, 2007)
FORM B
GENERAL INSTRUCTIONS

A. Use of Form B
Form B shall be used by an insurer required to file a Statement with the Director pursuant to Sections 131.14 and 131.16 of the Code. Subsequent amendments also shall be filed on Form B, but shall include on the top of the cover sheet "Amendment No.______ to" and shall indicate the date of the amendment and not the date of the original filing.

1) One complete copy of each statement, including exhibits and all other papers and documents filed as a part of the statement, shall be filed with the Director.

2) The statement filed with the Director shall be manually signed in the manner prescribed by this form. If the signature of any person is affixed pursuant to a power of attorney or other similar authority, a copy of the power of attorney or other authority shall also be filed with the statement.

B. Requirements as to Printing and Language

1) All filed statements, papers or documents shall be clear, readable and suitable for photocopying. Debits in credit categories and credits in debit categories shall be designated in a manner other than color so as to be distinguishable on photocopies.

2) Statements shall be in the English language and monetary values shall be stated in United States currency. If any exhibit or other paper or document filed with a statement is in a foreign language, it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency shall be converted into United States currency. Monetary conversions made in financial statements shall be made as of the date of the financial statements. Other required conversions shall be made as of the date of the Form B cover page.

C. Preparation of Statement
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This form is not to be used as a blank form to be filled in, but only as a guide in the preparation of the statement.

The statement shall contain the numbers and captions of all items, but the text of the items may be omitted provided the answers indicate to the reader the coverage of the items without the necessity of referring to the text of the items or instructions. All instructions, whether appearing under the items of the form or elsewhere in the form, are to be omitted. Unless expressly provided otherwise within this Part, if any item is inapplicable or the answer to the item is in the negative, a statement to that effect shall be made.

D. Additional Information
In addition to the information expressly required to be included in the statement, there may be added further material information, if any, as may be necessary to make the information contained in the statement not misleading.

E. Information Unknown or Not Available
Information required need be given only insofar as it is known or reasonably available to the Registrant. If any required information is unknown and not reasonably available to the Registrant, either because obtaining it would involve unreasonable effort or expense, or because it rests peculiarly within the knowledge of another person not affiliated with the Registrant, the information may be omitted, subject to the following conditions:

1) The Registrant shall give such information on the subject as it possesses or can acquire without unreasonable effort or expense, including, but not limited to, impossibility or the loss or destruction of documents, together with the source of the information.

2) The Registrant shall include a statement either showing that unreasonable effort or expense would be involved or indicating the absence of any affiliation with the person within whose knowledge the information rests and stating the result of a request made to the person for the information.

F. Incorporation by Reference

1) Matters required by any item of this statement may be incorporated by reference in any answer or partial answer to any other item.
2) Information contained in a statement filed pursuant to the Federal Securities Act of 1933, the Federal Securities and Exchange Act of 1934 or a state law requiring registration or disclosure, and information contained in any financial statement, annual report, proxy statement or any other document, may be incorporated by reference in any answer or partial answer to any item or items of this statement, provided the information meets the requirements of this statement. A copy of incorporated documents shall be included on an exhibit to Form B.

3) Material incorporated by reference shall be clearly identified in the reference. An express statement that the specified matter is incorporated by reference shall be made at that particular place in the statement where the information is required. Matter shall not be incorporated by reference in any case in which the incorporation would render the statement incomplete, unclear or confusing.

G. Summaries or Outlines of Documents
When an item requires a summary or outline of the provisions of any document, only a brief statement shall be made as to the most important provisions of the document. In addition to the statement, the summary or outline may incorporate by reference particular parts of any exhibit and may be qualified in its entirety by the reference.

H. Extension of Time for Furnishing Information
If it is impractical to furnish any required information, document or report at the time it is required to be filed, the Registrant may file with the Director as a separate document an application (1) identifying the information, document or report in question; (2) stating why filing at the time required is impractical; and (3) requesting an extension to a specified date for filing the information, document or report. The application shall be deemed granted unless the Director, within 30 days after receipt of the application, shall enter an order denying the application.

Information required needs to be given only insofar as it is known or reasonably available to the registrant. If any required information is unknown and not reasonably available to the registrant, either because obtaining it would involve unreasonable effort or expense, or because it rests peculiarly within the knowledge of another person not affiliated with the registrant, the information may be omitted, subject to the following conditions:
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1) The registrant shall give such information on the subject as it possesses or can acquire without unreasonable effort or expense, including, but not limited to, impossibility or the loss or destruction of documents, together with the sources of the documents.

2) The registrant shall include a statement either showing that unreasonable effort or expense would be involved or indicating the absence of any affiliation with the person within whose knowledge the information rests and stating the result of a request made to that person for the information.

I. Additional Exhibits
The Registrant may file such exhibits as it may desire, in addition to those expressly required by the statement. The additional exhibits shall be marked to indicate clearly the subject matters to which they refer.

J. Omission of Substantially Identical Documents
In any case where two or more documents required to be filed as exhibits are substantially identical in all material aspects except as to the parties to the document, the dates of execution, or other details, the registrant need file a copy of only one of the documents, with a schedule identifying the omitted documents and setting forth the material details in which the documents differ from the documents filed. The Director may at any time in his or her discretion require the filing of copies of any omitted documents in order to verify that the omitted documents are substantially identical to documents on file. For purposes of this instruction, documents will be deemed substantially similar in all material aspects when a Division analyst, upon examining the documents independently, could reasonably make the same determinations and decisions regarding the documents.

K. Financial Statements
The financial statements shall include the annual financial statements of each ultimate controlling person in the insurance holding company system as of the end of the person's latest fiscal year. If, at the time of the initial registration, the annual financial statements for the previous fiscal year are not available, annual statements for the previous fiscal year shall, unless previously filed by amendment, be filed and similar financial information consisting of balance sheet, operational statement and a statement of source and application of funds shall be filed for any subsequent period to the extent that information is available. The financial statements are to be audited by an independent certified public
accountant in accordance with generally accepted auditing standards and are to contain financial information presented in accordance with generally accepted accounting principles. If the ultimate controlling person is an insurer that has been actively engaged in the business of insurance for the previous 10 years, the financial statements need not be audited, provided they are based on the Annual Statement of the insurer filed with the insurance department of the insurer's domiciliary state and are in accordance with requirements of insurance or other accounting principles prescribed or permitted under laws and regulations of that state.

L. Shareholder Reports and Proxy Material
Exhibits shall include copies of the latest annual reports to shareholders of the ultimate controlling person and any proxy material used by the ultimate controlling person during the preceding year.

M. Signature and Certification
For purpose of filing Form B and Form C, the signatures and certifications required by this Part shall be signed by an executive officer of the registrant.

N. Filing Fee
Pursuant to Section 408 of the Code [215 ILCS 5/408], the Director shall collect a fee for the filing of a registration statement. The filing of the registration statement shall not be deemed complete until the Director has received the appropriate filing fee as required by Section 408.

FORM B
INSTRUCTIONS FOR COMPLETION
Filed with the Department of Financial and Professional Regulation-
Division of Insurance of the State of Illinois.

BY

(Name of Registrant)
On Behalf of the Following Insurance Companies
ITEM 1. Identity and Control of Registrant

Furnish the exact name of each insurer registering or being registered (hereinafter called "the Registrant"); the address and principal executive offices of each; the date on which each Registrant became a part of the insurance holding company system; and the methods by which control of each Registrant was acquired and is maintained.

ITEM 2. Organization Chart

Furnish a chart or listing presenting the identities of and interrelationships among all affiliated persons within the insurance holding company system. No affiliate need be shown if its total assets are equal to less than ½ of 1 % of the total assets of each ultimate controlling person within the insurance holding company system. The chart or listing shall show the percentage of voting securities of each affiliate that is owned, directly or indirectly, by another affiliate. If control of any person within the system is maintained other than by the ownership or control of voting securities, indicate the basis of the control. As to each person specified in the chart or listing indicate the type of organization (e.g., corporation, trust, partnership) and the state or other jurisdiction of domicile.

ITEM 3. Each Ultimate Controlling Person

As to each ultimate controlling person, furnish the following information:
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a) Name;
b) Address;
c) Principal executive office;
d) The organizational structure of the person, i.e., corporation, partnership, individual, trust, etc.;
e) The principal business of the person;
f) The name and address of any person who holds or owns 10% or more of any voting security, the number of shares held of record or known to be beneficially owned, and the percentage of all shares so held or owned;
g) If court proceedings looking toward a reorganization or liquidation are pending, indicate the title of the court, the nature of proceedings and the date when commenced.

ITEM 4. Biographical Information

Furnish the following information for the directors and executive officers of each ultimate controlling person: the individual's name and address, his or her principal occupation and all offices and positions held during the past 5 years, and any conviction of crimes, other than minor traffic violations, during the past 10 years.

ITEM 5. Transactions, Relationships and Agreements

a) Briefly describe the following agreements in force, relationships subsisting, and transactions currently outstanding or that have occurred during the last calendar year between the Registrant and its affiliates:

1) loans, other investments, or purchases, sales or exchanges of securities of the affiliates by the Registrant or of the Registrant by its affiliates;

2) purchases, sales or exchanges or assets;
3) transactions not in the ordinary course of business;

4) guarantees or undertakings for the benefit of an affiliate that result in a contingent exposure of the Registrant's assets to liability, other than insurance contracts entered into in the ordinary course of the Registrant's business;

5) all management agreements, service contracts and all cost-sharing arrangements, any other contracts providing for the rendering of services on a regular systematic basis, and contracts on a "pooled" fund basis or service company management basis, where the costs to the individual member companies are on an actually incurred or closely estimated basis;

6) reinsurance agreements;

7) any pledge of the company's own securities, or securities of any subsidiary or affiliate, to secure a loan made to any member of the insurance holding company system;

8) consolidated tax allocation agreements; and

9) dividends and other distributions to shareholders.

No information need be disclosed if that information is not material. Sales, purchases, exchanges, guarantees or loans or extensions of credit or investments involving ½ of 1% or less of the Registrant's admitted assets as of the December 31 next preceding shall not be deemed material. All other amounts shall be deemed material.

b) The description shall be in a manner permitting proper evaluation by the Director and shall include at least the following: the nature and purpose of the transaction; the nature and amounts of any payments or transfers of assets between the parties and the identity of all parties to the transaction; and relationship of the affiliated parties to the Registrant.

ITEM 6. Litigation or Administrative Proceedings
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

A brief description of any litigation or administrative proceedings of the following types, either then pending or concluded within the preceding fiscal year, to which each ultimate controlling person or any of its directors or executive officers was a part or of which the property of any such person is or was the subject. Give the names of the parties and the court or agency in which the litigation or proceeding is or was pending.

a) Criminal prosecutions or administrative proceedings by any government agency or authority other than minor traffic violations.

b) Proceedings that may have a material effect upon the solvency or capital structure of each ultimate controlling company, including, but not necessarily limited to, bankruptcy, receivership or other corporate reorganizations. For purposes of this instruction, an effect upon the solvency or capital structure of each ultimate controlling company shall be deemed material if it is likely that a reasonable corporate officer would attach importance to the effect that a proceeding or litigation would have on the corporation.

ITEM 7. Financial Statements and Exhibits

Financial statements and exhibits shall be attached to this statement as an appendix, but list under this item the financial statements and exhibits attached.

ITEM 8. Signature and Certification

Signature and certification shall be in the following form:

SIGNATURE

Pursuant to the requirements of Section 131.14 of the Code and 50 Ill. Adm. Code 852, the registrant has caused this registration statement to be duly signed on its behalf in the city of ___________________________ and state of ___________________________ on the _______ day of ___________________________, 20______.

(Name of Registrant)
NOTICE OF ADOPTED AMENDMENTS

BY

(Name) (Title)

Attest:

(Signature of Officer)

(Title)

CERTIFICATION

The undersigned deposes and says that (s)he has duly executed the attached registration statement dated ____________, 20____, for and on behalf of ________________ (Name of Company) that (s)he is the ________________ (Title of Officer) of such company, and that (s)he has authority to execute and file the instrument. Deponent further says that (s)he is familiar with the instrument and that the facts set forth in the instrument are true to the best of his or her knowledge, information and belief.

Signature

(Type or Print Name)

Affidavit Instructions

A. Use of Affidavit
   The designated form of affidavit shall be used by a foreign insurer, doing business in Illinois, when that insurer is a member of a holding company system.

B. Time of Filing
   One typed and signed copy of the affidavit shall be filed with and attached to the front cover of the insurer’s Annual Statement, filed with the Illinois Department of Insurance.

AFFIDAVIT OF FOREIGN COMPANY REGARDING HOLDING COMPANY SYSTEM
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

State of ____________________

County of ____________________

__________________________, being duly sworn, deposes and says:

1. That he is the ____________________ of the ____________________ — a corporation, organized and existing under and by virtue of the laws of the State of ____________________ — and in whose behalf he makes this Affidavit.

2. That the said Insurance Company is a member of a holding company system.

3. That the said Insurance Company (has) (has not) for the immediately preceding calendar year had filed on its behalf with the Department of Insurance of its domiciliary state a Registration Statement substantially similar to the statement required under Section 131.13-19 of the Illinois Insurance Code.

(Here officer may state any additional information necessary to explain the nature of any unusual filing situation).

__________________________

(Affiant’s Signature)

Subscribed and sworn to before me
this ______ day of ______________, 19 ____. 

__________________________

Notary Public in and for the County of ____________________ — State of ____________________

(Source: Amended at 31 Ill. Reg. 4031, effective February 23, 2007)
 Section 852.ILLUSTRATION C  Form C – Summary of Registration Statement

FORM C

SUMMARY OF CHANGES TO REGISTRATION STATEMENT

Filed with the Department of Financial and Professional Regulation- Division of Insurance Department of the State of Illinois

By

_________________________________________
Name of Registrant

On Behalf of the Following Insurance Companies

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Date: ______________ , 2019

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Summary Should Be Addressed:

_________________________________________

Furnish a brief description of all items in the current annual registration statement that represent changes from the prior year's annual registration statement. The description shall include specific references to item numbers in the annual registration statement and to the terms contained in the item therein. Changes occurring under Item 2, insofar as changes in the percentage of each class of voting securities held by each affiliate is concerned, need only be included if the changes are ones that result in ownership or holdings of 10% or more of voting securities, or loss or transfer of control, but nothing need be reported if the change is an amount less than ½ of 1% of the total assets of the ultimate controlling
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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person in the holding company system. Changes occurring under Item 4 of the annual registration statement need only be included if an individual is, for the first time, made a director or executive officer of the ultimate controlling person or: a director or executive officer terminates his or her responsibilities with the ultimate controlling person.

If a transaction disclosed on the prior year's annual registration statement has been amended, the nature of such amendment shall be included. If a transaction disclosed on the prior year's annual registration statement has been completed, furnish the mode of completion and any flow of funds between affiliates resulting from the transaction.

The insurer shall furnish statements that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions whose purpose it is to avoid statutory threshold amounts, disclosure and the review that might otherwise occur pursuant to Section 131.20a of the Code.

SIGNATURE
Signature and certification of the form as follows:

Pursuant to 50 Ill. Adm. Code 852.40, the Registrant has caused this summary of registration statement to be duly signed on its behalf in the City of State of on the day of , 20.

(Name of Registrant) (Name) (Title)

Attest:

(Signature of Officer) (Title)

CERTIFICATION
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

The undersigned deposes and says that (s)he has duly executed the attached summary of registration statement dated ____________, 2019, for and on behalf of ___________________________; that (s)he is the __________________________ of that such company, and that (s)he is authorized has authority to execute and file the such instrument. Deponent further says that (s)he is familiar with the such instrument and that the facts therein set forth in the instrument are true to the best of his/her knowledge, information and belief.

__________________________________________

(Signature)

__________________________________________

(Type or Print Name Beneath)

(Source: Amended at 31 Ill. Reg. 4031, effective February 23, 2007)
**POLLUTION CONTROL BOARD**

**NOTICE OF ADOPTED AMENDMENTS**

1) **Heading of the Part:** Tiered Approach to Corrective Action Objectives

2) **Code Citation:** 35 Ill. Adm. Code 742

3) **Section Numbers:**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>742.105</td>
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<td>742.110</td>
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<td>742.200</td>
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<td>742.ILLUSTRATION A</td>
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POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

742.ILLUSTRATION B   Amend
742.ILLUSTRATION C   Amend
742.TABLE A          Amend
742.TABLE B          Amend
742.TABLE C          Amend
742.TABLE D          Amend
742.TABLE E          Amend
742.TABLE F          Amend
742.TABLE G          Amend
742.TABLE H          Amend
742.TABLE I          Amend
742.TABLE J          Amend
742.TABLE K          Amend
742.APPENDIX D       New
742.APPENDIX E       New
742.APPENDIX F       New
742.APPENDIX G       New
742.APPENDIX H       New

4) Statutory Authority: Implementing Sections 22.4, 22.12, Title XVI, and Title XVII and authorized by Sections 27 and 58.5 of the Environmental Protection Act [415 ILCS 5/22.4, 22.12, 27, and 58.5 and Title XVI and Title XVII]

5) Effective Date of Amendments: February 23, 2007

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? Yes, the incorporation by reference information in Section 742.210 has been updated.

8) The adopted amendments, including any material incorporated by reference, are on file in the Board's Chicago office at the James R. Thompson Center, 100 W. Randolph, Suite 11-500 and are available for public inspection.

9) Notice of Proposal Published in Illinois Register: 30 Ill. Reg. 15366; September 29, 2006

10) Has JCAR issued a Statement of Objection to these amendments? No
POLLUTION CONTROL BOARD
NOTICE OF ADOPTED AMENDMENTS

11) Differences between proposal and final version: The Board made only minor, typographical changes to the proposed text.

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 these amendments replace any emergency amendments currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: For a more detailed discussion of these adopted amendments, see the Board's February 15, 2007 opinion and order in docket R06-10, Proposed Amendments to Tiered Approach to Corrective Action Objectives (35 Ill. Adm. Code 742). The amendments adopted in this rulemaking are primarily designed to update standards and improve procedures under the Tiered Approach to Corrective Action Objectives (TACO) regulations, and to make numerous corrections and clarifications. The TACO regulations provide methods for developing risk-based remediation objectives to be used in environmental contamination cleanups under several regulatory programs: Leaking Underground Storage Tank (LUST) Program; Site Remediation Program (SRP); and Resource Conservation and Recovery Act (RCRA) Part B Permits and Closure Plans.

The adopted amendments include the addition of background soil levels as remediation objectives for polynuclear aromatic hydrocarbons (PAHs), newly applicable residential remediation objectives to protect construction workers, and the addition of new mandatory forms to be used for certain institutional controls. Additionally, the Board amended the incorporations by reference to reflect new or updated test methods and technical support documents.

The amendments adopted in this rulemaking add a new subsection (h) to Section 742.105 on TACO applicability, to clarify that landfills cannot use TACO in lieu of the procedures and requirements applicable to landfills under 35 Ill. Adm. Code 807, 811-814. The adopted amendments also include changes to clarify the use of Highway Authority Agreements (HAAs). These agreements are typically between the highway authority and the property owner, and the amendments are necessary to address when a LUST owner or operator (the person who would receive the No Further Remediation (NFR) Letter) is not the owner of the property. In addition, the Board has adopted a new instrument as an institutional control (Highway Authority Agreement Memorandum of Agreement or HAA MOA) to address situations where the highway authority is the property owner or LUST owner or operator and contamination remains under the
POLLUTION CONTROL BOARD

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highway. The problem resolved by this amendment is that the highway authority cannot
enter into a binding agreement with itself. The HAA MOA would be entered into
between the highway authority and the Illinois Environmental Protection Agency
(Agency).

The adopted amendments add new requirements to alert the Agency of changes regarding
institutional control ordinances. Another amendment to the institutional controls relates
to ordinances that are employed to restrict groundwater usage. The amendments allow
use of a groundwater ordinance for any area within the measured and modeled extent of
groundwater contamination above what would otherwise be the applicable Tier I
groundwater objectives.

The adopted amendments add new institutional control forms to be used by participants
in regulatory programs subject to the TACO remediation objectives. These forms are
based on model documents that the Agency had posted on its Web site for easy public
use.

Additionally, the adopted amendments change the existing lead soil remediation
objective for the industrial/commercial and construction worker ingestion pathways from
400 milligrams per kilogram (mg/kg) to 800 mg/kg and 700 mg/kg for the
industrial/commercial and construction worker ingestion routes, respectively.

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

Richard McGill
Illinois Pollution Control Board
100 W. Randolph 11-500
Chicago IL 60601
312/814-6983

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 R06-10 in your request. The Board order is also available from the Board's Web
site (www.ipcb.state.il.us)

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

NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE G: WASTE DISPOSAL
CHAPTER I: POLLUTION CONTROL BOARD
SUBCHAPTER f: RISK BASED CLEANUP OBJECTIVES

PART 742
TIERED APPROACH TO CORRECTIVE ACTION OBJECTIVES

SUBPART A: INTRODUCTION

Section
742.100 Intent and Purpose
742.105 Applicability
742.110 Overview of Tiered Approach
742.115 Key Elements
742.120 Site Characterization

SUBPART B: GENERAL

Section
742.200 Definitions
742.205 Severability
742.210 Incorporations by Reference
742.215 Determination of Soil Attenuation Capacity
742.220 Determination of Soil Saturation Limit
742.225 Demonstration of Compliance with Remediation Objectives
742.230 Agency Review and Approval

SUBPART C: EXPOSURE ROUTE EVALUATIONS

Section
742.300 Exclusion of Exposure Route
742.305 Contaminant Source and Free Product Determination
742.310 Inhalation Exposure Route
742.315 Soil Ingestion Exposure Route
742.320 Groundwater Ingestion Exposure Route

SUBPART D: DETERMINING AREA BACKGROUND
POLLUTION CONTROL BOARD

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Section
742.400 Area Background
742.405 Determination of Area Background for Soil
742.410 Determination of Area Background for Groundwater
742.415 Use of Area Background Concentrations

SUBPART E: TIER 1 EVALUATION

Section
742.500 Tier 1 Evaluation Overview
742.505 Tier 1 Soil and Groundwater Remediation Objectives
742.510 Tier 1 Remediation Objectives Tables

SUBPART F: TIER 2 GENERAL EVALUATION

Section
742.600 Tier 2 Evaluation Overview
742.605 Land Use
742.610 Chemical and Site Properties

SUBPART G: TIER 2 SOIL EVALUATION

Section
742.700 Tier 2 Soil Evaluation Overview
742.705 Parameters for Soil Remediation Objective Equations
742.710 SSL Soil Equations
742.715 RBCA Soil Equations
742.720 Chemicals with Cumulative Noncarcinogenic Effects

SUBPART H: TIER 2 GROUNDWATER EVALUATION

Section
742.800 Tier 2 Groundwater Evaluation Overview
742.805 Tier 2 Groundwater Remediation Objectives
742.810 Calculations to Predict Impacts from Remaining Groundwater Contamination

SUBPART I: TIER 3 EVALUATION

Section
742.900 Tier 3 Evaluation Overview
POLLUTION CONTROL BOARD

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742.905 Modifications of Parameters
742.910 Alternative Models
742.915 Formal Risk Assessments
742.920 Impractical Remediation
742.925 Exposure Routes
742.930 Derivation of Toxicological Data

SUBPART J: INSTITUTIONAL CONTROLS

Section
742.1000 Institutional Controls
742.1005 No Further Remediation Letters
742.1010 Environmental Land Use Controls
742.1012 Federally Owned Property: Land Use Control Memorandums of Agreement
742.1015 Ordinances
742.1020 Highway Authority Agreements Memoranda of Agreement

SUBPART K: ENGINEERED BARRIERS

Section
742.1100 Engineered Barriers
742.1105 Engineered Barrier Requirements

742.APPENDIX A General

742.ILLUSTRATION A Developing Soil Remediation Objectives Under the Tiered Approach
742.ILLUSTRATION B Developing Groundwater Remediation Objectives Under the Tiered Approach
742.TABLE A Soil Saturation Limits (C_{sat}) for Chemicals Whose Melting Point is Less Than 30°C
742.TABLE B Tolerance Factor (K)
742.TABLE C Coefficients \{A_{N+1}\} for W Test of Normality, for N=2(1)50
742.TABLE D Percentage Points of the W Test for n=3(1)50
742.TABLE E Similar-Acting Noncarcinogenic Chemicals
742.TABLE F Similar-Acting Carcinogenic Chemicals
742.TABLE G Concentrations of Inorganic Chemicals in Background
POLLUTION CONTROL BOARD

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Soils

742.TABLE H Concentrations of Polynuclear Aromatic Hydrocarbon Chemicals in Background Soils

Chemicals Whose Tier I Class I Groundwater Remediation Objective Exceeds the 1 in 1,000,000 Cancer Risk Concentration

742.TABLE I Chemicals Whose Tier I Class I Groundwater Remediation Objective Exceeds the 1 in 1,000,000 Cancer Risk Concentration

742.APPENDIX B Tier 1 Illustrations and Tables and Illustrations

742.ILLUSTRATION A Tier 1 Evaluation

742.TABLE A Tier 1 Soil Remediation Objectives for Residential Properties

742.TABLE B Tier 1 Soil Remediation Objectives for Industrial/Commercial Properties

742.TABLE C pH Specific Soil Remediation Objectives for Inorganics and Ionizing Organics for the Soil Component of the Groundwater Ingestion Route (Class I Groundwater)

742.TABLE D pH Specific Soil Remediation Objectives for Inorganics and Ionizing Organics for the Soil Component of the Groundwater Ingestion Route (Class II Groundwater)

742.TABLE E Tier 1 Groundwater Remediation Objectives for the Groundwater Component of the Groundwater Ingestion Route

742.TABLE F Values Used to Calculate the Tier 1 Soil Remediation Objectives for the Soil Component of the Groundwater Ingestion Route

742.APPENDIX C Tier 2 Illustrations and Tables and Illustrations

742.ILLUSTRATION A Tier 2 Evaluation for Soil

742.ILLUSTRATION B Tier 2 Evaluation for Groundwater

742.ILLUSTRATION C US Department of Agriculture Soil Texture Classification

742.TABLE A SSL Equations

742.TABLE B SSL Parameters

742.TABLE C RBCA Equations

742.TABLE D RBCA Parameters

742.TABLE E Default Physical and Chemical Parameters

742.TABLE F Methods for Determining Physical Soil Parameters

742.TABLE G Error Function (erf)

742.TABLE H Q/C Values by Source Area

742.TABLE I $K_{oc}$ Values for Ionizing Organics as a Function of pH
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742.TABLE J
Values to be Substituted for $k_d$ or $k_s$ when Evaluating Inorganics as a Function of pH ($cm^3/g$ or L/kg or $cm^3_{water}/g_{soil}$)

742.TABLE K
Parameter Estimates for Calculating Water-Filled Soil Porosity ($\theta_W$)

742.APPENDIX D
Highway Authority Agreement

742.APPENDIX E
Highway Authority Agreement Memorandum of Agreement

742.APPENDIX F
Environmental Land Use Control

742.APPENDIX G
Model Ordinance

742.APPENDIX H
Memorandum of Understanding

AUTHORITY: Implementing Sections 22.4, 22.12, Title XVI, and Title XVII and authorized by Sections 27 and 58.5 of the Environmental Protection Act [415 ILCS 5/22.4, 22.12, 27, and 58.5 and Title XVI and Title XVII].

SOURCE: Adopted in R97-12(A) at 21 Ill. Reg. 7942, effective July 1, 1997; amended in R97-12(B) at 21 Ill. Reg. 16391, effective December 8, 1997; amended in R97-12(C) at 22 Ill. Reg. 10847, effective June 8, 1998; amended in R00-19(A) at 25 Ill. Reg. 651, effective January 6, 2001; amended in R00-19(B) at 25 Ill. Reg. 10374, effective August 15, 2001; amended in R00-19(C) at 26 Ill. Reg. 2683, effective February 5, 2002; amended in R06-10 at 31 Ill. Reg. 4063, effective February 23, 2007.

Section 742.105 Applicability

a) Any person, including a person required to perform an investigation pursuant to the Illinois Environmental Protection Act [(415 ILCS 5)] (Act), may elect to proceed under this Part to the extent allowed by State or federal law and regulations and the provisions of this Part and subject to the exceptions listed in subsection (h) below. A person proceeding under this Part may do so to the extent such actions are consistent with the requirements of the program under which site remediation is being addressed.

b) This Part is to be used in conjunction with the procedures and requirements applicable to the following programs:

1) Leaking Underground Storage Tanks (35 Ill. Adm. Code 731, and 732, and 734);
2) Site Remediation Program (35 Ill. Adm. Code 740); and


c) The procedures in this Part may not be used if their use would delay response action to address imminent and substantial threats to human health and the environment. This Part may only be used after actions to address such threats have been completed.

d) This Part may be used to develop remediation objectives to protect surface waters, sediments or ecological concerns, when consistent with the regulations of other programs, and as approved by the Agency.

e) A no further remediation determination issued by the Agency prior to July 1, 1997 pursuant to Section 4(y) of the Act or one of the programs listed in subsection (b) of this Section that approves completion of remedial action relative to a release shall remain in effect in accordance with the terms of that determination.

f) Site specific groundwater remediation objectives determined under this Part for contaminants of concern may exceed the groundwater quality standards established pursuant to the rules promulgated under the Illinois Groundwater Protection Act [(415 ILCS 55)] as long as done in accordance with Sections 742.805 and 742.900(c)(9). (See 415 ILCS 5/58.5(d)(4)

g) Where contaminants of concern include polychlorinated byphenyls (PCBs), a person may need to evaluate the applicability of regulations adopted under the Toxic Substances Control Act (15 U.S.C. 2601).

h) This Part may not be used in lieu of the procedures and requirements applicable to landfills under 35 Ill. Adm. Code 807 or 811 through 814.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.110 Overview of Tiered Approach

a) This Part presents an approach for developing remediation objectives (see Appendix A, Illustrations A and B) that include an option for exclusion of pathways from further consideration, use of area background concentrations as
remediation objectives and three tiers for selecting applicable remediation objectives. An understanding of human exposure routes is necessary to properly conduct an evaluation under this approach. In some cases, applicable human exposure route(s) can be excluded from further consideration prior to any tier evaluation. Selecting which tier or combination of tiers to be used to develop remediation objectives is dependent on the site-specific conditions and remediation goals. Tier 1 evaluations and Tier 2 evaluations are not prerequisites to conducting Tier 3 evaluations.

b) A Tier 1 evaluation compares the concentration of contaminants detected at a site to the corresponding remediation objectives for residential and industrial/commercial properties contained in Appendix B, Tables A, B, C, D and E. To complete a Tier 1 evaluation, the extent and concentrations of the contaminants of concern, the groundwater class, the land use classification, human exposure routes at the site, and, if appropriate, soil pH, must be known. If remediation objectives are developed based on industrial/commercial property use, then institutional controls under Subpart J are required.

c) A Tier 2 evaluation uses the risk based equations from the Soil Screening Level (SSL) and Risk Based Corrective Action (RBCA) documents listed in Appendix C, Tables A and C, respectively. In addition to the information that is required for a Tier 1 evaluation, site-specific information is used to calculate Tier 2 remediation objectives. As in Tier 1, Tier 2 evaluates residential and industrial/commercial properties only. If remediation objectives are developed based on industrial/commercial property use, then institutional controls under Subpart J are required.

d) A Tier 3 evaluation allows alternative parameters and factors, not available under a Tier 1 or Tier 2 evaluation, to be considered when developing remediation objectives. Remediation objectives developed for conservation and agricultural properties can only be developed under Tier 3.

e) Remediation objectives may be developed using area background concentrations or any of the three tiers if the evaluation is conducted in accordance with applicable requirements in Subparts D through I. When contaminant concentrations do not exceed remediation objectives developed under one of the tiers or area background procedures under Subpart D, further evaluation under any of the other tiers is not required.
POLLUTION CONTROL BOARD

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(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

SUBPART B: GENERAL

Section 742.200 Definitions

Except as stated in this Section, or unless a different meaning of a word or term is clear from the context, the definition of words or terms in this Part shall be the same as that applied to the same words or terms in the Act.

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

"ADL" means Acceptable Detection Limit, which is the detectable concentration of a substance that is equal to the lowest appropriate Practical Quantitation Limit (PQL) as defined in this Section.

"Agency" means the Illinois Environmental Protection Agency.

"Agricultural Property" means any real property for which its present or post-remediation use is for growing agricultural crops for food or feed either as harvested crops, cover crops or as pasture. This definition includes, but is not limited to, properties used for confinement or grazing of livestock or poultry and for silviculture operations. Excluded from this definition are farm residences, farm outbuildings and agrichemical facilities.

"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. (Illinois Groundwater Protection Act [415 ILCS 55/3(a)])

"Area Background" means concentrations of regulated substances that are consistently present in the environment in the vicinity of a site that are the result of natural conditions or human activities, and not the result solely of releases at the site. [415 ILCS 5/58.2]

"ASTM" means the American Society for Testing and Materials.

"Board" means the Illinois Pollution Control Board.
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"Cancer Risk" means a unitless probability of an individual developing cancer from a defined exposure rate and frequency.

"Cap" means a barrier designed to prevent the infiltration of precipitation or other surface water, or impede the ingestion or inhalation of contaminants.

"Carcinogen" means a contaminant that is classified as a category A1 or A2 carcinogen by the American Conference of Governmental Industrial Hygienists; a category 1 or 2A/2B carcinogen by the World Health Organization's International Agency for Research on Cancer; 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 the integrated risk information system or a final rule issued in a Federal Register notice by the USEPA. [415 ILCS 5/58.2]


"Conservation Property" means any real property for which present or post-remediation use is primarily for wildlife habitat.

"Construction Worker" means a person engaged on a temporary basis to perform work involving invasive construction activities including, but not limited to, personnel performing demolition, earth-moving, building, and routine and emergency utility installation or repair activities.

"Contaminant of Concern" or "Regulated Substance of Concern" means any contaminant that is expected to be present at the site based upon past and current land uses and associated releases that are known to the person conducting a remediation based upon reasonable inquiry. [415 ILCS 5/58.2]

"County Highway" means county highway as defined in the Illinois Highway Code [605 ILCS 5].
"District Road" means district road as defined in the Illinois Highway Code [605 ILCS 5].

"Engineered Barrier" means a barrier designed or verified using engineering practices that limits exposure to or controls migration of the contaminants of concern.

"Environmental Land Use Control" means an instrument that meets the requirements of this Part and is placed in the chain of title to real property that limits or places requirements upon the use of the property for the purpose of protecting human health or the environment, is binding upon the property owner, heirs, successors, assigns, and lessees, and runs in perpetuity or until the Agency approves, in writing, removal of the limitation or requirement from the chain of title.

"Exposure Route" means the transport mechanism by which a contaminant of concern reaches a receptor.

"Federally Owned Property" means real property owned in fee by the United States of America on which institutional controls are sought to be placed in accordance with this Subpart.

"Federal Landholding Entity" means that federal department, agency, or instrumentality with the authority to occupy and control the day-to-day use, operation and management of Federally Owned Property.

"Free Product" means a contaminant that is present as a non-aqueous phase liquid for chemicals whose melting point is less than 30°C (e.g., liquid not dissolved in water).

"GIS" means Geographic Information System.

"GPS" means Global Positioning System.

"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 5/3.64]

"Groundwater Quality Standards" means the standards for groundwater as set
"Hazard Quotient" means the ratio of a single substance exposure level during a specified time period to a reference dose for that substance derived from a similar exposure period.

"Highway" means any public way for vehicular travel which has been laid out in pursuance of any law of this State, or of the Territory of Illinois, or which has been established by dedication, or used by the public as a highway for 15 years, or which has been or may be laid out and connect a subdivision or platted land with a public highway and which has been dedicated for the use of the owners of the land included in the subdivision or platted land where there has been an acceptance and use under such dedication by such owners, and which has not been vacated in pursuance of law. The term "highway" includes rights of way, bridges, drainage structures, signs, guard rails, protective structures and all other structures and appurtenances necessary or convenient for vehicular traffic. A highway in a rural area may be called a "road", while a highway in a municipal area may be called a "street". (Illinois Highway Code [605 ILCS 5/2-202])

"Highway Authority" means the Department of Transportation with respect to a State highway; the Illinois State Toll Highway with respect to a toll highway; the County Board with respect to a county highway or a county unit district road if a discretionary function is involved and the County Superintendent of Highways if a ministerial function is involved; the Highway Commissioner with respect to a township or district road not in a county unit road district; or the corporate authorities of a municipality with respect to a municipal street. (Illinois Highway Code [605 ILCS 5/2-213])

"Human Exposure Pathway" means a physical condition which may allow for a risk to human health based on the presence of all of the following: contaminants of concern; an exposure route; and a receptor activity at the point of exposure that could result in contaminant of concern intake.

"Industrial/Commercial Property" means any real property that does not meet the definition of residential property, conservation property or agricultural property.

"Infiltration" means the amount of water entering into the ground as a result of precipitation.
"Institutional Control" means a legal mechanism for imposing a restriction on land use, as described in Subpart J.

"Land Use Control Memoranda of Agreement" mean agreements entered into between one or more agencies of the United States and the Illinois Environmental Protection Agency that limit or place requirements upon the use of Federally Owned Property for the purpose of protecting human health or the environment.

"Man-Made Pathways" means constructed physical conditions that may allow for the transport of regulated substances including, but not limited to, sewers, utility lines, utility vaults, building foundations, basements, crawl spaces, drainage ditches, or previously excavated and filled areas. [415 ILCS 5/58.2]

"Natural Pathways" means natural physical conditions that may allow for the transport of regulated substances including, but not limited to, soil, groundwater, sand seams and lenses, and gravel seams and lenses. [415 ILCS 5/58.2]

"Person" means an individual, trust, firm, joint stock company, joint venture, consortium, commercial entity, corporation (including a government corporation), partnership, association, state, municipality, commission, political subdivision of a state, or any interstate body including the United States government and each department, agency, and instrumentality of the United States. [415 ILCS 5/58.2]

"Point of Human Exposure" means the points at which human exposure to a contaminant of concern may reasonably be expected to occur. The point of human exposure is at the source, unless an institutional control limiting human exposure for the applicable exposure route has been or will be in place, in which case the point of human exposure will be the boundary of the institutional control. Point of human exposure may be at a different location than the point of compliance.

"Populated Area" means:

- an area within the boundaries of a municipality that has a population of 10,000 or greater based on the year 2000 or most recent census; or
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an area less than three miles from the boundary of a municipality that has a population of 10,000 or greater based on the year 2000 or most recent census.

"Potable" means generally fit for human consumption in accordance with accepted water supply principles and practices. (Illinois Groundwater Protection Act [415 ILCS 55/3(h)]


"RBCA" means Risk Based Corrective Action as defined in ASTM E-1739-95, as incorporated by reference in Section 742.210.


"Reference Concentration" or "(RfC)" means an estimate of a daily exposure, in units of milligrams of chemical per cubic meter of air (mg/m³), to the human population (including sensitive subgroups) that is likely to be without appreciable risk of deleterious effects during a portion of a lifetime (up to approximately seven years, subchronic) or for a lifetime (chronic).

"Reference Dose" or "(RfD)" means an estimate of a daily exposure, in units of milligrams of chemical per kilogram of body weight per day (mg/kg/d), to the human population (including sensitive subgroups) that is likely to be without appreciable risk of deleterious effects during a portion of a lifetime (up to approximately seven years, subchronic) or for a lifetime (chronic).
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"Regulated Substance" means any hazardous substance as defined under Section 101(14) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (P.L. 96-510) and petroleum products including crude oil or any fraction thereof, natural gas, natural gas liquids, liquefied natural gas, or synthetic gas usable for fuel (or mixtures of natural gas and such synthetic gas). [415 ILCS 5/58.2]

"Residential Property" means any real property that is used for habitation by individuals, or where children have the opportunity for exposure to contaminants through soil ingestion or inhalation at educational facilities, health care facilities, child care facilities or outdoor recreational areas. [415 ILCS 5/58.2]

"Right of Way" means the land, or interest therein, acquired for or devoted to a highway. (Illinois Highway Code [605 ILCS 5/2-217])

"Similar-Acting Chemicals" are chemical substances that have toxic or harmful effect on the same specific organ or organ system (see Appendix A. Tables E and F for a list of similar-acting chemicals with noncarcinogenic and carcinogenic effects).

"Site" means any single location, place, tract of land or parcel of property, or portion thereof, including contiguous property separated by a public right-of-way. [415 ILCS 5/58.2]

"Slurry Wall" means a man-made barrier made of geologic material which is constructed to prevent or impede the movement of contamination into a certain area.

"Soil Saturation Limit" or $C_{sat}$ means the contaminant concentration at which soil pore air and pore water are saturated with the chemical and the adsorptive limits of the soil particles have been reached.

"Solubility" means a chemical specific maximum amount of solute that can dissolve in a specific amount of solvent (groundwater) at a specific temperature.

"SPLP" means Synthetic Precipitation Leaching Procedure (Method 1312) as published in "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods", USEPA Publication No. SW-846, as incorporated by reference in
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"State highway" means State highway as defined in the Illinois Highway Code [605 ILCS 5].

"Stratigraphic Unit" means a site-specific geologic unit of native deposited material and/or bedrock of varying thickness (e.g., sand, gravel, silt, clay, bedrock, etc.). A change in stratigraphic unit is recognized by a clearly distinct contrast in geologic material or a change in physical features within a zone of gradation. For the purposes of this Part, a change in stratigraphic unit is identified by one or a combination of differences in physical features such as texture, cementation, fabric, composition, density, and/or permeability of the native material and/or bedrock.

"Street" means street as defined in the Illinois Highway Code [605 ILCS 5].


"Toll highway" means toll highway as defined in the Illinois Highway Code [605 ILCS 5].

"Total Petroleum Hydrocarbon" or "(TPH)" means the additive total of all petroleum hydrocarbons found in an analytical sample.

"Township road" means township road as defined in the Illinois Highway Code [605 ILCS 5].

not listed in any category in those methods, those analytes which have a boiling point less than 200°C and a vapor pressure greater than 0.1 Torr (mm Hg) at 20°C.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.210 Incorporations by Reference

a) The Board incorporates the following material by reference:


ASTM D 1556-00, Standard Test Method for Density and Unit Weight of Soil in Place by the Sand-Cone Method, approved March 10, 2000 (June 29, 1990).


ASTM D 2937-00e1, Standard Test Method for Density of Soil in Place by the Drive-Cylinder Method, approved June 10, 2000 (June 15, 1994).

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IRIS. Integrated Risk Information System, National Center for Environmental Assessment, U.S. Environmental Protection Agency, 26 West Martin Luther King Drive, MS-190, Cincinnati, OH 45268, (513) 569-7254.

"Reference Dose (RfD): Description and Use in Health Risk Assessments", Background Document 1A (March 15, 1993).


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


Polycyclic Aromatic Hydrocarbons (PAHs) in Surface Soil in Illinois: Background PAHs, EPRI, Palo Alto, CA, We Energies, Milwaukee, WI, and IEPA, Springfield, IL: 2004. 1011376. EPRI, 3412 Hillview Avenue, Palo Alto, CA 94304, (800) 313-3774.
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RCRA Facility Investigation Guidance, Interim Final, developed by USEPA (EPA 530/SW-89-031), 4 volumes (May 1989).


c) This Section incorporates no later editions or amendments.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.215 Determination of Soil Attenuation Capacity

a) The concentrations of organic contaminants of concern remaining in the soil shall not exceed the attenuation capacity of the soil, as determined under subsection (b) of this Section.

b) The soil attenuation capacity is not exceeded if:

1) The sum of the organic contaminant residual concentrations analyzed for the purposes of the remediation program for which the analysis is performed, at each discrete sampling point, is less than the natural organic carbon fraction of the soil. If the information relative to the concentration of other organic contaminants is available, such information shall be included in the sum. The natural organic carbon fraction (foc) shall be either:

A) A default value of 6000 mg/kg for soils within the top meter and 2000 mg/kg for soils below one meter of the surface; or
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B) A site-specific value as measured by the analytical method referenced in Appendix C, Table F, multiplied by 0.58 to estimate the fraction of organic carbon, as stated in ASTM D2974-87, Nelson and Sommers (1982) or by SW-846 Method 9060: Total Organic Carbon, as incorporated by reference in Section 742.210;

2) The total petroleum hydrocarbon concentration is less than the natural organic carbon fraction of the soil as demonstrated using a method approved by the Agency. The method selected shall be appropriate for the contaminants of concern to be addressed; or

3) Another method, approved by the Agency, shows that the soil attenuation capacity is not exceeded.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.220 Determination of Soil Saturation Limit

a) For any organic contaminant that has a melting point below 30°C, the remediation objective for the inhalation exposure route developed under Tier 2 shall not exceed the soil saturation limit, as determined under subsection (c) of this Section.

b) For any organic contaminant that has a melting point below 30°C, the remediation objective under Tier 2 for the soil component of the groundwater ingestion exposure route shall not exceed the soil saturation limit, as determined under subsection (c) of this Section.

c) The soil saturation limit shall be:

1) The value listed in Appendix A, Table A for that specific contaminant;

2) A value derived from Equation S29 in Appendix C, Table A; or

3) A value derived from another method approved by the Agency.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.225 Demonstration of Compliance with Remediation Objectives
Compliance is achieved if each sample result does not exceed that respective remediation objective unless a person elects to proceed under subsections (c), (d) and (e) of this Section.

a) Compliance with groundwater remediation objectives developed under Subparts D through F and H through I shall be demonstrated by comparing the contaminant concentrations of discrete samples at each sample point to the applicable groundwater remediation objective. Sample points shall be determined by the program under which remediation is performed.

b) Unless the person elects to composite samples or average sampling results as provided in subsections (c) and (d) of this Section, compliance with soil remediation objectives developed under Subparts D through G and I shall be demonstrated by comparing the contaminant concentrations of discrete samples to the applicable soil remediation objective.

1) Except as provided in subsections (c) and (d) of this Section, compositing of samples is not allowed.

2) Except as provided in subsections (c) and (d) of this Section, averaging of sample results is not allowed.

3) Notwithstanding subsections (c) and (d) of this Section, compositing of samples and averaging of sample results is not allowed for the construction worker population.

4) The number of sampling points required to demonstrate compliance is determined by the requirements applicable to the program under which remediation is performed.

c) If a person chooses to composite soil samples or average soil sample results to demonstrate compliance relative to the soil component of the groundwater ingestion exposure route, the following requirements apply:

1) A minimum of two sampling locations for every 0.5 acre of contaminated area is required, with discrete samples at each sample location obtained at every two feet of depth, beginning at six inches below the ground surface for surface contamination and at the upper limit of contamination for subsurface contamination and continuing through the zone of contamination. Alternatively, a sampling method may be approved by the
Agency based on an appropriately designed site-specific evaluation. Samples obtained at or below the water table shall not be used in compositing or averaging.

2) For contaminants of concern other than volatile organic contaminants:
   A) Discrete samples from the same boring may be composited; or
   B) Discrete sample results from the same boring may be averaged.

3) For volatile organic contaminants:
   A) Compositing of samples is not allowed.
   B) Discrete sample results from the same boring may be averaged.

4) Composite samples may not be averaged. An arithmetic average may be calculated for discrete samples collected at every two feet of depth through the zone of contamination as specified in subsection (c)(1) of this Section.

d) If a person chooses to composite soil samples or average soil sample results to demonstrate compliance relative to the inhalation exposure route or ingestion exposure route, the following requirements apply:

1) A person shall submit a sampling plan for Agency approval, based upon a site-specific evaluation;

2) For volatile organic compounds, compositing of samples is not allowed; and

3) All samples shall be collected within the contaminated area.

4) Composite samples may not be averaged. Procedures specified in "Calculating Upper Confidence Limits for Exposure Point Concentrations at Hazardous Waste Sites", USEPA Office of Emergency and Remedial Response, OSWER 9285.6-10 (December 2002), as incorporated by reference in Section 742.210, or an alternative procedure approved by the Agency, shall be used to determine sample averages.
e) When averaging under this Section, if no more than 15\% of sample results are reported as "non-detect", "no contamination", "below detection limits", or similar terms, such results shall be included in the averaging as one-half of the reported analytical detection limit for the contaminant. However, when performing a test for normal or lognormal distribution for the purpose of calculating a 95\% Upper Confidence Limit of the mean for a contaminant, a person may substitute for each non-detect value a randomly generated value between, but not including, zero and the reported analytical detection limit. If more than 15\% of sample results are "non-detect", procedures specified in "Guidance for Data Quality Assessment, Practical Methods for Data Analysis, EPA QA/G-9, QA00 Update", EPA/600/R-96/084 (July 2000), as incorporated by reference in Section 742.210, or an alternative procedure approved by the Agency shall be used to address the non-detect values, or another statistically valid procedure approved by the Agency may be used to determine an average.

f) All soil samples collected after August 15, 2001, the effective date of this subsection (f), shall be reported on a dry weight basis for the purpose of demonstrating compliance, with the exception of the TCLP and SPLP and the property pH.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.305 Contaminant Source and Free Product Determination

No exposure route shall be excluded from consideration relative to a contaminant of concern unless the following requirements are met:

a) The sum of the concentrations of all organic contaminants of concern shall not exceed the attenuation capacity of the soil as determined under Section 742.215;

b) The concentrations of any organic contaminants of concern remaining in the soil shall not exceed the soil saturation limit as determined under Section 742.220;

c) Any soil which contains contaminants of concern shall not exhibit any of the characteristics of reactivity for hazardous waste as determined under 35 Ill. Adm. Code 721.123;
d) Any soil which contains contaminants of concern shall not exhibit a pH less than or equal to 2.0 or greater than or equal to 12.5, as determined by SW-846 Method 9040B: pH Electrometric for soils with 20% or greater aqueous (moisture) content or by SW-846 Method 9045C: Soil pH for soils with less than 20% aqueous (moisture) content as incorporated by reference in Section 742.210;

e) Any soil which contains contaminants of concern in the following list of inorganic chemicals or their salts shall not exhibit any of the characteristics of toxicity for hazardous waste as determined by 35 Ill. Adm. Code 721.124, or an alternative method approved by the Agency: arsenic, barium, cadmium, chromium, lead, mercury, selenium or silver; and

f) If contaminants of concern include polychlorinated biphenyls (PCBs), the concentration of any PCBs in the soil shall not exceed 50 parts per million as determined by SW-846 Methods.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.320 Groundwater Ingestion Exposure Route

The groundwater ingestion exposure route may be excluded from consideration if:

a) The requirements of Sections 742.300 and 742.305 are met;

b) The corrective action measures have been completed to remove any free product to the maximum extent practicable;

c) The source of the release is not located within the minimum or designated maximum setback zone or within a regulated recharge area of a potable water supply well;

d) As demonstrated in accordance with Section 742.1015, for any area within the measured and modeled extent of groundwater contamination above what would otherwise be the applicable Tier 1 groundwater remediation objectives for any area within 2500 feet from the source of the release, an ordinance adopted by a unit of local government is in place that effectively prohibits the installation of potable water supply wells (and the use of such wells);

e) As demonstrated using Equation R26, in Appendix C, Table C, in accordance
with Section 742.810, the concentration of any contaminant of concern in groundwater within the minimum or designated maximum setback zone of an existing potable water supply well will meet the applicable Tier 1 groundwater remediation objective; and

f) As demonstrated using Equation R26, in Appendix C, Table C, in accordance with Section 742.810, the concentration of any contaminant of concern in groundwater discharging into a surface water will meet the applicable surface water quality standard under 35 Ill. Adm. Code 302.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.415 Use of Area Background Concentrations

a) A person may request that area background concentration determined pursuant to Sections 742.405 and 742.410 be used according to the provisions of subsection (b) of this Section. Such request shall address the following:

1) The natural or man-made pathways of any suspected off-site contamination reaching the site;

2) Physical and chemical properties of suspected off-site contaminants of concern reaching the site; and

3) The location and justification of all background sampling points.

b) Except as specified in subsections (c) and (d) of this Section, an area background concentration may be used as follows:

1) To support a request to exclude a chemical as a contaminant of concern from further consideration for remediation at a site due to its presence as a result of background conditions; or

2) As a remediation objective for a contaminant of concern at a site in lieu of an objective developed pursuant to the other procedures of this Part.

c) An area background concentration shall not be used in the event that the Agency has determined in writing that the background level for a regulated substance poses an acute threat to human health or the environment at the site when
considering the post-remedial action land use, in the event that the Agency has determined in writing that the background level for a regulated substance poses an acute threat to human health or the environment at the site when considering the post-remedial action land use. (Section 58.5(b)(3) of the Act)

d) In the event that the concentration of a regulated substance of concern on the site exceeds a remediation objective adopted by the Board for residential land use, the property may not be converted to residential use unless such remediation objective or an alternative risk-based remediation objective for that regulated substance of concern is first achieved. In the event that the concentration of a regulated substance of concern on the site exceeds a remediation objective adopted by the Board for residential land use, the property may not be converted to residential use unless such remediation objective or an alternative risk-based remediation objective for that regulated substance of concern is first achieved. If the land use is restricted, there shall be an institutional control in place in accordance with Subpart J. (Section 58.5(b)(2) of the Act)

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.505 Tier 1 Soil and Groundwater Remediation Objectives

a) Soil

1) Inhalation Exposure Route

A) The Tier 1 soil remediation objectives for this exposure route based upon residential property use are listed in Appendix B, Table A.

B) The Tier 1 soil remediation objectives for this exposure route based upon industrial/commercial property use are listed in Appendix B, Table B. Soil remediation objective determinations relying on this table require use of institutional controls in accordance with Subpart J.

2) Ingestion Exposure Route

A) The Tier 1 soil remediation objectives for this exposure route based upon residential property use are listed in Appendix B, Table
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A.

B) The Tier 1 soil remediation objectives for this exposure route based upon industrial/commercial property use are listed in Appendix B, Table B. Soil remediation objective determinations relying on this table require use of institutional controls in accordance with Subpart J.

3) Soil Component of the Groundwater Ingestion Route

A) The Tier 1 soil remediation objectives for this exposure route based upon residential property use are listed in Appendix B, Table A.

B) The Tier 1 soil remediation objectives for this exposure route based upon industrial/commercial property use are listed in Appendix B, Table B.

C) The pH-dependent Tier 1 soil remediation objectives for identified ionizable organics or inorganics for the soil component of the groundwater ingestion exposure route (based on the total amount of contaminants present in the soil sample results and groundwater classification) are provided in Appendix B, Tables C and D.

D) Values used to calculate the Tier 1 soil remediation objectives for this exposure route are listed in Appendix B, Table F.

4) Evaluation of the dermal contact with soil exposure route is not required under Tier 1.

b) Groundwater

1) The Tier 1 groundwater remediation objectives for the groundwater component of the groundwater ingestion route are listed in Appendix B, Table E.

2) The Tier 1 groundwater remediation objectives for this exposure route are given for Class I and Class II groundwaters, respectively.
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3) The evaluation of 35 Ill. Adm. Code 620.615 regarding mixtures of similar-acting chemicals shall be considered satisfied for Class I groundwater at the point of human exposure if:

A) No more than one similar-acting noncarcinogenic chemical as listed in Appendix A, Table E is detected in the groundwater at the site; and

B) No carcinogenic contaminant of concern as listed in Appendix A, Table I is detected in any groundwater sample associated with the site, using analytical procedures capable of achieving either the 1 in 1,000,000 cancer risk concentration or the ADL, whichever is greater.

4) If the conditions of subsection (b)(3) of this Section are not met, the Class I groundwater remediation objectives set forth in Appendix B, Table E shall be corrected for the cumulative effect of mixtures of similar-acting chemicals using the following methodologies:

A) For noncarcinogenic chemicals, the methodologies set forth at Section 742.805(c) or Section 742.915(h) shall be used; and

B) For carcinogenic chemicals, the methodologies set forth at Section 742.805(d) or Section 742.915(h) shall be used.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.510 Tier 1 Remediation Objectives Tables

a) Soil remediation objectives are listed in Appendix B, Tables A, B, C and D.

1) Appendix B, Table A is based upon residential property use.

A) The first column to the right of the chemical name lists soil remediation objectives for the soil ingestion exposure route.

B) The second column lists the soil remediation objectives for the inhalation exposure route.
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C) The third and fourth columns list soil remediation objectives for the soil component of the groundwater ingestion exposure route for the respective classes of groundwater:

i) Class I groundwater; and

ii) Class II groundwater.

D) The final column lists the Acceptable Detection Limit (ADL), only where applicable.

2) Appendix B, Table B is based upon industrial/commercial property use.

A) The first and third columns to the right of the chemical name list the soil remediation objectives for the soil ingestion exposure route based on two receptor populations:

i) Industrial/commercial; and

ii) Construction worker.

B) The second and fourth columns to the right of the chemical name list the soil remediation objectives for the inhalation exposure route based on two receptor populations:

i) Industrial/commercial; and

ii) Construction worker.

C) The fifth and sixth columns to the right of the chemical name list the soil remediation objectives for the soil component of the groundwater ingestion exposure route for two classes of groundwater:

i) Class I groundwater; and

ii) Class II groundwater.

3) Appendix B, Tables C and D set forth pH specific soil remediation
objectives for inorganic and ionizing organic chemicals for the soil component of the groundwater ingestion route.

A) Table C sets forth remediation objectives based on Class I groundwater and Table D sets forth remediation objectives based on Class II groundwater.

B) The first column in Tables C and D lists the chemical names.

C) The second through ninth columns to the right of the chemical names list the pH based soil remediation objectives.

4) For the inorganic chemicals listed in Appendix B, Tables A and B, the soil component of the groundwater ingestion exposure route shall be evaluated using TCLP (SW-846 Method 1311) or SPLP (SW-846 Method 1312), incorporated by reference at Section 742.210 unless a person chooses to evaluate the soil component on the basis of the total amount of contaminant in a soil sample result in accordance with subsection (a)(5) of this Section.

5) For those inorganic and ionizing organic chemicals listed in Appendix B, Tables C and D, if a person elects to evaluate the soil component of the groundwater ingestion exposure route based on the total amount of contaminant in a soil sample result (rather than TCLP or SPLP analysis), the person shall determine the soil pH at the site and then select the appropriate soil remediation objectives based on Class I and Class II groundwaters from Tables C and D, respectively. If the soil pH is less than 4.5 or greater than 9.0, then Tables C and D cannot be used.

6) Unless one or more exposure routes are excluded from consideration under Subpart C, the most stringent soil remediation objective of the exposure routes (i.e., soil ingestion exposure route, inhalation exposure route, and soil component of the groundwater ingestion exposure route) shall be compared to the concentrations of soil contaminants of concern measured at the site. When using Appendix B, Table B to select soil remediation objectives for the ingestion exposure route and inhalation exposure route, the remediation objective shall be the more stringent soil remediation objective of the industrial/commercial populations and construction worker populations.
7) Confirmation sample results may be averaged or soil samples may be composited in accordance with Section 742.225.

8) If a soil remediation objective for a chemical is less than the ADL, the ADL shall serve as the soil remediation objective.

b) Groundwater remediation objectives for the groundwater component of the groundwater ingestion exposure route are listed in Appendix B, Table E. However, Appendix B, Table E must be corrected for cumulative effect of mixtures of similar-acting noncarcinogenic chemicals as set forth in Section 742.505(b)(3).

1) The first column to the right of the chemical name lists groundwater remediation objectives for Class I groundwater, and the second column lists the groundwater remediation objectives for Class II groundwater.

2) To use Appendix B, Table E of this Part, the 35 Ill. Adm. Code 620 classification for groundwater at the site shall be determined. The concentrations of groundwater contaminants of concern at the site are compared to the applicable Tier 1 groundwater remediation objectives for the groundwater component of the groundwater ingestion exposure route in Appendix B, Table E.

c) For contaminants of concern not listed in Appendix B, Tables A, B and E, a person may request site-specific remediation objectives from the Agency or propose site-specific remediation objectives in accordance with 35 Ill. Adm. Code 620, Subpart I of this Part, or both.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.805 Tier 2 Groundwater Remediation Objectives

a) To develop a groundwater remediation objective under this Section that exceeds the applicable Tier 1 groundwater remediation objective, or for which there is no Tier I groundwater remediation objective, a person may request approval from the Agency if the person has performed the following:
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1) Identified the horizontal and vertical extent of groundwater for which the Tier 2 groundwater remediation objective is sought;

2) Taken corrective action, to the maximum extent practicable to remove any free product;

3) Using Equation R26 in accordance with Section 742.810, demonstrated that the concentration of any contaminant of concern in groundwater will meet:

   A) The applicable Tier 1 groundwater remediation objective at the point of human exposure; or

   B) For any contaminant of concern for which there is no Tier 1 groundwater remediation objective, the concentration determined according to the procedures specified in 35 Ill. Adm. Code 620 at the point of human exposure. A person may request the Agency to provide these concentrations or may propose these concentrations under Subpart I;

4) Using Equation R26 in accordance with Section 742.810, demonstrated that the concentration of any contaminant of concern in groundwater within the minimum or designated maximum setback zone of an existing potable water supply well will meet the applicable Tier 1 groundwater remediation objective or, if there is no Tier 1 groundwater remediation objective, the concentration determined according to the procedures specified in 35 Ill. Adm. Code 620. A person may request the Agency to provide these concentrations or may propose these concentrations under Subpart I;

5) Using Equation R26 in accordance with Section 742.810, demonstrated that the concentration of any contaminant of concern in groundwater discharging into a surface water will meet the applicable water quality standard under 35 Ill. Adm. Code 302;

6) Demonstrated that the source of the release is not located within the minimum or designated maximum setback zone or within a regulated recharge area of an existing potable water supply well; and
7) If the selected corrective action includes an engineered barrier as set forth in Subpart K to minimize migration of contaminant of concern from the soil to the groundwater, demonstrated that the engineered barrier will remain in place for post-remediation land use through an institutional control as set forth in Subpart J.

b) A groundwater remediation objective that exceeds the water solubility of that chemical (refer to Appendix C, Table E for solubility values) is not allowed.

c) The contaminants of concern for which a Tier 1 remediation objective has been developed shall be included in any mixture of similar-acting chemicals under consideration in Tier 2. The evaluation of 35 Ill. Adm. Code 620.615 regarding mixtures of similar-acting chemicals shall be considered satisfied for Class I groundwater at the point of human exposure if either of the following requirements are achieved:

1) Calculate the weighted average using the following equations:

\[ W_{ave} = \frac{x_1}{CUO_{x_1}} + \frac{x_2}{CUO_{x_2}} + \frac{x_3}{CUO_{x_3}} + \ldots + \frac{x_a}{CUO_{x_a}} \]

where:

| \[ W_{ave} \] | Weighted Average |
| \[ x_1 \text{ through } x_a \] | Concentration of each individual contaminant at the location of concern. Note that, depending on the target organ, the actual number of contaminants will range from 2 to 33. |
| \[ CUO_{x_a} \] | A Tier 1 or Tier 2 remediation objective must be developed for each \[ x_a \]. |

A) If the value of the weighted average calculated in accordance with the equations above is less than or equal to 1.0, then the remediation objectives are met for those chemicals.

B) If the value of the weighted average calculated in accordance with the equations above is greater than 1.0, then additional
remediation must be carried out until the level of contaminants remaining in the remediated area have a weighted average calculated in accordance with the equation above less than or equal to one; or

2) Divide each individual chemical's remediation objective by the number of chemicals in that specific target organ group that were detected at the site. Each of the contaminant concentrations at the site is then compared to the remediation objectives that have been adjusted to account for this potential additivity.

d) The evaluation of 35 Ill. Adm. Code 620.615 regarding mixtures of similar-acting chemicals are considered satisfied if the cumulative risk from any contaminant(s) of concern listed in Appendix A, Table H, plus any other contaminant(s) of concern detected in groundwater and listed in Appendix A, Table F as affecting the same target organ/organ system as the contaminant(s) of concern detected from Appendix A, Table H, does not exceed 1 in 10,000.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

SUBPART I: TIER 3 EVALUATION

Section 742.900 Tier 3 Evaluation Overview

a) Tier 3 sets forth a flexible framework to develop remediation objectives outside of the requirements of Tiers 1 and 2. Although Tier 1 and Tier 2 evaluations are not prerequisites to conduct Tier 3 evaluations, data from Tier 1 and Tier 2 can assist in developing remediation objectives under a Tier 3 evaluation.

b) The level of detail required to adequately characterize a site depends on the particular use of Tier 3. Tier 3 can require additional investigative efforts beyond those described in Tier 2 to characterize the physical setting of the site. However, in situations where remedial efforts have simply reached a physical obstruction additional investigation may not be necessary for a Tier 3 submittal.

c) Situations that can be considered for a Tier 3 evaluation include, but are not limited to:

1) Modification of parameters not allowed under Tier 2;
2) Use of models different from those used in Tier 2;

3) Use of additional site data to improve or confirm predictions of exposed receptors to contaminants of concern;

4) Analysis of site-specific risks using formal risk assessment, probabilistic data analysis, and sophisticated fate and transport models (e.g., requesting a target hazard quotient greater than 1 or a target cancer risk greater than 1 in 1,000,000);

5) Requests for site-specific remediation objectives because an assessment indicates further remediation is not practical;

6) Incomplete human exposure pathway(s) not excluded under Subpart C;

7) Use of toxicological-specific information not available from the sources listed in Tier 2;

8) Land uses which are substantially different from the assumed residential or industrial/commercial property uses of a site (e.g., a site will be used for recreation in the future and cannot be evaluated in Tier 1 or 2); and

9) Requests for site-specific remediation objectives that exceed Tier 1 groundwater remediation objectives so long as the following is demonstrated:

A) To the extent practical, the exceedance of the groundwater quality standard has been minimized and beneficial use appropriate to the groundwater that was impacted has been returned; and

B) Any threat to human health or the environment has been minimized. [415 ILCS 5/58.5(d)(4)(A)]

d) For requests of a target cancer risk ranging between 1 in 1,000,000 and 1 in 10,000 at the point of human exposure or a target hazard quotient greater than 1 at the point of human exposure, the requirements of Section 742.915 shall be followed. Requests for a target cancer risk exceeding 1 in 10,000 at the point of human exposure are not allowed.
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e) Requests for approval of a Tier 3 evaluation must be submitted to the Agency for review under the specific program under which remediation is performed. When reviewing a submittal under Tier 3, the Agency shall consider whether the interpretations and conclusions reached are supported by the information gathered. [415 ILCS 58.7(e)(1)]. The Agency shall approve a Tier 3 evaluation if the person submits the information required under this Part and establishes through such information that public health is protected and that specified risks to human health and the environment have been minimized.

f) If contaminants of concern include polychlorinated biphenyls (PCBs), requests for approval of a Tier 3 evaluation must additionally address the applicability of 40 CFR 761.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

SUBPART J: INSTITUTIONAL CONTROLS

Section 742.1000 Institutional Controls

a) Institutional controls in accordance with this Subpart must be placed on the property when remediation objectives are based on any of the following assumptions:

1) Industrial/Commercial property use;

2) Target cancer risk greater than 1 in 1,000,000;

3) Target hazard quotient greater than 1;

4) Engineered barriers;

5) The point of human exposure is located at a place other than at the source;

6) Exclusion of exposure routes; or

7) Any combination of the above.

b) The Agency shall not approve any remediation objective under this Part that is
based on the use of institutional controls unless the person has proposed institutional controls meeting the requirements of this Subpart and the requirements of the specific program under which the institutional control is proposed. A proposal for approval of institutional controls shall provide identification of the selected institutional controls from among the types recognized in this Subpart.

c) The following instruments may be institutional controls subject to the requirements of this Subpart J and the requirements of the specific program under which the institutional control is proposed:

1) No Further Remediation Letters;
2) Environmental Land Use Controls;
3) Land Use Control Memoranda of Agreement;
4) Ordinances adopted and administered by a unit of local government; and
5) Agreements between a property owner (or, in the case of a petroleum leaking underground storage tank, the owner or operator of the tank) and a highway authority with respect to any contamination remaining under highways; and.
6) Agreements between a highway authority that is also the property owner (or, in the case of a petroleum leaking underground storage tank, the owner or operator of the tank) and the Agency with respect to any contamination remaining under the highways.

d) No Further Remediation Letters and Environmental Land Use Controls that meet the requirements of this Subpart and the recording requirements of the program under which remediation is being performed are transferred with the property.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.1010 Environmental Land Use Controls

a) An Environmental Land Use Control (ELUC) is an institutional control that may be used under this Part to impose land use limitations or requirements related to
environmental contamination. ELUCs are only effective when approved by the Agency in accordance with this Part. Activities or uses that may be limited or required include, but are not limited to, prohibition of use of groundwater for potable purposes, restriction to industrial/commercial uses, operation or maintenance of engineered barriers, or worker safety plans.

ELUCs may be used in the following circumstances:

1) When No Further Remediation Letters are not available, including but not limited to when contamination has migrated off-site or outside the remediation site; or

2) When No Further Remediation Letters are not issued under the program for which a person is undergoing remediation.

b) Recording requirements:

1) An ELUC approved by the Agency pursuant to this Section must be recorded in the Office of the Recorder or Registrar of Titles for the county in which the property that is the subject of the ELUC is located. A copy of the ELUC demonstrating that it has been recorded must be submitted to the Agency before the Agency will issue a no further remediation determination.

2) An ELUC approved under this Section will not become effective until officially recorded in the chain of title for the property that is the subject of the ELUC in accordance with subsection (b)(1) of this Section.

3) Reference to the recorded ELUC must be made in the instrument memorializing the Agency's no further remediation determination. Recording of the no further remediation determination and confirmation of recording must be in accordance with the requirements of the program under which the determination was issued.

4) The requirements of this Section do not apply to Federally Owned Property for which the Federal Landholding Entity does not have the authority under federal law to record land use limitations on the chain of title.
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5) The requirements of this Section apply only to those sites for which a request for a no further remediation determination has not yet been made to the Agency by January 6, 2001.

c) Duration:

1) Except as provided in this subsection (c), an ELUC shall remain in effect in perpetuity.

2) At no time shall any site for which an ELUC has been imposed as a result of remediation activities under this Part be used in a manner inconsistent with the land use limitation unless attainment of objectives appropriate for the new land use is achieved and a new no further remediation determination has been obtained and recorded in accordance with the program under which the ELUC was first imposed or the Site Remediation Program (35 Ill. Adm. Code 740); [415 ILCS 58.8(c)]. In addition, the appropriate release or modification of the ELUC must be prepared by the Agency and filed on the chain of title for the property that is the subject of the ELUC.

A) For a Leaking Underground Storage Tank (LUST) site under 35 Ill. Adm. Code 731 or 732 or a Site Remediation Program site under 35 Ill. Adm. Code 740, an ELUC may be released or modified only if the NFR Letter is also modified under the LUST or Site Remediation Program to reflect the change;

B) For a RCRA site under 35 Ill. Adm. Code 721-730, an ELUC may be released or modified only if there is also by an amended certification of closure or a permit modification.

3) In addition to any other remedies that may be available, a failure to comply with the limitations or requirements of an ELUC may result in voidance of an Agency no further remediation determination in accordance with the program under which the determination was made. The failure to comply with the limitations or requirements of an ELUC may also be grounds for an enforcement action pursuant to Title VIII of the Act.

d) An ELUC submitted to the Agency must match the form and contain the same
substance, except for variable elements (e.g., name of property owner), as the model in Appendix F and must contain the following elements:

1) Name of property owners and declaration of property ownership;

2) Identification of the property to which the ELUC applies by common address, legal description, and Real Estate Tax Index/Parcel Index Number;

3) A reference to the Bureau of Land LPC numbers or 10-digit identification numbers under which the remediation was conducted;

4) A statement of the reason for the land use limitation or requirement relative to protecting human health and the surrounding environment from soil, groundwater, and/or other environmental contamination;

5) The language instituting such land use limitations or requirements;

6) A statement that the limitations or requirements apply to the current owners, occupants, and all heirs, successors, assigns, and lessees;

7) A statement that the limitations or requirements apply in perpetuity or until:

   A) The Agency determines that there is no longer a need for the ELUC; The Agency issues a new no further remediation determination approving modification or removal of the limitations or requirements; and

   B) The Agency, upon written request, issues to the site that received the no further remediation determination that relies on the ELUC a new no further remediation determination approving modification or removal of the limitations or requirements; and A release or modification of the land use limitation is filed on the chain of title for the property that is the subject of the ELUC;

   C) The new no further remediation determination is filed on the chain of title of the site subject to the no further remediation determination; and
D) A release or modification of the land use limitation is filed on the chain of title for the property that is the subject of the ELUC;

8) Scaled site maps showing:
   A) The legal boundary of the property to which the ELUC applies;
   B) The horizontal and vertical extent of contaminants of concern above applicable remediation objectives for soil and groundwater to which the ELUC applies;
   C) Any physical features to which an ELUC applies (e.g., engineered barriers, monitoring wells, caps); and
   D) The nature, location of the source, and direction of movement of the contaminants of concern;

9) A statement that any information regarding the remediation performed on the property for which the ELUC is necessary may be obtained from the Agency through a request under the Freedom of Information Act [5 ILCS 140] and rules promulgated thereunder; and

10) The dated, notarized signatures of the property owners or authorized agent.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.1012 Federally Owned Property: Land Use Control Memoranda of Agreement

a) A Land Use Control Memorandum of Agreement (LUC MOA) between one or more agencies of the federal government and the Illinois Environmental Protection Agency is the institutional control that may be used under this Part to impose land use limitations or restrictions related to environmental contamination on Federally Owned Property. A LUC MOA may be used only for Federally Owned Property. Each LUC MOA, at a minimum, must require that the Federal Landholding Entities responsible for the Federally Owned Property do the following:
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1) Provide adequate identification of the location on the Federally Owned Property of each site with land use limitations or requirements. Such identification shall be by means of common address, notations in any available facility master land use plan, site specific GIS or GPS coordinates, plat maps, or any other means which identifies the site in question with particularity;

2) Implement periodic site inspection procedures to ensure adequate oversight by the Federal Landholding Entities of such land use limitation or requirement;

3) Implement procedures for the Federal Landholding Entities to periodically advise the Agency of continued compliance with the maintenance of the land use control and site inspection requirements included in the LUC MOA;

4) Implement procedures for the Federal Landholding Entities to notify the Agency of any planned or emergency changes in land use that may adversely impact any site with land use limitations or requirements; and

5) Notify the Agency at least 60 days in advance of a conveyance by deed or fee simple title, by the Federal Landholding Entities, of a site(s) with land use limitations or requirements, to any entity that will not remain or become a Federal Landholding Entity, and provide the Agency with information about how the Federal Landholding Entities will ensure that the requirements of Section 742.1010 are to be satisfied upon conveyance of that site(s).

b) Any LUC MOA entered into pursuant to this Section remains effective only so long as title to the affected property is retained by the United States.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.1015 Ordinances

a) An ordinance adopted by a unit of local government that effectively prohibits the installation of potable water supply wells (and the use of such wells) may be used as an institutional control to meet the requirements of Section 742.320(d) or
742.805(a)(3) if the requirements of this Section are met. A model ordinance is found in Appendix G. Ordinances prohibiting the installation of potable water supply wells (and the use of such wells) that do not expressly prohibit the installation of potable water supply wells (and the use of such wells) by units of local government may be acceptable as institutional controls if the requirements of this Section are met and a Memorandum of Understanding (MOU) is entered into under subsection (i) of this Section. For purposes of this Section, a unit of local government is considered to be expressly prohibited from installing and using potable water supply wells only if the unit of local government is included in the prohibition provision by name. The prohibition required by this Section shall satisfy the following requirements at a minimum:

1) The prohibition shall not allow exceptions for potable water well installation and use other than for the adopting unit of local government;

2) The prohibition shall apply at all depths and shall not be limited to particular aquifers or other geologic formations;

3) If the prohibition does not apply everywhere within the boundaries of the unit of local government, the limited area to which the prohibition applies shall be easily identifiable and clearly defined by the ordinance (e.g., narrative descriptions accompanied by maps with legends or labels showing prohibition boundaries or narrative descriptions using fixed, common reference points such as street names). Boundaries of prohibitions limited by area shall be fixed by the terms of the ordinance and shall not be subject to change without amending the ordinance in which the prohibition has been adopted (e.g., no boundaries defined with reference to zoning districts or the availability of the public water supply); and

4) The prohibition shall not in any way restrict or limit the Agency's approval of the use of the ordinance as an institutional control pursuant to this Part (e.g., no restrictions based on remediation program participation or no restrictions on persons performing remediation within the prohibition area who may use the ordinance).

b) A request for approval of a local ordinance as an institutional control shall provide the following:
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1) A copy of the ordinance restricting groundwater use certified by an official of the unit of local government in which the site is located that it is a true and accurate copy of the ordinance, unless the Agency and the unit of local government have entered an agreement under subsection (i) of this Section, in which case the request may alternatively reference the MOU. The ordinance must demonstrate that potable use of groundwater from potable water supply wells is prohibited;

2) A scaled map(s) delineating the area and extent of groundwater contamination modeled above the applicable remediation objectives including any measured data showing concentrations of contaminants of concern in which the applicable remediation objectives are exceeded;

3) A scaled map delineating the boundaries of all properties under which groundwater is located which exceeds the applicable groundwater remediation objectives;

4) Information identifying the current owner(s) of each property identified in subsection (b)(3) of this Section; and

5) A copy of the proposed written notification submission to the unit of local government that adopted the ordinance and to the current owners identified in subsection (b)(4) of this Section that includes the following information: of the information required in subsections (b)(1) through (b)(4). Within 45 days from the date the Agency's no further remediation determination is recorded, the person who requested to use the ordinance as an institutional control must submit proof to the Agency of the notice to the property owners identified in subsection (b)(4).

A) The name and address of the unit of local government that adopted the ordinance;

B) The ordinance's citation;

C) A description of the property being sent notice by adequate legal description, reference to a plat showing the boundaries of the property, or accurate street address;
D) Identification of the party requesting to use the groundwater ordinance as an institutional control, and a statement that the party has requested approval from the Agency to use the ordinance as an institutional control;

E) A statement that use of the ordinance as an institutional control allows contamination above groundwater ingestion remediation objectives to remain in groundwater beneath the affected properties, and that the ordinance strictly prohibits human and domestic consumption of the groundwater;

F) A statement as to the nature of the release and response action with the site name, site address, and Agency site number or Illinois inventory identification number; and

G) A statement that more information about the remediation site may be obtained by contacting the party requesting the use of the groundwater ordinance as an institutional control or by submitting a FOIA request to the Agency.

c) Written notification proposed pursuant to subsection (b)(5) of this Section must be sent to the unit of local government that adopted the ordinance, as well as to all current property owners identified in subsection (b)(4). Each of the property owners identified in subsection (b)(4) of this Section and the unit of local government must receive written notification from the party desiring to use the institutional control that groundwater remediation objectives have been approved by the Agency. Written proof that the notification was sent to the unit of local government and the property owners of this notification shall be submitted to the Agency within 45 days from the date the Agency's no further remediation determination is recorded. Such proof may consist of the return card from certified mail, return receipt requested, a notarized certificate of service, or a notarized affidavit. The notification shall include:

1) The name and address of the unit of local government;

2) The citation to the ordinance;

3) A description of the property being sent notice by adequate legal description or by reference to a plat showing the boundaries;
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4) A statement that the ordinance restricting groundwater use has been used by the Agency in reviewing a request for a groundwater remediation objective;

5) A statement as to the nature of the release and response action with the site name, address, and Agency site number or Illinois inventory identification number; and

6) A statement as to where more information may be obtained regarding the ordinance.

d) Unless the Agency and the unit of local government have entered into a MOU under subsection (i) of this Section, the current owner or successors in interest of a site who have received approval of use of an ordinance as an institutional control under this Section shall:

1) Monitor activities of the unit of local government relative to variance requests or changes in the ordinance relative to the use of potable groundwater at properties identified in subsection (b)(3) of this Section; and

2) Notify the Agency of any approved variance requests or ordinance changes within 30 days after the date such action has been approved.

e) The information required in subsections (b)(1) through (b)(5) of this Section and the Agency letter approving the groundwater remediation objective shall be submitted to the unit of local government. Proof that the information has been filed with the unit of local government shall be provided to the Agency.

f) Any ordinance or MOU used as an institutional control pursuant to this Section shall be recorded in the Office of the Recorder or Registrar of Titles of the county in which the site is located together with the instrument memorializing the Agency's no further remediation determination pursuant to the specific program within 45 days after receipt of the Agency's no further remediation determination.

g) An institutional control approved under this Section shall not become effective until officially recorded in accordance with subsection (f) of this Section. The person receiving the approval shall obtain and submit to the Agency within 30
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days after recording a copy of the institutional control demonstrating that it has been recorded.

h) The following shall be grounds for voidance of the ordinance as an institutional control and the instrument memorializing the Agency’s no further remediation determination:

1) Modification of the ordinance by the unit of local government to allow potable use of groundwater;

2) Approval of a site-specific request, such as a variance, to allow potable use of groundwater at a site identified in subsection (b)(3) of this Section;

3) Violation of the terms of an institutional control recorded under Section 742.1005 or Section 742.1010;

4) Failure to provide notification and proof of such notification pursuant to subsection (c) of this Section.

i) The Agency and a unit of local government may enter into a MOU under this Section if the unit of local government has adopted an ordinance satisfying subsection (a) of this Section and if the requirements of this subsection are met. The MOU submitted to the Agency must match the form and contain the same substance as the model in Appendix H and shall include the following:

1) Identification of the authority of the unit of local government to enter the MOU;

2) Identification of the legal boundaries, or equivalent, under which the ordinance is applicable;

3) A certified copy of the ordinance;

4) A commitment by the unit of local government to notify the Agency of any variance requests or proposed ordinance changes at least 30 days prior to the date the local government is scheduled to take action on the request or proposed change;
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5) A commitment by the unit of local government to maintain a registry of all sites within the unit of local government that have received no further remediation determinations pursuant to specific programs; and

6) If the ordinance does not expressly prohibit the installation of potable water supply wells (and the use of such wells) by units of local government, a commitment by the unit of local government:

A) To review the registry of sites established under subsection (i)(5) of this Section prior to siting potable water supply wells within the area covered by the ordinance;

B) To determine whether the potential source of potable water may be or has been affected by contamination left in place at those sites; and

C) To take whatever steps are necessary to ensure that the potential source of potable water is protected from the contamination or treated before it is used as a potable water supply.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)

Section 742.1020 Highway Authority Agreements and Highway Authority Agreement Memoranda of Agreement

a) An agreement with a highway authority may be used as an institutional control where the requirements of this Section are met and the Agency has determined that no further remediation is required as to the property(ies) to which the agreement is to apply. Highway Authority Agreements submitted to the Agency, except for those agreements with the Illinois Department of Transportation, must match the form and contain the same substance, except for variable elements, as the model in Appendix D.

b) As part of the agreement the highway authority shall agree to:

1) Prohibit the use of groundwater under the highway right of way that is contaminated above residential Tier 1 remediation objectives from the release as a potable supply of water; and
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2) Limit access to soil contamination under the highway right of way that is contaminated above residential Tier 1 or construction worker remediation objectives, whichever is less, from the release. Access to soil contamination may be allowed if, during and after any access, public health and the environment are protected.

c) The agreement shall provide the following:

1) Fully executed signature blocks by the highway authority and the owner of the property (or, in the case of a petroleum leaking underground storage tank, the owner or operator of the tank) from which the release occurred;

2) A scaled map delineating the area and extent of soil and groundwater contamination above the applicable Tier 1 remediation objectives or a statement that either soil or groundwater is not contaminated above the applicable Tier 1 residential remediation objectives;

3) Information showing the concentration of contaminants of concern within the zone in which the applicable Tier 1 remediation objectives are exceeded;

4) A stipulation of the information required by subsections (c)(2) and (3) of this Section in the agreement if it is not practical to obtain the information by sampling the highway right-of-way; and

5) Information identifying the highway authority having jurisdiction.

d) Highway Authority Agreements must be referenced in the instrument that is to be recorded on the chain of title for the remediation property.

e) Violation of the terms of an Agreement approved by the Agency as an institutional control under this Section shall be grounds for voidance of the Agreement as an institutional control and the instrument memorializing the Agency's no further remediation determination.

f) Failure to provide all of the information required in subsections (b) and (c) of this Section will be grounds for denial of the Highway Authority Agreement as an institutional control.
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\( g) \) In instances in which the highway authority is also the property owner of the site, a Highway Authority Agreement may not be used. In such cases, the highway authority shall instead enter into a Highway Authority Agreement Memorandum of Agreement (HAA MOA) between the highway authority and the Agency. An HAA MOA may be used as an institutional control where the requirements of this Section are met and the Agency has determined that no further remediation is required as to the property(ies) to which the agreement is to apply. HAA MOAs submitted to the Agency must match the form and contain the same substance, except for variable elements, as the model in Appendix E.

\( h) \) As part of the HAA MOA the highway authority shall agree to:

1) Prohibit the use of groundwater under the highway right of way that is contaminated above residential Tier 1 or construction worker remediation objectives, whichever are less, from the release as a potable supply of water; and

2) Limit access to soil contamination under the highway right of way that is contaminated above residential Tier 1 or construction worker remediation objectives, whichever are less, from the release. Access to soil contamination may be allowed if, during and after any access, public health and the environment are protected.

\( i) \) The HAA MOA shall provide the following:

1) Information identifying the site by common address or legal description or both;

2) The Illinois Emergency Management Agency's (IEMA) incident number for the site, if one has been assigned;

3) A scaled map delineating the current and estimated future area and extent of soil and groundwater contamination above the applicable Tier 1 or construction worker remediation objectives, whichever are less, or a statement that either soil or groundwater is not contaminated above the applicable Tier 1 residential remediation objectives;

4) Information prepared by the highway authority that lists each contaminant of concern that exceeds its Tier 1 residential or construction worker...
remediation objective, its Tier 1 residential remediation objective, and its concentrations within the zone where Tier 1 residential or construction worker remediation objectives, whichever is less, are exceeded;

5) A scaled map prepared by the highway authority showing the area of the highway authority's right of way that is governed by the HAA MOA;

6) If samples have not been collected within the right of way because of impracticability, a stipulation by the parties that, based on modeling, soil and groundwater contamination exceeding Tier 1 residential or construction worker remediation objectives, whichever is less, does not and will not extend beyond the boundaries of the right-of-way;

7) A stipulation by the highway authority that it has jurisdiction over the right of way that gives it sole control over the use of the groundwater and access to the soil located within or beneath the right of way;

8) A stipulation by the highway authority that it agrees to limit access by itself and others to soil within the right of way exceeding Tier 1 residential or construction worker remediation objectives, whichever is less. Access may only be allowed if human health (including worker safety) and the environment are protected during and after any access. The highway authority may construct, reconstruct, improve, repair, maintain, and operate a highway upon the right of way, or allow others to do the same by permit. The highway authority and others using or working in the right of way under permit have the right to remove soil or groundwater from the right of way and dispose of the same in accordance with applicable environmental laws and regulations. The highway authority agrees to issue all permits for work in the right of way, and make all existing permits for work in the right of way, subject to the following or substantially similar conditions:

A) As a condition of this permit the permittee shall request the office issuing this permit to identify sites in the right of way where an HAA MOA governs access to soil that exceeds the Tier 1 residential remediation objectives of 35 Ill. Adm. Code 742; and
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B) The permittee shall take all measures necessary to protect human health (including worker safety) and the environment during and after any access to such soil;

9) A stipulation that the HAA MOA shall be referenced in the Agency's no further remediation determination issued for the release(s);

10) A stipulation that the highway authority shall notify the Agency of any transfer of jurisdiction over the right of way at least 30 days prior to the date the transfer takes effect. The HAA MOA shall be null and void upon the transfer unless the transferee agrees to be bound by the agreement as if the transferee were an original party to the agreement. The transferee's agreement to be bound by the terms of the agreement shall be memorialized at the time of transfer as a rider to this agreement that references the HAA MOA and is signed by the highway authority, or subsequent transferor, and the transferee;

11) A stipulation that the HAA MOA will become effective on the date the Agency issues a no further remediation determination for the release(s). It shall remain effective until the right of way is demonstrated to be suitable for unrestricted use and the Agency issues a new no further remediation determination to reflect there is no longer a need for the HAA MOA, or until the agreement is otherwise terminated or voided;

12) A stipulation that in addition to any other remedies that may be available, the Agency may bring suit to enforce the terms of the HAA MOA or may, at its sole discretion, declare the HAA MOA null and void if the highway authority or a transferee violates any term of the HAA MOA. The highway authority or transferee shall be notified in writing of any such declaration; and

13) A fully executed signature block by the highway authority and a block for the Agency's Director.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
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Section 742. APPENDIX A  General

Section 742. TABLE E  Similar-Acting Noncarcinogenic Chemicals

**Adrenal Gland**
- Nitrobenzene
- 1,2,4-Trichlorobenzene (Ingestion only)

**Kidney**
- Acetone (Ingestion only)
- Cadmium (Ingestion only)
- Chlorobenzene
- Dalapon
- 1,1-Dichloroethane
- Di-n-octyl phthalate (Ingestion only)
- Endosulfan
- Ethylbenzene
- Fluoranthene
- Methyl tertiary-butyl ether (Inhalation only)
- Nitrobenzene
- Pyrene
- Toluene (Ingestion only)
- 2,4,5-Trichlorophenol
- Vinyl acetate (Ingestion only)

**Liver**
- Acenaphthene
- Acetone (Ingestion only)
- Butylbenzyl phthalate (Ingestion only)
- Chlorobenzene (Ingestion only)
- 1,1-Dichloroethylene (Ingestion only)
- Di-n-octyl phthalate (Ingestion only)
- Endrin
- Ethylbenzene
- Fluoranthene
- Methyl tertiary-butyl ether (Inhalation only)
- Nitrobenzene
- Picloram
- Styrene (Ingestion only)
- 2,4,5-TP (Silvex)
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Toluene (Ingestion only)
1,2,4-Trichlorobenzene (Inhalation only)
2,4,5-Trichlorophenol

Central Nervous System
Butanol (Ingestion only)
Cyanide (amenable)
2,4-Dimethylphenol
Endrin
Manganese
2-Methylphenol
Mercury (Inhalation only)
Styrene (Inhalation only)
Toluene (Inhalation only)
Xylenes (Ingestion only)

Circulatory System
Antimony
Barium (Ingestion only)
2,4-D
cis-1,2-Dichloroethylene (Ingestion only)
Nitrobenzene
trans-1,2-Dichloroethylene (Ingestion only)
2,4-Dimethylphenol
Fluoranthene
Fluorene
Styrene (Ingestion only)
Zinc

Gastrointestinal System
Beryllium (Ingestion only)
Endothall
Hexachlorocyclopentadiene (Ingestion only)
Methyl bromide (Ingestion only)
Methyl tertiary-butyl ether (Ingestion only)

Immune System
2,4-Dichlorophenol
p-Chloroaniline
Mercury (Ingestion only)
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Reproductive System
Barium (Inhalation only)
Boron (Ingestion only)
Carbon disulfide
2-Chlorophenol (Ingestion only)
1,2 Dibromo-3-Chloropropane (Inhalation only)
Dinoseb
Ethylbenzene (Inhalation only)
Methoxychlor
Phenol

Respiratory System
1,2-Dichloropropane (Inhalation only)
1,3-Dichloropropylene (Inhalation only)
Hexachlorocyclopentadiene (Inhalation only)
Methyl bromide (Inhalation only)
Napthalene (Inhalation only)
Toluene (Inhalation only)
Vinyl acetate (Inhalation only)

Cholinesterase Inhibition
Aldicarb
Carbofuran

Decreased Body Weight Gains and Circulatory System Effects
Atrazine
Simazine

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742. APPENDIX A  General

Section 742. TABLE H  Concentrations of Polynuclear Aromatic Hydrocarbon Chemicals in Background Soils—Chemicals Whose Tier I Class I Groundwater Remediation Objective Exceeds the 1 in 1,000,000 Cancer Risk Concentration

<table>
<thead>
<tr>
<th>Chemical Name</th>
<th>Chicago$^a$ (mg/kg)</th>
<th>Metropolitan Areas$^b$ (mg/kg)</th>
<th>Non-Metropolitan Areas$^c$ (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-Methylnaphthalene</td>
<td>-----</td>
<td>0.14</td>
<td>0.29</td>
</tr>
<tr>
<td>Acenaphthene</td>
<td>0.09</td>
<td>0.13</td>
<td>0.04</td>
</tr>
<tr>
<td>Acenaphthylene</td>
<td>0.03</td>
<td>0.07</td>
<td>0.04</td>
</tr>
<tr>
<td>Anthracene</td>
<td>0.25</td>
<td>0.40</td>
<td>0.14</td>
</tr>
<tr>
<td>Benzo(a)anthracene</td>
<td>1.1</td>
<td>1.8</td>
<td>0.72</td>
</tr>
<tr>
<td>Benzo(a)pyrene</td>
<td>1.3</td>
<td>2.1</td>
<td>0.98</td>
</tr>
<tr>
<td>Benzo(b)fluoranthene</td>
<td>1.5</td>
<td>2.1</td>
<td>0.70</td>
</tr>
<tr>
<td>Benzo(g,h,i)perylene</td>
<td>0.68</td>
<td>1.7</td>
<td>0.84</td>
</tr>
<tr>
<td>Benzo(k)fluoranthene</td>
<td>0.99</td>
<td>1.7</td>
<td>0.63</td>
</tr>
<tr>
<td>Chrysene</td>
<td>1.2</td>
<td>2.7</td>
<td>1.1</td>
</tr>
<tr>
<td>Dibenzo(a,h)anthracene</td>
<td>0.20</td>
<td>0.42</td>
<td>0.15</td>
</tr>
<tr>
<td>Fluoranthene</td>
<td>2.7</td>
<td>4.1</td>
<td>1.8</td>
</tr>
<tr>
<td>Fluorene</td>
<td>0.10</td>
<td>0.18</td>
<td>0.04</td>
</tr>
<tr>
<td>Indeno(1,2,3-c,d)pyrene</td>
<td>0.86</td>
<td>1.6</td>
<td>0.51</td>
</tr>
<tr>
<td>Naphthalene</td>
<td>0.04</td>
<td>0.20</td>
<td>0.17</td>
</tr>
<tr>
<td>Phenanthrene</td>
<td>1.3</td>
<td>2.5</td>
<td>0.99</td>
</tr>
<tr>
<td>Pyrene</td>
<td>1.9</td>
<td>3.0</td>
<td>1.2</td>
</tr>
</tbody>
</table>
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\[a\] Chicago means within the corporate limits of the City of Chicago.

\[b\] Metropolitan area means a populated area, as defined in Section 742.200, (other than the City of Chicago) that is located within any county in a Metropolitan Statistical Area listed in Appendix A, Table G, footnote a.

\[c\] Non-Metropolitan area means a populated area, as defined in Section 742.200, that is not located within any county in a Metropolitan Statistical Area listed in Appendix A, Table G, footnote a.

(Source: Appendix A, Table H renumbered to Appendix A, Table I and new Appendix A, Table H added at 31 Ill. Reg. 4063, effective February 23, 2007)
### Section 742. APPENDIX A  General

#### Section 742. TABLE I  Chemicals Whose Tier 1 Class I Groundwater Remediation Objective Exceeds the 1 in 1,000,000 Cancer Risk Concentration

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Class I Groundwater Remediation Objective (mg/L)</th>
<th>1 in 1,000,000 Cancer Risk Concentration (mg/L)</th>
<th>ADL (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aldrin</td>
<td>0.014</td>
<td>0.000005</td>
<td>0.014</td>
</tr>
<tr>
<td>Benzo(a)pyrene</td>
<td>0.0002</td>
<td>0.000012</td>
<td>0.00023</td>
</tr>
<tr>
<td>Bis(2-chloroethyl)ether</td>
<td>0.01</td>
<td>0.000077</td>
<td>0.01</td>
</tr>
<tr>
<td>Bis(2-ethylhexyl)phthalate</td>
<td>0.006</td>
<td>0.0061</td>
<td>0.0027</td>
</tr>
<tr>
<td>Carbon Tetrachloride</td>
<td>0.005</td>
<td>0.00066</td>
<td>0.0001</td>
</tr>
<tr>
<td>Chlordane</td>
<td>0.002</td>
<td>0.000066</td>
<td>0.00014</td>
</tr>
<tr>
<td>DDD</td>
<td>0.014</td>
<td>0.00023</td>
<td>0.014</td>
</tr>
<tr>
<td>DDE</td>
<td>0.01</td>
<td>0.00023</td>
<td>0.01</td>
</tr>
<tr>
<td>DDT</td>
<td>0.006</td>
<td>0.00023</td>
<td>0.006</td>
</tr>
<tr>
<td>Dibenz(a,h)anthracene</td>
<td>0.0003</td>
<td>0.000012</td>
<td>0.0003</td>
</tr>
<tr>
<td>1,2-Dibromo-3-chloropropene</td>
<td>0.0002</td>
<td>0.000061</td>
<td>0.001</td>
</tr>
<tr>
<td>1,2-Dibromoethane</td>
<td>0.00005</td>
<td>0.000020</td>
<td>0.001</td>
</tr>
<tr>
<td>1,2-Dibromoethane, 1,2- dibromoethane</td>
<td>0.00005</td>
<td>0.000020</td>
<td>0.001</td>
</tr>
<tr>
<td>3,3’-Dichlorobenzidine</td>
<td>0.02</td>
<td>0.00019</td>
<td>0.02</td>
</tr>
<tr>
<td>1,2-Dichloroethane</td>
<td>0.005</td>
<td>0.00094</td>
<td>0.0003</td>
</tr>
<tr>
<td>Dieldrin</td>
<td>0.009</td>
<td>0.0000053</td>
<td>0.009</td>
</tr>
<tr>
<td>2,6-Dinitrotoluene</td>
<td>0.00031</td>
<td>0.0001</td>
<td>0.00031</td>
</tr>
<tr>
<td>Heptachlor</td>
<td>0.0004</td>
<td>0.000019</td>
<td>0.013</td>
</tr>
<tr>
<td>Heptachlor epoxide</td>
<td>0.0002</td>
<td>0.0000094</td>
<td>0.015</td>
</tr>
<tr>
<td>Hexachlorobenzene</td>
<td>0.00006</td>
<td>0.000053</td>
<td>0.00006</td>
</tr>
<tr>
<td>Alpha-HCH</td>
<td>0.00011</td>
<td>0.000014</td>
<td>0.000111</td>
</tr>
<tr>
<td>Tetrachloroethylene</td>
<td>0.005</td>
<td>0.0016</td>
<td>0.0004</td>
</tr>
<tr>
<td>Toxaphene</td>
<td>0.003</td>
<td>0.000077</td>
<td>0.00086</td>
</tr>
<tr>
<td>Vinyl chloride</td>
<td>0.002</td>
<td>0.000045</td>
<td>0.0002</td>
</tr>
</tbody>
</table>

#### Ionizable Organics

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Class I Groundwater Remediation Objective (mg/L)</th>
<th>1 in 1,000,000 Cancer Risk Concentration (mg/L)</th>
<th>ADL (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N-Nitrosodi-n-propylamine</td>
<td>0.0018</td>
<td>0.000012</td>
<td>0.0018</td>
</tr>
<tr>
<td>Pentachlorophenol</td>
<td>0.001</td>
<td>0.00071</td>
<td>0.00076</td>
</tr>
<tr>
<td>2,4,6-Trichlorophenol</td>
<td>0.01</td>
<td>0.007</td>
<td>0.01</td>
</tr>
</tbody>
</table>
### POLLUTION CONTROL BOARD

### NOTICE OF ADOPTED AMENDMENTS

<table>
<thead>
<tr>
<th>Inorganics</th>
<th>Organics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arsenic</td>
<td>0.05</td>
</tr>
<tr>
<td>Beryllium</td>
<td>0.004</td>
</tr>
</tbody>
</table>

(Source: Appendix A, Table I renumbered from Appendix A, Table H and amended at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742. APPENDIX B  Tier 1 Illustrations and Tables and Illustrations

Section 742. ILLUSTRATION A  Tier 1 Evaluation

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742. APPENDIX B  Tier 1 Illustrations and Tables and Illustrations

Section 742. TABLE A  Tier 1 Soil Remediation Objectives for Residential Properties

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/kg)</th>
<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>83-32-9</td>
<td>Acenaphthene</td>
<td>4,700&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;e&lt;/sup&gt;</td>
<td>570&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2,900</td>
<td>*</td>
</tr>
<tr>
<td>67-64-1</td>
<td>Acetone</td>
<td>70,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>100,000&lt;sup&gt;d&lt;/sup&gt;</td>
<td>25&lt;sup&gt;e&lt;/sup&gt;</td>
<td>25&lt;sup&gt;e&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>15972-60-8</td>
<td>Alachlor&lt;sup&gt;o&lt;/sup&gt;</td>
<td>8&lt;sup&gt;e&lt;/sup&gt;</td>
<td>---&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.04</td>
<td>0.2</td>
<td>NA</td>
</tr>
<tr>
<td>116-06-3</td>
<td>Aldicarb&lt;sup&gt;o&lt;/sup&gt;</td>
<td>78&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.013</td>
<td>0.07</td>
<td>NA</td>
</tr>
<tr>
<td>309-00-2</td>
<td>Aldrin</td>
<td>0.04&lt;sup&gt;e&lt;/sup&gt;</td>
<td>3&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.5&lt;sup&gt;e&lt;/sup&gt;</td>
<td>2.5</td>
<td>0.94</td>
</tr>
<tr>
<td>120-12-7</td>
<td>Anthracene</td>
<td>23,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;e&lt;/sup&gt;</td>
<td>12,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>59,000</td>
<td>*</td>
</tr>
<tr>
<td>1912-24-9</td>
<td>Atrazine&lt;sup&gt;o&lt;/sup&gt;</td>
<td>2700&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.066</td>
<td>0.33</td>
<td>NA</td>
</tr>
<tr>
<td>71-43-2</td>
<td>Benzene</td>
<td>12&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.8&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.03</td>
<td>0.17</td>
<td>*</td>
</tr>
<tr>
<td>56-55-3</td>
<td>Benzo(a)anthracene</td>
<td>0.9&lt;sup&gt;e&lt;/sup&gt;</td>
<td>---&lt;sup&gt;e&lt;/sup&gt;</td>
<td>2</td>
<td>8</td>
<td>*</td>
</tr>
<tr>
<td>205-99-2</td>
<td>Benzo(b)fluoranthene</td>
<td>0.9&lt;sup&gt;e&lt;/sup&gt;</td>
<td>---&lt;sup&gt;e&lt;/sup&gt;</td>
<td>5</td>
<td>25</td>
<td>*</td>
</tr>
</tbody>
</table>
## Exposure Route-Specific Values for Soils

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/kg)</th>
<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>207-08-9</td>
<td>Benzo((k)fluoranthene)</td>
<td>9(^{e})</td>
<td>---(^{e})</td>
<td>49</td>
<td>250</td>
<td>*</td>
</tr>
<tr>
<td>50-32-8</td>
<td>Benzo((a)pyrene)</td>
<td>0.09(^{e, f})</td>
<td>---(^{e})</td>
<td>8</td>
<td>82</td>
<td>*</td>
</tr>
<tr>
<td>111-44-4</td>
<td>Bis(2-chloroethyl)ether</td>
<td>0.6(^{e})</td>
<td>0.2(^{e, f})</td>
<td>0.0004(^{e, f})</td>
<td>0.0004</td>
<td>0.66</td>
</tr>
<tr>
<td>117-81-7</td>
<td>Bis(2-ethylhexyl)phthalate</td>
<td>46(^{e})</td>
<td>31,000(^{d})</td>
<td>3,600</td>
<td>31,000(^{d})</td>
<td>*</td>
</tr>
<tr>
<td>75-27-4</td>
<td>Bromodichloromethane (Dichlorobromomethane)</td>
<td>10(^{e})</td>
<td>3,000(^{d})</td>
<td>0.6</td>
<td>0.6</td>
<td>*</td>
</tr>
<tr>
<td>75-25-2</td>
<td>Bromoform</td>
<td>81(^{e})</td>
<td>53(^{e})</td>
<td>0.8</td>
<td>0.8</td>
<td>*</td>
</tr>
<tr>
<td>71-36-3</td>
<td>Butanol</td>
<td>7,800(^{b})</td>
<td>10,000(^{d})</td>
<td>17(^{b})</td>
<td>17</td>
<td>NA</td>
</tr>
<tr>
<td>85-68-7</td>
<td>Butyl benzyl phthalate</td>
<td>16,000(^{b})</td>
<td>930(^{c})</td>
<td>930(^{d})</td>
<td>930(^{d})</td>
<td>*</td>
</tr>
<tr>
<td>86-74-8</td>
<td>Carbazole</td>
<td>32(^{e})</td>
<td>---(^{e})</td>
<td>0.6(^{c})</td>
<td>2.8</td>
<td>NA</td>
</tr>
<tr>
<td>1563-66-2</td>
<td>Carbofuran(^{e})</td>
<td>390(^{b})</td>
<td>---(^{e})</td>
<td>0.22</td>
<td>1.1</td>
<td>NA</td>
</tr>
<tr>
<td>75-15-0</td>
<td>Carbon disulfide</td>
<td>7,800(^{b})</td>
<td>720(^{d})</td>
<td>32(^{b})</td>
<td>160</td>
<td>*</td>
</tr>
</tbody>
</table>
**NOTICE OF ADOPTED AMENDMENTS**

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/kg)</th>
<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>56-23-5</td>
<td>Carbon tetrachloride</td>
<td>5°</td>
<td>0.3°</td>
<td>0.07</td>
<td>0.33</td>
<td>*</td>
</tr>
<tr>
<td>57-74-9</td>
<td>Chlordane</td>
<td>1.8°</td>
<td>72°</td>
<td>10</td>
<td>48</td>
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</tr>
<tr>
<td>106-47-8</td>
<td>4-Chloroaniline (p-Chloroaniline)</td>
<td>310°</td>
<td>---°</td>
<td>0.7°</td>
<td>0.7</td>
<td>*</td>
</tr>
<tr>
<td>108-90-7</td>
<td>Chlorobenzene (Monochlorobenzene)</td>
<td>1,600°</td>
<td>130°</td>
<td>1</td>
<td>6.5</td>
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<tr>
<td>124-48-1</td>
<td>Chlorodibromomethane (Dibromochloromethane)</td>
<td>1,600°</td>
<td>1,300°</td>
<td>0.4</td>
<td>0.4</td>
<td>*</td>
</tr>
<tr>
<td>67-66-3</td>
<td>Chloroform</td>
<td>100°</td>
<td>0.3°</td>
<td>0.6</td>
<td>2.9</td>
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<tr>
<td>218-01-9</td>
<td>Chrysene</td>
<td>88°</td>
<td>---°</td>
<td>160</td>
<td>800</td>
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<tr>
<td>94-75-7</td>
<td>2,4-D</td>
<td>780°</td>
<td>---°</td>
<td>1.5</td>
<td>7.7</td>
<td>*</td>
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<tr>
<td>75-99-0</td>
<td>Dalapon</td>
<td>2,300°</td>
<td>---°</td>
<td>0.85</td>
<td>8.5</td>
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<tr>
<td>72-54-8</td>
<td>DDD</td>
<td>3°</td>
<td>---°</td>
<td>16°</td>
<td>80</td>
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<tr>
<td>72-55-9</td>
<td>DDE</td>
<td>2°</td>
<td>---°</td>
<td>54°</td>
<td>270</td>
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### POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/kg)</th>
<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
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<tbody>
<tr>
<td>50-29-3</td>
<td>DDT</td>
<td>2&lt;sup&gt;e&lt;/sup&gt;</td>
<td>---&lt;sup&gt;g&lt;/sup&gt;</td>
<td>32&lt;sup&gt;e&lt;/sup&gt;</td>
<td>160&lt;sup&gt;e&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>53-70-3</td>
<td>Dibenzo(a,h)anthracene</td>
<td>0.09&lt;sup&gt;e,f&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2</td>
<td>7.6&lt;sup&gt;e&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>96-12-8</td>
<td>1,2-Dibromo-3-chloropropane</td>
<td>0.46&lt;sup&gt;e&lt;/sup&gt;</td>
<td>11&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.002</td>
<td>0.002</td>
<td>*</td>
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<tr>
<td>106-93-4</td>
<td>1,2-Dibromoethane (Ethylene dibromide)</td>
<td>0.0075&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.17&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.0004</td>
<td>0.004</td>
<td>0.005</td>
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<tr>
<td>84-74-2</td>
<td>Di-n-butyl phthalate</td>
<td>7,800&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2,300&lt;sup&gt;d&lt;/sup&gt;</td>
<td>2,300&lt;sup&gt;d&lt;/sup&gt;</td>
<td>2,300&lt;sup&gt;d&lt;/sup&gt;</td>
<td>*</td>
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<tr>
<td>95-50-1</td>
<td>1,2-Dichlorobenzene (o-Dichlorobenzene)</td>
<td>7,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>560&lt;sup&gt;d&lt;/sup&gt;</td>
<td>17</td>
<td>43</td>
<td>*</td>
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<tr>
<td>106-46-7</td>
<td>1,4-Dichlorobenzene (p-Dichlorobenzene)</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>11,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2</td>
<td>11</td>
<td>*</td>
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<tr>
<td>91-94-1</td>
<td>3,3’-Dichlorobenzidine</td>
<td>1&lt;sup&gt;e&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.007&lt;sup&gt;e,f&lt;/sup&gt;</td>
<td>0.033</td>
<td>1.3</td>
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<tr>
<td>75-34-3</td>
<td>1,1-Dichloroethane</td>
<td>7,800&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1,300&lt;sup&gt;b&lt;/sup&gt;</td>
<td>23&lt;sup&gt;b&lt;/sup&gt;</td>
<td>110</td>
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# Exposure Route-Specific Values for Soils

<table>
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<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/kg)</th>
<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>107-06-2</td>
<td>1,2-Dichloroethane (Ethylene dichloride)</td>
<td>7&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.4&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.02</td>
<td>0.1</td>
<td>*</td>
</tr>
<tr>
<td>75-35-4</td>
<td>1,1-Dichloroethylene</td>
<td>3,900&lt;sup&gt;b&lt;/sup&gt;</td>
<td>290&lt;sup&gt;b&lt;/sup&gt;-450&lt;sup&gt;d&lt;/sup&gt;</td>
<td>0.06</td>
<td>0.3</td>
<td>*</td>
</tr>
<tr>
<td>156-59-2</td>
<td>cis-1,2-Dichloroethylene</td>
<td>780&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1,200&lt;sup&gt;d&lt;/sup&gt;</td>
<td>0.4</td>
<td>1.1</td>
<td>*</td>
</tr>
<tr>
<td>156-60-5</td>
<td>trans-1,2-Dichloroethylene</td>
<td>1,600&lt;sup&gt;b&lt;/sup&gt;</td>
<td>3,100&lt;sup&gt;d&lt;/sup&gt;</td>
<td>0.7</td>
<td>3.4</td>
<td>*</td>
</tr>
<tr>
<td>78-87-5</td>
<td>1,2-Dichloropropane</td>
<td>9&lt;sup&gt;e&lt;/sup&gt;</td>
<td>15&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.03</td>
<td>0.15</td>
<td>*</td>
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<tr>
<td>542-75-6</td>
<td>1,3-Dichloropropene (1,3-Dichloropropylene, cis + trans)</td>
<td>6.4&lt;sup&gt;e&lt;/sup&gt;</td>
<td>1.1&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.004&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.02</td>
<td>0.005</td>
</tr>
<tr>
<td>60-57-1</td>
<td>Dieldrin&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.04&lt;sup&gt;e&lt;/sup&gt;</td>
<td>1&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.004&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.02</td>
<td>0.603</td>
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<tr>
<td>84-66-2</td>
<td>Diethyl phthalate</td>
<td>63,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2,000&lt;sup&gt;d&lt;/sup&gt;</td>
<td>470&lt;sup&gt;b&lt;/sup&gt;</td>
<td>470</td>
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<tr>
<td>105-67-9</td>
<td>2,4-Dimethylphenol</td>
<td>1,600&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>9&lt;sup&gt;b&lt;/sup&gt;</td>
<td>9</td>
<td>*</td>
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<tr>
<td>121-14-2</td>
<td>2,4-Dinitrotoluene</td>
<td>0.9&lt;sup&gt;e&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.0008&lt;sup&gt;ef&lt;/sup&gt;</td>
<td>0.0008</td>
<td>0.250</td>
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</table>
### Exposure Route-Specific Values for Soils

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
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<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>606-20-2</td>
<td>2,6-Dinitrotoluene</td>
<td>0.9^e</td>
<td>---^c</td>
<td>0.0007^e,f</td>
<td>0.0007</td>
<td>0.260</td>
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<tr>
<td>117-84-0</td>
<td>Di-n-octyl phthalate</td>
<td>1,600^b</td>
<td>10,000^d</td>
<td>10,000^d</td>
<td>10,000^d</td>
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<tr>
<td>115-29-7</td>
<td>Endosulfan^o</td>
<td>470^b</td>
<td>---^c</td>
<td>18^b</td>
<td>90</td>
<td>*</td>
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<tr>
<td>145-73-3</td>
<td>Endothall^o</td>
<td>1,600^b</td>
<td>---^c</td>
<td>0.4</td>
<td>0.4</td>
<td>NA</td>
</tr>
<tr>
<td>72-20-8</td>
<td>Endrin</td>
<td>23^b</td>
<td>---^c</td>
<td>1</td>
<td>5</td>
<td>*</td>
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<tr>
<td>100-41-4</td>
<td>Ethylbenzene</td>
<td>7,800^b</td>
<td>400^d</td>
<td>13</td>
<td>19</td>
<td>*</td>
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<tr>
<td>206-44-0</td>
<td>Fluoranthene</td>
<td>3,100^b</td>
<td>---^c</td>
<td>4,300^b</td>
<td>21,000</td>
<td>*</td>
</tr>
<tr>
<td>86-73-7</td>
<td>Fluorene</td>
<td>3,100^b</td>
<td>---^c</td>
<td>560^b</td>
<td>2,800</td>
<td>*</td>
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<tr>
<td>76-44-8</td>
<td>Heptachlor</td>
<td>0.1^e</td>
<td>0.1^e</td>
<td>23</td>
<td>110</td>
<td>0.871</td>
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<tr>
<td>1024-57-3</td>
<td>Heptachlor epoxide</td>
<td>0.07^e</td>
<td>5^e</td>
<td>0.7</td>
<td>3.3</td>
<td>1.005</td>
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<tr>
<td>118-74-1</td>
<td>Hexachlorobenzene</td>
<td>0.4^e</td>
<td>1^e</td>
<td>2</td>
<td>11</td>
<td>*</td>
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<tr>
<td>319-84-6</td>
<td>alpha-HCH (alpha-BHC)</td>
<td>0.1^e</td>
<td>0.8^e</td>
<td>0.0005^e,f</td>
<td>0.003</td>
<td>0.0074</td>
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POLLUTION CONTROL BOARD
NOTICE OF ADOPTED AMENDMENTS

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/kg)</th>
<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>58-89-9</td>
<td>gamma-HCH (Lindane) (^a)</td>
<td>0.5(^{c,a})</td>
<td>---(^c)</td>
<td>0.009</td>
<td>0.047</td>
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<tr>
<td>77-47-4</td>
<td>Hexachlorocyclopentadiene</td>
<td>550(^{b,d})</td>
<td>10(^b)</td>
<td>400</td>
<td>2,200(^d)</td>
<td>*</td>
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<tr>
<td>67-72-1</td>
<td>Hexachloroethane</td>
<td>78(^b)</td>
<td>---(^c)</td>
<td>0.5(^b)</td>
<td>2.6</td>
<td>*</td>
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<tr>
<td>193-39-5</td>
<td>Indeno(1,2,3-c,d)pyrene</td>
<td>0.9(^{c,e})</td>
<td>---(^c)</td>
<td>14</td>
<td>69</td>
<td>*</td>
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<tr>
<td>78-59-1</td>
<td>Isophorone</td>
<td>15,600(^b)</td>
<td>4,600(^d)</td>
<td>8(^b)</td>
<td>8</td>
<td>*</td>
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<tr>
<td>72-43-5</td>
<td>Methoxychlor(^a)</td>
<td>390(^b)</td>
<td>---(^c)</td>
<td>160</td>
<td>780</td>
<td>*</td>
</tr>
<tr>
<td>74-83-9</td>
<td>Methyl bromide (Bromomethane)</td>
<td>110(^b)</td>
<td>10(^{b,a})</td>
<td>0.2(^b)</td>
<td>1.2</td>
<td>*</td>
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<tr>
<td>75-09-2</td>
<td>Methylene chloride (Dichloromethane)</td>
<td>85(^e)</td>
<td>13(^e)</td>
<td>0.02(^{c})</td>
<td>0.2</td>
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<tr>
<td>95-48-7</td>
<td>2-Methylphenol ((o) - Cresol)</td>
<td>3,900(^b)</td>
<td>---(^c)</td>
<td>15(^b)</td>
<td>15</td>
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<tr>
<td>91-20-3</td>
<td>Naphthalene</td>
<td>1,600(^b)</td>
<td>170(^{b,d})</td>
<td>12(^b)</td>
<td>18</td>
<td>*</td>
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<tr>
<td>98-95-3</td>
<td>Nitrobenzene</td>
<td>39(^b)</td>
<td>92(^{b,x})</td>
<td>0.1(^{b,d})</td>
<td>0.1</td>
<td>0.26</td>
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**POLLUTION CONTROL BOARD**

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<th>ADL (mg/kg)</th>
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<tbody>
<tr>
<td>86-30-6</td>
<td>N-Nitrosodiphenylamine</td>
<td>130&lt;sup&gt;e&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1&lt;sup&gt;e&lt;/sup&gt;</td>
<td>5.6</td>
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<tr>
<td>621-64-7</td>
<td>N-Nitrosodi-n-propylamine</td>
<td>0.09&lt;sup&gt;f&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.00005&lt;sup&gt;g&lt;/sup&gt;</td>
<td>0.00005</td>
<td>0.0018</td>
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<tr>
<td>108-95-2</td>
<td>Phenol</td>
<td>23,000&lt;sup&gt;b&lt;/sup&gt;47,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>100&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>1918-02-1</td>
<td>Picloram&lt;sup&gt;a&lt;/sup&gt;</td>
<td>5,500&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2</td>
<td>20</td>
<td>NA</td>
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<td>1336-36-3</td>
<td>Polychlorinated biphenyls (PCBs)&lt;sup&gt;n&lt;/sup&gt;</td>
<td>1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c,h&lt;/sup&gt;</td>
<td>---&lt;sup&gt;h&lt;/sup&gt;</td>
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<tr>
<td>129-00-0</td>
<td>Pyrene</td>
<td>2,300&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>4,200&lt;sup&gt;b&lt;/sup&gt;</td>
<td>21,000</td>
<td>*</td>
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<td>122-34-9</td>
<td>Simazine&lt;sup&gt;a&lt;/sup&gt;</td>
<td>390&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.04</td>
<td>0.37</td>
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<td>100-42-5</td>
<td>Styrene</td>
<td>16,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1,500&lt;sup&gt;d&lt;/sup&gt;</td>
<td>4</td>
<td>18</td>
<td>*</td>
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<tr>
<td>127-18-4</td>
<td>Tetrachloroethylene (Perchloroethylene)</td>
<td>12&lt;sup&gt;c&lt;/sup&gt;</td>
<td>11&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.06</td>
<td>0.3</td>
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<tr>
<td>108-88-3</td>
<td>Toluene</td>
<td>16,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>650&lt;sup&gt;d&lt;/sup&gt;</td>
<td>12</td>
<td>29</td>
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<tr>
<td>CAS No.</td>
<td>Chemical Name</td>
<td>Ingestion (mg/kg)</td>
<td>Inhalation (mg/kg)</td>
<td>Class I (mg/kg)</td>
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<td>ADL (mg/kg)</td>
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<tr>
<td>8001-35-2</td>
<td>Toxaphene&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.6&lt;sup&gt;c&lt;/sup&gt;</td>
<td>89&lt;sup&gt;e&lt;/sup&gt;</td>
<td>31</td>
<td>150</td>
<td>*</td>
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<tr>
<td>120-82-1</td>
<td>1,2,4-Trichlorobenzene</td>
<td>780&lt;sup&gt;b&lt;/sup&gt;</td>
<td>3,200&lt;sup&gt;h,a&lt;/sup&gt;</td>
<td>5</td>
<td>53</td>
<td>*</td>
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<tr>
<td>71-55-6</td>
<td>1,1,1-Trichloroethane&lt;sup&gt;c&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1,200&lt;sup&gt;d&lt;/sup&gt;</td>
<td>2</td>
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<td>79-00-5</td>
<td>1,1,2-Trichloroethane</td>
<td>310&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1,800&lt;sup&gt;d&lt;/sup&gt;</td>
<td>0.02</td>
<td>0.3</td>
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</tr>
<tr>
<td>79-01-6</td>
<td>Trichloroethylene</td>
<td>58&lt;sup&gt;e&lt;/sup&gt;</td>
<td>5&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.06</td>
<td>0.3</td>
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<tr>
<td>108-05-4</td>
<td>Vinyl acetate</td>
<td>78,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1,000&lt;sup&gt;h,a&lt;/sup&gt;</td>
<td>170&lt;sup&gt;b&lt;/sup&gt;</td>
<td>170</td>
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<tr>
<td>75-01-4</td>
<td>Vinyl chloride</td>
<td>0.46&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.28&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.01&lt;sup&gt;d&lt;/sup&gt;</td>
<td>0.07</td>
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<tr>
<td>108-38-3</td>
<td>m-Xylene</td>
<td>16,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>160,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>420&lt;sup&gt;a&lt;/sup&gt;</td>
<td>210</td>
<td>210</td>
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<tr>
<td>95-47-6</td>
<td>o-Xylene</td>
<td>16,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>160,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>410&lt;sup&gt;a&lt;/sup&gt;</td>
<td>190</td>
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<tr>
<td>106-42-3</td>
<td>p-Xylene</td>
<td>16,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>160,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>460&lt;sup&gt;a&lt;/sup&gt;</td>
<td>200</td>
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<tr>
<td>CAS No.</td>
<td>Chemical Name</td>
<td>Ingestion (mg/kg)</td>
<td>Inhalation (mg/kg)</td>
<td>Class I (mg/kg)</td>
<td>Class II (mg/kg)</td>
<td>ADL (mg/kg)</td>
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<tr>
<td>----------</td>
<td>--------------------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>-----------------</td>
<td>------------------</td>
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</tr>
<tr>
<td>1330-20-7</td>
<td>Xylenes (total)</td>
<td>16,000b</td>
<td>320d,c</td>
<td>150</td>
<td>150</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>160,000b</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>65-85-0</td>
<td>Benzoic Acid</td>
<td>310,000b</td>
<td>---c</td>
<td>400h,i</td>
<td>400i</td>
<td>*</td>
</tr>
<tr>
<td>95-57-8</td>
<td>2-Chlorophenol</td>
<td>390b</td>
<td>53,000d</td>
<td>4h,i</td>
<td>4i</td>
<td>*</td>
</tr>
<tr>
<td>120-83-2</td>
<td>2,4-Dichlorophenol</td>
<td>230b</td>
<td>---c</td>
<td>1h,i</td>
<td>1i</td>
<td>*</td>
</tr>
<tr>
<td>51-28-5</td>
<td>2,4-Dinitrophenol</td>
<td>160b</td>
<td>---c</td>
<td>0.2h,d</td>
<td>0.2</td>
<td>3.3</td>
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<tr>
<td>88-85-7</td>
<td>Dinoseb®</td>
<td>78b</td>
<td>---c</td>
<td>0.34h,i</td>
<td>3.4i</td>
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<tr>
<td>87-86-5</td>
<td>Pentachlorophenol</td>
<td>3e,j</td>
<td>---c</td>
<td>0.03h,i</td>
<td>0.14i</td>
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<tr>
<td>93-72-1</td>
<td>2,4,5-TP (Silvex)</td>
<td>630b</td>
<td>---c</td>
<td>11i</td>
<td>55i</td>
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<tr>
<td>95-95-4</td>
<td>2,4,5- Trichlorophenol</td>
<td>7,800h</td>
<td>---c</td>
<td>270h,i</td>
<td>1,400i</td>
<td>*</td>
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<tr>
<td>88-06-2</td>
<td>2,4,6 Trichlorophenol</td>
<td>58c</td>
<td>200e</td>
<td>0.2h,d,i</td>
<td>0.77i</td>
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</tr>
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</table>

* Notes: b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z
## Exposure Route-Specific Values for Soils

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
<th>ADL (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inorganics</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7440-36-0</td>
<td>Antimony</td>
<td>31&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.006&lt;sup&gt;m&lt;/sup&gt;</td>
<td>0.024&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>7440-38-2</td>
<td>Arsenic&lt;sup&gt;l,n&lt;/sup&gt;</td>
<td>750&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.05&lt;sup&gt;m&lt;/sup&gt;</td>
<td>0.2&lt;sup&gt;m&lt;/sup&gt;</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>7440-39-3</td>
<td>Barium</td>
<td>5,500&lt;sup&gt;b&lt;/sup&gt;</td>
<td>690,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>2.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>7440-41-7</td>
<td>Beryllium</td>
<td>160&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1,300&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.004&lt;sup&gt;m&lt;/sup&gt;</td>
<td>0.5&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>7440-42-8</td>
<td>Boron</td>
<td>16,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;g&lt;/sup&gt;</td>
<td>2.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>2.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>7440-43-9</td>
<td>Cadmium&lt;sup&gt;l,n&lt;/sup&gt;</td>
<td>78&lt;sup&gt;b,t&lt;/sup&gt;</td>
<td>1,800&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.005&lt;sup&gt;m&lt;/sup&gt;</td>
<td>0.05&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>16887-00-6</td>
<td>Chloride</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>200&lt;sup&gt;m&lt;/sup&gt;</td>
<td>200&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>7440-47-3</td>
<td>Chromium, total</td>
<td>230&lt;sup&gt;b&lt;/sup&gt;</td>
<td>270&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.1&lt;sup&gt;m&lt;/sup&gt;</td>
<td>1.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>16065-83-1</td>
<td>Chromium, ion,</td>
<td>120,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>---&lt;sup&gt;g&lt;/sup&gt;</td>
<td>---&lt;sup&gt;g&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>trivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18540-29-9</td>
<td>Chromium, ion,</td>
<td>230&lt;sup&gt;b&lt;/sup&gt;</td>
<td>270&lt;sup&gt;e&lt;/sup&gt;</td>
<td>---</td>
<td>---</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>hexavalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7440-48-4</td>
<td>Cobalt</td>
<td>4,700&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>1.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
</tbody>
</table>

<sup>a</sup> Data from the Illinois Water Quality Criteria for Soils and Groundwater - 1987

<sup>b</sup> Ingestion

<sup>c</sup> Inhalation

<sup>g</sup> ADL
### NOTICE OF ADOPTED AMENDMENTS

#### Exposure Route-specific Values for Soils

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
<th>ADL (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7440-50-8</td>
<td>Copper</td>
<td>2,900b</td>
<td>---c</td>
<td>0.65m</td>
<td>0.65m</td>
<td>*</td>
</tr>
<tr>
<td>57-12-5</td>
<td>Cyanide (amenable)</td>
<td>1,600b</td>
<td>---c</td>
<td>0.25m</td>
<td>0.65m</td>
<td>*</td>
</tr>
<tr>
<td>7782-41-4</td>
<td>Fluoride</td>
<td>4,700b</td>
<td>---c</td>
<td>4.0m</td>
<td>4.0m</td>
<td>*</td>
</tr>
<tr>
<td>15438-31-0</td>
<td>Iron</td>
<td>---c</td>
<td>---c</td>
<td>5.0m</td>
<td>5.0m</td>
<td>*</td>
</tr>
<tr>
<td>7439-92-1</td>
<td>Lead</td>
<td>400b</td>
<td>---c</td>
<td>0.0075m</td>
<td>0.1m</td>
<td>*</td>
</tr>
<tr>
<td>7439-95-4</td>
<td>Magnesium</td>
<td>325,000</td>
<td>---c</td>
<td>---c</td>
<td>---c</td>
<td>*</td>
</tr>
<tr>
<td>7439-96-5</td>
<td>Manganese</td>
<td>1,600b-3,700b</td>
<td>69,000b</td>
<td>0.15m</td>
<td>10.0m</td>
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<tr>
<td>7439-97-6</td>
<td>Mercury</td>
<td>23b</td>
<td>10b</td>
<td>0.002m</td>
<td>0.01m</td>
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<tr>
<td>7440-02-0</td>
<td>Nickel</td>
<td>1,600b</td>
<td>13,000b</td>
<td>0.1m</td>
<td>2.0m</td>
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<tr>
<td>14797-55-8</td>
<td>Nitrate as N</td>
<td>130,000b</td>
<td>---c</td>
<td>10.0m</td>
<td>100m</td>
<td>*</td>
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<tr>
<td>7723-14-0</td>
<td>Phosphorus</td>
<td>---g</td>
<td>---c</td>
<td>---c</td>
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<tr>
<td>7440-09-7</td>
<td>Potassium</td>
<td>---g</td>
<td>---c</td>
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<td>---c</td>
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<tr>
<td>7782-49-2</td>
<td>Selenium</td>
<td>390b</td>
<td>---c</td>
<td>0.05m</td>
<td>0.05m</td>
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</tbody>
</table>
### Exposure Route-specific Values for Soils

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
<th>ADL (mg/kg)</th>
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</thead>
<tbody>
<tr>
<td>7440-22-4</td>
<td>Silver</td>
<td>390&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.05&lt;sup&gt;m&lt;/sup&gt;</td>
<td>---</td>
<td>*</td>
</tr>
<tr>
<td>7440-23-5</td>
<td>Sodium&lt;sup&gt;a&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>---</td>
<td>---</td>
<td>*</td>
</tr>
<tr>
<td>14808-79-8</td>
<td>Sulfate</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>400&lt;sup&gt;m&lt;/sup&gt;</td>
<td>400&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>7440-28-0</td>
<td>Thallium</td>
<td>6.3&lt;sup&gt;b,a&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.002&lt;sup&gt;m&lt;/sup&gt;</td>
<td>0.02&lt;sup&gt;m&lt;/sup&gt;</td>
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<tr>
<td>7440-62-2</td>
<td>Vanadium</td>
<td>550&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.049&lt;sup&gt;m&lt;/sup&gt;</td>
<td>0.1&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>7440-66-6</td>
<td>Zinc&lt;sup&gt;l&lt;/sup&gt;</td>
<td>23,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>---&lt;sup&gt;c&lt;/sup&gt;</td>
<td>5.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>10&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
</tbody>
</table>

"*" indicates that the ADL is less than or equal to the specified remediation objective.

NA means not available; no PQL or EQL available in USEPA analytical methods.

**Chemical Name and Soil Remediation Objective Notations**

- **a** Soil remediation objectives based on human health criteria only.
- **b** Calculated values correspond to a target hazard quotient of 1.
- **c** No toxicity criteria available for the route of exposure.
- **d** Soil saturation concentration ($C_{\text{sat}}$) = the concentration at which the absorptive limits of the soil particles, the solubility limits of the available soil moisture, and saturation of soil pore air have been reached. Above the soil saturation concentration, the assumptions regarding vapor transport to air and/or dissolved phase transport to groundwater (for chemicals which are liquid at ambient soil temperatures) have been violated, and alternative modeling approaches are required.
- **e** Calculated values correspond to a cancer risk level of 1 in 1,000,000.
- **f** Level is at or below Contract Laboratory Program required quantitation limit for Regular Analytical Services (RAS).
- **g** Chemical-specific properties are such that this route is not of concern at any soil contaminant concentration.
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40 CFR 761 contains applicability requirements and methodologies for the development of PCB remediation objectives. Requests for approval of a Tier 3 evaluation must address the applicability of 40 CFR 761.

Soil remediation objective for pH of 6.8. If soil pH is other than 6.8, refer to Appendix B, Tables C and D of this Part.

Ingestion soil remediation objective adjusted by a factor of 0.5 to account for dermal route.

A preliminary remediation goal of 400 mg/kg has been set for lead based on Revised Interim Soil Lead Guidance for CERCLA Sites and RCRA Corrective Action Facilities, OSWER Directive #9355.4-12.

Potential for soil-plant-human exposure.

The person conducting the remediation has the option to use: (1) TCLP or SPLP test results to compare with the remediation objectives listed in this Table; or (2) where applicable, the total amount of contaminant in the soil sample results to compare with pH specific remediation objectives listed in Appendix B, Table C or D of this Part; (see Section 742.510); or (3) the appropriate background value listed in Appendix A, Table G. If the person conducting the remediation wishes to calculate soil remediation objectives based on background concentrations, this should be done in accordance with Subpart D of this Part.

The Agency reserves the right to evaluate the potential for remaining contaminant concentrations to pose significant threats to crops, livestock, or wildlife.

For agrichemical facilities, remediation objectives for surficial soils which are based on field application rates may be more appropriate for currently registered pesticides. Consult the Agency for further information.

For agrichemical facilities, soil remediation objectives based on site-specific background concentrations of Nitrate as N may be more appropriate. Such determinations shall be conducted in accordance with the procedures set forth in Subparts D and I of this Part.

The TCLP extraction must be done using water at a pH of 7.0.

Value based on dietary Reference Dose.

Value for Ingestion based on Reference Dose for Mercuric chloride (CAS No. 7487-94-7); value for Inhalation based on Reference Concentration for elemental Mercury (CAS No. 7439-97-6). Inhalation remediation objective only applies at sites where elemental mercury is a contaminant of concern.

For the ingestion route for arsenic, see 742.Appendix A, Table G.

Value based on Reference Dose for Thallium sulfate (CAS No. 7446-18-6).

Value based on Reference Dose adjusted for dietary intake.

For sites located in any populated area as defined in Section 742.200, Appendix A, Table H may be used.

The remediation objectives for these chemicals must also include the construction worker inhalation objective in Appendix B, Table B.
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NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
### Section 742. APPENDIX B  Tier 1 Illustrations and Tables and Illustrations

### Section 742. TABLE B  Tier 1 Soil Remediation Objectives for Industrial/Commercial Properties

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Exposure Route-Specific Values for Soils</th>
<th>Soil Component of the Groundwater Ingestion Exposure Route Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Industrial-Commercial</td>
<td>Construction Worker</td>
</tr>
<tr>
<td>83-32-9</td>
<td>Acenaphthene</td>
<td>120,000[^b]</td>
<td>-----[^c]</td>
</tr>
<tr>
<td>116-06-3</td>
<td>Aldicarb[^a]</td>
<td>2,000[^b]</td>
<td>-----[^c]</td>
</tr>
<tr>
<td>309-00-2</td>
<td>Aldrin</td>
<td>0.3[^c]</td>
<td>6.6[^c]</td>
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<tr>
<td>120-12-7</td>
<td>Anthracene</td>
<td>610,000[^b]</td>
<td>-----[^c]</td>
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<td>1912-24-9</td>
<td>Atrazine[^a]</td>
<td>72,000[^b]</td>
<td>-----[^c]</td>
</tr>
<tr>
<td>71-43-2</td>
<td>Benzene</td>
<td>100[^c]</td>
<td>1.6[^c]</td>
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</tbody>
</table>
### Exposure Route-Specific Values for Soils

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/kg)</th>
<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>56-55-3</td>
<td>Benzo(α)anthracene</td>
<td>8^e</td>
<td>-----^c</td>
<td>170^e</td>
<td>-----^c</td>
<td>2</td>
<td>8</td>
<td>*</td>
</tr>
<tr>
<td>205-99-2</td>
<td>Benzo(b)fluoranthene</td>
<td>8^e</td>
<td>-----^c</td>
<td>170^e</td>
<td>-----^c</td>
<td>5</td>
<td>25</td>
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<tr>
<td>207-08-9</td>
<td>Benzo(k)fluoranthene</td>
<td>78^e</td>
<td>-----^c</td>
<td>1,700^e</td>
<td>-----^c</td>
<td>49</td>
<td>250</td>
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<tr>
<td>50-32-8</td>
<td>Benzo(α)pyrene</td>
<td>0.8^e,$\text{≤}$</td>
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<td>17^e</td>
<td>-----^c</td>
<td>8</td>
<td>82</td>
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<tr>
<td>111-44-4</td>
<td>Bis(2-chloroethyl)ether</td>
<td>5^e</td>
<td>0.47^e</td>
<td>75^e</td>
<td>0.66^e</td>
<td>0.0004^e,$\text{≤}$</td>
<td>0.0004</td>
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<td>117-81-7</td>
<td>Bis(2-ethylhexyl)phthalate</td>
<td>410^e</td>
<td>31,000^d</td>
<td>4,100^b</td>
<td>31,000^d</td>
<td>3,600</td>
<td>31,000^d</td>
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<tr>
<td>75-27-4</td>
<td>Bromodichloromethane (Dichlorobromomethane)</td>
<td>92^e</td>
<td>3,000^d</td>
<td>2,000^e</td>
<td>3,000^d</td>
<td>0.6</td>
<td>0.6</td>
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<tr>
<td>75-25-2</td>
<td>Bromoform</td>
<td>720^e</td>
<td>100^e</td>
<td>16,000^e</td>
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<td>71-36-3</td>
<td>Butanol</td>
<td>200,000^b</td>
<td>10,000^d</td>
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<td>85-68-7</td>
<td>Butyl benzyl phthalate</td>
<td>410,000^b</td>
<td>930^d</td>
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<tr>
<td>86-74-8</td>
<td>Carbazole</td>
<td>290^e</td>
<td>-----^c</td>
<td>6,200^e</td>
<td>-----^c</td>
<td>0.6^e</td>
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### Exposure Route-Specific Values for Soils

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<th>CAS No.</th>
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<th>Inhalation (mg/kg)</th>
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<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
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<tr>
<td>1563-66-2</td>
<td>Carbofuran&lt;sup&gt;a&lt;/sup&gt;</td>
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<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.22</td>
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<td>75-15-0</td>
<td>Carbon disulfide</td>
<td>200,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>720&lt;sup&gt;d&lt;/sup&gt;</td>
<td>20,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>9.0&lt;sup&gt;b&lt;/sup&gt;</td>
<td>32&lt;sup&gt;b&lt;/sup&gt;</td>
<td>160</td>
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<tr>
<td>56-23-5</td>
<td>Carbon tetrachloride</td>
<td>44&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.64&lt;sup&gt;e&lt;/sup&gt;</td>
<td>410&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.90&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.07</td>
<td>0.33</td>
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<td>57-74-9</td>
<td>Chlordane</td>
<td>1644&lt;sup&gt;e&lt;/sup&gt;</td>
<td>140&lt;sup&gt;e&lt;/sup&gt;</td>
<td>100&lt;sup&gt;b&lt;/sup&gt;</td>
<td>22&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>106-47-8</td>
<td>4-Chloroaniline&lt;sup&gt;(p-Chloroaniline)&lt;/sup&gt;</td>
<td>8,200&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>820&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.7&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>108-90-7</td>
<td>Chlorobenzene&lt;sup&gt;(Monochlorobenzene)&lt;/sup&gt;</td>
<td>41,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>210&lt;sup&gt;b&lt;/sup&gt;</td>
<td>4,100&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.3&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>124-48-1</td>
<td>Chlorodibromomethane&lt;sup&gt;(Dibromochloromethane)&lt;/sup&gt;</td>
<td>41,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1,300&lt;sup&gt;d&lt;/sup&gt;</td>
<td>41,000&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>67-66-3</td>
<td>Chloroform</td>
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<td>0.54&lt;sup&gt;e&lt;/sup&gt;</td>
<td>2,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.76&lt;sup&gt;e&lt;/sup&gt;</td>
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<td>218-01-9</td>
<td>Chrysene</td>
<td>780&lt;sup&gt;e&lt;/sup&gt;</td>
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<td>17,000&lt;sup&gt;e&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>94-75-7</td>
<td>2,4-D&lt;sup&gt;e&lt;/sup&gt;</td>
<td>20,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.5</td>
<td>7.7</td>
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<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
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<tr>
<td>75-99-0</td>
<td>Dalapon</td>
<td>61,000(^b)</td>
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<td>6,100(^b)</td>
<td>-----(^c)</td>
<td>0.85</td>
<td>8.5</td>
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<tr>
<td>72-54-8</td>
<td>DDD</td>
<td>24(^e)</td>
<td>-----(^c)</td>
<td>520(^e)</td>
<td>-----(^c)</td>
<td>16(^e)</td>
<td>80</td>
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<tr>
<td>72-55-9</td>
<td>DDE</td>
<td>17(^e)</td>
<td>-----(^c)</td>
<td>370(^e)</td>
<td>-----(^c)</td>
<td>54(^e)</td>
<td>270</td>
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<td>50-29-3</td>
<td>DDT</td>
<td>17(^e)</td>
<td>1,500(^e)</td>
<td>100(^b)</td>
<td>2,100(^c)</td>
<td>32(^c)</td>
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<tr>
<td>53-70-3</td>
<td>Dibenzo(a,h)anthracene</td>
<td>0.8(^e)</td>
<td>-----(^c)</td>
<td>17(^e)</td>
<td>-----(^c)</td>
<td>2</td>
<td>7.6</td>
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<tr>
<td>96-12-8</td>
<td>1,2-Dibromo-3-chloropropane</td>
<td>4(^e)</td>
<td>17(^b)</td>
<td>89(^e)</td>
<td>0.11(^b)</td>
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<td>0.020, 0.002</td>
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<td>106-93-4</td>
<td>1,2-Dibromoethane (Ethylene dibromide)</td>
<td>2.9(^e)</td>
<td>0.12(^c)</td>
<td>62(^e)</td>
<td>0.16(^c)</td>
<td>0.0004</td>
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<tr>
<td>84-74-2</td>
<td>Di-n-butyl phthalate</td>
<td>200,000(^b)</td>
<td>2,300(^d)</td>
<td>200,000(^b)</td>
<td>2,300(^d)</td>
<td>2,300(^d)</td>
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<td>95-50-1</td>
<td>1,2-Dichlorobenzene (o-Dichlorobenzene)</td>
<td>180,000(^b)</td>
<td>560(^d)</td>
<td>18,000(^b)</td>
<td>310(^b)</td>
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<td>106-46-7</td>
<td>1,4-Dichlorobenzene (p-Dichlorobenzene)</td>
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<td>-----(^c)</td>
<td>340(^h)</td>
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<th>Class I (mg/kg)</th>
<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
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<tr>
<td>91-94-1</td>
<td>3,3’-Dichlorobenzidine</td>
<td>13&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>280&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>75-34-3</td>
<td>1,1-Dichloroethane</td>
<td>200,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1,700&lt;sup&gt;d&lt;/sup&gt;</td>
<td>200,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>130&lt;sup&gt;b&lt;/sup&gt;</td>
<td>23&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>107-06-2</td>
<td>1,2-Dichloroethane (Ethylene dichloride)</td>
<td>63&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.70&lt;sup&gt;e&lt;/sup&gt;</td>
<td>1,400&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.99&lt;sup&gt;e&lt;/sup&gt;</td>
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<td>75-35-4</td>
<td>1,1-Dichloroethylene</td>
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<td>470&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>3,100&lt;sup&gt;d&lt;/sup&gt;</td>
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<td>9&lt;sup&gt;b&lt;/sup&gt;</td>
<td>9&lt;sup&gt;+&lt;/sup&gt;</td>
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<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>82,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>4,300&lt;sup&gt;b&lt;/sup&gt;</td>
<td>21,000&lt;sup&gt;+&lt;/sup&gt;</td>
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<tr>
<td>86-73-7</td>
<td>Fluorene</td>
<td>82,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>82,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>560&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2,800&lt;sup&gt;+&lt;/sup&gt;</td>
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<tr>
<td>76-44-8</td>
<td>Heptachlor</td>
<td>1&lt;sup&gt;e&lt;/sup&gt;</td>
<td>11&lt;sup&gt;e&lt;/sup&gt;</td>
<td>28&lt;sup&gt;e&lt;/sup&gt;</td>
<td>16&lt;sup&gt;e&lt;/sup&gt;</td>
<td>23</td>
<td>110</td>
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**NOTICE OF ADOPTED AMENDMENTS**
# POLLUTION CONTROL BOARD

## NOTICE OF ADOPTED AMENDMENTS

### Exposure Route-Specific Values for Soils

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/kg)</th>
<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
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<tbody>
<tr>
<td>1024-57-3</td>
<td>Heptachlor epoxide</td>
<td>0.6&lt;sup&gt;c&lt;/sup&gt;</td>
<td>9.2&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2.7&lt;sup&gt;b&lt;/sup&gt;</td>
<td>13&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.7</td>
<td>3.3</td>
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<tr>
<td>118-74-1</td>
<td>Hexachlorobenzene</td>
<td>4&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.8&lt;sup&gt;c&lt;/sup&gt;</td>
<td>78&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2.6&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2</td>
<td>11</td>
<td>*</td>
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<tr>
<td>319-84-6</td>
<td>alpha-HCH (alpha-BHC)</td>
<td>0.9&lt;sup&gt;d&lt;/sup&gt;</td>
<td>1.5&lt;sup&gt;c&lt;/sup&gt;</td>
<td>20&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2.1&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.0005&lt;sup&gt;c,d&lt;/sup&gt;</td>
<td>0.003</td>
<td>0.0074</td>
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<td>58-89-9</td>
<td>gamma-HCH (Lindane)&lt;sup&gt;a&lt;/sup&gt;</td>
<td>4&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>96&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.009</td>
<td>0.047</td>
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<td>77-47-4</td>
<td>Hexachlorocyclopentadiene</td>
<td>14,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>16&lt;sup&gt;b&lt;/sup&gt;</td>
<td>14,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>400</td>
<td>2,200&lt;sup&gt;d&lt;/sup&gt;</td>
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<tr>
<td>67-72-1</td>
<td>Hexachloroethane</td>
<td>2,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.5</td>
<td>2.6</td>
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<tr>
<td>193-39-5</td>
<td>Indeno(1,2,3-c,d)pyrene</td>
<td>8&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>170&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>14</td>
<td>69</td>
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<td>78-59-1</td>
<td>Isophorone</td>
<td>410,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>4,600&lt;sup&gt;d&lt;/sup&gt;</td>
<td>410,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>4,600&lt;sup&gt;d&lt;/sup&gt;</td>
<td>8&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>72-43-5</td>
<td>Methoxychlor&lt;sup&gt;o&lt;/sup&gt;</td>
<td>10,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>160</td>
<td>780</td>
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<tr>
<td>74-83-9</td>
<td>Methyl bromide (Bromomethane)</td>
<td>2,900&lt;sup&gt;b&lt;/sup&gt;</td>
<td>15&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>3.9&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.2</td>
<td>1.2</td>
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<tr>
<th>CAS No.</th>
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<th>Ingestion (mg/kg)</th>
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<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
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<tbody>
<tr>
<td>75-09-2</td>
<td>Methylene chloride (Dichloromethane)</td>
<td>760&lt;sup&gt;e&lt;/sup&gt;</td>
<td>24&lt;sup&gt;e&lt;/sup&gt;</td>
<td>12,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>34&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.02&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.2</td>
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<tr>
<td>95-48-7</td>
<td>2-Methylphenol (o-Cresol)</td>
<td>100,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>100,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>15&lt;sup&gt;b&lt;/sup&gt;</td>
<td>15</td>
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<tr>
<td>86-30-6</td>
<td>N-Nitrosodiphenylamine</td>
<td>1,200&lt;sup&gt;e&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>25,000&lt;sup&gt;e&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1&lt;sup&gt;e&lt;/sup&gt;</td>
<td>5.6</td>
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<tr>
<td>621-64-7</td>
<td>N-Nitrosodi-n-propylamine</td>
<td>0.8&lt;sup&gt;e&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>18&lt;sup&gt;e&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>0.0018</td>
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<tr>
<td>91-20-3</td>
<td>Naphthalene</td>
<td>41,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>270&lt;sup&gt;b&lt;/sup&gt;</td>
<td>4,100&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.8&lt;sup&gt;b&lt;/sup&gt;</td>
<td>12&lt;sup&gt;b&lt;/sup&gt;</td>
<td>18</td>
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<tr>
<td>98-95-3</td>
<td>Nitrobenzene</td>
<td>1,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>140&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1,000&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>0.1&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>Phenol</td>
<td>610,000&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>61,000&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>100&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>1918-02-1</td>
<td>Picloram&lt;sup&gt;c&lt;/sup&gt;</td>
<td>140,000&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>14,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2</td>
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<td>1336-36-3</td>
<td>Polychlorinated biphenyls&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c,h&lt;/sup&gt;</td>
<td>1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c,h&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td>129-00-0</td>
<td>Pyrene</td>
<td>61,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>61,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>4,200&lt;sup&gt;b&lt;/sup&gt;</td>
<td>21,000</td>
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<th>Class I (mg/kg)</th>
<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
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<tbody>
<tr>
<td>122-34-9</td>
<td>Simazine</td>
<td>10,000b</td>
<td>-----c</td>
<td>1,000b</td>
<td>-----c</td>
<td>0.04</td>
<td>0.37</td>
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<td>100-42-5</td>
<td>Styrene</td>
<td>410,000b</td>
<td>1,500d</td>
<td>41,000b</td>
<td>430b</td>
<td>4</td>
<td>18</td>
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<tr>
<td>127-18-4</td>
<td>Tetrachloroethylene (Perchloroethylene)</td>
<td>110e</td>
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<tr>
<td>108-88-3</td>
<td>Toluene</td>
<td>410,000b</td>
<td>650d</td>
<td>410,000b</td>
<td>42b</td>
<td>12</td>
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<tr>
<td>8001-35-2</td>
<td>Toxaphene</td>
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<td>170f</td>
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<td>120-82-1</td>
<td>1,2,4-Trichlorobenzene</td>
<td>20,000b</td>
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<td>920b</td>
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<td>1,1,1-Trichloroethane</td>
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<td>1,200d</td>
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<td>1,1,2-Trichloroethane</td>
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<td>1,800d</td>
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<td>1,800d</td>
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<td>79-01-6</td>
<td>Trichloroethylene</td>
<td>520e</td>
<td>8.9f</td>
<td>1,200b</td>
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<td>108-05-4</td>
<td>Vinyl acetate</td>
<td>1,000,000b</td>
<td>1,600b</td>
<td>200,000b</td>
<td>10b</td>
<td>170b</td>
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<th>ADL (mg/kg)</th>
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<tr>
<td>75-01-4</td>
<td>Vinyl chloride</td>
<td>7.9&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.1&lt;sup&gt;c&lt;/sup&gt;</td>
<td>170&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.01&lt;sup&gt;i&lt;/sup&gt;</td>
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<tr>
<td>108-38-3</td>
<td>m-Xylene</td>
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<td>41,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>6.4&lt;sup&gt;b&lt;/sup&gt;420&lt;sup&gt;d&lt;/sup&gt;</td>
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<td>95-47-6</td>
<td>o-Xylene</td>
<td>410,000&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>41,000&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>p-Xylene</td>
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<td>460&lt;sup&gt;d&lt;/sup&gt;</td>
<td>41,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>5.9&lt;sup&gt;b&lt;/sup&gt;460&lt;sup&gt;d&lt;/sup&gt;</td>
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<td>1330-20-7</td>
<td>Xylenes (total)</td>
<td>410,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>320&lt;sup&gt;d&lt;/sup&gt;</td>
<td>41,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>5.6&lt;sup&gt;b&lt;/sup&gt;320&lt;sup&gt;d&lt;/sup&gt;</td>
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### Ionizable Organics

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<tr>
<td>65-85-0</td>
<td>Benzoic Acid</td>
<td>1,000,000&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>820,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>400&lt;sup&gt;b&lt;/sup&gt;400&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>95-57-8</td>
<td>2-Chlorophenol</td>
<td>10,000&lt;sup&gt;d&lt;/sup&gt;</td>
<td>53,000&lt;sup&gt;d&lt;/sup&gt;</td>
<td>10,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>53,000&lt;sup&gt;d&lt;/sup&gt;</td>
<td>4&lt;sup&gt;b&lt;/sup&gt;20&lt;sup&gt;i&lt;/sup&gt;</td>
<td>20&lt;sup&gt;i&lt;/sup&gt;</td>
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<td>120-83-2</td>
<td>2,4-Dichlorophenol</td>
<td>6,100&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>610&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>51-28-5</td>
<td>2,4-Dinitrophenol</td>
<td>4,100&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>410&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.2&lt;sup&gt;b&lt;/sup&gt;0.2&lt;sup&gt;i&lt;/sup&gt;</td>
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<td>88-85-7</td>
<td>Dinoseb&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>200&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>3.4&lt;sup&gt;i&lt;/sup&gt;</td>
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## POLLUTION CONTROL BOARD

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<th>Ingestion (mg/kg)</th>
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<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
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<tbody>
<tr>
<td>87-86-5</td>
<td>Pentachlorophenol</td>
<td>24&lt;sup&gt;e&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>520&lt;sup&gt;d&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.03&lt;sup&gt;f&lt;/sup&gt;</td>
<td>0.14&lt;sup&gt;i&lt;/sup&gt;</td>
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<tr>
<td>93-72-1</td>
<td>2,4,5-TP (Silvex)</td>
<td>16,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1,600&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>11&lt;sup&gt;i&lt;/sup&gt;</td>
<td>55&lt;sup&gt;i&lt;/sup&gt;</td>
<td>*</td>
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<tr>
<td>95-95-4</td>
<td>2,4,5-Trichlorophenol</td>
<td>200,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>200,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>270&lt;sup&gt;b,i,j&lt;/sup&gt;</td>
<td>1,400&lt;sup&gt;i&lt;/sup&gt;</td>
<td>*</td>
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<tr>
<td>88-06-2</td>
<td>2,4,6-Trichlorophenol</td>
<td>520&lt;sup&gt;e&lt;/sup&gt;</td>
<td>390&lt;sup&gt;e&lt;/sup&gt;</td>
<td>11,000&lt;sup&gt;e&lt;/sup&gt;</td>
<td>540&lt;sup&gt;e&lt;/sup&gt;</td>
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<td>0.77&lt;sup&gt;i&lt;/sup&gt;</td>
<td>0.66</td>
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</tbody>
</table>

### Soil Component of the Groundwater Ingestion Exposure Route Values

- **Class I**: Values are specific to the ingestion route of exposure for groundwater soils.
- **Class II**: Values are general guidelines for contamination.
- **ADL**: Action Decision Level, indicating the threshold below which no action is typically taken.

---

The table above illustrates the exposure route-specific values for soils from various chemicals. Each entry includes ingestion and inhalation exposure values for industrial-commercial and construction worker scenarios, along with specific groundwater ingestion exposure route values. The data is crucial for regulatory compliance and environmental protection measures.
### Exposure Route-Specific Values for Soils

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
<th>ADL (mg/kg)</th>
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</thead>
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<tr>
<td><strong>Inorganics</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7440-36-0</td>
<td>Antimony</td>
<td>820^b</td>
<td>-----^e</td>
<td>82^b</td>
<td>-----^e</td>
<td>0.006^m</td>
<td>0.024^m</td>
<td>*</td>
</tr>
<tr>
<td>7440-38-2</td>
<td>Arsenic</td>
<td>---^l</td>
<td>1,200^e</td>
<td>61^b</td>
<td>25,000^e</td>
<td>0.05^m</td>
<td>0.2^m</td>
<td>*</td>
</tr>
<tr>
<td>7440-39-3</td>
<td>Barium</td>
<td>140,000^b</td>
<td>910,000^b</td>
<td>14,000^b</td>
<td>870,000^b</td>
<td>2.0^m</td>
<td>2.0^m</td>
<td>*</td>
</tr>
<tr>
<td>7440-41-7</td>
<td>Beryllium</td>
<td>4,100^b</td>
<td>2,100^e</td>
<td>410^b</td>
<td>44,000^e</td>
<td>0.004^m</td>
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<tr>
<td>7440-42-8</td>
<td>Boron</td>
<td>410,000^b</td>
<td>---^c</td>
<td>41,000^b</td>
<td>---^c</td>
<td>2.0^m</td>
<td>2.0^m</td>
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<tr>
<td>7440-43-9</td>
<td>Cadmium^ln</td>
<td>2,000^b,r</td>
<td>2,800^e</td>
<td>200^b,r</td>
<td>59,000^b</td>
<td>0.005^m</td>
<td>0.05^m</td>
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<tr>
<td>7440-70-2</td>
<td>Calcium^n</td>
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<td>---^c</td>
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<tr>
<td>16887-00-6</td>
<td>Chloride</td>
<td>------^c</td>
<td>------^c</td>
<td>------^c</td>
<td>------^c</td>
<td>200^m</td>
<td>200^m</td>
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<tr>
<td>7440-47-3</td>
<td>Chromium, total</td>
<td>6,100^b</td>
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<td>0.1^m</td>
<td>1.0^m</td>
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<td>16065-83-1</td>
<td>Chromium, ion,</td>
<td>1,000,000^b</td>
<td>---^c</td>
<td>310,000^b</td>
<td>---^c</td>
<td>---^d</td>
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<tr>
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<td>trivalent</td>
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<td>18540-29-9</td>
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<td>6,100^b</td>
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</table>
## Exposure Route-Specific Values for Soils

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/kg)</th>
<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
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<tbody>
<tr>
<td>7440-48-4</td>
<td>Cobalt</td>
<td>120,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>12,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>1.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>7440-50-8</td>
<td>Copper&lt;sup&gt;a&lt;/sup&gt;</td>
<td>82,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>8,200&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.65&lt;sup&gt;m&lt;/sup&gt;</td>
<td>0.65&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>57-12-5</td>
<td>Cyanide (amenable)</td>
<td>41,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>4,100&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.2&lt;sup&gt;m&lt;/sup&gt;</td>
<td>0.6&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>7782-41-4</td>
<td>Fluoride</td>
<td>120,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>12,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>4.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>4.0&lt;sup&gt;m&lt;/sup&gt;</td>
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<tr>
<td>15438-31-0</td>
<td>Iron</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>5.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>5.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>7439-92-1</td>
<td>Lead</td>
<td>800&lt;sup&gt;y&lt;/sup&gt;400&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>700&lt;sup&gt;y&lt;/sup&gt;400&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.0075&lt;sup&gt;m&lt;/sup&gt;</td>
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<tr>
<td>7439-95-4</td>
<td>Magnesium&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>730,000</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>7439-96-5</td>
<td>Manganese</td>
<td>41,000&lt;sup&gt;y&lt;/sup&gt;96,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>91,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>4,100&lt;sup&gt;y&lt;/sup&gt;9,600&lt;sup&gt;b&lt;/sup&gt;</td>
<td>8,700&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.15&lt;sup&gt;m&lt;/sup&gt;</td>
<td>10.0&lt;sup&gt;m&lt;/sup&gt;</td>
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<tr>
<td>7439-97-6</td>
<td>Mercury&lt;sup&gt;y,n,s&lt;/sup&gt;</td>
<td>610&lt;sup&gt;b&lt;/sup&gt;</td>
<td>16&lt;sup&gt;b&lt;/sup&gt;40,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>61&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.1&lt;sup&gt;b&lt;/sup&gt;52,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.002&lt;sup&gt;m&lt;/sup&gt;</td>
<td>0.01&lt;sup&gt;m&lt;/sup&gt;</td>
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<tr>
<td>7440-02-0</td>
<td>Nickel&lt;sup&gt;y&lt;/sup&gt;</td>
<td>41,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>21,000&lt;sup&gt;c&lt;/sup&gt;</td>
<td>4,100&lt;sup&gt;b&lt;/sup&gt;</td>
<td>440,000&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.1&lt;sup&gt;m&lt;/sup&gt;</td>
<td>2.0&lt;sup&gt;m&lt;/sup&gt;</td>
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<tr>
<td>14797-55-8</td>
<td>Nitrate as N&lt;sup&gt;y&lt;/sup&gt;</td>
<td>1,000,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>330,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>10.0&lt;sup&gt;y&lt;/sup&gt;</td>
<td>100&lt;sup&gt;y&lt;/sup&gt;</td>
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<tr>
<td>7723-14-0</td>
<td>Phosphorus&lt;sup&gt;n&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>*</td>
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<tr>
<td>7440-09-7</td>
<td>Potassium&lt;sup&gt;n&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>7782-49-2</td>
<td>Selenium&lt;sup&gt;n&lt;/sup&gt;</td>
<td>10,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.05&lt;sup&gt;m&lt;/sup&gt;</td>
<td>0.05&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
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</tbody>
</table>
Exposure Route-Specific Values for Soils

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Ingestion (mg/kg)</th>
<th>Inhalation (mg/kg)</th>
<th>Class I (mg/kg)</th>
<th>Class II (mg/kg)</th>
<th>ADL (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7440-22-4</td>
<td>Silver</td>
<td>10,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.05&lt;sup&gt;m&lt;/sup&gt;</td>
<td>-----</td>
<td>*</td>
</tr>
<tr>
<td>7440-23-5</td>
<td>Sodium&lt;sup&gt;g&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;d&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;e&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;d&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;e&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;e&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;e&lt;/sup&gt;</td>
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<tr>
<td>14808-79-8</td>
<td>Sulfate</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>7440-28-0</td>
<td>Thallium</td>
<td>160&lt;sup&gt;b,u&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>160&lt;sup&gt;b,u&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.002&lt;sup&gt;m&lt;/sup&gt;</td>
<td>0.02&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
<tr>
<td>7440-62-2</td>
<td>Vanadium</td>
<td>14,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1,400&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>0.1&lt;sup&gt;m&lt;/sup&gt;</td>
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<td>Zinc&lt;sup&gt;f&lt;/sup&gt;</td>
<td>610,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>61,000&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-----&lt;sup&gt;c&lt;/sup&gt;</td>
<td>5.0&lt;sup&gt;m&lt;/sup&gt;</td>
<td>10&lt;sup&gt;m&lt;/sup&gt;</td>
<td>*</td>
</tr>
</tbody>
</table>

"*" indicates that the ADL is less than or equal to the specified remediation objective.

NA means Not Available; no PQL or EQL available in USEPA analytical methods.

Chemical Name and Soil Remediation Objective Notations (2<sup>nd</sup>, 5<sup>th</sup> thru 8<sup>th</sup> Columns)

- <sup>a</sup> Soil remediation objectives based on human health criteria only.
- <sup>b</sup> Calculated values correspond to a target hazard quotient of 1.
- <sup>c</sup> No toxicity criteria available for this route of exposure.
- <sup>d</sup> Soil saturation concentration (C_s) = the concentration at which the absorptive limits of the soil particles, the solubility limits of the available soil moisture, and saturation of soil pore air have been reached. Above the soil saturation concentration, the assumptions regarding vapor transport to air and/or dissolved phase transport to groundwater (for chemicals which are liquid at ambient soil temperatures) have been violated, and alternative modeling approaches are required.
- <sup>e</sup> Calculated values correspond to a cancer risk level of 1 in 1,000,000.
- <sup>f</sup> Level is at or below Contract Laboratory Program required quantitation limit for Regular Analytical Services (RAS).
- <sup>g</sup> Chemical-specific properties are such that this route is not of concern at any soil contaminant concentration.
40 CFR 761 contains applicability requirements and methodologies for the development of PCB remediation objectives. Requests for approval of a Tier 3 evaluation must address the applicability of 40 CFR 761.

Soil remediation objective for pH of 6.8. If soil pH is other than 6.8, refer to Appendix B, Tables C and D in this Part.

Ingestion soil remediation objective adjusted by a factor of 0.5 to account for dermal route.

A preliminary remediation goal of 400 mg/kg has been set for lead based on Revised Interim Soil Lead Guidance for CERCLA Sites and RCRA Corrective Action Facilities, OSWER Directive #9355.4-12.

Potential for soil-plant-human exposure.

The person conducting the remediation has the option to use: (1) TCLP or SPLP test results to compare with the remediation objectives listed in this Table; or (2) the total amount of contaminant in the soil sample results to compare with pH specific remediation objectives listed in Appendix B, Table C or D of this Part; or (3) the appropriate background value listed in Appendix A, Table G. If the person conducting the remediation wishes to calculate soil remediation objectives based on background concentrations, this should be done in accordance with Subpart D of this Part.

The Agency reserves the right to evaluate the potential for remaining contaminant concentrations to pose significant threats to crops, livestock, or wildlife.

For agrichemical facilities, remediation objectives for surficial soils which are based on field application rates may be more appropriate for currently registered pesticides. Consult the Agency for further information.

For agrichemical facilities, soil remediation objectives based on site-specific background concentrations of Nitrate as N may be more appropriate. Such determinations shall be conducted in accordance with the procedures set forth in Subparts D and I of this Part.

The TCLP extraction must be done using water at a pH of 7.0.

Value for Ingestion based on Reference Dose for Mercuric chloride (CAS No. 7487-94-7); value for Inhalation based on Reference Concentration for elemental Mercury (CAS No. 7439-97-6). Inhalation remediation objective only applies at sites where elemental mercury is a contaminant of concern.

For the ingestion route for arsenic for industrial/commercial, see 742.Appendix A, Table G.

Value based on Reference Dose for Thallium sulfate (CAS No. 7446-18-6).

Value based on Reference Dose adjusted for dietary intake.

For any populated areas as defined in Section 742.200, Appendix A, Table H may be used.

Value based on maintaining fetal blood lead below 10 µg/dl, using the USEPA adults Blood Lead Model.
Calculated values correspond to soil concentrations that should not result in air concentrations that exceed criteria for workplace air.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742. APPENDIX B  Tier 1 Illustrations and Tables and Illustrations

Section 742. TABLE C  pH Specific Soil Remediation Objectives for Inorganics and Ionizing Organics for the Soil Component of the Groundwater Ingestion Route (Class I Groundwater)

<table>
<thead>
<tr>
<th>Chemical (totals)</th>
<th>pH (mg/kg)</th>
<th>pH 4.5 to 4.74</th>
<th>pH 4.75 to 5.24</th>
<th>pH 5.25 to 5.74</th>
<th>pH 5.75 to 6.24</th>
<th>pH 6.25 to 6.64</th>
<th>pH 6.65 to 6.89</th>
<th>pH 6.9 to 7.24</th>
<th>pH 7.25 to 7.47</th>
<th>pH 7.75 to 8.24</th>
<th>pH 8.25 to 8.74</th>
<th>pH 8.75 to 9.24</th>
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</thead>
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POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

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Organics

- **Benzoic Acid**: 440 420 410 400 400 400 400 400 400 400 400 400
- **2-Chlorophenol**: 4.0 4.0 4.0 4.0 3.9 3.9 3.9 3.6 3.1 2.2 1.5
- **2,4-Dichlorophenol**: 1.0 1.0 1.0 1.0 1.0 1.0 0.86 0.69 0.56 0.48
- **Dinoseb**: 8.4 4.5 1.9 0.82 0.43 0.34 0.31 0.27 0.25 0.25 0.25
- **Pentachlorophenol**: 0.54 0.32 0.15 0.07 0.04 0.03 0.02 0.02 0.02 0.02 0.02
- **2,4,5-TP (Silvex)**: 26 16 12 11 11 11 11 11 11 11 11
- **2,4,5-Trichlorophenol**: 400 390 390 370 320 270 230 130 64 36 26
- **2,4,6-Trichlorophenol**: 0.37 0.36 0.34 0.29 0.20 0.15 0.13 0.09 0.07 0.07 0.07

*a No data available for this pH range.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
### Section 742.TABLE D  pH Specific Soil Remediation Objectives for Inorganics and Ionizing Organics for the Soil Component of the Groundwater Ingestion Route (Class II Groundwater)

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### POLLUTION CONTROL BOARD

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#### Organics

- **Benzoic Acid**: 440 420 410 400 400 400 400 400 400 400 400
- **2-Chlorophenol**: 20 20 20 20 20 19 3.6 3.1 2.2 1.5
- **2,4-Dichlorophenol**: 1.0 1.0 1.0 1.0 1.0 1.0 0.86 0.69 0.56 0.48
- **Dinoseb**: 84 45 19 8.2 4.3 3.4 3.1 2.7 2.5 2.5 2.5
- **Pentachlorophenol**: 2.7 1.6 0.75 0.33 0.18 0.15 0.12 0.11 0.10 0.10 0.10
- **2,4,5-TP (Silvex)**: 130 79 62 57 55 55 55 55 55 55 55
- **2,4,5-Trichlorophenol**: 2,000 2,000 1,900 1,800 1,600 1,400 1,200 640 64 36 26
- **2,4,6-Trichlorophenol**: 1.9 1.8 1.7 1.4 1.0 0.77 0.13 0.09 0.07 0.07 0.07

*a* No data available for this pH range.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
### Section 742.APPENDIX B  Tier 1 Illustrations and Tables and Illustrations

### Section 742.TABLE E  Tier 1 Groundwater Remediation Objectives for the Groundwater Component of the Groundwater Ingestion Route

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<td>0.0002&lt;sup&gt;ae&lt;/sup&gt;</td>
<td>0.002&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>65-85-0</td>
<td>Benzoic Acid</td>
<td>28</td>
<td>28</td>
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<tr>
<td>111-44-4</td>
<td>Bis(2-chloroethyl)ether</td>
<td></td>
<td>0.01&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.01</td>
</tr>
<tr>
<td>117-81-7</td>
<td>Bis(2-ethylhexyl)phthalate (Di(2-ethylhexyl)phthalate)</td>
<td></td>
<td>0.006&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.06&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>75-27-4</td>
<td>Bromodichloromethane (Dichlorobromomethane)</td>
<td></td>
<td>0.0002&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.0002&lt;sup&gt;e&lt;/sup&gt;</td>
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<tr>
<td>75-25-2</td>
<td>Bromoform</td>
<td></td>
<td>0.001&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.001</td>
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<tr>
<td>71-36-3</td>
<td>Butanol</td>
<td></td>
<td>0.7</td>
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<tr>
<td>85-68-7</td>
<td>Butyl benzyl phthalate</td>
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<td>1.4</td>
<td>7.0</td>
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<tr>
<td>86-74-8</td>
<td>Carbazole</td>
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<tr>
<td>1563-66-2</td>
<td>Carbofuran</td>
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<td>0.04&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.2&lt;sup&gt;e&lt;/sup&gt;</td>
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<tr>
<td>75-15-0</td>
<td>Carbon disulfide</td>
<td></td>
<td>0.7</td>
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<tr>
<td>56-23-5</td>
<td>Carbon tetrachloride</td>
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<td>0.005&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.025&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>57-74-9</td>
<td>Chlordane</td>
<td></td>
<td>0.002&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.01&lt;sup&gt;e&lt;/sup&gt;</td>
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</table>
### Groundwater Remediation Objective

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>106-47-8</td>
<td>4-Chloroaniline (p-Chloroaniline)</td>
<td>0.028</td>
<td>0.028</td>
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<tr>
<td>108-90-7</td>
<td>Chlorobenzene (Monochlorobenzene)</td>
<td>0.1³</td>
<td>0.5⁵</td>
</tr>
<tr>
<td>124-48-1</td>
<td>Chlorodibromomethane (Dibromochloromethane)</td>
<td>0.14</td>
<td>0.14</td>
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<tr>
<td>67-66-3</td>
<td>Chloroform</td>
<td>0.0002⁴</td>
<td>0.001</td>
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<tr>
<td>95-57-8</td>
<td>2-Chlorophenol (pH 4.9-7.3)</td>
<td>0.035</td>
<td>0.175</td>
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<tr>
<td></td>
<td>2-Chlorophenol (pH 7.4-8.0)</td>
<td>0.035</td>
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<tr>
<td>218-01-9</td>
<td>Chrysene</td>
<td>0.0015⁴</td>
<td>0.0075</td>
</tr>
<tr>
<td>94-75-7</td>
<td>2,4-D</td>
<td>0.07³</td>
<td>0.35⁵</td>
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<tr>
<td>75-99-0</td>
<td>Dalapon</td>
<td>0.2⁵</td>
<td>2.0³</td>
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<tr>
<td>72-54-8</td>
<td>DDD</td>
<td>0.01⁴</td>
<td>0.07</td>
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<tr>
<td>72-55-9</td>
<td>DDE</td>
<td>0.01a</td>
<td>0.05</td>
</tr>
<tr>
<td>50-29-3</td>
<td>DDT</td>
<td>0.006a</td>
<td>0.03</td>
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<tr>
<td>53-70-3</td>
<td>Dibenz[a,h]anthracene</td>
<td>0.0003⁴</td>
<td>0.0015</td>
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<tr>
<td>96-12-8</td>
<td>1,2-Dibromo-3-chloropropane</td>
<td>0.0002⁴</td>
<td>0.0002³</td>
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<td>106-93-4</td>
<td>1,2-Dibromoethane (Ethylene dibromide)</td>
<td>0.00005³</td>
<td>0.0005³</td>
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<tr>
<td>84-74-2</td>
<td>Di-n-butyl phthalate</td>
<td>0.7</td>
<td>3.5</td>
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<tr>
<td>95-50-1</td>
<td>1,2-Dichlorobenzene (o - Dichlorobenzene)</td>
<td>0.6³</td>
<td>1.5³</td>
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<tr>
<td>106-46-7</td>
<td>1,4-Dichlorobenzene (p - Dichlorobenzene)</td>
<td>0.075³</td>
<td>0.375³</td>
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<tr>
<td>91-94-1</td>
<td>3,3’-Dichlorobenzidine</td>
<td>0.02³</td>
<td>0.1</td>
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<tr>
<td>75-34-3</td>
<td>1,1-Dichloroethane</td>
<td>0.7</td>
<td>3.5</td>
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<tr>
<td>107-06-2</td>
<td>1,2-Dichloroethane (Ethylene dichloride)</td>
<td>0.005⁴</td>
<td>0.025⁵</td>
</tr>
<tr>
<td>75-35-4</td>
<td>1,1-Dichloroethylene</td>
<td>0.007³</td>
<td>0.035³</td>
</tr>
<tr>
<td>156-59-2</td>
<td>cis-1,2-Dichloroethylene</td>
<td>0.07³</td>
<td>0.2³</td>
</tr>
<tr>
<td>156-60-5</td>
<td>trans-1,2-Dichloroethylene</td>
<td>0.1³</td>
<td>0.5³</td>
</tr>
<tr>
<td>120-83-2</td>
<td>2,4-Dichlorophenol</td>
<td>0.021</td>
<td>0.021</td>
</tr>
<tr>
<td>78-87-5</td>
<td>1,2-Dichloropropane</td>
<td>0.005⁵</td>
<td>0.025⁵</td>
</tr>
<tr>
<td>542-75-6</td>
<td>1,3-Dichloropropene (1,3-Dichloropropylene, cis + trans)</td>
<td>0.001⁴</td>
<td>0.005</td>
</tr>
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POLLUTION CONTROL BOARD
NOTICE OF ADOPTED AMENDMENTS

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-57-1</td>
<td>Dieldrin</td>
<td>0.009&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.045</td>
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<tr>
<td>84-66-2</td>
<td>Diethyl phthalate</td>
<td>5.6</td>
<td>5.6</td>
</tr>
<tr>
<td>105-67-9</td>
<td>2,4-Dimethylphenol</td>
<td>0.14</td>
<td>0.14</td>
</tr>
<tr>
<td>51-28-5</td>
<td>2,4-Dinitrophenol</td>
<td>0.014</td>
<td>0.014</td>
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<tr>
<td>121-14-2</td>
<td>2,4-Dinitrotoluene&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.00002&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.00002</td>
</tr>
<tr>
<td>606-20-2</td>
<td>2,6-Dinitrotoluene&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.00031&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.00031</td>
</tr>
<tr>
<td>88-85-7</td>
<td>Dinoseb</td>
<td>0.007&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.07&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>117-84-0</td>
<td>Di-n-octyl phthalate</td>
<td>0.14</td>
<td>0.7</td>
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<tr>
<td>115-29-7</td>
<td>Endosulfan</td>
<td>0.042</td>
<td>0.21</td>
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<tr>
<td>145-73-3</td>
<td>Endothall</td>
<td>0.1&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.1&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>72-20-8</td>
<td>Endrin</td>
<td>0.002&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.01&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>100-41-4</td>
<td>Ethylbenzene</td>
<td>0.7&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.0&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>206-44-0</td>
<td>Fluoranthene</td>
<td>0.28</td>
<td>1.4</td>
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<tr>
<td>86-73-7</td>
<td>Fluorene</td>
<td>0.28</td>
<td>1.4</td>
</tr>
<tr>
<td>76-44-8</td>
<td>Heptachlor</td>
<td>0.0004&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.002&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>1024-57-3</td>
<td>Heptachlor epoxide</td>
<td>0.0002&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.001&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>118-74-1</td>
<td>Hexachlorobenzene</td>
<td>0.00006&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.0003</td>
</tr>
<tr>
<td>319-84-6</td>
<td>alpha-HCH (alpha-BHC)</td>
<td>0.00011&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.00055</td>
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<tr>
<td>58-89-9</td>
<td>gamma-HCH (Lindane)</td>
<td>0.0002&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.001&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>77-47-4</td>
<td>Hexachlorocyclopentadiene</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.5&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>67-72-1</td>
<td>Hexachloroethane</td>
<td>0.007</td>
<td>0.035</td>
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<tr>
<td>193-39-5</td>
<td>Indeno(1,2,3-c,d)pyrene</td>
<td>0.00043&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.00215</td>
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<tr>
<td>78-59-1</td>
<td>Isophorone</td>
<td>1.4</td>
<td>1.4</td>
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<tr>
<td>72-43-5</td>
<td>Methoxychlor</td>
<td>0.04&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.2&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>74-83-9</td>
<td>Methyl bromide (Bromomethane)</td>
<td>0.0098</td>
<td>0.049</td>
</tr>
<tr>
<td>75-09-2</td>
<td>Methylene chloride (Dichloromethane)</td>
<td>0.005&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>94-48-7</td>
<td>2-Methylphenol (o-Cresol)</td>
<td>0.35</td>
<td>0.35</td>
</tr>
<tr>
<td>91-20-3</td>
<td>Naphthalene</td>
<td>0.14</td>
<td>0.22</td>
</tr>
</tbody>
</table>
POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

| 98-95-3 | Nitrobenzene | 0.0035 | 0.0035 |
## Pollutants of Concern

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>86-30-6</td>
<td>N-Nitrosodiphenylamine</td>
<td>0.0032 (^a)</td>
<td>0.016</td>
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<tr>
<td>621-64-7</td>
<td>N-Nitrosodi-n-propylamine</td>
<td>0.0018 (^a)</td>
<td>0.0018</td>
</tr>
<tr>
<td>87-86-5</td>
<td>Pentachlorophenol</td>
<td>0.001 (^c)</td>
<td>0.005 (^c)</td>
</tr>
<tr>
<td>108-95-2</td>
<td>Phenol</td>
<td>0.1 (^c)</td>
<td>0.1 (^c)</td>
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<tr>
<td>1918-02-1</td>
<td>Pilocam</td>
<td>0.5 (^c)</td>
<td>5.0 (^c)</td>
</tr>
<tr>
<td>1336-36-3</td>
<td>Polychlorinated biphenyls (PCBs)</td>
<td>0.0005 (^c)</td>
<td>0.0025 (^c)</td>
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<tr>
<td>129-00-0</td>
<td>Pyrene</td>
<td>0.21</td>
<td>1.05</td>
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<tr>
<td>122-34-9</td>
<td>Simazine</td>
<td>0.004 (^c)</td>
<td>0.04 (^c)</td>
</tr>
<tr>
<td>100-42-5</td>
<td>Styrene</td>
<td>0.1 (^c)</td>
<td>0.5 (^c)</td>
</tr>
<tr>
<td>93-72-1</td>
<td>2,4,5-TP (Silvex)</td>
<td>0.05 (^c)</td>
<td>0.25 (^c)</td>
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<tr>
<td>127-18-4</td>
<td>Tetrachloroethylene (Perchloroethylene)</td>
<td>0.005 (^c)</td>
<td>0.025 (^c)</td>
</tr>
<tr>
<td>108-88-3</td>
<td>Toluene</td>
<td>1.0 (^c)</td>
<td>2.5 (^c)</td>
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<tr>
<td>8001-35-2</td>
<td>Toxaphene</td>
<td>0.003 (^c)</td>
<td>0.015 (^c)</td>
</tr>
<tr>
<td>120-82-1</td>
<td>1,2,4-Trichlorobenzene</td>
<td>0.07 (^c)</td>
<td>0.7 (^c)</td>
</tr>
<tr>
<td>71-55-6</td>
<td>1,1,1-Trichloroethane (^b)</td>
<td>0.2 (^c)</td>
<td>1.0 (^c)</td>
</tr>
<tr>
<td>79-00-5</td>
<td>1,1,2-Trichloroethane</td>
<td>0.005 (^c)</td>
<td>0.05 (^c)</td>
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<tr>
<td>79-01-6</td>
<td>Trichloroethylene</td>
<td>0.005 (^c)</td>
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### Ionizable Organics

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
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<tbody>
<tr>
<td>95-95-4</td>
<td>2,4,5-Trichlorophenol (pH 4.9-7.8)</td>
<td>0.7</td>
<td>3.5</td>
</tr>
<tr>
<td>2,4,5-Trichlorophenol (pH 7.9-8.0)</td>
<td>0.7</td>
<td>9.7</td>
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<tr>
<td>88-06-2</td>
<td>2,4,6-Trichlorophenol (pH 4.9-6.8)</td>
<td>0.01 (^c)</td>
<td>0.05</td>
</tr>
<tr>
<td>2,4,6-Trichlorophenol (pH 6.9-8.0)</td>
<td>0.01</td>
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<tr>
<td>108-05-4</td>
<td>Vinyl acetate</td>
<td>7.0</td>
<td>7.0</td>
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<tr>
<td>75-01-4</td>
<td>Vinyl chloride</td>
<td>0.002 (^c)</td>
<td>0.01 (^c)</td>
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<tr>
<td>1330-20-7</td>
<td>Xylenes (total)</td>
<td>10.0 (^c)</td>
<td>10.0 (^c)</td>
</tr>
</tbody>
</table>

- \(^a\) Maximum Allowable Concentration
- \(^b\) Not applicable
- \(^c\) Units are milligrams per liter (mg/L)
- \(^d\) Concentration is less than the limit of detection (LOD)
- \(^e\) Concentration is greater than the limit of quantitation (LOQ)
POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

<table>
<thead>
<tr>
<th>Code</th>
<th>Chemical</th>
<th>Old Limit</th>
<th>New Limit</th>
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</thead>
<tbody>
<tr>
<td>105-67-9</td>
<td>2,4-Dimethylphenol</td>
<td>0.14</td>
<td>0.14</td>
</tr>
<tr>
<td>51-28-5</td>
<td>2,4-Dinitrophenol</td>
<td>0.014</td>
<td>0.014</td>
</tr>
<tr>
<td>95-48-7</td>
<td>2-Methylphenol (o-Cresol)</td>
<td>0.25</td>
<td>0.25</td>
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</tbody>
</table>
### Groundwater Remediation Objective

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>95-05-4</td>
<td>2,4,5-Trichlorophenol</td>
<td>0.7</td>
<td>2.5</td>
</tr>
<tr>
<td>88-06-2</td>
<td>2,4,6-Trichlorophenol</td>
<td>0.01*</td>
<td>0.05</td>
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<tr>
<td></td>
<td><strong>Inorganics</strong></td>
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<tr>
<td>7440-36-0</td>
<td>Antimony</td>
<td>0.006&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.024&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>7440-38-2</td>
<td>Arsenic</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.2&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>7440-39-3</td>
<td>Barium</td>
<td>2.0&lt;sup&gt;f&lt;/sup&gt;</td>
<td>2.0&lt;sup&gt;f&lt;/sup&gt;</td>
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<tr>
<td>7440-41-7</td>
<td>Beryllium</td>
<td>0.004&lt;sup&gt;f&lt;/sup&gt;</td>
<td>0.5&lt;sup*&lt;/sup&gt;</td>
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<tr>
<td>7440-42-8</td>
<td>Boron</td>
<td>2.0&lt;sup&gt;f&lt;/sup&gt;</td>
<td>2.0&lt;sup&gt;f&lt;/sup&gt;</td>
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<tr>
<td>7440-43-9</td>
<td>Cadmium</td>
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<tr>
<td>7440-70-2</td>
<td>Calcium</td>
<td>---&lt;sup&gt;d&lt;/sup&gt;</td>
<td>---&lt;sup&gt;d&lt;/sup&gt;</td>
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<tr>
<td>16887-00-6</td>
<td>Chloride</td>
<td>200&lt;sup&gt;*&lt;/sup&gt;</td>
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<tr>
<td>7440-47-3</td>
<td>Chromium, total</td>
<td>0.1&lt;sup&gt;*&lt;/sup&gt;</td>
<td>1.0&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td>18540-29-9</td>
<td>Chromium, ion, hexavalent</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>7440-48-4</td>
<td>Cobalt</td>
<td>1.0&lt;sup&gt;f&lt;/sup&gt;</td>
<td>1.0&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-50-8</td>
<td>Copper</td>
<td>0.65&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.65&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>57-12-5</td>
<td>Cyanide</td>
<td>0.2&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.6&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>7782-41-4</td>
<td>Fluoride</td>
<td>4.0&lt;sup&gt;f&lt;/sup&gt;</td>
<td>4.0&lt;sup&gt;f&lt;/sup&gt;</td>
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<tr>
<td>15438-31-0</td>
<td>Iron</td>
<td>5.0&lt;sup&gt;f&lt;/sup&gt;</td>
<td>5.0&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>7439-92-1</td>
<td>Lead</td>
<td>0.0075&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.1&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>7439-95-4</td>
<td>Magnesium</td>
<td>---&lt;sup&gt;d&lt;/sup&gt;</td>
<td>---&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td>7439-96-5</td>
<td>Manganese</td>
<td>0.15&lt;sup&gt;c&lt;/sup&gt;</td>
<td>10.0&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>7439-97-6</td>
<td>Mercury</td>
<td>0.002&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.01&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-02-0</td>
<td>Nickel</td>
<td>0.1&lt;sup&gt;*&lt;/sup&gt;</td>
<td>2.0&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td>14797-55-8</td>
<td>Nitrate as N</td>
<td>10.0&lt;sup&gt;f&lt;/sup&gt;</td>
<td>100&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>7723-14-0</td>
<td>Phosphorus</td>
<td>---&lt;sup&gt;d&lt;/sup&gt;</td>
<td>---&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-09-7</td>
<td>Potassium</td>
<td>---&lt;sup&gt;d&lt;/sup&gt;</td>
<td>---&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td>7782-49-2</td>
<td>Selenium</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-22-4</td>
<td>Silver</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt;</td>
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</table>
## NOTICE OF ADOPTED AMENDMENTS

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Substance</th>
<th>Before</th>
<th>After</th>
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<tbody>
<tr>
<td>7440-23-5</td>
<td>Sodium</td>
<td>……d</td>
<td>……d</td>
</tr>
<tr>
<td>14808-79-8</td>
<td>Sulfate</td>
<td>400°</td>
<td>400°</td>
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</table>
POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Groundwater Remediation Objective

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7440-28-0</td>
<td>Thallium</td>
<td>0.002&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.02&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-62-2</td>
<td>Vanadium&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.049</td>
<td>0.1</td>
</tr>
<tr>
<td>7440-66-6</td>
<td>Zinc</td>
<td>5.0&lt;sup&gt;c&lt;/sup&gt;</td>
<td>10&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**Chemical Name and Groundwater Remediation Objective Notations**

- The groundwater remediation objective is equal to the ADL for carcinogens according to the procedures specified in 35 Ill. Adm. Code 620.
- Oral Reference Dose and/or Reference Concentration under review by USEPA. Listed values subject to change.
- Value listed is also the Groundwater Quality Standard for this chemical pursuant to 35 Ill. Adm. Code 620.410 for Class I Groundwater or 35 Ill. Adm. Code 620.420 for Class II Groundwater.
- This chemical is included in the Total Dissolved Solids (TDS) Groundwater Quality Standard of 1,200 mg/L pursuant to 35 Ill. Adm. Code 620.410 for Class I Groundwater or 35 Ill. Adm. Code 620.420 for Class II Groundwater.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
### Section 742. TABLE F  Values Used to Calculate the Tier 1 Soil Remediation Objectives for the Soil Component of the Groundwater Ingestion Route

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>GW$_{adj}$ Concentration used to Calculate Tier 1 Soil Remediation Objectives$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>GW$_{class-I}$ (mg/L)</td>
</tr>
<tr>
<td>83-32-9</td>
<td>Acenaphthene</td>
<td>2.0$^b$</td>
</tr>
<tr>
<td>67-64-1</td>
<td>Acetone</td>
<td>6.34$^b$</td>
</tr>
<tr>
<td>15972-60-8</td>
<td>Alachlor</td>
<td>0.002$^c$</td>
</tr>
<tr>
<td>116-06-3</td>
<td>Aldicarb</td>
<td>0.003$^c$</td>
</tr>
<tr>
<td>309-00-2</td>
<td>Aldrin</td>
<td>5.0E-6$^b$</td>
</tr>
<tr>
<td>120-12-7</td>
<td>Anthracene</td>
<td>10$^b$</td>
</tr>
<tr>
<td>1912-24-9</td>
<td>Atrazine</td>
<td>0.003$^c$</td>
</tr>
<tr>
<td>71-43-2</td>
<td>Benzene</td>
<td>0.005$^c$</td>
</tr>
<tr>
<td>56-55-3</td>
<td>Benzo(a)anthracene</td>
<td>0.0001$^b$</td>
</tr>
<tr>
<td>205-99-2</td>
<td>Benzo(b)fluoranthene</td>
<td>0.0001$^b$</td>
</tr>
<tr>
<td>207-08-9</td>
<td>Benzo(k)fluoranthene</td>
<td>0.001$^b$</td>
</tr>
<tr>
<td>50-32-8</td>
<td>Benzo(a)pyrene</td>
<td>0.0002$^{a,c}$</td>
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<tr>
<td>65-85-0</td>
<td>Benzoic Acid</td>
<td>100$^b$</td>
</tr>
<tr>
<td>111-44-4</td>
<td>Bis(2-chloroethyl)ether</td>
<td>8.0E-5$^b$</td>
</tr>
<tr>
<td>117-81-7</td>
<td>Bis(2-ethylhexyl)phthalate (Di(2-ethylhexyl)phthalate)</td>
<td>0.006$^{a,c}$</td>
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<tr>
<td>75-27-4</td>
<td>Bromodichloromethane (Dichlorobromomethane)</td>
<td>0.1$^b$</td>
</tr>
<tr>
<td>75-25-2</td>
<td>Bromoform</td>
<td>0.1$^b$</td>
</tr>
<tr>
<td>71-36-3</td>
<td>Butanol</td>
<td>4.0$^b$</td>
</tr>
<tr>
<td>85-68-7</td>
<td>Butyl benzyl phthalate</td>
<td>7.0$^b$</td>
</tr>
<tr>
<td>86-74-8</td>
<td>Carbazole</td>
<td>0.004$^b$</td>
</tr>
<tr>
<td>1563-66-2</td>
<td>Carbofuran</td>
<td>0.04$^c$</td>
</tr>
<tr>
<td>75-15-0</td>
<td>Carbon disulfide</td>
<td>4.0$^b$</td>
</tr>
<tr>
<td>56-23-5</td>
<td>Carbon tetrachloride</td>
<td>0.005$^c$</td>
</tr>
<tr>
<td>57-74-9</td>
<td>Chlordane</td>
<td>0.002$^c$</td>
</tr>
</tbody>
</table>
### GW<sub>adj</sub> Concentration used to Calculate Tier 1 Soil Remediation Objectives

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
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</thead>
<tbody>
<tr>
<td>106-47-8</td>
<td>4-Chloroaniline (p-Chloroaniline)</td>
<td>0.1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.1</td>
</tr>
<tr>
<td>108-90-7</td>
<td>Chlorobenzene (Monochlorobenzene)</td>
<td>0.1&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.5</td>
</tr>
<tr>
<td>124-48-1</td>
<td>Chlorodibromomethane (Dibromochloromethane)</td>
<td>0.06&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.06</td>
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<tr>
<td>67-66-3</td>
<td>Chloroform</td>
<td>0.1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.5</td>
</tr>
<tr>
<td>95-57-8</td>
<td>2-Chlorophenol (pH 4.9-7.3)</td>
<td>0.2&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.0</td>
</tr>
<tr>
<td>95-57-8</td>
<td>2-Chlorophenol (pH 7.4-8.0)</td>
<td>0.2</td>
<td>0.2</td>
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<tr>
<td>218-01-9</td>
<td>Chrysene</td>
<td>0.1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.05</td>
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<tr>
<td>94-75-7</td>
<td>2,4-D</td>
<td>0.07&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.35&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>75-99-0</td>
<td>Dalapon</td>
<td>0.2&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2.0&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>72-54-8</td>
<td>DDD</td>
<td>0.0004&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.002</td>
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<tr>
<td>72-55-9</td>
<td>DDE</td>
<td>0.0003&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.0015</td>
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<tr>
<td>50-29-3</td>
<td>DDT</td>
<td>0.0003&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.0015</td>
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<tr>
<td>53-70-3</td>
<td>Dibenzo(a,h)anthracene</td>
<td>1.0E-5&lt;sup&gt;b&lt;/sup&gt;</td>
<td>5.0E-5</td>
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<tr>
<td>96-12-8</td>
<td>1,2-Dibromo-3-chloropropane</td>
<td>0.0002&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.0002&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>106-93-4</td>
<td>1,2-Dibromoethane (Ethylene dibromide)</td>
<td>0.0005&lt;sup&gt;b,c&lt;/sup&gt;</td>
<td>0.0005&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>84-74-2</td>
<td>Di-n-butyl phthalate</td>
<td>4.0&lt;sup&gt;b&lt;/sup&gt;</td>
<td>20</td>
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<tr>
<td>95-50-1</td>
<td>1,2-Dichlorobenzene (α - Dichlorobenzene)</td>
<td>0.6&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.5&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>106-46-7</td>
<td>1,4-Dichlorobenzene (p - Dichlorobenzene)</td>
<td>0.075&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.375&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>91-94-1</td>
<td>3,3'-Dichlorobenzidine</td>
<td>0.0002&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.001</td>
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<td>75-34-3</td>
<td>1,1-Dichloethane</td>
<td>4.0&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td>107-06-2</td>
<td>1,2-Dichlorethane (Ethylene dichloride)</td>
<td>0.005&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.025&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>75-35-4</td>
<td>1,1-Dichloroethylene</td>
<td>0.007&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.035&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>156-59-2</td>
<td>cis,1,2-Dichloroethylene</td>
<td>0.07&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.2&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>156-60-5</td>
<td>trans,1,2-Dichloroethylene</td>
<td>0.1&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.5&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>120-83-2</td>
<td>2,4-Dichlorophenol</td>
<td>0.1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.1</td>
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<tr>
<td>78-97-5</td>
<td>1,2-Dichloropropane</td>
<td>0.005&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.025&lt;sup&gt;c&lt;/sup&gt;</td>
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POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

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<thead>
<tr>
<th>Code</th>
<th>Substance</th>
<th>Adopted Limit</th>
<th>Previous Limit</th>
</tr>
</thead>
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<td>542-75-6</td>
<td>1,3-Dichloropropene (1,3-Dichloropropylene, cis + trans)</td>
<td>0.0005&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.0025</td>
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POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

<table>
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<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>GW&lt;sub&gt;adj&lt;/sub&gt; Concentration used to Calculate Tier 1 Soil Remediation Objectives&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-57-1</td>
<td>Dieldrin</td>
<td>5.0E-6&lt;sup&gt;b&lt;/sup&gt; 2.5E-5</td>
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<tr>
<td>84-66-2</td>
<td>Diethyl phthalate</td>
<td>30&lt;sup&gt;b&lt;/sup&gt; 30</td>
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<tr>
<td>105-67-9</td>
<td>2,4-Dimethylphenol</td>
<td>0.2&lt;sup&gt;b&lt;/sup&gt; 0.2</td>
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<tr>
<td>51-28-5</td>
<td>2,4-Dinitrophenol</td>
<td>0.04&lt;sup&gt;b&lt;/sup&gt; 0.4</td>
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<tr>
<td>121-14-2</td>
<td>2,4-Dinitrotoluene</td>
<td>0.0001&lt;sup&gt;b&lt;/sup&gt; 0.0001</td>
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<tr>
<td>606-20-2</td>
<td>2,6-Dinitrotoluene</td>
<td>0.0001 0.0001</td>
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<tr>
<td>88-85-7</td>
<td>Dinoseb</td>
<td>0.007&lt;sup&gt;c&lt;/sup&gt; 0.07&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>117-84-0</td>
<td>Di-n-octyl phthalate</td>
<td>0.7&lt;sup&gt;b&lt;/sup&gt; 3.5</td>
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<tr>
<td>115-29-7</td>
<td>Endosulfan</td>
<td>0.2&lt;sup&gt;b&lt;/sup&gt; 1.0</td>
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<tr>
<td>145-73-3</td>
<td>Endothall</td>
<td>0.1&lt;sup&gt;c&lt;/sup&gt; 0.1&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>72-20-8</td>
<td>Endrin</td>
<td>0.002&lt;sup&gt;c&lt;/sup&gt; 0.01&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>100-41-4</td>
<td>Ethylbenzene</td>
<td>0.7&lt;sup&gt;c&lt;/sup&gt; 1.0&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>206-44-0</td>
<td>Fluoranthene</td>
<td>1.0&lt;sup&gt;b&lt;/sup&gt; 5.0</td>
</tr>
<tr>
<td>86-73-7</td>
<td>Fluorene</td>
<td>1.0&lt;sup&gt;b&lt;/sup&gt; 5.0</td>
</tr>
<tr>
<td>76-44-8</td>
<td>Heptachlor</td>
<td>0.0004&lt;sup&gt;c&lt;/sup&gt; 0.002&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>1024-57-3</td>
<td>Heptachlor epoxide</td>
<td>0.0002&lt;sup&gt;c&lt;/sup&gt; 0.001&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>118-74-1</td>
<td>Hexachlorobenzene</td>
<td>0.001&lt;sup&gt;b&lt;/sup&gt; 0.005</td>
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<tr>
<td>319-84-6</td>
<td>alpha-HCH (alpha-BHC)</td>
<td>1.0E-5&lt;sup&gt;b&lt;/sup&gt; 5.0E-5</td>
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<tr>
<td>58-89-9</td>
<td>gamma-HCH (Lindane)</td>
<td>0.0002&lt;sup&gt;c&lt;/sup&gt; 0.001&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>77-47-4</td>
<td>Hexachlorocyclopentadiene</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt; 0.5&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>67-72-1</td>
<td>Hexachloroethane</td>
<td>0.007 0.035</td>
</tr>
<tr>
<td>193-39-5</td>
<td>Indeno(1,2,3-c.d)pyrene</td>
<td>0.0001&lt;sup&gt;b&lt;/sup&gt; 0.0005</td>
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<tr>
<td>78-59-1</td>
<td>Isophorone</td>
<td>1.4 1.4</td>
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<tr>
<td>72-43-5</td>
<td>Methoxychlor</td>
<td>0.04&lt;sup&gt;c&lt;/sup&gt; 0.2&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>74-83-9</td>
<td>Methyl bromide (Bromomethane)</td>
<td>0.05&lt;sup&gt;b&lt;/sup&gt; 0.25</td>
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<tr>
<td>1634-04-4</td>
<td>Methyl tertiary-butyl ether</td>
<td>0.07 0.07</td>
</tr>
<tr>
<td>75-09-2</td>
<td>Methylene chloride (Dichloromethane)</td>
<td>0.005&lt;sup&gt;e&lt;/sup&gt; 0.05&lt;sup&gt;s&lt;/sup&gt;</td>
</tr>
<tr>
<td>95-48-7</td>
<td>2-Methylphenol (o-Cresol)</td>
<td>2.0&lt;sup&gt;b&lt;/sup&gt; 2.0</td>
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<tr>
<td>91-20-3</td>
<td>Naphthalene</td>
<td>0.14 0.22</td>
</tr>
<tr>
<td>98-95-3</td>
<td>Nitrobenzene</td>
<td>0.02&lt;sup&gt;b&lt;/sup&gt; 0.02</td>
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</table>
# POLLUTION CONTROL BOARD
## NOTICE OF ADOPTED AMENDMENTS

<table>
<thead>
<tr>
<th>Chemical</th>
<th>CAS Number</th>
<th>Adopted Values</th>
<th>Previous Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>N-Nitrosodiphenylamine</td>
<td>86-30-6</td>
<td>0.02&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.1</td>
</tr>
<tr>
<td>N-Nitrosodi-n-propylamine</td>
<td>621-64-7</td>
<td>1.0E-5&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.0E-5</td>
</tr>
<tr>
<td>Pentachlorophenol</td>
<td>87-86-5</td>
<td>0.001&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.005&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Phenol</td>
<td>108-95-2</td>
<td>0.1&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.1&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Picloram</td>
<td>1918-02-1</td>
<td>0.5&lt;sup&gt;c&lt;/sup&gt;</td>
<td>5.0&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>Polychlorinated biphenyls (PCBs)</td>
<td>1336-36-3</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Pyrene</td>
<td>129-00-0</td>
<td>1.0&lt;sup&gt;b&lt;/sup&gt;</td>
<td>5.0</td>
</tr>
<tr>
<td>Simazine</td>
<td>122-34-9</td>
<td>0.004&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.04&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Styrene</td>
<td>100-42-5</td>
<td>0.1&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.5&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>2,4,5-TP (Silvex)</td>
<td>93-72-1</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.25&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Tetrachloroethylene (Perchloroethylene)</td>
<td>127-18-4</td>
<td>0.005&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.025&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Toluene</td>
<td>108-88-3</td>
<td>1.0&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2.5&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Toxaphene</td>
<td>8001-35-2</td>
<td>0.003&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.015&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>1,2,4-Trichlorobenzene</td>
<td>120-82-1</td>
<td>0.07&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.7&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>1,1,1-Trichloroethane</td>
<td>71-55-6</td>
<td>0.2&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.0&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>1,1,2-Trichloroethane</td>
<td>79-00-5</td>
<td>0.005&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Trichloroethylene</td>
<td>79-01-6</td>
<td>0.005&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.025&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>2,4,5-Trichlorophenol (pH 4.9-7.8)</td>
<td>95-95-4</td>
<td>4.0&lt;sup&gt;b&lt;/sup&gt;</td>
<td>20</td>
</tr>
<tr>
<td>2,4,5-Trichlorophenol (pH 7.9-8.0)</td>
<td>2,4,6-Trichlorophenol (pH 4.9-6.8)</td>
<td>4.0&lt;sup&gt;b&lt;/sup&gt;</td>
<td>4.0</td>
</tr>
<tr>
<td>2,4,6-Trichlorophenol (pH 6.9-8.0)</td>
<td>88-06-2</td>
<td>0.008&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.04</td>
</tr>
<tr>
<td>Vinyl acetate</td>
<td>108-05-4</td>
<td>40&lt;sup&gt;b&lt;/sup&gt;</td>
<td>40</td>
</tr>
<tr>
<td>Vinyl chloride</td>
<td>75-01-4</td>
<td>0.002&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.01&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Xylenes (total)</td>
<td>1330-20-7</td>
<td>10.0&lt;sup&gt;c&lt;/sup&gt;</td>
<td>10.0&lt;sup&gt;c&lt;/sup&gt;</td>
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### Ionizable Organics

<table>
<thead>
<tr>
<th>Chemical</th>
<th>CAS Number</th>
<th>Adopted Values</th>
<th>Previous Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzoic Acid</td>
<td>65-85-0</td>
<td>4.0&lt;sup&gt;b&lt;/sup&gt;</td>
<td>100</td>
</tr>
<tr>
<td>4-Chloroaniline (p-Chloroaniline)</td>
<td>106-47-8</td>
<td>0.1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.1</td>
</tr>
<tr>
<td>2-Chlorophenol</td>
<td>95-57-8</td>
<td>0.2&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.0</td>
</tr>
<tr>
<td>2,4-Dichlorophenol</td>
<td>120-83-2</td>
<td>0.1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.1</td>
</tr>
<tr>
<td>2,4-Dimethylphenol</td>
<td>105-67-9</td>
<td>0.2&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.7</td>
</tr>
<tr>
<td>2,4-Dinitrophenol</td>
<td>51-28-5</td>
<td>0.04&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.04</td>
</tr>
<tr>
<td>2-Methylphenol (m-Cresol)</td>
<td>95-48-7</td>
<td>2.0&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.0</td>
</tr>
<tr>
<td>N-Nitrosodiphenylamine</td>
<td>86-30-6</td>
<td>0.02&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.1</td>
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</tbody>
</table>
### GW<sub>adj</sub> Concentration used to Calculate Tier 1 Soil Remediation Objectives

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
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</thead>
<tbody>
<tr>
<td>621-64-7</td>
<td>N-Nitrosodi-n-propylamine</td>
<td>1.0E-5</td>
<td>1.0E-5</td>
</tr>
<tr>
<td>87-86-5</td>
<td>Pentachlorophenol</td>
<td>0.001&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.005&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>108-95-2</td>
<td>Phenol</td>
<td>0.1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.1&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>95-95-4</td>
<td>2,4,5-Trichlorophenol</td>
<td>4.0&lt;sup&gt;b&lt;/sup&gt;</td>
<td>20&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>88-06-2</td>
<td>2,4,6-Trichlorophenol</td>
<td>0.008&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.04&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**Inorganics**

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical Name</th>
<th>Class I (mg/L)</th>
<th>Class II (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7440-36-0</td>
<td>Antimony</td>
<td>0.006&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.024&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-38-2</td>
<td>Arsenic</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.2&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-39-3</td>
<td>Barium</td>
<td>2.0&lt;sup&gt;e&lt;/sup&gt;</td>
<td>2.0&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-41-7</td>
<td>Beryllium</td>
<td>0.004&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.5&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-42-8</td>
<td>Boron</td>
<td>2.0&lt;sup&gt;e&lt;/sup&gt;</td>
<td>2.0&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-43-9</td>
<td>Cadmium</td>
<td>0.005&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-70-2</td>
<td>Calcium</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>16887-00-6</td>
<td>Chloride</td>
<td>200&lt;sup&gt;f&lt;/sup&gt;</td>
<td>200&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-47-3</td>
<td>Chromium, total</td>
<td>0.1&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.0&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>18540-29-9</td>
<td>Chromium, ion, hexavalent</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>7440-48-4</td>
<td>Cobalt</td>
<td>1.0&lt;sup&gt;e&lt;/sup&gt;</td>
<td>1.0&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>7440-50-8</td>
<td>Copper</td>
<td>0.65&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.65&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>57-12-5</td>
<td>Cyanide</td>
<td>0.2&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.6&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>7782-41-4</td>
<td>Fluoride</td>
<td>4.0&lt;sup&gt;e&lt;/sup&gt;</td>
<td>4.0&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>15438-31-0</td>
<td>Iron</td>
<td>5.0&lt;sup&gt;e&lt;/sup&gt;</td>
<td>5.0&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>7439-92-1</td>
<td>Lead</td>
<td>0.0075&lt;sup&gt;e&lt;/sup&gt;</td>
<td>0.1&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>7439-95-4</td>
<td>Magnesium</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>7439-96-5</td>
<td>Manganese</td>
<td>0.15&lt;sup&gt;e&lt;/sup&gt;</td>
<td>10.0&lt;sup&gt;e&lt;/sup&gt;</td>
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<tr>
<td>7439-97-6</td>
<td>Mercury</td>
<td>0.002&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.01&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>7440-02-0</td>
<td>Nickel</td>
<td>0.1&lt;sup&gt;e&lt;/sup&gt;</td>
<td>2.0&lt;sup&gt;e&lt;/sup&gt;</td>
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<tr>
<td>14797-55-8</td>
<td>Nitrate as N</td>
<td>10.0&lt;sup&gt;e&lt;/sup&gt;</td>
<td>100&lt;sup&gt;e&lt;/sup&gt;</td>
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<tr>
<td>7723-14-0</td>
<td>Phosphorus</td>
<td>---</td>
<td>---</td>
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<tr>
<td>7440-09-7</td>
<td>Potassium</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>7782-49-2</td>
<td>Selenium</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.05&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
</tbody>
</table>
POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

<table>
<thead>
<tr>
<th>Chemical Name</th>
<th>Groundwater Remediation Objective Notations</th>
</tr>
</thead>
<tbody>
<tr>
<td>7440-22-4</td>
<td>Silver</td>
</tr>
<tr>
<td>7440-23-5</td>
<td>Sodium</td>
</tr>
<tr>
<td>14808-79-8</td>
<td>Sulfate</td>
</tr>
<tr>
<td>7440-28-0</td>
<td>Thallium</td>
</tr>
<tr>
<td>7440-62-2</td>
<td>Vanadium</td>
</tr>
<tr>
<td>7440-66-6</td>
<td>Zinc</td>
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</table>

<table>
<thead>
<tr>
<th>Chemical Name</th>
<th>Groundwater Remediation Objective Notations</th>
</tr>
</thead>
<tbody>
<tr>
<td>7440-22-4</td>
<td>0.05^\text{c}</td>
</tr>
<tr>
<td>7440-23-5</td>
<td>0.002^\text{c}</td>
</tr>
<tr>
<td>14808-79-8</td>
<td>400^\text{c}</td>
</tr>
<tr>
<td>7440-28-0</td>
<td>0.049</td>
</tr>
<tr>
<td>7440-62-2</td>
<td>5.0^\text{c}</td>
</tr>
<tr>
<td>7440-66-6</td>
<td>10^\text{c}</td>
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</tbody>
</table>

Chemical Name and Groundwater Remediation Objective Notations

\( ^{a} \) The Equation S17 is used to calculate the Soil Remediation Objective for the Soil Component of the Groundwater Ingestion Route; this equation requires calculation of the Target Soil Leachate Concentration \( C_w \) from Equation S18: \( C_w = DF \times GW_{obj} \).

\( ^{b} \) Value listed is the Water Health Based Limit (HBL) for this chemical from Soil Screening Guidance: User's Guide, incorporated by reference at Section 742.210. The HBL is equal to the non-zero MCLG (if available); the MCL (if available); or, for carcinogens, a cancer risk of 1.0E-6, and for noncarcinogens is equal to a Hazard Quotient of 1.0. NOTE: These \( GW_{obj} \) concentrations are not equal to the Tier 1 Groundwater Remediation Objectives for the Direct Ingestion of Groundwater Component of the Groundwater Ingestion Route, listed in Section 742.Appendix B, Table E.

\( ^{c} \) Value listed is also the Groundwater Quality Standard for this chemical pursuant to 35 Ill. Adm. Code 620.410 for Class I Groundwater or 35 Ill. Adm. Code 620.420 for Class II Groundwater.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742.AFFIX C  Tier 2 Illustrations and Tables and Illustrations

Section 742.ILLUSTRATION A  Tier 2 Evaluation for Soil

Determine the contaminants that exceed Tier 1 objectives

Select equations and site specific information to be utilized.

If the industrial/commercial assumptions are used, the calculations must be run for construction workers also.

Determine objectives for ingestion

Determine objectives for inhalation

Determine objectives for Migration to Groundwater

Is the lowest objective developed from the three routes achieved?

No Further Remediation (Institution controls may be required)

Go to Tier 3  No

Remediate to the objective developed

No Further Remediation (Institutional controls may be required)

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
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| Section 742.APPENDIX C  Tier 2 Illustrations and Tables and Illustrations |
| Section 742.ILLUSTRATION B  Tier 2 Evaluation for Groundwater |
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NOTICE OF ADOPTED AMENDMENTS

Identify contaminants of concern which exceed the Tier 1 groundwater remediation objectives

Determine the horizontal and vertical extent of the area the Tier 2 objective is to be applied

Take action to remove any free product

Demonstrate all of the following:

- Contaminant level will not exceed the Tier 1 level or health advisory at the point of human exposure
- Contaminant level will not exceed Tier 1 levels within a setback zone
- Contaminant level will not exceed surface water quality standards at any discharge point
- The source of the release is not within a setback zone or regulated recharge area
- Institutional controls are in place if engineered barriers are to be used

Develop a Tier 2 groundwater remediation objective (cannot not exceed the water solubility of the contaminant)

Conduct remediation or a Tier 3 evaluation

Are the Tier 2 remediation objectives achieved?

- Yes
  - No Further Remediation

- No

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
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Section 742.APPENDIX C  Tier 2 Illustrations and Tables and Illustrations

Section 742.ILLUSTRATION C  U.S. Department of Agriculture Soil Texture Classification
### Criteria Used with the Field Method for Determining Soil Texture Classes

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Sand</th>
<th>Sandy loam</th>
<th>Loam</th>
<th>Silt loam</th>
<th>Clay loam</th>
<th>Clay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual grains visible to eye</td>
<td>Yes</td>
<td>Yes</td>
<td>Some</td>
<td>Few</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>2. Stability of dry clods</td>
<td>Do not form</td>
<td>Do not form</td>
<td>Easily broken</td>
<td>Moderately easily broken</td>
<td>Hard and stable</td>
<td>Very hard and stable</td>
</tr>
<tr>
<td>4. Stability of &quot;ribbon&quot; when wet soil rubbed between thumb and fingers</td>
<td>Does not form</td>
<td>Does not form</td>
<td>Does not form</td>
<td>Broken appearance</td>
<td>Thin, will break</td>
<td>Very long, flexible</td>
</tr>
</tbody>
</table>

### Particle Size, mm

<table>
<thead>
<tr>
<th>0.002</th>
<th>0.05</th>
<th>0.10</th>
<th>0.25</th>
<th>0.5</th>
<th>1.0</th>
<th>2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clay</td>
<td>Silt</td>
<td>Very Fine</td>
<td>Fine</td>
<td>Med. Coarse</td>
<td>Very Coarse</td>
<td>Gravel</td>
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<tr>
<td>Sand</td>
<td></td>
<td></td>
<td></td>
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</table>

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
### Section 742. APPENDIX C  Tier 2 Illustrations and Tables and Illustrations

#### Section 742. TABLE A  SSL Equations

| Equations for Soil Ingestion Exposure Route | Remediation Objectives for Noncarcinogenic Contaminants (mg/kg) | \[
\frac{THQ \cdot BW \cdot AT \cdot 365 \text{ d/yr}}{10^6 \text{ kg/mg} \cdot EF \cdot Ed \cdot Ir_{soil}}
\] | S1 |
| Remediation Objectives for Carcinogenic Contaminants – Residential (mg/kg) | \[
\frac{z}{SF_o \cdot 10^6 \text{ kg/mg} \cdot EF \cdot IF_{soil-adj}}
\] | S2 |
| Remediation Objectives for Carcinogenic Contaminants – Industrial/Commercial, Construction Worker (mg/kg) | \[
\frac{TR \cdot BW \cdot AT_c \cdot 365 \text{ d/yr}}{SF_o \cdot 10^6 \text{ kg/mg} \cdot EF \cdot ED \cdot IR_{soil}}
\] | S3 |
| Equations for Ingestion Exposure Route (Organic Contaminants and Mercury) | Remediation Objectives for Noncarcinogenic Contaminants – Residential, Industrial/Commercial (mg/kg) | \[
\frac{THQ \cdot AT \cdot 365 \text{ d/yr}}{EF \cdot ED \cdot \left(\frac{1}{RfC} \cdot \frac{1}{VF}\right)}
\] | S4 |
| Remediation Objectives for Noncarcinogenic Contaminants – Construction Worker (mg/kg) | \[
\frac{THQ \cdot AT \cdot 365 \text{ d/yr}}{EF \cdot ED \cdot \left(\frac{1}{RfC} \cdot \frac{1}{VF'}\right)}
\] | S5 |
| Remediation Objectives for Carcinogenic Contaminants – Residential, Industrial/Commercial (mg/kg) | \[
\frac{TR \cdot AT_c \cdot 365 \text{ d/yr}}{URF \cdot 1,000 \mu g/mg \cdot EF \cdot ED \cdot \frac{1}{VF}}
\] | S6 |
| Remediation Objectives for Carcinogenic Contaminants – Construction Worker (mg/kg) | \[
\frac{TR \cdot AT_c \cdot 365 \text{ d/yr}}{URF \cdot 1,000 \mu g/mg \cdot EF \cdot ED \cdot \frac{1}{VF'}}
\] | S7 |
| Equation for Derivation of the Volatilization Factor – Residential, Industrial/ | \[
VF = \sqrt[3]{Q \left(3.14 \cdot D_A \cdot T\right)^{1/2} \cdot 10^{-4} m^2/cm^2}
\] | S8 |
### Equations for Inhalation Exposure Route (Fugitive Dusts)

<table>
<thead>
<tr>
<th>Equation</th>
<th>Description</th>
<th>Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>$VF' = \frac{VF}{10}$</td>
<td>Equation for Derivation of the Volatilization Factor – Construction Worker, $VF'$ (m³/kg)</td>
<td>S9</td>
</tr>
<tr>
<td>$D\lambda = \frac{(\theta_{a}^{W_1} \cdot D_{i} \cdot H)<em>{a} \cdot (\theta</em>{a}^{W_1} \cdot D_{c})}{\eta^{2}} \cdot \frac{1}{(\theta_{w} \cdot K_{d} + \theta_{a} \cdot H')}$</td>
<td>Equation for Derivation of Apparent Diffusivity, $D\lambda$ (cm²/s)</td>
<td>S10</td>
</tr>
<tr>
<td>$\frac{THQ \cdot AT \cdot 365 \text{ d/yr}}{EF \cdot ED \cdot \left(\frac{1}{RfC} \cdot \frac{1}{PEF}\right)}$</td>
<td>Remediation Objectives for Noncarcinogenic Contaminants – Residential, Industrial/Commercial (mg/kg)</td>
<td>S11</td>
</tr>
<tr>
<td>$\frac{THQ \cdot AT \cdot 365 \text{ d/yr}}{EF \cdot ED \cdot \left(\frac{1}{RfC} \cdot \frac{1}{PEF'}\right)}$</td>
<td>Remediation Objectives for Noncarcinogenic Contaminants – Construction Worker (mg/kg)</td>
<td>S12</td>
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<tr>
<td>$\frac{TR \cdot AT_{C} \cdot 365 \text{ d/yr}}{URF \cdot 1,000 \mu g/mg \cdot EF \cdot ED \cdot \frac{1}{PEF}}$</td>
<td>Remediation Objectives for Carcinogenic Contaminants – Residential, Industrial/Commercial (mg/kg)</td>
<td>S13</td>
</tr>
<tr>
<td>$\frac{TR \cdot AT_{C} \cdot 365 \text{ d/yr}}{URF \cdot 1,000 \mu g/mg \cdot EF \cdot ED \cdot \frac{1}{PEF'}}$</td>
<td>Remediation Objectives for Carcinogenic Contaminants – Construction Worker (mg/kg)</td>
<td>S14</td>
</tr>
<tr>
<td>$PEF = \frac{Q}{C} \cdot \frac{3,600 \text{ s/hr}}{0.036 \cdot (1 - V) \cdot \left(\frac{U_m}{U_c}\right)^{3} \cdot F(x)}$</td>
<td>Equation for Derivation of Particulate Emission Factor, $PEF$ (m³/kg)</td>
<td>S15</td>
</tr>
<tr>
<td>$PEF' = \frac{PEF}{10}$</td>
<td>Equation for Derivation of Particulate Emission Factor, $PEF'$ – Construction Worker (m³/kg)</td>
<td>S16</td>
</tr>
<tr>
<td>$C_{w} \cdot K_{d} + \left(\theta_{w} + \theta_{a} \cdot H'\right)$</td>
<td>Remediation Objective (mg/kg)</td>
<td>S17</td>
</tr>
</tbody>
</table>

### Equations for Remediation Objective (mg/kg)

- $C_{w} \cdot K_{d} + \left(\theta_{w} + \theta_{a} \cdot H'\right)$

### NOTE: $PEF$ must be the industrial/commercial value
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| 
| --- |
| **Target Soil Leachate Concentration, \( C_w \) (\text{mg/L})**<br>\( C_w = DF \cdot GW_{\text{obj}} \)<br>**Soil-Water Partition Coefficient, \( K_d \) (\text{cm}^3/\text{g})**<br>\( K_d = K_{oc} \cdot f_{oc} \)<br>**Water-Filled Soil Porosity, \( \theta_w \)\((\text{L}_{\text{water}}/\text{L}_{\text{soil}})\)**<br>\( \theta_w = \eta \cdot \left( \frac{I}{K_s} \right)^{\frac{1}{2b+3}} \)<br>**Air-Filled Soil Porosity, \( \theta_a \)\((\text{L}_{\text{air}}/\text{L}_{\text{soil}})\)**<br>\( \theta_a = \eta - \theta_w \)<br>**Dilution Factor, \( DF \) (unitless)**<br>\( DF = 1 + \frac{K \cdot i \cdot d}{I \cdot L} \)<br>**Groundwater Remediation Objection for Carcinogenic Contaminants, \( GW_{\text{obj}} \) (\text{mg/L})**<br>\( \frac{TR \cdot BW \cdot AT \cdot 365^{d/yr}}{SF_o \cdot IR_w \cdot EF \cdot ED} \)<br>**Total Soil Porosity, \( \eta \)\((\text{L}_{\text{pore}}/\text{L}_{\text{soil}})\)**<br>\( \eta = 1 - \frac{\rho_b}{\rho_s} \)<br>**Equation for Estimation of Mixing Zone Depth, \( d \) (m)**<br>\( d = (0.0112 \cdot L^2)^{0.5} + d_a \left[ 1 - \exp \left( \frac{(-L \cdot I)}{(K \cdot i \cdot d_a)} \right) \right] \)<br>**Mass-Limit Volatilization Factor for the Inhalation Exposure Route – Residential, Industrial/Commercial \( VF \) (\text{m}^3/\text{kg})**<br>\( VF_{M-L} = \frac{Q}{C} \cdot \frac{[T_{M-L} \cdot (3.15 \cdot T_{M-L} \cdot (10^7 \text{s/yr})]}{\rho_b \cdot d_s \cdot 10^6 \text{ cm}^3/\text{m}^3} \)<br>\( \text{NOTE: This equation may be used when vertical thickness of contamination is known or can be estimated reliably.} \)<br>**Mass-Limit Volatilization Factor for the Inhalation Exposure Route – Construction Worker, \( VT' \) – \( VF'_{M-L} = \frac{VF_{M-L}}{10} \)<br>**Mass-Limit Remediation Objective for Soil Component of the Groundwater Ingestion Exposure Route**<br>\( \frac{(C_w \cdot I_{M-L} \cdot ED_{M-L})}{\rho_b \cdot d_s} \) |
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<table>
<thead>
<tr>
<th>Groundwater Ingestion Exposure Route (mg/kg)</th>
<th>NOTE: This equation may be used when vertical thickness is known or can be estimated reliably.</th>
</tr>
</thead>
</table>
| Equation for Derivation of the Soil Saturation Limit, \( C_{sat} \) | \[
C_{sat} = \frac{S}{\rho_b} \cdot \left[ \left( K_d \cdot \rho_b \right) + \theta_w + (H' \cdot \theta_a) \right]
\] S29 |

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742. APPENDIX C  Tier 2 Illustrations and Tables and Illustrations

Section 742. TABLE B  SSL Parameters

<table>
<thead>
<tr>
<th>Symbol</th>
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<tr>
<td>AT</td>
<td>Averaging Time for Noncarcinogens in Ingestion Equation</td>
<td>yr</td>
<td>Source</td>
<td>Residential = 6&lt;br&gt;Industrial/Commercial = 25&lt;br&gt;Construction Worker = 0.115</td>
</tr>
<tr>
<td>AT</td>
<td>Averaging Time for Noncarcinogens in Inhalation Equation</td>
<td>yr</td>
<td>Source</td>
<td>Residential = 30&lt;br&gt;Industrial/Commercial = 25&lt;br&gt;Construction Worker = 0.115</td>
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<tr>
<td>ATc</td>
<td>Averaging Time for Carcinogens</td>
<td>yr</td>
<td>SSL</td>
<td>70</td>
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<tr>
<td>BW</td>
<td>Body Weight</td>
<td>kg</td>
<td>Source</td>
<td>Residential = 15, noncarcinogens&lt;br&gt;70, carcinogens&lt;br&gt;Industrial/Commercial = 70&lt;br&gt;Construction Worker = 70</td>
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<tr>
<td>Csat</td>
<td>Soil Saturation Concentration</td>
<td>mg/kg</td>
<td>Appendix A, Table A or Equation S29 in Appendix C, Table A</td>
<td>Chemical-Specific or Calculated Value</td>
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<tr>
<td>Cw</td>
<td>Target Soil Leachate Concentration</td>
<td>mg/L</td>
<td>Equation S18 in Appendix C, Table A</td>
<td>Groundwater Standard, Health Advisory concentration, or Calculated Value</td>
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<tr>
<td>d</td>
<td>Mixing Zone Depth</td>
<td>m</td>
<td>SSL or Equation S25 in Appendix C, Table A</td>
<td>2 m or Calculated Value</td>
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<tr>
<td>da</td>
<td>Aquifer Thickness</td>
<td>m</td>
<td>Field Measurement</td>
<td>Site-Specific</td>
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<tr>
<td>ds</td>
<td>Depth of Source</td>
<td>m</td>
<td>Field Measurement or Estimation</td>
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<td>$D_A$</td>
<td>Apparent Diffusivity</td>
<td>cm$^2$/s</td>
<td>Equation S10 in Appendix C, Table A</td>
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<tr>
<td>$D_i$</td>
<td>Diffusivity in Air</td>
<td>cm$^2$/s</td>
<td>Appendix C, Table E</td>
<td>Chemical-Specific</td>
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<tr>
<td>$D_w$</td>
<td>Diffusivity in Water</td>
<td>cm$^2$/s</td>
<td>Appendix C, Table E</td>
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<tr>
<td>DF</td>
<td>Dilution Factor</td>
<td>unitless</td>
<td>Equation S22 in Appendix C, Table A</td>
<td>20 or Calculated Value</td>
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<tr>
<td>$ED$</td>
<td>Exposure Duration for Ingestion of Carcinogens</td>
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<td>Industrial/Commercial = 25</td>
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<td></td>
<td>Construction Worker = 1</td>
</tr>
<tr>
<td>$ED$</td>
<td>Exposure Duration for Inhalation of Carcinogens</td>
<td>yr</td>
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<td>Residential = 30</td>
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<td></td>
<td></td>
<td>Industrial/Commercial = 25</td>
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<td>Construction Worker = 1</td>
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<tr>
<td>$ED$</td>
<td>Exposure Duration for Ingestion of Noncarcinogens</td>
<td>yr</td>
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<td>Residential = 6</td>
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<td>Industrial/Commercial = 25</td>
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<td>Construction Worker = 1</td>
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<tr>
<td>$ED$</td>
<td>Exposure Duration for Inhalation of Noncarcinogens</td>
<td>yr</td>
<td></td>
<td>Residential = 30</td>
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<td></td>
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<td>Industrial/Commercial = 25</td>
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<td>Construction Worker = 1</td>
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<tr>
<td>$ED$</td>
<td>Exposure Duration for the Direct Ingestion of Groundwater</td>
<td>yr</td>
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<td>Residential = 30</td>
</tr>
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<td></td>
<td>Industrial/Commercial = 25</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Construction Worker = 1</td>
</tr>
<tr>
<td>$ED_{m-L}$</td>
<td>Exposure Duration for Migration to Groundwater</td>
<td>yr</td>
<td>SSL</td>
<td>70</td>
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<tr>
<td>$F(x)$</td>
<td>Function dependent on $U_m/U_t$</td>
<td>unitless</td>
<td>SSL</td>
<td>0.194</td>
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<tr>
<td>$f_{oc}$</td>
<td>Organic Carbon Content of Soil</td>
<td>g/g</td>
<td>SSL or Field Measurement (See Appendix C, Table F)</td>
<td>Surface Soil = 0.006</td>
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<td></td>
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<td></td>
<td>Subsurface soil = 0.002, or Site-Specific</td>
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<tr>
<td>$GW_{obj}$</td>
<td>Groundwater Remediation Remediation Objective</td>
<td>mg/L</td>
<td>Appendix B, Table E, 35 IAC 620.Subpart F, or Equation S23 in Appendix C, Table A</td>
<td>Chemical-Specific or Calculated</td>
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<tr>
<td>$H'$</td>
<td>Henry's Law Constant</td>
<td>unitless</td>
<td>Appendix C, Table E</td>
<td>Chemical-Specific</td>
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<th>Parameter</th>
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<th>Parameter Value(s)</th>
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<tr>
<td>i</td>
<td>Hydraulic Gradient</td>
<td>m/m</td>
<td>Field Measurement (See Appendix C, Table F)</td>
<td>Site-Specific</td>
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<tr>
<td>I</td>
<td>Infiltration Rate</td>
<td>m/yr</td>
<td>SSL</td>
<td>0.3</td>
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<tr>
<td>I_{ml}</td>
<td>Infiltration Rate for Migration to Groundwater Mass-Limit Equation S28</td>
<td>m/yr</td>
<td>SSL</td>
<td>0.18</td>
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<tr>
<td>I_{F,adj}</td>
<td>Age Adjusted Soil Ingestion Factor for Carcinogens</td>
<td>(mg-yr)/(kg-d)</td>
<td>SSL</td>
<td>114</td>
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<tr>
<td>I_{W,soil}</td>
<td>Soil Ingestion Rate</td>
<td>mg/d</td>
<td>Residential = 200</td>
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<td>Industrial/Commercial = 50</td>
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<tr>
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<td></td>
<td></td>
<td>Construction Worker = 480</td>
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<td>I_{W}</td>
<td>Daily Water Ingestion Rate</td>
<td>L/d</td>
<td>Residential = 2</td>
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<td></td>
<td>Industrial/Commercial = 1</td>
<td></td>
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<tr>
<td>K</td>
<td>Aquifer Hydraulic Conductivity</td>
<td>m/yr</td>
<td>Field Measurement (See Appendix C, Table F)</td>
<td>Site-Specific</td>
</tr>
<tr>
<td>K_d (Non-ionizing organics)</td>
<td>Soil-Water Partition Coefficient</td>
<td>cm³/g or L/kg</td>
<td>Equation S19 in Appendix C, Table A</td>
<td>Calculated Value</td>
</tr>
<tr>
<td>K_d (Ionizing organics)</td>
<td>Soil-Water Partition Coefficient</td>
<td>cm³/g or L/kg</td>
<td>Equation S19 in Appendix C, Table A</td>
<td>Chemical and pH-Specific (see Appendix C, Table I)</td>
</tr>
<tr>
<td>K_d (In-organics)</td>
<td>Soil-Water Partition Coefficient</td>
<td>cm³/g or L/kg</td>
<td>Appendix C, Table J</td>
<td>Chemical and pH-Specific</td>
</tr>
<tr>
<td>K_{oc}</td>
<td>Organic Carbon Partition Coefficient</td>
<td>cm³/g or L/kg</td>
<td>Appendix C, Table E or Appendix C, Table I</td>
<td>Chemical-Specific</td>
</tr>
<tr>
<td>K_s</td>
<td>Saturated Hydraulic Conductivity</td>
<td>m/yr</td>
<td>Appendix C, Table K</td>
<td>Site-Specific</td>
</tr>
<tr>
<td>L</td>
<td>Source Length Parallel to Groundwater Flow</td>
<td>m</td>
<td>Field Measurement</td>
<td>Site-Specific</td>
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<th>Symbol</th>
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<th>Parameter Value(s)</th>
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<tr>
<td>PEF</td>
<td>Particulate Emission Factor</td>
<td>m³/kg</td>
<td>SSL or Equation S15 in Appendix C, Table A</td>
<td>Residential = 1.32 • 10⁹ or Site-Specific Industrial/Commercial = 1.24 • 10⁹ or Site-Specific</td>
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<tr>
<td>PEF'</td>
<td>Particulate Emission Factor adjusted for Agitation (construction worker)</td>
<td>m³/kg</td>
<td>Equation S16 in Appendix C, Table A using PEF (industrial/commercial)</td>
<td>1.24 • 10⁸ or Site-Specific</td>
</tr>
<tr>
<td>Q/C (used in VF equations)</td>
<td>Inverse of the mean concentration at the center of a square source</td>
<td>(g/m²-s)/(kg/m³)</td>
<td>Appendix C, Table H</td>
<td>Residential = 68.81 Industrial/Commercial = 85.81 Construction Worker = 85.81</td>
</tr>
<tr>
<td>Q/C (used in PEF equations)</td>
<td>Inverse of the mean concentration at the center of a square source</td>
<td>(g/m²-s)/(kg/m³)</td>
<td>SSL or Appendix C, Table H</td>
<td>Residential = 90.80 Industrial/Commercial = 85.81 Construction Worker = 85.81</td>
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<tr>
<td>RfC</td>
<td>Inhalation Reference Concentration</td>
<td>mg/m³</td>
<td>IEPA (IRIS/HEAST)</td>
<td>Toxicological-Specific (Note: for Construction Workers use subchronic reference concentrations)</td>
</tr>
<tr>
<td>RfD₀</td>
<td>Oral Reference Dose</td>
<td>mg/(kg-d)</td>
<td>IEPA (IRIS/HEAST)</td>
<td>Toxicological-Specific (Note: for Construction Workers use subchronic reference doses)</td>
</tr>
<tr>
<td>S</td>
<td>Solubility in Water</td>
<td>mg/L</td>
<td>Appendix C, Table E</td>
<td>Chemical-Specific</td>
</tr>
<tr>
<td>SF₀</td>
<td>Oral Slope Factor</td>
<td>(mg/kg-d)⁻¹</td>
<td>IEPA (IRIS/HEAST)</td>
<td>Toxicological-Specific</td>
</tr>
<tr>
<td>T</td>
<td>Exposure Interval</td>
<td>s</td>
<td></td>
<td>Residential = 9.5 • 10⁸ Industrial/Commercial = 7.9 • 10⁸ Construction Worker = 3.6 • 10⁶</td>
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<tr>
<td>T_M-L</td>
<td>Exposure Interval for Mass-Limit Volatilization Factor</td>
<td>yr</td>
<td>SSL</td>
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<tr>
<td>THQ</td>
<td>Target Hazard Quotient</td>
<td>unitless</td>
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<td>TR</td>
<td>Target Cancer Risk</td>
<td>unitless</td>
<td>Residential = 10^{-6} at the point of human exposure</td>
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<td></td>
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<td>Industrial/Commercial = 10^{-6} at the point of human exposure</td>
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<td>Construction Worker = 10^{-6} at the point of human exposure</td>
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<td>(U_m)</td>
<td>Mean Annual Windspeed</td>
<td>m/s</td>
<td>SSL</td>
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<td>URF</td>
<td>Inhalation Unit Risk Factor</td>
<td>(µg/m^3)^{1.1}</td>
<td>IEPA (IRIS/HEAST\textsuperscript{a})</td>
<td>Toxicological-Specific</td>
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<td>(U_t)</td>
<td>Equivalent Threshold Value of Windspeed at 7 m</td>
<td>m/s</td>
<td>SSL</td>
<td>11.32</td>
</tr>
<tr>
<td>V</td>
<td>Fraction of Vegetative Cover</td>
<td>unitless</td>
<td>SSL or Field Measurement</td>
<td>0.5 of Site-Specific</td>
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<td>VF</td>
<td>Volatilization Factor</td>
<td>m^3/kg</td>
<td>Equation S8 in Appendix C, Table A</td>
<td>Calculated Value</td>
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<td>(VF')</td>
<td>Volatilization Factor adjusted for Agitation</td>
<td>m^3/kg</td>
<td>Equation S9 in Appendix C, Table A</td>
<td>Calculated Value</td>
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<td>(VF_{M-L})</td>
<td>Mass-Limit Volatilization Factor</td>
<td>m^3/kg</td>
<td>Equation S26 in Appendix C, Table A</td>
<td>Calculated Value</td>
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<td>(VF'_{M-L})</td>
<td>Mass-Limit Volatilization Factor adjusted for Agitation</td>
<td>m^3/kg</td>
<td>Equation S27 in Appendix C, Table A</td>
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<td>(\eta)</td>
<td>Total Soil Porosity</td>
<td>L_{pore}/L_{soil}</td>
<td>SSL or Equation S24 in Appendix C, Table A</td>
<td>0.43, or</td>
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<td>Gravel = 0.25</td>
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<td>Sand = 0.32</td>
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<td>Calculated Value</td>
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### NOTICE OF ADOPTED AMENDMENTS

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<th>Source</th>
<th>Parameter Value(s)</th>
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</table>
| \( \theta_a \) | Air-Filled Soil Porosity | \( \frac{L_{\text{air}}}{L_{\text{soil}}} \) | SSL or Equation S21 in Appendix C, Table A | Surface Soil (top 1 meter) = 0.28  
Subsurface Soil (below 1 meter) = 0.13, or  
Gravel = 0.05  
Sand = 0.14  
Silt = 0.24  
Clay = 0.19, or  
Calculated Value |
| \( \theta_w \) | Water-Filled Soil Porosity | \( \frac{L_{\text{water}}}{L_{\text{soil}}} \) | SSL or Equation S20 in Appendix C, Table A | Surface Soil (top 1 meter) = 0.15  
Subsurface Soil (below 1 meter) = 0.30, or  
Gravel = 0.20  
Sand = 0.18  
Silt = 0.16  
Clay = 0.17, or  
Calculated Value |
| \( \rho_b \) | Dry Soil Bulk Density     | kg/L or g/cm\(^3\) | SSL or Field Measurement (See Appendix C, Table F) | 1.5, or  
Gravel = 2.0  
Sand = 1.8  
Silt = 1.6  
Clay = 1.7, or  
Site-Specific |
| \( \rho_s \) | Soil Particle Density     | g/cm\(^3\) | SSL or Field Measurement (See Appendix C, Table F) | 2.65, or  
Site-Specific |
| \( \rho_w \) | Water Density             | g/cm\(^3\) | SSL | 1 |
| 1/(2b+3) | Exponential in Equation S20 | unitless | Appendix C, Table K  
Appendix C, Illustration C | Site-Specific |

\( a \) HEAST = Health Effects Assessment Summary Tables. USEPA, Office of Solid Waste and Emergency Response. EPA/SQO/R-95/036. Updated Quarterly.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
### Section 742.APPENDIX C  Tier 2 Illustrations and Tables and Illustrations

### Section 742.TABLE C  RBCA Equations

| Equations for the combined exposures routes of soil ingestion inhalation of vapors and particulates, and dermal contact with soil | Remediation Objectives for Carcinogenic Contaminants (mg/kg) | \[
\frac{TR \cdot BW \cdot AT_{c} \cdot 365 \text{ d/yr}}{EF \cdot ED \cdot \left\{ \left[ SF_{o} \cdot 10^{6} \text{ kg/mg} \cdot ((IR_{soil} \cdot RAF_{o}) + (SA \cdot M \cdot RAF_{d})) \right] + \left[ SF_{i} \cdot IR_{air} \cdot (VF_{ss} + VF_{p}) \right] \right\}} \]
|---|---|---|
| Remediation Objectives for Non-carcinogenic Contaminants (mg/kg) | \[
\frac{THQ \cdot BW \cdot AT_{n} \cdot 365 \text{ d/yr}}{EF \cdot ED \cdot \left( \frac{10^{-6} \text{ kg/mg} \left[ (IR_{soil} \cdot RAF_{o}) + (SA \cdot M \cdot RAF_{d}) \right]}{RfD_{c}} + \frac{IR_{air} \cdot (VF_{ss} + VF_{p})}{RfD_{t}} \right) \]
| Volatilization Factor for Surficial Soils, VF\text{ss} (kg/m³) | \[
VF_{ss} = \frac{2 \cdot W \cdot \rho_{s} \cdot 10^{3} \frac{\text{cm}^3 \cdot \text{kg}}{\text{m}^3 \cdot \text{g}}}{U_{air} \cdot \delta_{air}} \cdot \sqrt{\frac{D_{eff}^2 \cdot H}{\pi \cdot \left[ \theta_{ss} + (k_{s} \cdot \rho_{s}) + (H' \cdot \theta_{as}) \right] \cdot \tau}} \]
| Whichever is less between R3 and R4 | | R3|
| Volatilization Factor for Surficial Soils Regarding Particulates, VF\text{p} (kg/m³) | \[
VF_{p} = \frac{P_{e} \cdot W \cdot 10^{3} \frac{\text{cm}^3 \cdot \text{kg}}{\text{m}^3 \cdot \text{g}}}{U_{air} \cdot \delta_{air}} \]
| Effective Diffusion Coefficient in cm³/g | \[
D_{eff}^2 = \frac{D_{air} \cdot \theta_{air}^{3.33} + D_{water} \cdot \theta_{water}^{3.33}}{\rho_{s} \cdot \delta_{air}} \]
| | | R6|
POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

| Soil Based on Vapor-Phase Concentration $D_s^{\text{eff}}$ (cm$^2$/s) | $\theta^2_T$ $H' \cdot \theta^2_T$ |
**NOTICE OF ADOPTED AMENDMENTS**

<table>
<thead>
<tr>
<th>Equations for the ambient vapor inhalation (outdoor) route from subsurface soils</th>
<th>Remediation Objectives for Carcinogenic Contaminants (mg/kg)</th>
<th>Remediation Objectives for Non-carcinogenic Contaminants (mg/kg)</th>
<th>Carcinogenic Risk-Based Screening Level for Air, RBSL&lt;sub&gt;air&lt;/sub&gt; (µg/m&lt;sup&gt;3&lt;/sup&gt;)</th>
<th>Noncarcinogenic Risk-Based Screening Level for Air, RBSL&lt;sub&gt;air&lt;/sub&gt; (µg/m&lt;sup&gt;3&lt;/sup&gt;)</th>
<th>Volatilization Factor - Subsurface Soil to Ambient Air, VF&lt;sub&gt;samb&lt;/sub&gt; (mg/m&lt;sup&gt;3&lt;/sup&gt;)/(mg/kg&lt;sub&gt;soil&lt;/sub&gt;)</th>
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<tbody>
<tr>
<td><strong>R7</strong></td>
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<td><strong>R11</strong></td>
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</tr>
</tbody>
</table>

- \[ RBSL_{air} \cdot 10^{-3} \]
- \[ \frac{RBSL_{air} \cdot 10^{-3}}{VF_{samb}} \]
- \[ RBSL_{air} = \frac{TR \cdot BW \cdot AT_c \cdot 365 \text{ d/yr} \cdot 10^3 \mu g/mg}{SF_i \cdot IR_{air} \cdot EF \cdot ED} \]
- \[ RBSL_{air} = \frac{THQ \cdot RfDi \cdot BW \cdot AT_n \cdot 365 \text{ d/yr} \cdot 10^3 \mu g/mg}{IR_{air} \cdot EF \cdot ED} \]
- \[ VF_{samb} = \frac{H' \cdot \rho_s \cdot 10^3 \frac{cm^3}{m^3} \cdot \frac{kg}{m^3} \cdot \frac{g}{kg}}{\left[ \theta_{es} + (k_s \cdot \rho_s) + (H' \cdot \theta_{air}) \right] \cdot \left[ 1 + \frac{(U_{air} \cdot \delta_{air} \cdot L_s)}{D_{eff} \cdot W} \right]} \]
### Equations for the Soil Component of the Groundwater Ingestion Exposure Route

<table>
<thead>
<tr>
<th>Equation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R12</td>
<td>[ \frac{GW_{source}}{LF_{sw}} ] NOTE: This equation can only be used to model contaminant migration not in the water bearing unit.</td>
</tr>
<tr>
<td>R13</td>
<td>[ GW_{source} = \frac{GW_{comp}}{C_{(s)}/C_{source}} ]</td>
</tr>
<tr>
<td>R14</td>
<td>[ LF_{sw} = \frac{\rho_s \cdot cm^3 \cdot kg}{L \cdot g} \left( \frac{\theta_{ws} + (k_s \cdot \rho_s) + (H' \cdot \theta_{as})}{1 + \left( \frac{U_{gw} \cdot \delta_{gw}}{(I \cdot W)} \right)} \right) \cdot \left[ 1 + \left( \frac{U_{gw} \cdot \delta_{gw}}{(I \cdot W)} \right) \right] ]</td>
</tr>
<tr>
<td>R15</td>
<td>[ \frac{C_{(s)}/C_{source}} = \exp \left[ \left( \frac{X}{2\alpha_x} \right) \cdot \left( 1 - \sqrt{1 + \frac{4\lambda \cdot \alpha_x}{U}} \right) \right] \cdot \text{erf} \left[ \frac{S_y}{4 \cdot \sqrt{\alpha_x \cdot X}} \right] \cdot \text{erf} \left[ \frac{S_z}{2 \cdot \sqrt{\alpha_x \cdot X}} \right] ] NOTE: 1. This equation does not predict the contaminant flow within bedrock and may not accurately predict downgradient concentrations in the presence of a confining layer. 2. If the value of the First Order Degradation Constant (( \lambda )) is not readily available, then set ( \lambda = 0 ).</td>
</tr>
<tr>
<td>R16</td>
<td>( \alpha_x = 0.10 \cdot X )</td>
</tr>
<tr>
<td>R17</td>
<td>( \alpha_y = \frac{\alpha_x}{3} )</td>
</tr>
<tr>
<td>R18</td>
<td>( \alpha_z = \frac{\alpha_x}{20} )</td>
</tr>
<tr>
<td>R19</td>
<td>( U = K \cdot i )</td>
</tr>
</tbody>
</table>
### Pollution Control Board

**Notice of Adopted Amendments**

<table>
<thead>
<tr>
<th>Equation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>( k_s = K_{oc} \cdot f_{oc} )</td>
<td>Soil-Water Sorption Coefficient, ( k_s )</td>
</tr>
<tr>
<td>( \theta_{as} = \theta_T \cdot \frac{(w \cdot \rho_s)}{\rho_w} )</td>
<td>Volumetric Air Content in Vadose Zone Soils, ( \theta_{as} ) (cm(^3) air/cm(^3) soil)</td>
</tr>
<tr>
<td>( \theta_{ws} = \frac{(w \cdot \rho_s)}{\rho_w} )</td>
<td>Volumetric Water Content in Vadose Zone Soils, ( \theta_{ws} ) (cm(^3) water/cm(^3) soil)</td>
</tr>
<tr>
<td>( \theta_T = \theta_{as} + \theta_{ws} )</td>
<td>Total Soil Porosity, ( \theta_T ) (cm(^3)/cm(^3) soil)</td>
</tr>
<tr>
<td>( U_{gw} = K \cdot i )</td>
<td>Groundwater Darcy Velocity, ( U_{gw} ) (cm/yr)</td>
</tr>
<tr>
<td>( \frac{TR \cdot BW \cdot AT_c \cdot 365 \text{ d/yr}}{SF_o \cdot IR_w \cdot EF \cdot ED} )</td>
<td>Remediation Objective for Carcinogenic Contaminants (mg/L)</td>
</tr>
<tr>
<td>[ C_{(x)} = C_{source} \cdot \exp \left[ \left( \frac{X}{2\alpha_x} \right) \cdot \left( 1 - \sqrt{1 + \frac{4\lambda \cdot \alpha_x}{U}} \right) \right] \cdot \text{erf} \left[ \frac{S_w}{4 \cdot \sqrt{\alpha_y \cdot X}} \right] \cdot \text{erf} \left[ \frac{S_d}{2 \cdot \sqrt{\alpha_z \cdot X}} \right] ]</td>
<td>Dissolved Hydrocarbon Concentration along Centerline, ( C_{(x)} ) (mg/L water)</td>
</tr>
</tbody>
</table>
NOTE:
1. This equation does not predict the containment flow within bedrock and may not accurately predict downgradient concentrations in the presence of a confining layer.
2. If the value of the First Order Degradation Constant (\( \lambda \)) is not readily available, then set \( \lambda = 0 \).

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
### Section 742. APPENDIX C Tier 2 Illustrations and Tables and Illustrations

**Section 742. TABLE D RBCA Parameters**

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Parameter</th>
<th>Units</th>
<th>Source</th>
<th>Parameter Value(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT&lt;sub&gt;c&lt;/sub&gt;</td>
<td>Averaging Time for Carcinogens</td>
<td>yr</td>
<td>RBCA</td>
<td>70</td>
</tr>
<tr>
<td>AT&lt;sub&gt;n&lt;/sub&gt;</td>
<td>Averaging Time for Noncarcinogens</td>
<td>yr</td>
<td>RBCA</td>
<td>Residential = 30 Industrial/Commercial = 25 Construction Worker = 0.115</td>
</tr>
<tr>
<td>BW</td>
<td>Adult Body Weight</td>
<td>kg</td>
<td>RBCA</td>
<td>70</td>
</tr>
<tr>
<td>C&lt;sub&gt;source&lt;/sub&gt;</td>
<td>The greatest potential concentration of the contaminant of concern in the groundwater at the source of the contamination, based on the concentrations of contaminants in groundwater due to the release and the projected concentration of the contaminant migrating from the soil to the groundwater.</td>
<td>mg/L</td>
<td>Field Measurement</td>
<td>Site-Specific</td>
</tr>
<tr>
<td>C&lt;sub&gt;(x)&lt;/sub&gt;</td>
<td>Concentration of Contaminant in Groundwater at Distance X from the source</td>
<td>mg/L</td>
<td>Equation R26 in Appendix C, Table C</td>
<td>Calculated Value</td>
</tr>
<tr>
<td>C&lt;sub&gt;(x)/C&lt;/sub&gt;&lt;sub&gt;source&lt;/sub&gt;</td>
<td>Steady-State Attenuation Along the Centerline of a Dissolved Plume</td>
<td>unitless</td>
<td>Equation R15 in Appendix C, Table C</td>
<td>Calculated Value</td>
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<tr>
<td>d</td>
<td>Lower Depth of Surficial Soil Zone</td>
<td>cm</td>
<td>Field Measurement</td>
<td>100 or Site-Specific (not to exceed 100)</td>
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<tr>
<td>D&lt;sub&gt;air&lt;/sub&gt;</td>
<td>Diffusion</td>
<td>cm&lt;sup&gt;2&lt;/sup&gt;/s</td>
<td>Appendix C, Table E</td>
<td>Chemical-Specific</td>
</tr>
<tr>
<td>Parameter</td>
<td>Description</td>
<td>Unit</td>
<td>Source</td>
<td>Notes</td>
</tr>
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</tr>
<tr>
<td>$D_{water}$</td>
<td>Diffusion Coefficient in Water</td>
<td>cm²/s</td>
<td>Appendix C, Table E</td>
<td>Chemical-Specific</td>
</tr>
<tr>
<td>$D_{eff}$</td>
<td>Effective Diffusion Coefficient in Soil Based on Vapor-Phase Concentration</td>
<td>cm²/s</td>
<td>Equation R6 in Appendix C, Table C</td>
<td>Calculated Value</td>
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<tr>
<td>ED</td>
<td>Exposure Duration</td>
<td>yr</td>
<td>RBCA</td>
<td>Residential = 30 Industrial/Commercial = 25 Construction Worker = 1</td>
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<tr>
<td>EF</td>
<td>Exposure Frequency</td>
<td>d/yr</td>
<td>RBCA</td>
<td>Residential = 350 Industrial/Commercial = 250 Construction Worker = 30</td>
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<tr>
<td>erf'</td>
<td>Error Function</td>
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<td>Appendix C, Table G</td>
<td>Mathematical Function</td>
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<td>$I_{oc}$</td>
<td>Organic Carbon Content of Soil</td>
<td>g/g</td>
<td>RBCA or Field Measurement (See Appendix C, Table F)</td>
<td>Surface Soil = 0.006 Subsurface Soil = 0.002 or Site-Specific</td>
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<td>$GW_{comp}$</td>
<td>Groundwater Objective at the Compliance Point</td>
<td>mg/L</td>
<td>Appendix B, Table E, 35 IAC 620.Subpart F, or Equation R25 in Appendix C, Table C</td>
<td>Site-Specific</td>
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<td>$GW_{source}$</td>
<td>Groundwater Concentration at the Source</td>
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<td>$H'$</td>
<td>Henry's Law Constant</td>
<td>cm³_water/cm³_air</td>
<td>Appendix C, Table E</td>
<td>Chemical-Specific</td>
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<tr>
<td>i</td>
<td>Hydraulic Gradient</td>
<td>cm/cm (unitless)</td>
<td>Field Measurement (See Appendix C, Table F)</td>
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<tr>
<td>I</td>
<td>Infiltration Rate</td>
<td>cm/yr</td>
<td>RBCA</td>
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<tr>
<td>$IR_{air}$</td>
<td>Daily Outdoor Inhalation Rate</td>
<td>m³/d</td>
<td>RBCA</td>
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<tr>
<td>$IR_{soil}$</td>
<td>Soil Ingestion Rate</td>
<td>mg/d</td>
<td>RBCA</td>
<td>Residential = 100 Industrial/Commercial = 50 Construction Worker = 480</td>
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<tr>
<td>$IR_w$</td>
<td>Daily Water Ingestion Rate</td>
<td>L/d</td>
<td>RBCA</td>
<td>Residential = 2 Industrial/Commercial = 1</td>
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<tr>
<td>K</td>
<td>Aquifer Hydraulic Conductivity</td>
<td>cm/d for Equations R15, R19 and R26 cm/yr for</td>
<td>Field Measurement (See Appendix C, Table F)</td>
<td>Site-Specific</td>
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## NOTICE OF ADOPTED AMENDMENTS

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<th>Parameter</th>
<th>Description</th>
<th>Equation</th>
<th>Units</th>
<th>Notes</th>
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<tr>
<td>$K_{oc}$</td>
<td>Organic Carbon Partition Coefficient</td>
<td>Equation R24</td>
<td>cm$^3$/g or L/kg</td>
<td>Appendix C, Table E or Appendix C, Table I</td>
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<td>$k_s$ (non-ionizing organics)</td>
<td>Soil Water Sorption Coefficient</td>
<td>Equation R20 in Appendix C, Table C</td>
<td>cm$^3$/water/gsoil</td>
<td>Appendix C, Table C</td>
</tr>
<tr>
<td>$k_s$ (ionizing organics)</td>
<td>Soil Water Sorption Coefficient</td>
<td>Equation R20 in Appendix C, Table C</td>
<td>cm$^3$/water/gsoil</td>
<td>Appendix C, Table C</td>
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<tr>
<td>$k_s$ (inorganics)</td>
<td>Soil Water Sorption Coefficient</td>
<td>Equation R20 in Appendix C, Table C</td>
<td>cm$^3$/water/gsoil</td>
<td>Appendix C, Table J</td>
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<td>$L_s$</td>
<td>Depth to Subsurface Soil Sources</td>
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<td>$M$</td>
<td>Soil to Skin Adherence Factor</td>
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<td>Particulate Emission Rate</td>
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<td>$R_{AF_d}$ (PNAs)</td>
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<td>$R_{AF_d}$ (inorganics)</td>
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<td>$R_{AF_o}$</td>
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<td>$R_{BSL_{air}}$</td>
<td>Carcinogenic Risk-Based Screening Level for Air</td>
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<td>ug/m$^3$</td>
<td>Equation R9 in Appendix C, Table C</td>
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<td>$R_{BSL_{air}}$</td>
<td>Noncarcinogenic Risk-Based Screening Level for Air</td>
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<td>$R_{rD_i}$</td>
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<td>$R_{rD_o}$</td>
<td>Oral Reference Dose</td>
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<td>mg/(kg-d)</td>
<td>IEPA (IRIS/HEAST)</td>
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<td>$S_A$</td>
<td>Skin Surface Area</td>
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<td>cm$^2$/d</td>
<td>RBCA</td>
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<td>Unit</td>
<td>Method</td>
<td>Notes</td>
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<td>S_d</td>
<td>Source Width Perpendicular to Groundwater Flow Direction in Vertical Plane</td>
<td>cm</td>
<td>Field Measurement</td>
<td>For Migration to Groundwater Route: Use 200 or Site-Specific</td>
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<td></td>
<td>For Groundwater remediation objective: Use Site-Specific</td>
</tr>
<tr>
<td>S_w</td>
<td>Source Width Perpendicular to Groundwater Flow Direction in Horizontal Plane</td>
<td>cm</td>
<td>Field Measurement</td>
<td>Site-Specific</td>
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<td>SFi</td>
<td>Inhalation Cancer Slope Factor</td>
<td>(mg/kg-d)^-1</td>
<td>IEPA (IRIS/HEAST^a)</td>
<td>Toxicological-Specific</td>
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<tr>
<td>SFo</td>
<td>Oral Slope Factor</td>
<td>(mg/kg-d)^-1</td>
<td>IEPA (IRIS/HEAST^a)</td>
<td>Toxicological-Specific</td>
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<td>THQ</td>
<td>Target Hazard Quotient</td>
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<tr>
<td>TR</td>
<td>Target Cancer Risk</td>
<td>unitless</td>
<td>RBCA</td>
<td>Residential = 10^-6 at the point of human exposure</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Industrial/Commercial = 10^-6 at the point of human exposure</td>
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<tr>
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<td></td>
<td></td>
<td>Construction Worker = 10^-6 at the point of human exposure</td>
</tr>
<tr>
<td>U</td>
<td>Specific Discharge</td>
<td>cm/d</td>
<td>Equation R19 in Appendix C, Table C</td>
<td>Calculated Value</td>
</tr>
<tr>
<td>U_air</td>
<td>Average Wind Speed Above Ground Surface in Ambient Mixing zone</td>
<td>cm/s</td>
<td>RBCA</td>
<td>225</td>
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<tr>
<td>U_gw</td>
<td>Groundwater Darcy Velocity</td>
<td>cm/yr</td>
<td>Equation R24 in Appendix C, Table C</td>
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<tr>
<td>VF_p</td>
<td>Volatilization Factor for Surficial Soils Regarding Particulates</td>
<td>kg/m³</td>
<td>Equation R5 in Appendix C, Table C</td>
<td>Calculated Value</td>
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<tr>
<td>VF_samb</td>
<td>Volatilization Factor (Subsurface Soils to Ambient Air)</td>
<td>(mg/m³_air)/(mg/kg_soil) or kg/m³</td>
<td>Equation R11 in Appendix C, Table C</td>
<td>Calculated Value</td>
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<tr>
<td>VF_ss</td>
<td>Volatilization</td>
<td>kg/m³</td>
<td>Use Equations R3 and</td>
<td>Calculated Value from</td>
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### NOTICE OF ADOPTED AMENDMENTS

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<tr>
<th>Parameter</th>
<th>Description</th>
<th>Unit</th>
<th>Source or Method</th>
<th>Note</th>
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<tr>
<td>Factor for Surficial Soils</td>
<td>R4 in Appendix C, Table C</td>
<td></td>
<td>Equation R3 or R4 (whichever is less)</td>
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<tr>
<td>W</td>
<td>Width of Source Area Parallel to Direction to Wind or Groundwater Movement</td>
<td>cm</td>
<td>Field Measurement</td>
<td>Site-Specific</td>
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<tr>
<td>w</td>
<td>Average Soil Moisture Content</td>
<td>g&lt;sub&gt;water&lt;/sub&gt;/g&lt;sub&gt;soil&lt;/sub&gt;</td>
<td>RBCA or Field Measurement (See Appendix C, Table F)</td>
<td>0.1, or Surface Soil (top 1 meter) = 0.1 Subsurface Soil (below 1 meter) = 0.2, or Site-Specific</td>
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<tr>
<td>X</td>
<td>Distance along the Centerline of the Groundwater Plume Emanating from a Source. The x direction is the direction of groundwater flow</td>
<td>cm</td>
<td>Field Measurement</td>
<td>Site-Specific</td>
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<tr>
<td>α&lt;sub&gt;x&lt;/sub&gt;</td>
<td>Longitudinal Dispersivity</td>
<td>cm</td>
<td>Equation R16 in Appendix C, Table C</td>
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<td>α&lt;sub&gt;y&lt;/sub&gt;</td>
<td>Transverse Dispersivity</td>
<td>cm</td>
<td>Equation R17 in Appendix C, Table C</td>
<td>Calculated Value</td>
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<tr>
<td>α&lt;sub&gt;z&lt;/sub&gt;</td>
<td>Vertical Dispersivity</td>
<td>cm</td>
<td>Equation R18 in Appendix C, Table C</td>
<td>Calculated Value</td>
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<td>δ&lt;sub&gt;air&lt;/sub&gt;</td>
<td>Ambient Air Mixing Zone Heights</td>
<td>cm</td>
<td>RBCA</td>
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<td>δ&lt;sub&gt;gw&lt;/sub&gt;</td>
<td>Groundwater Mixing Zone Thickness</td>
<td>cm</td>
<td>RBCA</td>
<td>200</td>
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<tr>
<td>θ&lt;sub&gt;as&lt;/sub&gt;</td>
<td>Volumetric Air Content in Vadose Zone Soils</td>
<td>cm&lt;sup&gt;3&lt;/sup&gt;&lt;sub&gt;air&lt;/sub&gt;/cm&lt;sup&gt;3&lt;/sup&gt;&lt;sub&gt;soil&lt;/sub&gt;</td>
<td>RBCA or Equation R21 in Appendix C, Table C</td>
<td>Surface Soil (top 1 meter) = 0.28 Subsurface Soil (below 1 meter) = 0.13, or Gravel = 0.05 Sand = 0.14 Silt = 0.16 Clay = 0.17, or</td>
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</table>
### Volumetric Water Content in Vadose Zone Soils

<table>
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<tr>
<th>( \theta_{ws} )</th>
<th>Volumetric Water Content in Vadose Zone Soils</th>
<th>( \text{cm}^3 \text{water/cm}^3 \text{soil} )</th>
<th>( \text{RBCA or Equation R22 in Appendix C, Table C} )</th>
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<tr>
<td>Surface Soil (top 1 meter) = 0.15</td>
<td>Subsurface Soil (below 1 meter) = 0.30, or</td>
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<tr>
<td>Gravel = 0.20</td>
<td>Sand = 0.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silt = 0.16</td>
<td>Clay = 0.17, or</td>
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### Total Soil Porosity

<table>
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<tr>
<th>( \theta_T )</th>
<th>Total Soil Porosity</th>
<th>( \text{cm}^3/\text{cm}^3 \text{soil} )</th>
<th>( \text{RBCA or Equation R23 in Appendix C, Table C} )</th>
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<tbody>
<tr>
<td>0.43, or</td>
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<td></td>
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<tr>
<td>Gravel = 0.25</td>
<td>Sand = 0.32</td>
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<tr>
<td>Silt = 0.40</td>
<td>Clay = 0.36, or</td>
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### First Order Degradation Constant

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<th>( \text{d}^{-1} )</th>
<th>Appendix C, Table E</th>
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### Pi

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### Soil Bulk Density

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<th>( \rho_s )</th>
<th>Soil Bulk Density</th>
<th>g/cm(^3)</th>
<th>( \text{RBCA or Field Measurement (See Appendix C, Table F)} )</th>
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<tbody>
<tr>
<td>1.5, or</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gravel = 2.0</td>
<td>Sand = 1.8</td>
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<td></td>
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<tr>
<td>Silt = 1.6</td>
<td>Clay = 1.7, or</td>
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### Water Density

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<th>( \rho_w )</th>
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<td>1</td>
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### Averaging Time for Vapor Flux

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<tr>
<td>9.46 ( \cdot ) 10(^8)</td>
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(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
### Section 742. Appendix C  Tier 2 Illustrations and Tables and Illustrations

#### Section 742. Table E  Default Physical and Chemical Parameters

<table>
<thead>
<tr>
<th>CAS No.</th>
<th>Chemical</th>
<th>Solubility in Water (S) (mg/L)</th>
<th>Diffusivity in Air (Di) (cm²/s)</th>
<th>Diffusivity in Water (Dₑ) (cm²/s)</th>
<th>Dimensionless Henry's Law Constant (H') (25°C)</th>
<th>Organic Carbon Partition Coefficient (Kₒc) (L/kg)</th>
<th>First Order Degradation Constant ((\lambda)) (d⁻¹)</th>
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<tbody>
<tr>
<td>Neutral Organics</td>
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<td>83-32-9</td>
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<td>0.0034</td>
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<td>Atrazine</td>
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<td>Benzo(a)anthracene</td>
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<td>0.00455</td>
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<td>Benzo(a)pyrene</td>
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<td>Bis(2-chloroethyl)ether</td>
<td>17,200</td>
<td>0.0692</td>
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<td>Bis(2-ethylhexyl)phthalate</td>
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<td>Bromodichloromethane</td>
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<td>Bromoform</td>
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<td>71-36-3</td>
<td>Butanol</td>
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<td>Butyl Benzyl Phthalate</td>
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<td>Carbon Disulfide</td>
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## NOTICE OF ADOPTED AMENDMENTS

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<th>EC No</th>
<th>AI</th>
<th>Concentration (ppm)</th>
<th>EC No</th>
<th>AI</th>
<th>Concentration (ppm)</th>
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<td>Carbon Tetrachloride</td>
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<td>1,2-Dibromo-3-</td>
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### NOTICE OF ADOPTED AMENDMENTS

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### NOTICE OF ADOPTED AMENDMENTS

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Chemical Abstracts Service (CAS) registry number. This number in the format xxx-xx-x, is unique for each chemical and allows efficient searching on computerized data bases.

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* Soil Remediation objectives are determined pursuant to 40 CFR 761, as incorporated by reference at Section 732.104 (the USEPA "PCB Spill Cleanup Policy"), for most sites; persons remediating sites should consult with BOL if calculation of Tier 2 soil remediation objectives is desired.
POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742.APPENDIX C  Tier 2 Illustrations and Tables and Illustrations

Section 742.TABLE F  Methods for Determining Physical Soil Parameters

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Sampling Location</th>
<th>Method</th>
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<tbody>
<tr>
<td>$\rho_b$ (soil bulk density)</td>
<td>Surface</td>
<td>ASTM-D 1556-90 Sand Cone Method\textsuperscript{b}</td>
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<td>ASTM-D 2167-94 Rubber Balloon Method\textsuperscript{b}</td>
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<td>ASTM-D 2922-91 Nuclear Method\textsuperscript{b}</td>
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<td>Subsurface</td>
<td>ASTM-D 2937-94 Drive Cylinder Method\textsuperscript{b}</td>
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<td>$\rho_s$ (soil particle density)</td>
<td>Surface or Subsurface</td>
<td>ASTM-D 854-92 Specific Gravity of Soil\textsuperscript{b}</td>
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<td>$w$ (moisture content)</td>
<td>Surface or Subsurface</td>
<td>ASTM-D 4959-89 (Reapproved 1994) Standard\textsuperscript{b}</td>
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<td></td>
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<td>ASTM-D D 4643-93 Microwave Oven\textsuperscript{b}</td>
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<td>ASTM-D D2216-92 Laboratory Determination\textsuperscript{b}</td>
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<td>ASTM-D D3017-88 (Reapproved 1993) Nuclear Method\textsuperscript{b}</td>
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<td>$f_{oc}$ (fraction organic carbon content)</td>
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<td>Nelson and Sommers (1982) Moisture, Ash, and Organic Matter\textsuperscript{b}</td>
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<td>Method 9060A Total Organic Content</td>
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<td>$\eta$ or $\theta_T$ (total soil porosity)</td>
<td>Surface or Subsurface (calculated)</td>
<td>Equation S24 in Appendix C, Table A for SSL Model, or Equation R23 in Appendix C, Table C for RBCA Model</td>
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<tr>
<td>$\theta_a$ or $\theta_m$ (air-filled soil porosity)</td>
<td>Surface or Subsurface (calculated)</td>
<td>Equation S21 in Appendix C, Table A for SSL Model, or Equation R21 in Appendix C, Table C for RBCA Model</td>
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POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

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<th>Notes</th>
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<td>Surface or Subsurface (calculated)</td>
<td>Equation S20 in Appendix C, Table A for SSL Model, or Equation R22 in Appendix C, Table C for RBCA Model</td>
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<tr>
<td>K (hydraulic conductivity)</td>
<td>Surface or Subsurface</td>
<td>ASTM-D 5084-90 Flexible Wall Permeameter</td>
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<tr>
<td>i (hydraulic gradient)</td>
<td>Surface or Subsurface</td>
<td>Field Measurement</td>
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<td>a This is the location where the sample is collected</td>
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<td></td>
</tr>
<tr>
<td>b As incorporated by reference in Section 742.120.</td>
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(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742. APPENDIX C Tier 2 Illustrations and Tables and Illustrations

**Section 742. TABLE G Error Function (erf)**

\[ erf(\beta) = \frac{2}{\sqrt{\pi}} \int_{0}^{\beta} e^{-\varepsilon^2} d\varepsilon \]

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POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
NOTICE OF ADOPTED AMENDMENTS

Section 742.APPENDIX C  Tier 2 **Illustrations and Tables and Illustrations**

Section 742.TABLE H  Q/C Values by Source Area

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<th>Area Q/C Value (g/m²-s per kg/m³)</th>
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(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742. APPENDIX C  Tier 2 Illustrations and Tables and Illustrations

Section 742. TABLE I  \( K_{oc} \) Values for Ionizing Organics as a Function of pH (cm\(^3\)/g or L/kg or cm\(^3\)\(_{water}/g_{soil}\))

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### POLLUTION CONTROL BOARD

**NOTICE OF ADOPTED AMENDMENTS**

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(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742. APPENDIX C   Tier 2 Illustrations and Tables and Illustrations

Section 742. TABLE J   Values to be Substituted for \( k_d \) or \( k_s \) when Evaluating Inorganics as a Function of pH (\( \text{cm}^3/\text{g} \) or \( \text{L/kg} \) or \( \text{cm}^3/\text{water/gsoil} \))

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<td>---a</td>
<td>---a</td>
<td>1.1E+00</td>
<td>1.2E+02</td>
</tr>
</tbody>
</table>

\(a\) No data available for this pH.

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742. APPENDIX C  Tier 2 **Illustrations and Tables and Illustrations**

Section 742. TABLE K  Parameter Estimates for Calculating Water-Filled Soil Porosity ($\theta_w$)

<table>
<thead>
<tr>
<th>Soil Texture$^a$</th>
<th>Saturated Hydraulic Conductivity, $K_s$ (m/yr)</th>
<th>$1/(2b+3)^b$</th>
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<tbody>
<tr>
<td>Sand</td>
<td>1,830</td>
<td>0.090</td>
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<tr>
<td>Loamy Sand</td>
<td>540</td>
<td>0.085</td>
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<td>Sandy Loam</td>
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<td>0.080</td>
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<td>Silt Loam</td>
<td>120</td>
<td>0.074</td>
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<td>Loam</td>
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<td>0.073</td>
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<td>Sandy Clay Loam</td>
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<td>Silt Clay Loam</td>
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<td>Clay</td>
<td>5</td>
<td>0.039</td>
</tr>
</tbody>
</table>

$^a$ The appropriate texture classification is determined by a particle size analysis by ASTM D2488-93 as incorporated by reference in Section 742.210 and the U.S. Department of Agriculture Soil Textural Triangle shown in Appendix C, Illustration C.

$^b$ Where $b$ is the soil-specific exponential parameter (unitless)

(Source: Amended at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742.APPENDIX D Highway Authority Agreement

HIGHWAY AUTHORITY AGREEMENT

This Agreement is entered into this ______ day of ______, 200 ______ pursuant to 35 Ill. Adm. Code 742.1020 by and between the (1) ________ ("Property Owner") ________ [or, in the case of a petroleum leaking underground storage tank, the owner/operator of the tank ("Owner/Operator")], and (2) ________ Name of Entity in Control of the Right-of-Way ("Highway Authority"), collectively known as the "Parties."

WHEREAS, __________ is the owner or operator of one or more leaking underground storage tanks presently or formerly located at ________ common address or ________ description of Site location ________ ("the Site");

WHEREAS, __________ is the owner of the property located at ________ common address or description of Site location ________ ("the Site");

WHEREAS, as a result of one or more releases of contaminants from the above referenced underground storage tanks or at the above referenced Site ("the Release(s)"), soil and/or groundwater contamination at the Site exceeds the Tier 1 residential remediation objectives of 35 Ill. Adm. Code 742;

WHEREAS, the soil and/or groundwater contamination exceeding Tier 1 residential remediation objectives extends or may extend into the Highway Authority's right-of-way;

WHEREAS, the Owner/Operator or Property Owner is conducting corrective action in response to the Release(s);

WHEREAS, the Parties desire to prevent groundwater beneath the Highway Authority's right-of-way that exceeds Tier 1 remediation objectives from use as a supply of potable or domestic water and to limit access to soil within the right-of-way that exceeds Tier 1 residential remediation objectives so that human health and the environment are protected during and after any access;

NOW, THEREFORE, the Parties agree as follows:
1. The recitals set forth above are incorporated by reference as if fully set forth herein.

2. [Use this paragraph if IEMA has issued an incident number] The Illinois Emergency Management Agency has assigned incident number(s) to the Release(s).

3. Attached as Exhibit A is a scaled map(s) prepared by [the Owner/Operator or Property Owner] that shows the Site and surrounding area and delineates the current and estimated future extent of soil and groundwater contamination above the applicable Tier 1 residential remediation objectives as a result of the Release(s). [Use the following sentence if either soil or groundwater is not contaminated above applicable Tier 1 residential remediation objectives:] [Soil] [Groundwater] is not contaminated above the applicable Tier 1 residential remediation objectives.

4. Attached as Exhibit B is a table(s) prepared by [the Owner/Operator or Property Owner] that lists each contaminant of concern that exceeds its Tier 1 residential remediation objective, its Tier 1 residential remediation objective and its concentrations within the zone where Tier 1 residential remediation objectives are exceeded. The locations of the concentrations listed in Exhibit B are identified on the map(s) in Exhibit A.

5. Attached as Exhibit C is a scaled map prepared by [the Owner/Operator or Property Owner] showing the area of the Highway Authority's right-of-way that is governed by this agreement ("Right-of-Way"). Because Exhibit C is not a surveyed plat, the Right-of-Way boundary may be an approximation of the actual Right-of-Way lines.

6. [Use this paragraph if samples have not been collected within the Right-of-Way, sampling within the Right-of-Way is not practical, and contamination does not extend beyond the Right-of-Way.] Because the collection of samples within the Right-of-Way is not practical, the Parties stipulate that, based on modeling, soil and groundwater contamination exceeding Tier 1 residential remediation objectives does not and will not extend beyond the boundaries of the Right-of-Way.
7. The Highway Authority stipulates it has jurisdiction over the Right-of-Way that
gives it sole control over the use of the groundwater and access to the soil located
within or beneath the Right-of-Way.

8. The Highway Authority agrees to prohibit within the Right-of-Way all potable
and domestic uses of groundwater exceeding Tier 1 residential remediation
objectives.

9. The Highway Authority further agrees to limit access by itself and others to soil
within the Right-of-Way exceeding Tier 1 residential remediation objectives.
Access shall be allowed only if human health (including worker safety) and the
environment are protected during and after any access. The Highway Authority
may construct, reconstruct, improve, repair, maintain and operate a highway upon
the Right-of-Way, or allow others to do the same by permit. In addition, the
Highway Authority and others using or working in the Right-of-Way under
permit have the right to remove soil or groundwater from the Right-of-Way and
dispose of the same in accordance with applicable environmental laws and
regulations. The Highway Authority agrees to issue all permits for work in the
Right-of-Way, and make all existing permits for work in the Right-of-Way,
subject to the following or a substantially similar condition:

   As a condition of this permit, the permittee shall request the office
   issuing this permit to identify sites in the Right-of-Way where a
   Highway Authority Agreement governs access to soil that exceeds
   the Tier 1 residential remediation objectives of 35 Ill. Adm. Code
   742. The permittee shall take all measures necessary to protect
   human health (including worker safety) and the environment
during and after any access to such soil.

10. This agreement shall be referenced in the Agency's no further remediation
determination issued for the Release(s).

11. The Agency shall be notified of any transfer of jurisdiction over the Right-of-Way
at least 30 days prior to the date the transfer takes effect. This agreement shall be
null and void upon the transfer unless the transferee agrees to be bound by this
agreement as if the transferee were an original party to this agreement. The
transferee's agreement to be bound by the terms of this agreement shall be
memorialized at the time of transfer in a writing ("Rider") that references this
POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Highway Authority Agreement and is signed by the Highway Authority, or subsequent transferor, and the transferee.

12. This agreement shall become effective on the date the Agency issues a no further remediation determination for the Release(s). It shall remain effective until the Right-of-Way is demonstrated to be suitable for unrestricted use and the Agency issues a new no further remediation determination to reflect there is no longer a need for this agreement, or until the agreement is otherwise terminated or voided.

13. In addition to any other remedies that may be available, the Agency may bring suit to enforce the terms of this agreement or may, in its sole discretion, declare this agreement null and void if any of the Parties or any transferee violates any term of this agreement. The Parties or transferee shall be notified in writing of any such declaration.

14. This agreement shall be null and void if a court of competent jurisdiction strikes down any part or provision of the agreement.

15. This agreement supersedes any prior written or oral agreements or understandings between the Parties on the subject matter addressed herein. It may be altered, modified or amended only upon the written consent and agreement of the Parties.

16. Any notices or other correspondence regarding this agreement shall be sent to the Parties at following addresses:

Manager, Division of Remediation Management
Bureau of Land
Illinois Environmental Protection Agency
P.O. Box 19276
Springfield, IL 62974-9276

Property Owner or Owner/Operator [Address]

[Contact at Highway Authority] [Address]
IN WITNESS WHEREOF, the Parties have caused this agreement to be signed by their duly authorized representatives.

[NAME OF LOCAL GOVERNMENT]

Date: ___________________________  By: ___________________________

Its: ___________________________

Property Owner or Owner/Operator

Date: ___________________________  By: ___________________________

Title ___________________________

(Source: Added at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742.APPENDIX E Highway Authority Agreement Memorandum of Agreement

HIGHWAY AUTHORITY AGREEMENT MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is entered by and between the Illinois Environmental Protection Agency ("Agency") and Name of Local Government ("Highway Authority"), collectively known as the "Parties."

WHEREAS, the Highway Authority is the owner or operator of one or more leaking underground storage tanks presently or formerly located at common address or description of Site location ("the Site");

[Use this paragraph for sites where the highway authority is also the property owner]

WHEREAS, the Highway Authority is the owner of the property located at common address or description of Site location ("the Site");

WHEREAS, as a result of one or more releases of contaminants from the above referenced underground storage tanks or at the above referenced Site ("the Release(s)"), soil and/or groundwater contamination at the Site exceeds the Tier 1 residential remediation objectives of 35 Ill. Adm. Code 742;

WHEREAS, the soil and/or groundwater contamination exceeding Tier 1 residential remediation objectives extends or may extend into the Highway Authority's right-of-way adjacent to the Site;

WHEREAS, the Highway Authority is conducting corrective action in response to the Release(s);

WHEREAS, the Parties desire to prevent groundwater beneath the Highway Authority's right-of-way that exceeds Tier 1 residential remediation objectives from use as a supply of potable or domestic water and to limit access to soil within the right-of-way that exceeds Tier 1 residential remediation objectives so that human health and the environment are protected during and after any access;

NOW, THEREFORE, the Parties agree as follows:

1. The recitals set forth above are incorporated by reference as if fully set forth herein.
2. [Use this paragraph if IEMA has issued an incident number] The Illinois Emergency Management Agency has assigned incident number(s) to the Release(s).

3. Attached as Exhibit A is a scaled map(s) prepared by the Highway Authority that shows the Site and surrounding area and delineates the current and estimated future extent of soil and groundwater contamination above the applicable Tier 1 residential remediation objectives as a result of the Release(s). [Use the following sentence if either soil or groundwater is not contaminated above applicable Tier 1 residential remediation objectives: [Soil] [Groundwater] is not contaminated above the applicable Tier 1 residential remediation objectives.]

4. Attached as Exhibit B is a table(s) prepared by the Highway Authority that lists each contaminant of concern that exceeds its Tier 1 residential remediation objective, its Tier 1 residential remediation objective and its concentrations within the zone where Tier 1 residential remediation objectives are exceeded. The locations of the concentrations listed in Exhibit B are identified on the map(s) in Exhibit A.

5. Attached as Exhibit C is a scaled map prepared by the Highway Authority showing the area of the Highway Authority's right-of-way that is governed by this agreement ("Right-of-Way"). Because Exhibit C is not a surveyed plat, the Right-of-Way boundary may be an approximation of the actual Right-of-Way lines.

6. [Use this paragraph if samples have not been collected within the Right-of-Way, sampling within the Right-of-Way is not practical, and contamination does not extend beyond the Right-of-Way]. Because the collection of samples within the Right-of-Way is not practical, the Parties stipulate that, based on modeling, soil and groundwater contamination exceeding Tier 1 residential remediation objectives does not and will not extend beyond the boundaries of the Right-of-Way.

7. The Highway Authority stipulates it has jurisdiction over the Right-of-Way that gives it sole control over the use of the groundwater and access to the soil located within or beneath the Right-of-Way.
8. The Highway Authority agrees to prohibit within the Right-of-Way all potable and domestic uses of groundwater exceeding Tier 1 residential remediation objectives.

9. The Highway Authority further agrees to limit access by itself and others to soil within the Right-of-Way exceeding Tier 1 residential remediation objectives. Access shall be allowed only if human health (including worker safety) and the environment are protected during and after any access. The Highway Authority may construct, reconstruct, improve, repair, maintain and operate a highway upon the Right-of-Way, or allow others to do the same by permit. In addition, the Highway Authority and others using or working in the Right-of-Way under permit have the right to remove soil or groundwater from the Right-of-Way and dispose of the same in accordance with applicable environmental laws and regulations. The Highway Authority agrees to issue all permits for work in the Right-of-Way, and make all existing permits for work in the Right-of-Way, subject to the following or a substantially similar condition:

   As a condition of this permit the permittee shall request the office issuing this permit to identify sites in the Right-of-Way where a Highway Authority Memorandum of Agreement governs access to soil that exceeds the Tier 1 residential remediation objectives of 35 Ill. Adm. Code 742. The permittee shall take all measures necessary to protect human health (including worker safety) and the environment during and after any access to such soil.

10. This agreement shall be referenced in the Agency's no further remediation determination issued for the Release(s).

11. The Agency shall be notified of any transfer of jurisdiction over the Right-of-Way at least 30 days prior to the date the transfer takes effect. This agreement shall be null and void upon the transfer unless the transferee agrees to be bound by this agreement as if the transferee were an original party to this agreement. The transferee's agreement to be bound by the terms of this agreement shall be memorialized at the time of transfer in a writing ("Rider") that references this Highway Authority Memorandum of Agreement and is signed by the Highway Authority, or subsequent transferor, and the transferee.

12. This agreement shall become effective on the date the Agency issues a no further remediation determination for the Release(s). It shall remain effective until the
NOTICE OF ADOPTED AMENDMENTS

Right-of-Way is demonstrated to be suitable for unrestricted use and the Agency issues a new no further remediation determination to reflect there is no longer a need for this agreement, or until the agreement is otherwise terminated or voided.

13. In addition to any other remedies that may be available, the Agency may bring suit to enforce the terms of this agreement or may, in its sole discretion, declare this agreement null and void if the Highway Authority or a transferee violates any term of this agreement. The Highway Authority or transferee shall be notified in writing of any such declaration.

14. This agreement shall be null and void if a court of competent jurisdiction strikes down any part or provision of the agreement.

15. This agreement supersedes any prior written or oral agreements or understandings between the Parties on the subject matter addressed herein. It may be altered, modified or amended only upon the written consent and agreement of the Parties.

16. Any notices or other correspondence regarding this agreement shall be sent to the Parties at following addresses:

Manager, Division of Remediation Management
Bureau of Land
Illinois Environmental Protection Agency
P.O. Box 19276
Springfield, IL 62974-9276

[Contact at Highway Authority]
[Address]

IN WITNESS WHEREOF, the Parties have caused this agreement to be signed by their duly authorized representatives.
POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Date: ____________________________  By: ____________________________

Its: ____________________________

Date: ____________________________  By: ____________________________

ILLINOIS ENVIRONMENTAL
PROTECTION AGENCY

Date: ____________________________  By: ____________________________

Director

(Source: Added at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742. APPENDIX F  Environmental Land Use Control

PREPARED BY:

Name: ____________________________

Address: __________________________

RETURN TO:

Name: ____________________________

Address: __________________________

THE ABOVE SPACE FOR RECORDER'S OFFICE

Model Environmental Land Use Control

THIS ENVIRONMENTAL LAND USE CONTROL ("ELUC"), is made this ______ day of ______, 20____ by ____________________________, ("Property Owner") of the real property located at the common address ____________________________ ("Property").

WHEREAS, 415 ILCS 5/58.17 and 35 Ill. Adm. Code 742 provide for the use of an ELUC as an institutional control in order to impose land use limitations or requirements related to environmental contamination so that persons conducting remediation can obtain a No Further Remediation determination from the Illinois Environmental Protection Agency ("IEPA"). The reason for an ELUC is to ensure protection of human health and the environment. The limitations and requirements contained herein are necessary in order to protect against exposure to contaminated soil or groundwater, or both, that may be present on the property as a result of [VARIABLE] activities. Under 35 Ill. Adm. Code 742, the use of risk-based, site-specific remediation objectives may require the use of an ELUC on real property, and the ELUC may apply to certain physical features (e.g., engineered barriers, monitoring wells, caps, etc.).

WHEREAS, ____________________________ intends to
NOTICE OF ADOPTED AMENDMENTS

request risk-based, site specific soil and groundwater remediation objectives from IEPA under 35 Ill. Adm. Code 742 to obtain risk-based closure of the site, identified by Bureau of Land [10-digit LPC or Identification number] , utilizing an ELUC.

NOW, THEREFORE, the recitals set forth above are incorporated by reference as if fully set forth herein, and the Property Owner agrees as follows:

Date: ___________________________ By: ___________________________ Director

Section One. Property Owner does hereby establish an ELUC on the real estate, situated in the County of _________________, State of Illinois and further described in Exhibit A attached hereto and incorporated herein by reference (the "Property").

Attached as Exhibit B are site maps that show the legal boundary of the Property, any physical features to which the ELUC applies, the horizontal and vertical extent of the contaminants of concern above the applicable remediation objectives for soil or groundwater or both, and the nature, location of the source, and direction of movement of the contaminants of concern, as required under 35 Ill. Adm. Code 742.

Section Two. Property Owner represents and warrants he/she is the current owner of the Property and has the authority to record this ELUC on the chain of title for the Property with the Office of the Recorder or Registrar of Titles in _________________ County, Illinois.

Section Three. The Property Owner hereby agrees, for himself/herself, and his/her heirs, grantees, successors, assigns, transferees and any other owner, occupant, lessee, possessor or user of the Property or the holder of any portion thereof or interest therein, that [INSERT RESTRICTION (e.g., the groundwater under the Property shall not be used as a potable supply of water, and any contaminated groundwater or soil that is removed, excavated, or disturbed from the Property described in Exhibit A herein must be handled in accordance with all applicable laws and regulations)].

Section Four. This ELUC is binding on the Property Owner, his/her heirs, grantees, successors, assigns, transferees and any other owner, occupant, lessee, possessor or user of the Property or the holder of any portion thereof or interest therein. This ELUC shall apply in perpetuity against the Property and shall not be released until the IEPA determines there is no longer a need for this ELUC as an institutional control; until the IEPA, upon written request, issues to the site that received the no further remediation determination a new no further remediation determination approving modification or removal of the limitation(s) or
NOTICE OF ADOPTED AMENDMENTS

requirement(s); the new no further remediation determination is filed on the chain of title of the site subject to the no further remediation determination; and until a release or modification of the land use limitation or requirement is filed on the chain of title for the Property.

Section Five. Information regarding the remediation performed on the Property may be obtained from the IEPA through a request under the Freedom of Information Act [5 ILCS 140] and rules promulgated thereunder by providing the IEPA with the 10-digit LPC or identification number listed above.

Section Six. The effective date of this ELUC shall be the date that it is officially recorded in the chain of title for the Property to which the ELUC applies.

WITNESS the following signatures:

Property Owner(s)

By: ____________________________

Its: ____________________________

Date: ____________________________

STATE OF ILLINOIS )

) SS:

COUNTY OF ____________

I, the undersigned, a Notary Public for said County and State, DO HEREBY CERTIFY, that and personally known to me to be the Property Owner(s) of and , and personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that in said capacities they signed and delivered the said instrument as their free and voluntary act for the uses and purposes therein set forth.

Given under my hand and official seal, this day of , 20__.
NOTICE OF ADOPTED AMENDMENTS

STATE OF ILLINOIS  
COUNTY OF ____________

I, ______________________________________, a notary public, do hereby certify that before me this day in person appeared __________________________, personally known to me to be the Property Owner(s) of __________________________, each severally acknowledged that they signed and delivered the foregoing instrument as the Property Owner(s) herein set forth, and as their own free and voluntary act, for the uses and purposes herein set forth.

Given under my hand and official seal, this ___ day of ______________________, 20__:

________________________________________
Notary Public
The subject property is located in the City of ____________, _________ County, State of Illinois, commonly known as ____________, _________, Illinois and more particularly described as:

**LIST THE COMMON ADDRESS; LEGAL DESCRIPTION; AND REAL ESTATE TAX INDEX OR PARCEL # (PURSUANT TO SECTION 742.1010(D)(2))**
IN ACCORDANCE WITH SECTION 742.1010(D)(8)(A)-(D), PROVIDE ALL THE FOLLOWING ELEMENTS. ATTACH SEPARATE SHEETS, LABELED AS EXHIBIT B, WHERE NECESSARY.

(A) A scaled map showing the legal boundary of the property to which the ELUC applies.

(B) Scaled maps showing the horizontal and vertical extent of contaminants of concern above the applicable remediation objectives for soil and groundwater to which the ELUC applies.

(C) Scaled maps showing the physical features to which an ELUC applies (e.g., engineered barriers, monitoring wells, caps, etc.).

(D) Scaled maps showing the nature, location of the source, and direction of movement of the contaminants of concern.

(Source: Added at 31 Ill. Reg. 4063, effective February 23, 2007)
Section 742. APPENDIX G Model Ordinance

ORDINANCE NUMBER _______

AN ORDINANCE PROHIBITING THE USE OF GROUNDWATER AS A POTABLE WATER SUPPLY BY THE INSTALLATION OR USE OF POTABLE WATER SUPPLY WELLS OR BY ANY OTHER METHOD

WHEREAS, certain properties in the City [Village] of ________________, Illinois have been used over a period of time for commercial/industrial purposes; and

WHEREAS, because of said use, concentrations of certain chemical constituents in the groundwater beneath the City [Village] may exceed Class I groundwater quality standards for potable resource groundwater as set forth in 35 Illinois Administrative Code 620 or Tier 1 remediation objectives as set forth in 35 Illinois Administrative Code 742; and

WHEREAS, the City [Village] of ________________ desires to limit potential threats to human health from groundwater contamination while facilitating the redevelopment and productive use of properties that are the source of said chemical constituents;

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY [VILLAGE] OF __________________________, ILLINOIS:

Section One. Use of groundwater as a potable water supply prohibited.

[Except for such uses or methods in existence before the effective date of this ordinance.] The use or attempt to use as a potable water supply groundwater from within the corporate limits of the City [Village] of ________________, as a potable water supply, by the installation or drilling of wells or by any other method is hereby prohibited. This prohibition [expressly includes] [does not include] the City [Village] of ________________.

Section Two. Penalties.

Any person violating the provisions of this ordinance shall be subject to a fine of up to ______________ for each violation.

Section Three. Definitions.
"Person" is any individual, partnership, co-partnership, firm, company, limited liability company, corporation, association, joint stock company, trust, estate, political subdivision, or any other legal entity, or their legal representatives, agents or assigns.

"Potable water" is any water used for human or domestic consumption, including, but not limited to, water used for drinking, bathing, swimming, washing dishes, or preparing foods.

Section Four. Memorandum of Understanding.

[This Section is only necessary if ordinance does not expressly prohibit installation of potable water supply wells by the city or village – could be separate resolution]

The Mayor of the City [Village] of ______________ is hereby authorized and directed to enter into a Memorandum of Understanding with the Illinois Environmental Protection Agency ("Illinois EPA") in which the City [Village] of ______________ assumes responsibility for tracking all sites that have received no further remediation determinations from the Illinois EPA, notifying the Illinois EPA of changes to this ordinance, and taking certain precautions when siting public potable water supply wells.

Section Five. Repealer.

All ordinances or parts of ordinances in conflict with this ordinance are hereby repealed insofar as they are in conflict with this ordinance.

Section Six. Severability.

If any provision of this ordinance or its application to any person or under any circumstances is adjudged invalid, such adjudication shall not affect the validity of the ordinance as a whole or of any portion not adjudged invalid.

Section Seven. Effective date.

This ordinance shall be in full force and effect from and after its passage, approval and publication as required by law.
POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

ADOPTED: ____________________________  APPROVED: ____________________________
(Date)                         (Date)

______________________________  ______________________________
(City Clerk)                          (Mayor)

Officially published this ______ day of ____________________ , 20____.

(Source: Added at 31 Ill. Reg. ______, effective February 23, 2007)
Section 742.APPENDIX H Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING BETWEEN _____________________________
AND THE ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
REGARDING THE USE OF A LOCAL GROUNDWATER OR WATER WELL
ORDINANCE AS AN ENVIRONMENTAL INSTITUTIONAL CONTROL

I. PURPOSE AND INTENT

A. This Memorandum of Understanding ("MOU") between _____________________________ and the Illinois Environmental Protection Agency ("Illinois EPA") is entered into for the purpose of satisfying the requirements of 35 Ill. Adm. Code 742.1015 for the use of groundwater or water well ordinances as environmental institutional controls. The Illinois EPA has reviewed the groundwater or water well ordinance of _____________________________ (Attachment A) and determined that the ordinance prohibits the use of groundwater for potable purposes and/or the installation and use of new potable water supply wells by private entities but does not expressly prohibit those activities by the unit of local government itself. In such cases, 35 Ill. Adm. Code 742.1015(a) provides that the unit of local government may enter into an MOU with the Illinois EPA to allow the use of the ordinance as an institutional control.

B. The intent of this Memorandum of Understanding is to specify the responsibilities that must be assumed by the unit of local government to satisfy the requirements for MOUs as set forth at 35 Ill. Adm. Code 742.1015(i).

II. DECLARATIONS AND ASSUMPTION OF RESPONSIBILITY

In order to ensure the long-term integrity of the groundwater or water well ordinance as an environmental institutional control and that risk to human health and the environment from contamination left in place in reliance on the groundwater or water well ordinance is effectively managed, _____________________________ hereby assumes the following responsibilities pursuant to 35 Ill. Adm. Code 742.1015(d)(2) and (i):

A. _____________________________ will notify the Illinois EPA Bureau of Land of any proposed ordinance changes or requests for variance at least 30 days prior to the date the local government is scheduled to take action on the proposed change or request (35 Ill.
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Adm. Code 742.1015(i)(4));

B. will maintain a registry of all sites within its corporate limits that have received "No Further Remediation" determinations in reliance on the ordinance from the Illinois EPA (35 Ill. Adm. Code 742.1015(i)(5));

C. will review the registry of sites established under paragraph II. B. prior to siting public potable water supply wells within the area covered by the ordinance (35 Ill. Adm. Code 742.1015(i)(6)(A));

D. will determine whether the potential source of potable water has been or may be affected by contamination left in place at the sites tracked and reviewed under paragraphs II. B. and C. (35 Ill. Adm. Code 742.1015(i)(6)(B)); and

E. will take action as necessary to ensure that the potential source of potable water is protected from contamination or treated before it is used as a potable water supply (35 Ill. Adm. Code 742.1015(i)(6)(C)).

NOTE: Notification under paragraph II. A. above or other communications concerning this MOU should be directed to:

Manager, Division of Remediation Management
Bureau of Land
Illinois Environmental Protection Agency
P.O. Box 19276
Springfield, IL 62794-9276

III. SUPPORTING DOCUMENTATION

The following documentation is required by 35 Ill. Adm. Code 742.1015(i) and is attached to this MOU:

A. Attachment A: A copy of the groundwater or water well ordinance certified by the city clerk or other official as the current, controlling law (35 Ill. Adm. Code 742.1015(i)(3));

B. Attachment B: Identification of the legal boundaries within which the ordinance is applicable (certification by city clerk or other official that the ordinance is applicable everywhere within the corporate limits; if ordinance is not applicable throughout the
entire city or village, legal description and map of area showing sufficient detail to
determine where ordinance is applicable) (35 Ill. Adm. Code 742.1015(i)(2));

C. Attachment C: A statement of the authority of the unit of local government to enter into
the MOU (council resolution, code of ordinances, inherent powers of mayor or other
official signing MOU – attach copies) (35 Ill. Adm. Code 742.1015(i)(1)).

IN WITNESS WHEREOF, the lawful representatives of the parties have caused this MOU to be
signed as follows:

FOR: __________________________
(Name of city or village)

BY: __________________________  DATE: __________________________
(Name and title of signatory)  

FOR: Illinois Environmental Protection Agency

BY: __________________________  DATE: __________________________
Manager, Division of Remediation Management
   Bureau of Land

(Source: Added at 31 Ill. Reg. ______, effective February 23, 2007)
DEPARTMENT OF PUBLIC HEALTH

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1) **Heading of the Part**: Hospital Licensing Requirements

2) **Code Citation**: 77 Ill. Adm. Code 250

3) **Section Number**: 250.435  
   **Adopted Action**: Amendment

4) **Statutory Authority**: Hospital Licensing Act [210 ILCS 85]

5) **Effective Date of Rulemaking**: February 20, 2007

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 amendment, including any material incorporated by reference, is on file in the Department's principal office and is available for public inspection.

9) **Notice of Proposal Published in Illinois Register**: 30 Ill. Reg. 14758; September 9, 2006

10) **Has JCAR issued a Statement of Objection to this rulemaking?** No

11) **Differences between proposal and final version**: No changes were made in response to comments received during the First Notice or public comment period. Additionally, no changes were made in response to comments and suggestions of JCAR. 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

14) **Are there any amendments pending on this Part?** Yes

<table>
<thead>
<tr>
<th>Section Numbers</th>
<th>Proposed Action</th>
<th>Ill. Reg. Citation</th>
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<tbody>
<tr>
<td>250.1110</td>
<td>New</td>
<td>30 Ill. Reg. 16191; October 13, 2006</td>
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<tr>
<td>250.1120</td>
<td>New</td>
<td>30 Ill. Reg. 16191; October 13, 2006</td>
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</table>
15) **Summary and Purpose of the Rulemaking:** Section 250.435 (Health Care Worker Background Check) was amended to replace existing text with a requirement that facilities comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).

When the Health Care Worker Background Check Act (the Act) was enacted in 1996, requirements for compliance with the Act were added to the rules governing licensure of each "health care employer" defined in the Act. Hospitals are included as health care employers. Since that time, the Act has been amended several times and has increased in length. Amending each set of licensing rules (15 in all) each time the Act is amended was a time-consuming process. The rules were reviewed by seven different advisory or licensing boards. Since the boards meet at different times throughout the year, changes to the rules were not able to be promulgated all at the same time. In October 2004, the Department adopted the Health Care Worker Background Check Code, which placed the rules in one Part for a more efficient use of the Department's resources.

16) **Information and questions regarding this adopted amendment shall be directed to:**

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

Phone: 217/782-2043  
e-mail: rules@idph.state.il.us

The full text of the Adopted Amendment begins on the next page:
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250
HOSPITAL LICENSING REQUIREMENTS

SUBPART A: GENERAL

Section 250.110 Application for and Issuance of Permit to Establish a Hospital
Section 250.120 Application for and Issuance of a License to Operate a Hospital
Section 250.130 Administration by the Department
Section 250.140 Hearings
Section 250.150 Definitions
Section 250.160 Incorporated and Referenced Materials

SUBPART B: ADMINISTRATION AND PLANNING

Section 250.210 The Governing Board
Section 250.220 Accounting
Section 250.230 Planning
Section 250.240 Admission and Discharge
Section 250.250 Visiting Rules
Section 250.260 Patients' Rights
Section 250.265 Language Assistance Services
Section 250.270 Manuals of Procedure
Section 250.280 Agreement with Designated Organ Procurement Agencies

SUBPART C: THE MEDICAL STAFF

Section 250.310 Organization
Section 250.315 House Staff Members
Section 250.320 Admission and Supervision of Patients
Section 250.330 Orders for Medications and Treatments
Section 250.340 Availability for Emergencies

SUBPART D: PERSONNEL SERVICE
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Section
250.410 Organization
250.420 Personnel Records
250.430 Duty Assignments
250.435 Health Care Worker Background Check
250.440 Education Programs
250.450 Personnel Health Requirements
250.460 Benefits

SUBPART E: LABORATORY

Section
250.510 Laboratory Services
250.520 Blood and Blood Components
250.525 Designated Blood Donor Program
250.530 Proficiency Survey Program (Repealed)
250.540 Laboratory Personnel (Repealed)
250.550 Western Blot Assay Testing Procedures (Repealed)

SUBPART F: RADIOLOGICAL SERVICES

Section
250.610 General Diagnostic Procedures and Treatments
250.620 Radioactive Isotopes
250.630 General Policies and Procedures Manual

SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICE

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250.725 Notification of Emergency Personnel
250.730 Community or Areawide Planning
250.740 Disaster and Mass Casualty Program
250.750 Emergency Services for Sexual Assault Victims

SUBPART H: RESTORATIVE AND REHABILITATION SERVICES
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250.820 General
250.830 Classifications of Restorative and Rehabilitation Services
250.840 General Requirements for all Classifications
250.850 Specific Requirements for Comprehensive Physical Rehabilitation Services
250.860 Medical Direction
250.870 Nursing Care
250.880 Additional Allied Health Services

SUBPART I: NURSING SERVICE AND ADMINISTRATION

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250.910 Nursing Services
250.920 Organizational Plan
250.930 Role in hospital planning
250.940 Job descriptions
250.950 Nursing committees
250.960 Specialized nursing services
250.970 Nursing Care Plans
250.980 Nursing Records and Reports
250.990 Unusual Incidents
250.1000 Meetings
250.1010 Education Programs
250.1020 Licensure
250.1030 Policies and Procedures
250.1035 Domestic Violence Standards
250.1040 Patient Care Units
250.1050 Equipment for Bedside Care
250.1060 Drug Services on Patient Unit
250.1070 Care of Patients
250.1075 Use of Restraints
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SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

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250.1220 Surgery Staff
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250.1240 Surgical Privileges
250.1250 Surgical Emergency Care
250.1260 Operating Room Register and Records
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250.1280 Equipment
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250.1300 Operating Room
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SUBPART L: RECORDS AND REPORTS

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250.1850 Rooming-In Care of Mother and Infant
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SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE, EQUIPMENT, AND SYSTEMS – HEATING, COOLING, ELECTRICAL, VENTILATION, PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL

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250.1920 Emergency electric service
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250.2260 Staff and Personnel Development and Training
250.2270 Admission, Transfer and Discharge Procedures
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SUBPART V: SPECIAL CARE AND/OR SPECIAL SERVICE UNITS

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250.2710 Special Care and/or Special Service Units
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250.2810 Applicability of Other Parts of These Requirements
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250.2830 Classification and Definitions of Service and Programs
250.2840 General Requirements for all Hospital Alcoholism Program Classifications
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250.EXHIBIT A Codes (Repealed)
250.EXHIBIT B Standards (Repealed)
250.EXHIBIT C Addresses of Sources (Repealed)
250.ILLUSTRATION A Seismic Zone Map
250.TABLE A Measurements Essential for Level I, II, III Hospitals
250.TABLE B Sound Transmission Limitations in General Hospitals
250.TABLE C Filter Efficiencies for Central Ventilation and Air Conditioning Systems in General Hospitals (Repealed)
250.TABLE D General Pressure Relationships and Ventilation of Certain Hospital Areas (Repealed)
250.TABLE E Piping Locations for Oxygen, Vacuum and Medical Compressed Air
250.TABLE F General Pressure Relationships and Ventilation of Certain Hospital Areas
250.TABLE G Insulation/Building Perimeter
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AUTHORITY: Implementing and authorized by the Hospital Licensing Act [210 ILCS 85].

Section 250.435 Health Care Worker Background Check

A hospital shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).

a) The hospital shall not knowingly hire any individual in a position with duties involving direct care for patients if that person has been convicted of committing or attempting to commit one or more of the following offenses (Section 25(a) of the Health Care Worker Background Check Act [225 ILCS 46/25]):

1) Solicitation of murder, solicitation of murder for hire (Sections 8-1.1 and 8-1.2 of the Criminal Code of 1961 [720 ILCS 5/8-1.1 and 8-1.2] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 8-1.1 and 8-1.2));


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15) Financial exploitation of an elderly person or a person with a disability (Section 16-1.3 of the Criminal Code of 1961 [720 ILCS 5/16-1.3] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 16-1.3));


22) Unlawful use of weapons, aggravated discharge of a firearm, or reckless discharge of a firearm (Sections 24-1, 24-1.2, and 24-1.5 of the Criminal Code of 1961 [720 ILCS 5/24-1, 24-1.2, and 24-1.5] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 24-1 and 24-1.2; Ill. Rev. Stat. 1961, ch. 38, pars. 152, 152a, 155, 155a to 158b, 414a to 414e, 414e and 414g));


26) Manufacture, delivery or trafficking of cannabis, delivery of cannabis on school grounds, delivery to person under 18, violation by person under 18 (Sections 5, 5.1, 5.2, 7, and 9 of the Cannabis Control Act [720 ILCS 550/5, 5.1, 5.2, 7, and 9] (formerly Ill. Rev. Stat. 1991, ch. 56½, pars. 705, 705.1, 705.2, 707, and 709)); or


b) The hospital shall not knowingly employ or retain any individual in a position with duties involving direct care for patients if that person has been convicted of committing or attempting to commit one or more of the offenses listed in subsections (a)(1) to (27) of this Section unless the applicant, employee, or employer obtains a waiver pursuant to this Section. (Section 25(a) of the Health Care Worker Background Check Act)

c) A hospital shall not hire, employ, or retain any individual in a position with duties involving direct care of patients if the hospital becomes aware that the individual has been convicted in another state of committing or attempting to commit an offense that has the same or similar elements as an offense listed in subsections (a)(1) to (27) of this Section as verified by court records, records from a State agency, or an FBI criminal history record check. This shall not be construed to mean that a hospital has an obligation to conduct a criminal history records check in other states in which an employee has resided. (Section 25(b) of the Act)

d) For the purpose of this Section:
1) "Applicant" means an individual seeking employment with a hospital who has received a bona fide conditional offer of employment.

2) "Conditional offer of employment" means a bona fide offer of employment by a hospital to an applicant, which is contingent upon the receipt of a report from the Department of State Police indicating that the applicant does not have a record of conviction of any of the criminal offenses listed in subsections (a)(1) to (27) of this Section.

3) "Direct Care" means the provision of nursing care or assistance with feeding, dressing, movement, bathing, or other personal needs.

4) "Initiate" means the obtaining of the authorization for a record check from a student, applicant, or employee. (Section 15 of the Health Care Worker Background Check Act)

e) For purposes of the Health Care Worker Background Check Act, the hospital shall establish a policy defining which employees provide direct care. In making this determination the hospital shall consider the following:

1) The employee's assigned job responsibilities as set forth in the employee's job description;

2) Whether the employee is required to or has the opportunity to be alone with patients, with the exception of infrequent or unusual occasions; and

3) Whether the employee's responsibilities include physical contact with patients, for example to provide therapy or to draw blood.

f) Beginning January 1, 1996, when the hospital makes a conditional offer of employment to an applicant who is not exempt under subsection (w) of this Section, for a position with duties that involve direct care for patients, the employer must initiate or have initiated on its behalf a Uniform Conviction Information Act (UCIA) criminal history record check for that applicant. (Section 30(e) of the Health Care Worker Background Check Act) If the applicant is on the Department's Nurse Aide Registry in good standing and has had a UCIA criminal history record check within the last 12 months, the employer need not initiate another check.
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g) The hospital shall transmit all necessary information and fees to the Illinois State Police within 10 working days after receipt of the authorization. (Section 15 of the Health Care Worker Background Check Act)

h) The hospital may accept an authentic UCIA criminal history record check that has been conducted within the last 12 months rather than initiating a check as required in subsection (f) of this Section.

i) The request for a UCIA criminal history record check shall be made as prescribed by the Department of State Police. The applicant or employee must be notified of the following whenever a non-fingerprint based UCIA criminal history record check is made:

1) That the hospital shall request or have requested on its behalf a non-fingerprint-based UCIA criminal history record check pursuant to the Health Care Worker Background Check Act.

2) That the applicant or employee has a right to obtain a copy of the criminal records report from the hospital, challenge the accuracy and completeness of the report, and request a waiver in accordance with this Section.

3) That the applicant, if hired conditionally, may be terminated if the non-fingerprint-based criminal records report indicates that the applicant has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) to (27) of this Section unless the applicant's identity is validated and it is determined that the applicant or employee does not have a disqualifying criminal history record based on a fingerprint-based records check pursuant to subsection (k) of this Section.

4) That the applicant, if not hired conditionally, shall not be hired if the non-fingerprint-based criminal records report indicates that the applicant has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) to (27) of this Section unless the applicant's record is cleared based on a fingerprint-based records check pursuant to subsection (k) of this Section.

5) That the employee may be terminated if the criminal records report indicates that the employee has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) to (27) of this Section unless the employee's record is cleared based on a fingerprint-based...
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records check pursuant to subsection (k) of this Section.  (Section 30(e) and (f) of the Health Care Worker Background Check Act)

j) A hospital may conditionally employ an applicant to provide direct care for up to three months pending the results of a UCIA criminal history record check.  (Section 30(g) of the Health Care Worker Background Check Act)

k) An applicant or employee whose non-fingerprint-based UCIA criminal history record check indicates a conviction for committing or attempting to commit one or more of the offenses listed in subsections (a)(1) to (27) of this Section may request that the hospital or its designee commence a fingerprint-based UCIA criminal records check by submitting any necessary fees and information in a form and manner prescribed by the Department of State Police.  (Section 35 of the Health Care Worker Background Check Act)

l) A hospital having actual knowledge from a source other than a non-fingerprint check that an employee has been convicted of committing or attempting to commit one of the offenses enumerated in Section 25 of the Act must initiate a fingerprint-based background check within 10 working days after acquiring that knowledge.  The hospital may continue to employ that individual in a direct care position, may reassign that individual to a non-direct care position, or may suspend the individual until the results of the fingerprint-based background check are received.  (Section 30(d) of the Health Care Worker Background Check Act)

m) An applicant, employee or employer may request a waiver to subsection (a), (b), or (c) of this Section by submitting the following to the Department within five working days after the receipt of the criminal records report:

1) A completed fingerprint-based UCIA criminal records check form  (Section 40(a) of the Health Care Worker Background Check Act) (which the Department will forward to the Department of State Police); and

2) A certified check, money order or hospital check made payable to the Department of State Police for the amount of money necessary to initiate a fingerprint-based UCIA criminal records check.

n) The Department may accept the results of the fingerprint-based UCIA criminal records check instead of the items required by subsections (m)(1) and (2) above.  (Section 40(a-5) of the Health Care Worker Background Check Act)
An application for a waiver shall be denied unless the applicant meets the following requirements and submits documentation thereof with the waiver application:

1) Except in the instance of payment of court-imposed fines or restitution in which the applicant is adhering to a payment schedule, the applicant shall have met all obligations to the court and under terms of parole (i.e., probation has been successfully completed); and

2) The applicant shall have satisfactorily completed a drug and/or alcohol recovery program, if drugs and/or alcohol were involved in the offense.

The Department may grant a waiver based on mitigating circumstances, which may include:

1) The age of the individual at which the crime was committed;

2) The circumstances surrounding the crime;

3) The length of time since the conviction;

4) The applicant's or employee's criminal history since the conviction;

5) The applicant's or employee's work history;

6) The applicant's or employee's current employment references;

7) The applicant's or employee's character references;

8) Nurse Aide Registry records; and

9) Other evidence demonstrating the ability of the applicant or employee to perform the employment responsibilities competently and evidence that the applicant or employee does not pose a threat to the health or safety of patients, which may include, but is not limited to the applicant's or employee's participation in a drug/alcohol rehabilitation program and continued involvement in recovery; the applicant's or employee's participation in anger management or domestic violence prevention programs; the applicant's or employee's status on nurse aide registries in other states; the applicant's or employee's criminal history in other states;
or the applicant's or employee's successful completion of all outstanding obligations or responsibilities imposed by or to the court. (Section 40(b) of the Health Care Worker Background Check Act)

q) Waivers will not be granted to individuals who have not met the following time frames. "Disqualifying" refers to offenses listed in subsections (a)(1) to (27) of this Section:

1) Single disqualifying misdemeanor conviction — waiver consideration no earlier than one year after the conviction date;

2) Two to three disqualifying misdemeanor convictions — waiver consideration no earlier than three years after the most recent conviction date;

3) More than three disqualifying misdemeanor convictions — waiver consideration no earlier than five years after the most recent conviction date;

4) Single disqualifying felony convictions — waiver consideration no earlier than three years after the conviction date;

5) Two to three disqualifying felony convictions — waiver consideration no earlier than five years after the most recent conviction date;

6) More than three disqualifying felony convictions — waiver consideration no earlier than ten years after the most recent conviction date.

r) Waivers will not be granted to individuals who have been convicted of committing or attempting to commit one or more of the following offenses:

1) Solicitation of murder, solicitation of murder for hire (Sections 8-1.1 and 8-1.2 of the Criminal Code of 1961 [720 ILCS 5/8-1.1 and 8-1.2]);

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3) Kidnaping or aggravated kidnaping (Sections 10-1 and 10-2 of the Criminal Code of 1961 [720 ILCS 5/10-1 and 10-2]);

4) Aggravated battery, heinous battery, or infliction of great bodily harm (Sections 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.6, and 12-4.7 of the Criminal Code 1961 [720 ILCS 5/12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.6, and 12-4.7]);

5) Criminal sexual assault or aggravated criminal sexual assault (Sections 12-13, 12-14, and 12-14.1 of the Criminal Code of 1961 [720 ILCS 5/12-13, 12-14, and 12-14.1]);

6) Criminal sexual abuse or aggravated criminal sexual abuse (Sections 12-15 and 12-16 of the Criminal Code of 1961 [720 ILCS 5/12-15 and 12-16]);

7) Abuse and gross neglect of a long-term care facility resident (Section 12-19 of the Criminal Code of 1961 [720 ILCS 5/12-19]);

8) Criminal abuse or neglect of an elderly or disabled person (Section 12-21 of the Criminal Code of 1961 [720 ILCS 5/12-21]);

9) Financial exploitation of an elderly person or a person with a disability (Section 16-1.3 of the Criminal Code of 1961 [720 ILCS 5/16-1.3]);


11) Armed robbery (Section 18-2 of the Criminal Code of 1961 [720 ILCS 5/18-2]); and

12) Aggravated vehicular hijacking, aggravated robbery (Sections 18-4 and 18-5 of the Criminal Code of 1961 [720 ILCS 5/18-4 and 18-5]).

s) The Director of Public Health may grant a waiver to an individual who does not meet the requirements of subsection (o), (q), or (r), based on mitigating circumstances (see subsection (p)). (Section 40(b) of the Health Care Worker Background Check Act)
An individual shall not be employed in a direct care position from the time that the employer receives the results of a non-fingerprint check containing disqualifying conditions until the time that the individual receives a waiver from the Department. If the individual challenges the results of the non-fingerprint check, the employer may continue to employ the individual in a direct care position if the individual presents convincing evidence to the employer that the non-fingerprint check is invalid. If the individual challenges the results of the non-fingerprint check, his or her identity shall be validated by a fingerprint-based records check in accordance with subsection (k) of this Section. (Section 40(d) of the Health Care Worker Background Check Act)

A hospital is not obligated to employ or offer permanent employment to an applicant, or to retain an employee who is granted a waiver. (Section 40(f) of the Health Care Worker Background Check Act)

A hospital may retain the individual in a direct care position if the individual presents clear and convincing evidence to the hospital that the non-fingerprint-based criminal records report is invalid and if there is a good faith belief on the part of the employer that the individual did not commit an offense listed in subsections (a)(1) to (27) of this Section, pending positive verification through a fingerprint-based criminal records check. Such evidence may include, but not be limited to:

1) certified court records;
2) written verification from the State's Attorney's office that prosecuted the conviction at issue;
3) written verification of employment during the time period during which the crime was committed or during the incarceration period stated in the report;
4) a signed affidavit from the individual concerning the validity of the report; or
5) documentation from a local law enforcement agency that the individual was not convicted of a disqualifying crime.

This Section shall not apply to:
DEPARTMENT OF PUBLIC HEALTH

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1) an individual who is licensed by the Department of Professional Regulation or the Department of Public Health under another law of this State; or

2) an individual employed or retained by a health care employer for whom a criminal background check is required by another law of this State; or

3) a student in a licensed health care field including, but not limited to, a student nurse, a physical therapy student, or a respiratory care student unless he or she is employed by a health care employer in a position with duties involving direct care for patients. (Section 20 of the Health Care Worker Background Check Act)

x) An employer need not initiate an additional criminal background check for an employee if the employer initiated a criminal background check for the employee after January 1, 1996 and prior to January 1, 1998. This subsection applies only to persons employed prior to January 1, 1998. Any person newly employed on or after January 1, 1998 must receive a background check as required by Section 30 of the Health Care Worker Background Check Act. (Section 25.1 of the Health Care Worker Background Check Act)

y) The hospital shall send a copy of the results of the UCIA criminal history record check to the State Nurse Aide Registry for those individuals who are on the Registry. (Section 30(b) of the Health Care Worker Background Check Act) The hospital shall include the individual's Social Security number on the criminal history record check results.

z) The hospital shall retain on file for a period of 5 years records of criminal records requests for all employees. The hospital shall retain the results of the UCIA criminal history records check and waiver, if appropriate, for the duration of the individual's employment. The files shall be subject to inspection by the Department. A fine of $500 shall be imposed for failure to maintain these records. (Section 50 of the Health Care Worker Background Check Act)

aa) The hospital shall maintain a copy of the employee's criminal history record check results and waiver, if applicable, in the personnel file or other secure location accessible to the Department.

(Source: Amended at 31 Ill. Reg. 4245, effective February 20, 2007)
STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENT

1) **Heading of the Part:** Universities Retirement

2) **Code Citation:** 80 Ill.Adm.Code 1600

3) **Section Number:** 1600.110
   **Proposed Action:** Amendment

4) **Statutory Authority:** 40 ILCS 5/15-177

5) **Effective Date of Amendment:** February 22, 2007

6) **Does this rulemaking contain an automatic repeal date?** No

7) **Does this amendment contain incorporations by reference?** No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file at the SURS office and is available for public inspection.

9) **Date Notice of Proposed Published in the Illinois Register:** 30 Ill. Reg. 16917; October 27, 2006

10) **Has JCAR issued a Statement of Objection to this amendment?** No

11) **Differences between proposal and final version:** Grammatical changes suggested by JCAR were made.

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 amendment replace any emergency amendment currently in effect?** No

14) **Are there any amendments pending on this Part?** Yes

<table>
<thead>
<tr>
<th>Section Numbers</th>
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<tbody>
<tr>
<td>1600.122</td>
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<td>1600.153</td>
<td>Amendment</td>
<td>30 Ill. Reg. 17284; November 3, 2006</td>
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</tbody>
</table>
15) **Summary and Purpose of Amendment:** Amendment to the current rule incorporating recent changes to the Open Meetings Act through Public Act 94-1058.

16) **Information and questions regarding this adopted amendment shall be directed to:**

   Albert Lee, Assistant General Counsel  
   State Universities Retirement System  
   1901 Fox Drive  
   Champaign, IL  61820  

   217/378-7516 or 217/378-8855

The full text of the Adopted Amendment begins on the next page:
STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENT

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE D: RETIREMENT SYSTEMS
CHAPTER II: STATE UNIVERSITIES RETIREMENT SYSTEM

PART 1600
UNIVERSITIES RETIREMENT

SUBPART A: MISCELLANEOUS PROCEDURES

Section
1600.10 Definitions
1600.20 Dependency of Beneficiaries
1600.25 Effective Beneficiary Designations
1600.30 Crediting Interest on Employee Contributions and Other Reserves
1600.40 Election to Make Contributions Covering Leave of Absence at Less Than 50% Pay
1600.50 Election to Pay Contributions Based Upon Employment Which Preceded Certification as a Participant
1600.55 Election to Make Contributions Covering Periods of Military Leave
1600.60 Sick Leave Accrual Schedule
1600.70 Procedures to be followed in Medical Evaluation of Disability Claims
1600.80 Rules of Practice-Nature and Requirements of Formal Hearings
1600.90 Excess Benefit Arrangement
1600.100 Freedom of Information Act
1600.110 Open Meetings Act
1600.1120 Twenty Percent Limitation on Final Rate of Earnings Increases
1600.1121 Determination of Final Rate of Earnings Period
1600.122 Employer Contributions for Benefit Increases Resulting from Earnings Increases Exceeding 6%
1600.123 Part-time/Concurrent Service Adjustments
1600.125 Compensation Subject to Withholding
1600.130 Procurement
1600.137 Overpayment Recovery
1600.139 Voluntary Deductions from Annuity Payments
1600.140 Making Preliminary Estimated Payments

SUBPART B: QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDERS

Section
STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENT

1600.150 Definitions
1600.151 Requirements for a Valid Qualified Illinois Domestic Relations Order
1600.152 Curing Minor Deficiencies
1600.153 Filing a QILDRO with the System
1600.154 Modified QILDROs
1600.155 Benefits Affected by a QILDRO
1600.156 Effect of a Valid QILDRO
1600.157 QILDROs Against Persons Who Became Members Prior to July 1, 1999
1600.158 Alternate Payee's Address
1600.159 Electing Form of Payment
1600.160 Automatic Annual Increases
1600.161 Expiration of a QILDRO
1600.162 Reciprocal Systems QILDRO Policy Statement
1600.163 Providing Benefit Information for Divorce Purposes

1600.APPENDIX A  Chart Outlining Hearing Procedures (Repealed)

AUTHORITY: Implementing and authorized by Section 15-177 of the Illinois Pension Code [40 ILCS 5/15-177].


SUBPART A: MISCELLANEOUS PROCEDURES
STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENT

Section 1600.110 Open Meetings Act

a) Introduction.

1) The Illinois Open Meetings Act [5 ILCS 120] sets forth the public policy of the State of Illinois that public bodies exist to aid in the conduct of the people's business and that the people have a right to be informed as to the conduct of their business. It is also the public policy of the State that its citizens be given advance notice of and the right to attend all meetings at which any business of a public body is discussed or acted upon in any way.

2) It is the intent of the Act:
   A) to ensure that the actions of public bodies be taken openly and that their deliberations be conducted openly;
   B) to protect the citizen's right to know; and
   C) that provisions for exceptions to the open meeting requirements be strictly construed against closed meetings. [5 ILCS 120/1]

3) By means of this Section, SURS has established procedures to conduct its business in accordance with the Open Meetings Act.

b) Definitions.

1) "Employee" – A person employed by SURS whose relationship with SURS constitutes an employer-employee relationship under the usual common law rules, and who is not an independent contractor. [5 ILCS 120/2(d)]

2) "Meeting" – Any gathering, whether in person or by video or audio conference, telephone call, electronic means (such as, without limitation, electronic mail, electronic chat, and instant messaging), or other means of contemporaneous interactive communication, of a majority of a quorum of the Board of Trustees held for the purpose of discussing SURS business. [5 ILCS 120/1.02] Unless the Board sets a quorum in excess of 5 members, a gathering of 3 or more members of the Board of Trustees for the purpose of discussing SURS business shall be considered a meeting. [5 ILCS 120/1.02]
quorum for a Board of Trustees committee is the least number more than one-half of the members of the committee. A committee must be physically present at the location of an open meeting of the Board of Trustees or the committee, respectively. If, however, an open meeting of the Board of Trustees or a Board of Trustees committee is held simultaneously at one of its offices and one or more other locations in a public building, which may include other of its offices, through an interactive video conference and public notice is provided as required under the Open Meetings Act for all locations, then members physically present in those locations all count towards determining a quorum. "Public building", as used in this Section, means any building or portion of a building owned or leased by any public body. The requirement that a quorum be physically present at the location of an open meeting shall not apply, however, to Board of Trustees committees that do not have authority to make binding recommendations or determinations or to take any other substantive action.

3) "Public body" – The Board of Trustees of SURS. All references to the Board of Trustees shall also encompass any committees of the Board where the context so requires.

4) "Quasi-adjudicative body" – An administrative body charged by law or ordinance with the responsibility to conduct hearings, receive evidence or testimony and make determinations based thereon. [5 ILCS 120/2(d)] The Claims Committee shall be considered a quasi-adjudicative body.

c) Attendance by a Means Other Than Physical Presence.

1) If a quorum of the members of the Board of Trustees or a committee is physically present as required by subsection (b)(2), a majority of the quorum may allow a member of that body to attend the meeting by other means (video or audio conference) if the member is prevented from physically attending because of:

A) personal illness or disability;

B) employment purposes or the business of the public body; or

C) a family or other emergency.
STATE UNIVERSITIES RETIREMENT SYSTEM

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2) If a member wishes to attend a meeting by other means, the member must notify the recording secretary of the Board of Trustees or the committee before the meeting unless advance notice is impractical.

3) A majority of the Board of Trustees or a committee may allow a member to attend a meeting by other means only in accordance with and to the extent allowed by this subsection (c).

4) Except as provided in this subsection (c)(4), the limitations of this subsection (c) shall not apply to closed meetings of the Board of Trustees or the Executive Committee or to open or closed meetings of any other subsidiary body, including without limitation any committee other than the Executive Committee, that does not have authority to make binding recommendations or determinations or to take any other substantive action. If the limitations of this subsection (c) do not apply, any or all members of the Board of Trustees or a subsidiary body may attend a meeting by audio or video conference. An open meeting attended by audio or video conference will be broadcast at the properly noticed location of the meeting. Neither advance notice nor permission for such means of attendance is required. No minimum number of members need be physically present at the noticed location of the meeting.

d) Time and Place of Open Meetings

1) All open meetings shall be held at specified times and places which are convenient and open to the public.

2) No open meeting shall be held on a legal holiday unless the regular meeting day falls on that holiday. [5 ILCS 120/2.01]

d) Public Notice; Agenda; Schedule

1) Posting. Public notice shall be given by posting a copy of the notice at the principal office of SIRS, 1901 Fox Drive, Champaign. Copies of the posted notice shall also be given to any news medium that has filed with the Executive Director of SIRS an annual request for notice of meetings. [5 ILCS 120/2.02(a)]
STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENT

2) News medium request. Any news medium may file with the Executive Director of SURS an annual request for public notice of all meetings of the Board of Trustees of SURS. The Associate Executive Director shall maintain an updated list of all news media which have filed such annual requests and shall be responsible for seeing that such news media receive the notices mandated by the Open Meetings Act and by this policy.

3) Regular meetings. Public notice shall be given of the schedule of regular meetings at the beginning of each fiscal year, stating the regular dates, times, and places of each such meeting.

A) Agenda of regular meetings. An agenda for each regular meeting shall be posted in accordance with subsection (e)(1) at least 48 hours in advance of the holding of the meeting. However, this requirement shall not preclude the consideration of items not specifically set forth in the agenda. [5 ILCS 120/2.02(a)]

B) Schedule of regular meetings. At the beginning of each fiscal year, the Executive Director of SURS shall prepare and make available a schedule of all its regular meetings for such fiscal year, listing the times and places of such meetings.

C) Change in regular meeting date. If a change is made in a regular meeting date, at least 10 days’ notice of such change shall be given by publication in the official State newspaper. Notice of such change shall also be posted at the principal office of SURS, 1901 Fox Drive, Champaign. Notice of such change shall also be given to any news medium that has filed with the Executive Director of SURS an annual request for notice of meetings. [5 ILCS 120/2.03]

4) Special meetings. Public notice of any special meeting shall be given at least 48 hours before such meeting.

A) Agenda of special meetings. An agenda of a special meeting shall also be included with the public notice of such meeting. However, the validity of any action taken by the Board of Trustees which is germane to a subject on the agenda shall not be affected by other errors or omissions in the agenda. [5 ILCS 120/2.02(a)]
STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENT

B) News medium notice. *Any news medium which has filed an annual request for notice shall be given the same notice of any special meeting in the same manner as is given to members of the Board of Trustees, provided that such news medium has given the Executive Director of SURS an address or telephone number within Illinois at which such notice may be given.* [5 ILCS 120/2.02(b)]

5) Rescheduled or reconvened meetings. *Public notice of any rescheduled or reconvened meeting shall be given at least 48 hours before such meeting.*

A) Exception to notice requirement. No public notice is required to be given of any reconvened meeting where the meeting was open to the public and either:

i) such meeting is to be reconvened within 24 hours; or

ii) an announcement of the time and place of the reconvened meeting is made at the original meeting and there is no change in the agenda. [5 ILCS 120/2.02(a)]

B) Agenda of rescheduled or reconvened meeting. *An agenda of a rescheduled or reconvened meeting shall also be included with the public notice of such meeting. However, the validity of any action taken by the Board of Trustees which is germane to a subject on the agenda shall not be affected by other errors or omissions in the agenda.* [5 ILCS 120/2.02(a)]

C) News medium notice. *Any news medium which has filed an annual request for notice shall be given the same notice of any rescheduled or reconvened meeting in the same manner as is given to members of the Board of Trustees, provided that such news medium has given the Executive Director of SURS an address or telephone number within Illinois at which such notice may be given.* [5 ILCS 120/2.02(b)]

6) Emergency meeting. *Notice of an emergency meeting shall be given as soon as is practicable. In any event, prior to an emergency meeting being held, notice shall be given to any news medium which has filed an annual*
STATE UNIVERSITIES RETIREMENT SYSTEM

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request for notice. [5 ILCS 120/2.02(a)] Any news medium which has
filed an annual request for notice shall be given the same notice of any
emergency meeting in the same manner as is given to members of the
Board of Trustees, provided that such news medium has given the
Executive Director of SURS an address or telephone number within
Illinois at which such notice may be given. [5 ILCS 120/2.02(b)]

fe) Recording Meetings.

1) Any person may record by tape, film or other means the proceedings at
any open meeting, subject to such rules as may be prescribed by the Board
of Trustees, and subject to subsection (fe)(2) and the provisions of Section
8-701 of the Code of Civil Procedure [735 ILCS 120/8-701]. [5 ILCS 120/2.05]

2) If any witness at any meeting required to be open under the Open
Meetings Act refuses to testify on the grounds that he or she may not be
compelled to testify if any portion of his or her testimony is to be
broadcast or televised or if motion pictures are to be taken, then the
authority holding the meeting shall prohibit any such recording during the
testimony of the witness, to the extent of subsection (e)(2). Nothing in this
subsection (f) shall be construed to extend the right to refuse to testify at
any meeting not subject to the provisions of Section 8-701 of the Code of
Civil Procedure. [5 ILCS 120/2.05]

gf) Closed Meetings.

1) Subject. The Board of Trustees may hold closed meetings to consider the
following subjects:

A) The appointment, employment, compensation, discipline,
performance, or dismissal of specific employees of SURS,
including hearing testimony on a complaint lodged against an
employee to determine its validity [5 ILCS 120/2(c)(1)];

B) Collective negotiating matters between SURS and its employees or
their representatives, or deliberations concerning salary schedules
for one or more classes of employees [5 ILCS 120/2(c)(2)];
STATE UNIVERSITIES RETIREMENT SYSTEM

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C) Evidence or testimony presented in open hearing, or in closed
hearing where specifically authorized by law, to a quasi-
adjudicative body, provided that the body prepares and makes
available for public inspection a written decision setting forth its
determinative reasoning [5 ILCS 120/2(c)(4)];

D) The purchase or lease of real property for the use of SURS [5
ILCS 120/2(c)(5)];

E) The setting of a price for sale or lease of real property owned by
SURS [5 ILCS 120/2(c)(6)];

F) The sale or purchase of securities, investments, or investment
contracts [5 ILCS 120/2(c)(7)];

G) Emergency security procedures and the use of personnel and
equipment to respond to actual danger to the safety of employees,
staff, or public property, provided that a description of the actual
danger shall be made a part of the motion to close the meeting [5
ILCS 120/2(c)(8)];

H) Litigation, when an action against, affecting or on behalf of SURS
has been filed and is pending before a court or administrative
tribunal, or when the Board of Trustees finds that an action is
probable or imminent, in which case the basis for the finding shall
be recorded and entered into the minutes of the closed meeting [5
ILCS 120/2(c)(11)];

I) Self evaluation, practices and procedures or professional ethics,
when meeting with a representative of a statewide association of
which SURS is a member [5 ILCS 120/2(c)(16)];

J) The classification and discussion of matters classified as
confidential or continued confidential by the State Employees
Suggestion Award Board (see 20 ILCS 405/67.28) [5 ILCS
120/2(c)(20)]; and

K) Discussion of minutes of closed meetings, whether for purposes of
approval by the Board of Trustees of the minutes, or for purposes
STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENT

of semi-annual review of the minutes [5 ILCS 120/2(c)(21)].

2) Procedure.

A) Vote. Upon the majority vote of a quorum present of the Board of Trustees at an open meeting, the Board may hold a meeting closed to the public or may close a portion of a meeting to the public. The motion to close a meeting, or a portion thereof, shall state a citation to the specific exemption set forth in Section 2 of the Open Meetings Act. [40 ILCS 120/2(c)] The vote of each member shall be taken by roll call vote, shall be publicly disclosed, and shall be recorded and entered into the minutes of the meeting.

B) Subject. Only topics specified in the vote to close may be considered during the closed meeting.

C) Series of meetings. A single vote may be taken with respect to a series of meetings, a portion or portions of which are proposed to be closed to the public, provided each meeting in such series involves the same particular matters and is scheduled to be held within no more than 3 months after the vote. [5 ILCS 120/2a]

1) Open meetings.

A) Content. The Board of Trustees shall keep written minutes of all open meetings. The minutes shall include:

i) the date, time and place of the meeting;

ii) the members of the Board recorded as either present or absent; and whether the members were physically present or present by means of video or audio conference; and

iii) a summary of discussion on all matters proposed, deliberated, or decided, and a record of any votes taken.

B) Public inspection. The minutes of any open meeting shall be
STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENT

available for public inspection within 7 days after the approval of such minutes by the Board of Trustees.

2) Closed meetings

A) Content. The Board of Trustees shall keep written minutes of all closed meetings. The minutes shall include:

i) the date, time and place of the meeting;

ii) the members of the Board recorded as either present or absent; and

iii) a summary of discussion on all matters proposed, deliberated, or decided, and a record of any votes taken.

B) Public inspection. The minutes of any closed meeting shall be available for public inspection only after the Board of Trustees determines that it is no longer necessary to protect the public interest or the privacy of an individual by keeping such minutes confidential.

C) Semi-annual review. The Board of Trustees shall semi-annually review minutes of all closed meetings. At such meetings a determination shall be made, and reported in an open session, that either:

i) the need for confidentiality still exists as to all or a part of those minutes; or

ii) the minutes or portions thereof no longer require confidential treatment and are available for public inspection. [5 ILCS 120/2.06(c)]

(Source: Amended at 31 Ill. Reg. 4267, effective February 22, 2007)
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF AGREEMENT TO MEET THE RECOMMENDATION OF THE JOINT COMMITTEE ON ADMINISTRATIVE RULES

1) **Heading of the Part:** Pay Plan

2) **Code Citation:** 80 Ill. Adm. Code 310

3) **Section Numbers:**
   - 310.50
   - 310.80
   - 310.100
   - 310.260
   - 310.280
   - 310.290
   - 310.295
   - 310.410
   - 310.450
   - 310.490
   - 310.495
   - 310.500
   - 310.530
   - 310.540
   - 310.APPENDIX A TABLE J
   - 310.APPENDIX A TABLE Q
   - 310.APPENDIX A TABLE W
   - 310.APPENDIX A TABLE X
   - 310.APPENDIX B
   - 310.APPENDIX C
   - 310.APPENDIX D
   - 310.APPENDIX G

   **Action:** Agreement with Recommendation, but no further rulemaking is necessary.

4) **Date Notice of Emergency Amendments Published in the Illinois Register:** 31 Ill. Reg. 1483; January 12, 2007

5) **Date JCAR Statement of Recommendation to Emergency Amendments Published in the Illinois Register:** 31 Ill. Reg. 3208; February 23, 2007

6) **Summary Action Taken by the Agency:** The Department of Central Management Services agrees that,
NOTICE OF AGREEMENT TO MEET THE RECOMMENDATION OF THE JOINT COMMITTEE ON ADMINISTRATIVE RULES

if the Department of Central Management Services intends to require that any particular policies be followed by agencies in distributing merit compensation employees into performance categories for the determination of increases and/or bonuses, it include those policies in its permanent rulemaking (80 Ill. Adm. Code 310; 31 Ill. Reg. 344).

While the Department of Central Management Services conveyed to agencies (in the Director's January 12, 2007 memorandum) the Governor's Office established recommended distribution percentages by performance rating category, the Department of Central Management Services will not enforce the distribution of merit compensation performance categories, increases and/or bonuses. Therefore, the recommended distribution percentages do not rise to the level of Department of Central Management Services policy. The recommended distribution percentages will not appear in the First Notice Changes for the permanent rulemaking (80 Ill. Adm. Code 310; 31 Ill. Reg. 344).
JOINT COMMITTEE ON ADMINISTRATIVE RULES
MARCH AGENDA

SCHEDULED MEETING:

STRATTON OFFICE BUILDING
ROOM C-1
SPRINGFIELD, ILLINOIS
9:00 A.M.
MARCH 13, 2007

NOTICES: The scheduled date and time for the JCAR meeting are subject to change. Due to Register submittal deadlines, the Agenda below may be incomplete. Other items not contained in this published Agenda are likely to be considered by the Committee at the meeting and items from the list can be postponed to future meetings.

If members of the public wish to express their views with respect to a rulemaking, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:

Joint Committee on Administrative Rules
700 Stratton Office Building
Springfield, Illinois 62706
Email: jcar@ilga.gov
Phone: 217/785-2254

RULEMAKINGS CURRENTLY BEFORE JCAR

PROPOSED RULEMAKINGS

Commerce and Economic Opportunity

1. River Edge Redevelopment Zone Program (14 Ill. Adm. Code 524)
   -First Notice Published: 30 Ill. Reg. 17144 – 11/3/06
   -Expiration of Second Notice: 4/6/07

   Drycleaner Environmental Response Trust Fund Council

2. General Program (35 Ill. Adm. Code 1500)
   -First Notice Published: 30 Ill. Reg. 18801 – 12/8/06
JOINT COMMITTEE ON ADMINISTRATIVE RULES
MARCH AGENDA

- Expiration of Second Notice: 3/21/07

Elections

3. Procurement (Repealer) (44 Ill. Adm. Code 2600)
   - First Notice Published: 30 Ill. Reg. 17230 – 11/3/06
   - Expiration of Second Notice: 3/17/07

   - First Notice Published: 30 Ill. Reg. 17233 – 11/3/06
   - Expiration of Second Notice: 3/17/07

Elevator Safety Review Board

5. Illinois Elevator Safety Rules (41 Ill. Adm. Code 1000)
   - First Notice Published: 30 Ill. Reg. 16522 – 10/20/06
   - Expiration of Second Notice: 4/7/07

Healthcare and Family Services

   - First Notice Published: 30 Ill. Reg. 16756 – 10/27/06
   - Expiration of Second Notice: 4/5/07

   - First Notice Published: 30 Ill. Reg. 13261 – 8/11/06
   - Expiration of Second Notice: 4/8/07

   - First Notice Published: 30 Ill. Reg. 13268 – 8/11/06
   - Expiration of Second Notice: 4/8/07

Housing Development Authority

   - First Notice Published: 30 Ill. Reg. 14220 – 9/1/06
   - Expiration of Second Notice: 3/14/07

Human Services
JOINT COMMITTEE ON ADMINISTRATIVE RULES
MARCH AGENDA

   -First Notice Published: 30 Ill. Reg. 17175 – 11/3/06
   -Expiration of Second Notice: 3/14/07

   -First Notice Published: 30 Ill. Reg. 18818 – 12/8/06
   -Expiration of Second Notice: 3/30/07

    -First Notice Published: 30 Ill. Reg. 17181 – 11/3/06
    -Expiration of Second Notice: 3/14/06

13. Aid to the Aged, Blind or Disabled (89 Ill. Adm. Code 113)
    -First Notice Published: 30 Ill. Reg. 18431 – 12/1/06
    -Expiration of Second Notice: 3/30/07

14. Food Stamps (89 Ill. Adm. Code 121)
    -First Notice Published: 30 Ill. Reg. 16173 – 10/13/06
    -Expiration of Second Notice: 3/14/07

15. Food Stamps (89 Ill. Adm. Code 121)
    -First Notice Published: 30 Ill. Reg. 17194 – 11/3/06
    -Expiration of Second Notice: 3/14/07

Public Health

16. Ambulatory Surgical Treatment Center Licensing Requirements (77 Ill. Adm. Code 205)
    -First Notice Published: 30 Ill. Reg. 16185 – 10/13/06
    -Expiration of Second Notice: 3/29/07

    -First Notice Published: 30 Ill. Reg. 6089 – 4/7/06
    -Expiration of Second Notice: 3/31/07

18. Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)
    -First Notice Published: 30 Ill. Reg. 18449 – 12/1/06
    -Expiration of Second Notice: 3/29/07

    -First Notice Published: 30 Ill. Reg. 18477 – 12/1/06
JOINT COMMITTEE ON ADMINISTRATIVE RULES
MARCH AGENDA

-Expiration of Second Notice: 3/29/07

   -First Notice Published: 30 Ill. Reg. 18502 – 12/1/06
   -Expiration of Second Notice: 3/29/07

   -First Notice Published: 30 Ill. Reg. 18523 – 12/1/06
   -Expiration of Second Notice: 3/29/07

22. Long-Term Care for Under Age 22 Facilities Code (77 Ill. Adm. Code 390)
   -First Notice Published: 30 Ill. Reg. 18549 – 12/1/06
   -Expiration of Second Notice: 3/29/07

Revenue

23. Retailers’ Occupation Tax (86 Ill. Adm. Code 130)
   -First Notice Published: 30 Ill. Reg. 18549 – 9/29/06
   -Expiration of Second Notice: 4/11/07

Secretary of State

   -First Notice Published: 30 Ill. Reg. 18077 – 11/17/06
   -Expiration of Second Notice: 3/15/07

State Fire Marshal

25. Small Equipment Grant Program (41 Ill. Adm. Code 291)
   -First Notice Published: 30 Ill. Reg. 18441 – 12/1/06
   -Expiration of Second Notice: 4/7/07

State Police

26. Methamphetamine Manufacturer Registry Act (20 Ill. Adm. Code 1284)
   -First Notice Published: 30 Ill. Reg. 19592 – 12/29/06
   -Expiration of Second Notice: 4/5/07

Transportation
JOINT COMMITTEE ON ADMINISTRATIVE RULES
MARCH AGENDA

27. Nonscheduled Bus Inspections (92 Ill. Adm. Code 456)
   - First Notice Published: 30 Ill. Reg. 19465 – 12/22/06
   - Expiration of Second Notice: 3/22/07

PEREMPTORY RULEMAKING

   Central Management Services

    - Notice Published: 31 Ill. Reg. 2485 – 2/2/07

EXPEDITED CORRECTION

   Healthcare and Family Services

    - Notice of Correction: 31 Ill. Reg. 3030 – 2/16/07

AGENCY RESPONSES

   Board of Higher Education

30. Noninstructional Capital Improvements and Community College Locally-Funded Capital
    Projects (23 Ill. Adm. Code 1040; 30 Ill. Reg. 14184)

   Central Management Services


   Financial and Professional Regulation


   Department of Labor

The following second notices were received by the Joint Committee on Administrative Rules during the period of February 21, 2007 through February 26, 2007 and have been scheduled for review by the Committee at its March 13, 2007 meeting in Springfield. 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.

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1) **Heading of the Part:** Pay Plan

2) **Code Citation:** 80 Ill. Adm. Code 310

3) **Register citation of emergency rulemaking and other pertinent action:** 31 Ill. Reg. 1483; January 12, 2007

At its February meeting, the Joint Committee on Administrative Rules issued a Statement of Recommendation concerning the emergency rulemaking cited above. The JCAR statement was published in the March 2, 2007 *Illinois Register* at 31 Ill. Reg. 3617.

4) **Explanation:**

JCAR's Statement of Recommendation contained 2 typographical errors in the list of sections that comprise the emergency rulemaking. Section 310.540 and Table X in Appendix A were incorrectly listed as Section 310.546 and Table V. JCAR apologizes for any confusion these errors may have caused.
2007-37
NUTRITION MONTH

WHEREAS, the problems of obesity and food insecurity are growing issues in Illinois and across the country; and

WHEREAS, it is crucial that we as a state do our part to promote good health and nutrition by encouraging all citizens to practice sound eating habits; and

WHEREAS, according to the Illinois Behavioral Risk Factor Surveillance System, nearly 36 percent of all Illinois citizens are overweight. At the same time, over 9 percent of the state’s population does not have routine access to adequate amounts of food; and

WHEREAS, it is important that people eat neither too much nor too little of any food or nutrient in order to help maintain a healthy lifestyle. Overindulgence in food can result in excess weight and related health complications, while eating too little can lead to numerous nutrient deficiencies and low body mass; and

WHEREAS, the Illinois Department of Human Services, along with the Illinois Interagency Nutrition Council, and the Illinois Department of Public Health is joining forces with nutrition professionals in Illinois and throughout the United States to promote good nutrition during the month of March. The theme of this year’s awareness campaign is “Fruits and Veggies More Matters!”:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim March 2007 as NUTRITION MONTH in Illinois, and encourage all citizens to support food programs and establish healthy eating habits in hopes of reducing the risk for obesity and preventing hunger.

Issued by the Governor on February 16, 2007.
Filed by the Secretary of State February 21, 2007.

2007-38
ILLINOIS FBLA-PBL WEEK

WHEREAS, Future Business Leaders of America-Phi Beta Lambda is a nonprofit educational organization whose first chapter was established in Johnson City, Tennessee in 1942; and
PROCLAMATIONS

WHEREAS, this organization has grown now to encompass over 250,000 members nationwide in middle schools, high schools, colleges, universities, career and technical schools, and private business schools; and

WHEREAS, FBLA-PBL is a professional business organization dedicated to bringing business and education together in a positive working relationship through innovative leadership and career development programs; and

WHEREAS, members perform community service activities and strive to build an understanding of the realities of the modern business world; and

WHEREAS, FBLA-PBL teaches middle school, high school, and college students business and leadership principles, and assists in the transition from school to work; and

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim February 11-17, 2007 as ILLINOIS FBLA-PBL WEEK in Illinois, and encourage all citizens to join in this worthy observance.

Issued by the Governor on February 16, 2007.
Filed by the Secretary of State February 21, 2007.

2007-39
BLACK HISTORY AWARDS DAY

WHEREAS, throughout the history of the United States, African Americans have made many significant sacrifices, achievements, and contributions to society; and

WHEREAS, in 1976, February was designated as African American History Month in order to honor and promote the history of African Americans. Illinois is proud to celebrate the heritage and achievements of African Americans during this month, as well as throughout the calendar year; and

WHEREAS, on February 28, 1999, Black History Awards Day was established in Memphis, Tennessee as a way to conclude African American History Month and honor the achievements of African Americans from each state, both past and present:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim February 28, 2007 as BLACK HISTORY AWARDS DAY in Illinois and encourage all citizens to learn about the important contributions that African Americans have made throughout the history of our society.
PROCLAMATIONS

Issued by the Governor on February 16, 2007.
Filed by the Secretary of State February 21, 2007.

2007-40
DESERT STORM REMEMBRANCE DAY

WHEREAS, since the birth of this great nation, millions of brave American men and women have courageously answered the call to defend their country’s ideals of freedom and democracy; and

WHEREAS, sixteen years ago, over 600,000 members of the United States Armed Forces risked their lives in the Persian Gulf to liberate Kuwait during Operation Desert Storm, some making the ultimate sacrifice for their country; and

WHEREAS, the men and women who served in the United States Armed Forces during Operation Desert Storm have earned the gratitude and respect of their nation; and

WHEREAS, the observance of the 16th anniversary of Operation Desert Storm allows citizens throughout Illinois, and across the country, the opportunity to honor those who served during this conflict for their valor and selflessness:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim February 28, 2007 as DESERT STORM REMEMBRANCE DAY in Illinois, and urge all citizens to honor those who courageously served their country during Operation Desert Storm.

Issued by the Governor on February 16, 2007.
Filed by the Secretary of State February 21, 2007.

2007-41
SUNSET FOODS DAY

WHEREAS, in 1937, four Cortesi brothers established Sunset Foods in Highland Park as a small grocery store dedicated to providing excellent customer service; and

WHEREAS, the company has expanded to four locations adding stores in the communities of Northbrook, Lake Forest, and Libertyville while continuing to offer competitive prices, and small-town friendliness; and

WHEREAS, Sunset Foods received the National 2006 Neighborhood Partnership Award from Food Marketing Institute for their annual partnership, “Scouting for Food,” with
PROCLAMATIONS

the Northeast Illinois Council of the Boy Scouts of America in support of the Greater Chicago Food Depository and the Northern Illinois Food Bank; and

WHEREAS, the Illinois Retail Merchants Association recognized Sunset Foods as a “Retailer of the Century” in 2000 based on community involvement, economic impact, leadership in business associations, and dedication to the retail trade; and

WHEREAS, Sunset Foods is dedicated to giving back to the communities it serves through participation in fundraising efforts for local non-profit organizations; and

WHEREAS, Sunset Foods is committed to the health of its customers by providing complimentary nutritional store tours, cooking and nutrition classes, a wide variety of organic and healthy food items, and a long standing partnership with area health care providers to help educate customers; and

WHEREAS, this year Sunset Foods is celebrating 70 years of being a neighborhood supermarket committed to providing the finest customer service and being small enough to get to know their customers, yet large enough to stock an outstanding selection of food, liquor, floral, and specialty foods:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim February 24, 2007 as SUNSET FOODS DAY in Illinois, and encourage all citizens to join in celebrating Sunset’s 70 years of service to area residents, businesses, and communities.

Issued by the Governor on February 16, 2007.
Filed by the Secretary of State February 21, 2007.

2007-42
HENRY WADSWORTH LONGFELLOW DAY

WHEREAS, as America’s storyteller, Henry Wadsworth Longfellow helped to create America’s national identity through his portrayals of historic events and characters, as in “Paul Revere’s Ride,” “Hiawatha,” “Evangeline,” and “The Courtship of Miles Standish”; and

WHEREAS, as the poet of the people, Longfellow was the most widely read poet in the English-speaking world for more than 100 years, memorized by citizens from all walks of life. Generations of children learned to enjoy poetry through Longfellow’s carefully composed verse; and
PROCLAMATIONS

WHEREAS, as a citizen of the world, Longfellow, a professor of modern languages at Bowdoin and Harvard, introduced Americans to the literature of the world, producing the first American translation of, among other works, Dante’s “Divine Comedy.” Longfellow was the first American poet to command lasting respect in other countries and is the only American poet memorialized by a bust in Poet Corner in London’s Westminster Abbey; and

WHEREAS, as a multiculturalist, Longfellow championed multiculturalism before that term was invented, writing sympathetically about ethnic and religious minorities and combining stories and forms from many literary traditions; and

WHEREAS, as an author of lasting influence, hundreds of libraries, schools, and other public places in the United States are named for Longfellow; and

WHEREAS, February 27, 2007 marks the 200th birthday of Mr. Longfellow and the national focus of the public school based “Longfellow Across America” program—an organized reading of Longfellow’s poetry designed to increase the visibility and enjoyment of his work and to foster greater appreciation of his role in helping to shape America’s culture:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim February 27, 2007 as HENRY WADSWORTH LONGFELLOW DAY in Illinois, and encourage all citizens to read a poem by Longfellow and in turn, share the work with friends, family members, young people, and neighbors. By celebrating the work of America’s original poet of the people, citizens of the State of Illinois will have the pleasure of rediscovering a distinctly American author; one whose influence and impact is as relevant today as it was nearly two centuries ago.

Issued by the Governor on February 16, 2007.
Filed by the Secretary of State February 21, 2007.

2007-43
ESTONIAN INDEPENDENCE DAY

WHEREAS, the Republic of Estonia gained independence in 1918 after withstanding centuries of Danish, Swedish, German and Russian rule, approving the country’s first constitution in 1920; and

WHEREAS, joining the League of Nations in 1921, Estonia strived to maintain good relations with all nations, while dealing with numerous domestic issues, including an
attempted coup d’etat by the Russian Bolsheviks and the gradual introduction of authoritarian rule; and

WHEREAS, despite declaring themselves neutral at the outbreak of World War II, Estonia was forced to sign a mutual assistance pact with Moscow in 1939. At the end of the war, 282,000 Estonians had either died in combat, fled the country or been deported, reducing their population by a full quarter; and

WHEREAS, in 1940, Estonia was forcibly integrated into the Soviet Union, only to be occupied briefly by Germany during World War II, before the Soviets resumed control in 1944; and

WHEREAS, this forced occupation led to decades of repression, in which Estonians struggled to maintain their national identity, before finally coming to an end in 1991 with the collapse of the Soviet Union; and

WHEREAS, on September 2, 1991, the United States of America officially recognized Estonia’s independence, and, by the end of 1991, approximately one hundred nations had also done so. However, it was not until 1994 that the last of the Russian troops evacuated the country, leaving Estonia free to re-establish their diplomatic relations with the world; and

WHEREAS, Americans of Estonian descent are exemplary citizens, who continue to uphold their rich cultural traditions, take pride in their history, promote human rights and seek self-determination for their homeland:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim February 24, 2007 as ESTONIAN INDEPENDENCE DAY in Illinois in recognition of the country’s 89th Anniversary of Independence.

Issued by the Governor on February 16, 2007.
Filed by the Secretary of State February 21, 2007.

2007-44
PEACE CORPS WEEK

WHEREAS, in 1961, President John F. Kennedy established the Peace Corps in hopes of promoting world peace and friendship through volunteer work in developing countries; and
PROCLAMATIONS

WHEREAS, since its inception, more than 187,000 men and women from across the United States, including over seven thousand from Illinois, have served as Peace Corps volunteers in 139 different countries; and

WHEREAS, Peace Corps volunteers have made significant contributions around the world in agriculture, business development, information technology, education, health and HIV/AIDS, and the environment, and have improved the lives of individuals and communities around the world; and

WHEREAS, Peace Corps volunteers have strengthened the ties of friendship and understanding between the people of the United States and those of other countries; and

WHEREAS, Peace Corps volunteers, enriched by their experiences overseas, have brought to their communities throughout the United States a deeper understanding of other cultures and traditions; and

WHEREAS, it is indeed fitting to recognize Peace Corps as an enduring symbol of our nation’s commitment to encouraging progress, creating opportunity, and expanding development at the grass-roots level across the globe:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim February 26 through March 4, 2007 as PEACE CORPS WEEK in Illinois, and encourage all citizens to recognize and appreciate the significant and lasting impact that these volunteers have made across the world.

Issued by the Governor on February 16, 2007.
Filed by the Secretary of State February 21, 2007.

2007-45
ILLINOIS ARTS EDUCATION WEEK

WHEREAS, the State of Illinois recognizes that arts education, which includes dance, drama, music, and visual arts, is an essential part of basic education for all students, providing them with a balanced education that will aid in developing their full potential; and

WHEREAS, the arts enrich the lives of children in Illinois and throughout the country by helping them to develop creative ability, self-expression, self-reflection, cognitive skills, discipline, a heightened appreciation of beauty and cross-cultural understanding; and
WHEREAS, experience in the arts develops insights and abilities central to the experience of life; and

WHEREAS, the arts are collectively an important repository of our culture; and

WHEREAS, many national and state professional education associations hold celebrations in the month of March focused on students’ participation in the arts; and

WHEREAS, these celebrations give Illinois schools a unique opportunity to focus on the value of the arts for all students, to foster cross-cultural understanding, to recognize the state’s outstanding young artists, to focus on careers in the arts available to Illinois students, and to enhance public support for this important part of their curriculum; and

WHEREAS, the fine arts are a significant component of students’ educational development, teaching them the language and production of the arts, and helping them understand the role of the arts in civilizations, past and present:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim March 11-17, 2007 as ILLINOIS ARTS EDUCATION WEEK in Illinois, and encourage all citizens to celebrate the arts with meaningful student activities and programs that demonstrate learning and understanding in the visual and performing arts.

Issued by the Governor on February 21, 2007.
Filed by the Secretary of State February 21, 2007.
WHEREAS, the Illinois Development Council supports an investment in the infrastructure of the State in order to provide jobs and capital investment; and

WHEREAS, the Illinois Development Council supports the State of Illinois’ K-12 and higher education systems and their continuing efforts to produce a sound and stable workforce; and

WHEREAS, the Illinois Development Council supports investment in programs and services that help all businesses in the State of Illinois compete in the global marketplace:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim March 1, 2007 as ILLINOIS DEVELOPMENT COUNCIL DAY in Illinois, and commend its members for their efforts to support and enhance the economy of our great State.

Issued by the Governor on February 21, 2007.
Filed by the Secretary of State February 21, 2007.
ILLINOIS ADMINISTRATIVE CODE
Issue Index - With Effective Dates

Rules acted upon in Volume 31, Issue 10 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquires about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

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