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## CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center  
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Urbana, IL 61802

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### Champaign County Board of Health

**Tuesday, September 29, 2009**

**6:00 p.m.**

**Jennifer K. Putman Meeting Room**

**Brookens Administrative Center, 1776 E. Washington  
Urbana, Illinois**

### AGENDA

<b><u>ITEM</u></b>		<b><u>PAGE NO.</u></b>
<b>A. Call to Order</b>		
<b>B. Roll Call</b>		
<b>C. Approval of Agenda/Addendum</b>		
<b>D. Approval of Minutes</b>		
1. July 28, 2009		1-6
2. August 18, 2009		7-15
<b>E. Public Participation on Agenda Items Only</b>		
<b>F. Correspondence and Communications</b>		
<b>G. Smile Healthy</b>		
1. Monthly Report for July 2009		
2. Renewal of Participation Agreement for FY2010		16-24
<b>H. Treasurer's Report</b>		
1. Approval of CUPHD Invoice for July 2009		25
2. CUPHD FY2010 Budget		
3. Board of Health FY2010 Budget Documents ( <i>Provided for Information Only</i> )		26-33
<b>I. Board of Health Administrative Support &amp; Technical Assistance</b>		
1. Discussion of CUPHD/Board of Health Agreement		
2. Proposed Changes to the Board of Health/Mental Health Board Memorandum of Understanding		34-36
3. Proposal for Legal Assistance		
<b>J. Champaign County Health Ordinance Revision</b>		37-95

**K. Other Business**

**L. Public Participation on Non-Agenda Items Only**

**M. Adjournment**

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2  
3 **Monthly Meeting**  
4 **Tuesday, July 28, 2009**  
5

6 **Call to Order & Roll Call**  
7

8 The Board of Health (BOH) held its monthly meeting on July 28, 2009 in the Lyle Shields  
9 Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana. The  
10 meeting was called to order at 7:30 p.m. by Julian Rappaport following a joint study session with  
11 the CUPHD Board. Board members Prashanth Gowda, Mark Huls, Stan James, John Peterson,  
12 Cheryl Ramirez, Julian Rappaport, Bobbi Scholze, and Betty Segal were present at the time of roll  
13 call. The only absent BOH member was Brenda Anderson. The staff member present was Kat  
14 Bork (Board of Health Secretary). Also present were Anne Ambrose (Crisis Nursery Family  
15 Specialist), Deb Busey (County Administrator), Candi Crause (CUPHD Infectious Disease  
16 Prevention & Management Director), Nancy Greenwalt (Smile Healthy Executive Director),  
17 Darlene Kloepfel (Regional Planning Commission Social Services Director), Jim Roberts (CUPHD  
18 Environmental Health Director), Laura Swinford (Crisis Nursery Program Director), Andrea  
19 Wallace (CUPHD Finance Director), and Amy Webber (Crisis Nursery Social Work Intern).  
20

21 **Approval of Agenda/Addendum**  
22

23 **MOTION** by James to approve the agenda; seconded by Ramirez. **Motion carried with all**  
24 **ayes.**  
25

26 **Approval of Minutes**  
27

28 **MOTION** by James to approve the Board of Health minutes for June 23, 2009 and the July  
29 14, 2009 Study Session; seconded by Segal. **Motion carried with all ayes.**  
30

31 **Public Participation on Agenda Items Only**  
32

33 There was no public participation.  
34

35 **Correspondence and Communications**  
36

37 There was no correspondence or communications.  
38

39 **RPC Senior Wellness Program Quarterly Report**  
40

41 **MOTION** by James to receive and place on file the RPC Senior Wellness Program  
42 Quarterly Report; seconded by Scholze. **Motion carried with all ayes.**  
43

44 **Crisis Nursery Beyond Blue Program Quarterly Report**  
45

46 **MOTION** by Ramirez to receive and place on file the Crisis Nursery Beyond Blue Program  
47 Fourth Quarter Report; seconded by James.  
48

49 Laura Swinford said Crisis Nursery was enthusiastic after completing a successful year of  
50 the Beyond Blue Program. The program was able to reach 25 mothers who experience perinatal  
51 depression and their families in the Champaign County rural areas. The home visits, parent/child  
52 interaction groups, and support groups were successfully brought into the communities. Crisis  
53 Nursery is unsure what to expect with the BOH funding next year, but they are anticipating good  
54 news. They have commenced a new program year and have enrolled four new mothers. They are  
55 launching the next parent/child interaction group at Rantoul Parent Wonders. Swinford thanked the  
56 BOH for supporting Crisis Nursery in its endeavors. She included a moving testimonial in the  
57 quarterly report about one of the most sensitive and proud moments for the Beyond Blue Program  
58 in reaching a depressed mother. Rappaport praised the Crisis Nursery Reports for their great and  
59 informative program. He thought the nursery did excellent work and he was proud to have  
60 supported it thus far.

61

62 **Motion carried with all ayes.**

63

64 **Treasurer's Report**

65 Approval of CUPHD Invoice for May 2009

66

67 Peterson stated the May invoice was consistent with the budget.

68

69 **MOTION** by Peterson to approve payment of the CUPHD invoice for May 2009; seconded  
70 by James. **Motion carried with all ayes.**

71

72 **FY2010 Budget**

73 FY2010 Proposed Board of Health Budget & Amended Funding Requests

74

75 Rappaport acknowledged the BOH has to move towards passing a budget. Busey stated the  
76 budget has to be adopted at least a week before the August 24<sup>th</sup> Legislative Budget Hearing. James  
77 thought the BOH already passed a FY2010 budget at the last meeting. Rappaport stated the BOH  
78 approved a proposed budget that was purposefully not finalized until responses were received from  
79 the agencies requesting funding about the budget cuts.

80

81 **CUPHD**

82

83 James asked, based on the discussion held during the joint study session with the CUPHD  
84 Board, if the 16.59% across the board cut was taken out of the grant money. Busey explained the  
85 cut was applied to total core services and grant programs amount presented by CUPHD. Whenever  
86 a budget is cut any expenditure that has matching revenue, such as a grant, is not cut because that  
87 would accomplish nothing. The total dollars cut from the CUPHD budget will come from the areas  
88 where expenditures are not entirely dependent on outside revenue. Busey explained the cuts would  
89 have to come out of Vital Statistics, Infectious Disease, Environmental Health, and administration.

90

91 Rappaport noted that the letter from Julie Pryde dated July 22nd indicates the core services  
92 would be funded if the BOH increases their proposed budget for CUPHD by \$1,062. Scholze  
93 believed the indirect and administration costs charged by CUPHD should be negotiable. She  
94 wanted to know where CUPHD could make cuts to reduce their budget to reach the amount

95 available in the BOH's budget, for example reducing the amount of signage or advertising by  
96 \$1,000. James agreed with Scholze that CUPHD should be able to find ways to absorb \$1,062 in  
97 their budget or provide documentation to the BOH about why that amount is desperately needed for  
98 core services. He felt the BOH produced a fair budget based on the information that was provided.  
99 He supported maintaining the budget as proposed by the BOH. Scholze wanted to know if the BOH  
100 was meeting its legal responsibility to provide core services without adding another \$1,062 to the  
101 CUPHD budget. James noted the BOH could consider a budget amendment if the money was  
102 demonstrated to be essential to core services. He objected to holding up the entire budget on this  
103 amount. In response to Peterson's inquiry about a budget amendment, Busey stated it requires 18 of  
104 27 County Board members to vote in favor for approval.  
105

106 Peterson recommended increasing the well water fee to fully cover the cost of testing private  
107 wells instead of dropping the program. This service is used by realtors before a property is sold and  
108 the fee should reflect the cost of doing business. Roberts stated the division looked at two private  
109 laboratories to compare costs. One laboratory charged \$61 plus overnight shipping and handling  
110 and the other charged \$32. The lower cost laboratory did not use a test that was recognized by  
111 IDPH. Roberts estimated testing a well cost around \$52. Peterson asked if CUPHD could continue  
112 to provide the testing service if it charged for the full cost. Roberts said it was a district fund, so he  
113 would have to approach the district board to increase the fee. He said the BOH could consider  
114 taking the program from CUPHD. Peterson asked Roberts where the BOH would administer the  
115 program. Roberts said CUPHD has a cost center that separates it out of the water program and an  
116 additional revenue item could be put into the water program. Roberts agreed with Peterson's  
117 statement that the well water testing program could be fully funded with fees and not have a budget  
118 impact.  
119

120 Peterson wanted to be certain that the budget figure of \$605,405 corresponded to the figure  
121 listed in Pryde's letter. Busey explained the BOH approved preliminary funding of the agreement  
122 with CUPHD for FY2010 in the total amount of \$605,405; with \$587,011 to fund the core services  
123 and grants and another \$18,394 to fund the additional services listed in the CUPHD budget  
124 proposal. This was documented in a letter to Pryde dated July 15, 2009. Pryde's response dated  
125 July 22, 2009 proposed using the entire \$605,405 to cover the core services and grants, then  
126 eliminating all the additional services. Wallace stated that interpretation was not correct. Wallace  
127 explained the \$605,405 plus an additional \$1,162 will only purchase the core services and does not  
128 include the grants. The BOH expressed confusion at the CUPHD response to the proposed budget.  
129 Busey asked if Pryde's response was that CUPHD would cut nothing from its budget proposal.  
130 Wallace stated that was correct. Busey read language from the CUPHD-BOH agreement that states  
131 the two boards will select the programmatic activities that will be performed by CUPHD for the  
132 BOH upon submission of a proposed budget by CUPHD. Rappaport did not think the selection of  
133 activities as described by the agreement has occurred, but he was unsure how it would happen.  
134 Busey noted Article 12 of the agreement details a budget process that may not have been entirely  
135 followed with CUPHD's budget submission. The agreement states that CUPHD will submit a  
136 budget for services rendered to the BOH that includes a list of proposed activities and programs  
137 conducted on behalf of the County Health Department. The agreement requires CUPHD to submit  
138 the budget and list of proposed activities and programs to the BOH no later than the July meeting  
139 and in the Champaign County budget format. Busey did not believe the CUPHD budget was  
140 presented in the County's budget format. She thought the different format was partly the reason for

141 miscommunication regarding revenues, grants, and expenditures. Rappaport asked if Busey had a  
142 recommendation for the next appropriate step. Busey explained she wanted the BOH to be aware  
143 what is in its agreement with CUPHD. The BOH discussed how to proceed.  
144

145 Busey asked Wallace if CUPHD's response to the BOH's communication to cut their  
146 FY2010 budget request was not to make any cuts although the BOH could not afford the proposed  
147 CUPHD FY2010 budget. Wallace confirmed that was correct. Busey clarified that the BOH would  
148 be spending almost \$200,000 above its incoming revenue if it fully funding the CUPHD budget  
149 proposal and the BOH would spend itself out of existence in two or three years. She asked if there  
150 was a reason CUPHD was not responding with recommendations where their budget could be  
151 reduced. Wallace said the CUPHD budget proposal had been put together with their best efforts  
152 and it was what it was. CUPHD has provided the cost of running the county services and a  
153 directive came from the CUPHD Board that this is the budget. Wallace stated CUPHD is not  
154 obligated to adjust their budget. The BOH has not been paying for all of the core services the last  
155 few years. She remarked the BOH could not put money aside in savings if it does not have money  
156 to pay for programs. Busey stated the BOH was not proposing putting any revenue in savings and  
157 anticipated spending every dollar it receives in FY2010. Wallace claimed the BOH FY2010 budget  
158 had a \$149,000 surplus. Busey explained there was no surplus and the proposed FY2010 BOH  
159 budget was balanced if the requested cuts are implemented. Wallace may have been looking at the  
160 BOH fund balance, which is necessary to maintain cash flow. Rappaport stated the BOH is  
161 reserving an amount to fund H1N1 flu vaccinations in FY2010 because Pryde recommended they  
162 do so and did not provide an estimate of the potential expense. Busey added the BOH would have  
163 no reserves to address an unforeseen event, like a pandemic, if they used the fund balance reserve  
164 for operating expenses. Wallace said the BOH could send CUPHD a proposal and it was ultimately  
165 the CUPHD Board's decision whether or not to agree to it. Busey's point was that the agreement  
166 indicates the programmatic activities and budget will be agreed upon by the two boards. This has  
167 not happened at this time. She suggested the CUPHD Board and the BOH need to come together to  
168 select the activities performed by CUPHD. She assumed both boards will rely on the expertise of  
169 CUPHD staff to recommend the programmatic activities possible within the BOH's budget. Busey  
170 suggested Wallace, Pryde, and she meet to facilitate a clear understanding of revenues and  
171 expenditures to ensure both boards understand budget cuts are essential.  
172

173 From what was discussed at the joint board meeting, James received the impression that  
174 CUPHD relies heavily on their staff and suggested Wallace speak to Pryde and others about the  
175 budget. He was sure adjustments could be made to meet the services for the dollar amount the BOH  
176 has available.  
177

178 Rappaport thanked Busey for offering to meet with CUPHD. Based on statements made by  
179 the CUPHD Board at the joint meeting, the CUPHD Board seems to have no intention to set  
180 policies that would contradict decisions made by their staff. Peterson suggested Rappaport or  
181 another BOH member attend the meeting. Busey drew a parallel to how the County Board's budget  
182 is developed. The County Administrator meets with department heads on their individual budgets  
183 and then the Administrator presents a recommendation on the entire budget to the Board. It might  
184 be useful for a discussion to occur on the administrative level with a recommendation then going to  
185 the boards about the programmatic services and budget for FY2010, per the agreement. Rappaport  
186 agreed with moving in that direction in a timely manner. Wallace noted she would bring up

187 tonight's discussion at the CUPHD Board study session scheduled for tomorrow morning in  
188 anticipation of a meeting with Busey. The BOH agreed that Busey would meet with Pryde and  
189 Wallace before the August 18<sup>th</sup> BOH meeting.

190  
191 Rappaport pointed out the BOH would not have its budget ready to present at the County  
192 Board's Legislative Budget Hearings if a decision on the CUPHD budget was not reached by  
193 August 18<sup>th</sup>. He was not certain what the legalities of the situation would be if an agreement cannot  
194 be reached. Busey explained the CUPHD-BOH agreement acknowledges that neither party could  
195 terminate the agreement without 12 months notice.

196  
197 Peterson felt it was critical to understand that future budgets will require layoffs in the staff  
198 who service county activities. Wallace said CUPHD does not want to provide one type of service  
199 within the district and substandard service in the county based on funding. The proposed budget is  
200 the amount it would take to provide the same high quality services in the county as are provided in  
201 Champaign-Urbana. Peterson observed that Champaign County residents are not paying for the  
202 same quality of services because CUPHD has a higher tax rate. Busey concurred that the  
203 Champaign-Urbana tax rate is 13 cents and the county tax rate is about 3 cents. The expectation  
204 that there would not be a difference in the quality of services with such vastly different tax rates is  
205 unrealistic.

206  
207 Smile Healthy

208  
209 Rappaport asked if the BOH wished to defer the other budget items until the CUPHD budget  
210 is settled. Peterson wanted to move forward with non-CUPHD budget portions of the FY2010  
211 budget.

212  
213 **MOTION** by Peterson to approve placing \$111,042 in the FY2010 Budget to fund Smile  
214 Healthy; seconded by James.

215  
216 The BOH considered the revised budget proposal from Smile Healthy that incorporated the  
217 requested 16.59% cut to the program's FY2010 request. Greenwalt provided a description of the  
218 services that could be provided for the \$111,042 amount. Ramirez expressed her concern with  
219 making an across the board cut to all three agencies the BOH will fund in FY2010. She understood  
220 the BOH was in a difficult budget situation, but she believed the Smile Healthy and Crisis Nursery  
221 programs should not be considered in the same manner as the CUPHD programs. The BOH does  
222 not pay for Smile Healthy and Crisis Nursery employee benefits and both agencies charge very lean  
223 indirect costs. Ramirez did not agree it was fair to make an across the board cut because what was  
224 included in the programs' budgets were very different than the costs charged by CUPHD. James  
225 noted there was a fringe line item in the Smile Healthy budget. He said building and operational  
226 costs have to be born by someone. He concurred Smile Healthy had done a good job in keeping  
227 costs down, but he did not agree with Ramirez that the BOH did not pay fringe benefits for those  
228 staff. Rappaport asked Greenwalt to comment on the fringe benefits. Greenwalt clarified that the  
229 fringe line item pays for unemployment and FICA; it is not health insurance, retirement, or any such  
230 employee benefit. She should have labeled it as payroll taxes to be more accurate.

231

232 Rappaport said it was unfortunate the BOH had to cut the dental surgery funding, but he did  
233 not see a way around it at the moment. Smile Healthy ran a very efficient organization so the only  
234 thing to cut was actual services. He was worried that the Smile Healthy program might end because  
235 the funding will be used towards CUPHD.

236

237 **Motion carried with one vote against by Scholze.**

238

239 Mental Health Board Crisis Nursery Program

240

241 **MOTION** by Peterson to approve placing \$20,852 in the FY2010 Budget to fund Smile  
242 Healthy; seconded by Segal.

243

244 Swinford commented this money is going to collaborative organizations. Crisis Nursery's  
245 Beyond Blue is collaborating with Smile Healthy to reach infants with good dental care and to  
246 educate the mothers. They are working towards bringing the services to the parent/child interaction  
247 groups and support groups.

248

249 **Motion carried with one vote against by Scholze.**

250

251 **Other Business**

252 Date of August Meeting

253

254 The Board agreed to change its next meeting date to August 18, 2009 at 6:00 p.m. to not  
255 conflict with the County Board's Legislative Budget Hearings.

256

257 Letter of Appreciation to Dr. Nezar Kassem

258

259 Rappaport was contemplating writing a letter on behalf of the BOH to thank Dr. Nezar  
260 Kassem for his service as a board member. The BOH agreed Rappaport should write a letter in  
261 appreciation of Dr. Kassem's service.

262

263 **Public Participation on Non-Agenda Items Only**

264

265 There was no public participation on any non-agenda items.

266

267 **Adjournment**

268

269 The meeting was adjourned at 8:23 p.m.

270

271 Respectfully submitted,

272

273 Kat Bork

274 Board of Health Secretary

275

276

*Secy's note: The minutes reflect the order of the agenda and may not necessarily reflect the order of business conducted at the meeting.*

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2  
3 **Monthly Meeting**  
4 **Tuesday, August 18, 2009**  
5

6 **Call to Order & Roll Call**  
7

8 The Board of Health (BOH) held its monthly meeting on August 18, 2009 in the Jennifer  
9 Putman Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana. The  
10 meeting was called to order at 7:30 p.m. by Julian Rappaport. Board members Mark Huls, Stan  
11 James, John Peterson, Cheryl Ramirez, Julian Rappaport, and Betty Segal were present at the time  
12 of roll call. Prashanth Gowda and Bobbi Scholze arrived after roll was called. The only absent  
13 BOH member was Brenda Anderson. The staff member present was Kat Bork (Board of Health  
14 Secretary). Also present were Deb Busey (County Administrator) and Nancy Greenwalt (Smile  
15 Healthy Executive Director).  
16

17 **Approval of Agenda/Addendum**  
18

19 **MOTION** by James to approve the agenda; seconded by Huls. **Motion carried with all**  
20 **eyes.**  
21

22 **Approval of Minutes**  
23

24 **MOTION** by James to approve the Joint Study Session with CUPHD Board minutes for  
25 July 28, 2009 and the July 14, 2009 Study Session; seconded by Ramirez.  
26

27 James asked if the minutes were accurate on Line 117 where Julie Pryde said CUPHD pays  
28 \$575,000 in staff costs each month. Bork confirmed the minutes accurately reflected what Pryde  
29 said at the meeting.  
30

31 **Motion carried with all eyes.**  
32

33 **Public Participation on Agenda Items Only**  
34

35 James indicated two people from his area were present to address their concerns about a  
36 CUPHD restaurant inspection. He asked if the matter could be heard before the budget discussion,  
37 which could be lengthy. The BOH agreed to hear the public concerns first. Larry Petkus  
38 introduced himself and his wife Tammy as owners of Tam's in Rantoul and distributed  
39 documentation. They are having serious problems with CUPHD concerning a restaurant inspection.  
40 CUPHD inspected the restaurant and Petkus felt the process was flawed.  
41

42 Gowda arrived at 6:08 p.m.  
43

44 Petkus spoke about how he owned the Naomi's ice cream shops and approximately five  
45 years ago a CUPHD inspector performed a restaurant inspection. The inspection was determined to  
46 be improperly conducted and the issue involved litigation. The same inspector recently arrived to  
47 perform the inspection of Tam's. Petkus stated the inspector reminded him of the incident that  
48 occurred five years ago and stated her disapproval about what had occurred. Petkus described their

49 latest inspection experience. He felt the inspector has overstepped her bounds by telling the owners  
50 to remove equipment and replacing white caulk on sinks with clear caulk because the inspector does  
51 not like white caulk. He stated the inspector made sarcastic remarks against other businesses in  
52 their presence, suggested the owners call the inspector before they buy something, and left rude  
53 messages on their answering machine. He quoted the inspector as saying there were two sets of  
54 standards: the inspection standards and her standards. Petkus took his concerns to the inspector's  
55 supervisor, who also remembered Petkus from the legal action involving Naomi's. The supervisor  
56 refused to deal with the situation and suggested they let the lawyers figure it out. Petkus stated his  
57 business has been closed and described the losses they have incurred. He did not feel his complaint  
58 was being taken seriously by CUPHD and thought this was a reprisal because of the lawsuit that  
59 occurred five years ago. The CUPHD supervisor called Petkus today and set the re-inspection date  
60 a week from next Wednesday. He appealed to the BOH for help. Petkus continued to describe that  
61 CUPHD has never completed an official report on his building because the inspector did not file it.  
62 The CUPHD supervisor would not talk to Petkus until he had the inspection report, but the inspector  
63 never submitted a report. Tammy Petkus stated they would be bankrupt before they even opened  
64 the doors and it would result in a loss of jobs to the community. Larry Petkus said his restaurant  
65 was looked over by other food services owners who said the facility would receive passing marks  
66 on an inspection. The deficiencies found by the inspector have been corrected. The Petkuses said  
67 they wanted to uphold the food safety code and were only asking to be treated like any other  
68 restaurant.

69  
70 Ramirez inquired if the Petkuses spoke to Jim Roberts, the Environmental Health Director  
71 Larry Petkus confirmed they did and Roberts was the one who suggested they let the lawyers figure  
72 it out. Rappaport stated the BOH has not experienced this sort of complaint and was not certain  
73 what the procedure would be. He confirmed the BOH would look into it. He explained that the  
74 BOH contracts with CUPHD for services, but CUPHD is a separate organization with authority  
75 over its employees. Petkus stated there was no system of checks of balances with CUPHD.  
76 Anytime a grievance is brought to CUPHD, there are swift reprisals. The Petkuses thanked the  
77 BOH for their time.

78  
79 James explained the Petkuses contacted him as their County Board representative. The  
80 restaurant was previously open under the name of Skydive and The Hitching Post. James spoke  
81 with Jim Roberts as a County Board member. Roberts informed James that the Petkuses would not  
82 allow the same inspector back on their property. They forewarned Roberts they would have that  
83 particular inspector arrested for trespassing if she came back. Roberts indicated there was nothing  
84 CUPHD could do if the owners do not allow the inspector on the property. James offered his  
85 services as a public official to be present as an observer during the inspection so the Petkuses would  
86 agree with the inspection. Roberts agreed to relay that offer to the Petkuses. When James spoke to  
87 Roberts today, he had not offered the Petkuses the options of having James attend the inspection as  
88 an observer, but it had been cleared with Julie Pryde. Roberts said he would call the Petkuses back.

89  
90 Scholze entered the meeting at 6:20 p.m.

91  
92 James did not like being in the middle of this and did not think it was his job to do. He felt  
93 there should be a mechanism for someone to intervene when this type of friction happens.

94

95 Rappaport remarked the BOH has no supervisory authority in this matter, but he wondered  
96 how much the re-inspections will cost. The BOH could pass the complaint onto the CUPHD Board.  
97 James said constituents and fellow Republican County Board members do not like any oversight on  
98 building or health codes because there is no way to correct improper oversight. Rappaport inquired  
99 if there had been any other complaints. James said he has received other complaints from  
100 constituents. Busey explained the television show “Extreme Makeover: Home Edition” was  
101 rebuilding a home in Philo. The project had to be kept confidential until the day it starts in order to  
102 surprise the family who was selected. The show contacted Busey to coordinate getting the right  
103 people to the table to make this happen. The show brings in 250-1,000 volunteers who work 24  
104 hours a day for 7-8 days to build the house. CUPHD is involved because food is brought in through  
105 temporary catering services to serve to the volunteers onsite. CUPHD sent a representative to the  
106 coordination meeting held a month ago. There have been a couple of meetings since then, including  
107 one onsite, to confirm everything was in place with the various entities involved, all of which were  
108 attended by a CUPHD representative. Yesterday afternoon, the project coordinator contacted Busey  
109 because the CUPHD representative told him for the first time that the site had to provide hot and  
110 cold hand-washing stations for the temporary catering services. Busey spoke to Roberts who  
111 replied it was a CUPHD regulation. An IDPH representative confirmed a hot and cold hand-  
112 washing station was not a state requirement. IDPH only requires a place for food workers to wash  
113 their hands be provided. CUPHD approached the project coordinator and food vendors with  
114 paperwork to be completed on the day the project was to commence. Busey pointed out many  
115 agencies are cooperating to make this event happen for the family and community, including the  
116 Sheriff and police departments, and was frustrated by the treatment from CUPHD. She noted the  
117 BOH is the policy board for the Champaign County Health Department and they should determine  
118 what regulations are upheld in the county.  
119

120 The BOH discussed the need for agencies to work cooperatively and discussed its lack of  
121 supervisory authority over CUPHD activities. Rappaport suggested the BOH should investigate  
122 service options. The BOH agreed Rappaport should compose a letter to the CUPHD Board, carbon  
123 copied to the Petkuses, to draw their attention to the Petkus complaint.  
124

### 125 **Correspondence and Communications**

126  
127 There was no correspondence or communications.  
128

### 129 **Treasurer’s Report**

#### 130 **Approval of CUPHD Invoice for June 2009**

131  
132 **MOTION** by Peterson to approve payment of the CUPHD invoice for June 2009; seconded  
133 by James. **Motion carried with all ayes.**  
134

### 135 **FY2010 Budget**

#### 136 **Approval of FY2010 CUPHD Budget in Accordance with the Agreement Between CUPHD & the** 137 **County Public Health Department for the Provision of Public Health Services**

138  
139 Rappaport summarized that the BOH approved the FY2010 dollar amounts to fund the  
140 Smile Healthy and Crisis Nursery programs at its July meeting. The BOH asked Busey to meet

141 with Pryde and Wallace about the CUPHD budget. Busey met with Pryde and Wallace and was  
142 informed CUPHD had cut \$32,400 from their FY2010 budget request through administrative  
143 staffing changes. Busey offered, subject to BOH approval, to pay for the Crisis Nursery Beyond  
144 Blue program from the BOH fund balance, because it appears to be a one-time expense. The  
145 \$20,852 in FY2010 revenue would then be added to the CUPHD budget. This left a remaining  
146 difference of \$40,000 between CUPHD's budget proposal and BOH budget. Pryde, Wallace, and  
147 Busey talked about how fee increases would be appropriate and should be reviewed. Busey left the  
148 meeting with the understanding that CUPHD would look at implementing fee increases and  
149 additional cuts to cover the remaining \$40,000 deficit. Busey described her subsequent  
150 communication with CUPHD via email. Wallace had responded to Busey via email there could  
151 never be enough fee increases to cover the \$40,000. Any fee increase recommendation should  
152 come from CUPHD staff because they can perform the analysis and comparison with other health  
153 departments. This has not been provided by CUPHD. Without that information, Busey distributed  
154 the charts she prepared with the three different proposals for the FY2010 budget based on actual  
155 revenue, funding requests, and the fund balance goal. The 16.59% cuts were applied to the Smile  
156 Healthy and Crisis Nursery programs. The first scenario showed full funding of the CUPHD result  
157 at \$677,802. This would be a 2.6% increase over last year's budget while the BOH is facing a 3.4%  
158 decrease in revenue. The first scenario results in a \$60,948 deficit in FY2010. The second scenario  
159 presents a balanced budget by lowering the CUPHD budget to \$616,854, a 6.6% decrease from  
160 FY2009. The third scenario appropriates the Crisis Nursery funding from the fund balance and  
161 transfers that money to CUPHD. This results in a \$637,706 for CUPHD in FY2009. This is  
162 \$40,000 less than CUPHD requested, but it would enable the BOH to have a balanced budget. She  
163 detailed how each scenario would affect the fund balance.

164  
165 Scholze asked if the balanced budget included the percentage decrease that the programs  
166 were asked to make. Busey confirmed the third scenario would reduce the CUPHD budget by  
167 3.48% from FY2009 funding levels. The programs were directed to cut 16.59% from their FY2010  
168 budget request and CUPHD's FY2010 request was higher than the FY2009 budget. The FY2009  
169 budget included \$77,000 for the mobile program, which is being used towards core services in  
170 FY2010.

171  
172 Referring to Pryde's letter to the BOH dated August 11<sup>th</sup>, Ramirez wondered if CUPHD  
173 would provide any services to the BOH if another \$40,000 is not added to the CUPHD budget.  
174 Busey explained Pryde was requesting \$677,802 for CUPHD to provide services. The \$40,000  
175 amount came from Busey's attempts to work out a compromise by moving \$20,000 more to  
176 CUPHD in FY2010 if the BOH is willing to pay for the Crisis Nursery program out of its fund  
177 balance. The difference is really \$60,000. Busey apologized to BOH if she misspoke; she was  
178 trying to reach a compromise budget with CUPHD. She expected more cuts from CUPHD  
179 expenses or increased revenue.

180  
181 Rappaport felt the BOH could see where it is headed with the budget. The next thing to be  
182 eliminated will be the Smile Healthy program because there will be nothing left to cut in order to  
183 increase funding to CUPHD. He suggested presenting the dollar amount the BOH can afford to  
184 spend on services and ask CUPHD to do the best they can with that amount. He clarified that  
185 CUPHD should determine the amount of services they could provide for the amount and then divide  
186 it into 12 monthly segments, as dictated by the agreement between the two boards. Once the set

187 amount of money runs out, CUPHD should stop providing services. He acknowledged the BOH  
188 can not afford the level of services CUPHD currently provides. Scholze stressed that the core  
189 services should be funded first and Gowda agreed. Busey expressed the budget response from  
190 CUPHD only included grants and core services. It appeared to Rappaport that the BOH was on the  
191 track to becoming a pass-through agency to give all its funds to CUPHD and he did not believe that  
192 was the BOH's purpose. He thought the agreement between the boards indicated services would be  
193 provided at an amount agreed upon by both sides.  
194

195 Peterson remarked the biggest shortfall in is Environmental Health's food inspections and  
196 wondered how much those fees would need to be increased to be close to covering the service costs.  
197 Busey stated the food protection permits generate \$90,000, private sewage generates \$32,600 and  
198 the well water program generates \$16,338 in revenue. Peterson figures the BOH would have to  
199 increase its food protection fees by at least 50%. He discussed comparables with other counties,  
200 including DuPage County that charged \$1,083 for a food inspection permit. Gowda pointed out the  
201 demographics of DuPage County are different than Champaign County and Peterson concurred.  
202 James said the BOH would have to redraft its ordinance to raise fees, which would take time. He  
203 also thought raising fees was a double-edged sword because increased fees might drive people out  
204 of business in the smaller communities. James felt the BOH has made a commitment to make  
205 across the board budget cuts. If the services cannot be provided for the reduced amount, then the  
206 services and staff should be cut. If CUPHD refuses, then the BOH better have a Plan B. CUPHD  
207 has been made aware of the BOH's budget situation. James thought the BOH settled on a fair  
208 budget and it was time to move forward. He was astonished to learn that realtors pay very little for  
209 the well water testing and the rest of the cost is borne by the BOH. The well water fee could be  
210 increased to cover this cost. Peterson noted the BOH asked at the July meeting for the well water  
211 fees be increased to cover the actual costs and CUPHD did not do so, according to the letter from  
212 Pryde. James mentioned the fees structure has been in development for two years and nothing has  
213 come of it. He wanted to approve the budget and if CUPHD declined to provide services, then the  
214 BOH should move onto a Plan B.  
215

216 Rappaport said the BOH would need legal counsel. There are a number of grants that fund  
217 activities in the entire county and are administered by CUPHD. The BOH might be in a position to  
218 ask for the grant revenue if the BOH moved to an alternative provider. He recommended the BOH  
219 look around to consider any possible services delivery options. He supported proposing the fee  
220 change and asked CUPHD to do the best it could with the budget the BOH provides. Peterson  
221 noted he suggested cutting the number of inspections from three to two in order to reduce the deficit  
222 in Environmental Health. Either more revenue needs to be generated or expenditures need to be cut  
223 in this area. CUPHD has not come back with any fee changes. James thought Jim Roberts  
224 indicated the three inspections were required as program standards. The BOH continued to discuss  
225 its budget condition.  
226

227 James asked for Busey's perspective on the situation because she deals with numerous  
228 department budgets as the County Administrator. Busey confirmed services are adjusted according  
229 to the level of revenue. James asked Busey's opinion for the best avenue the BOH should pursue.  
230 Busey suggested appropriating the Crisis Nursery program funding from the fund balance in  
231 FY2010. She believed the BOH has made a step in good faith by appropriating all incoming  
232 revenue towards programs that are considered core services, noting that Julie Pryde has identified

233 dental as a core service. The Smile Healthy program took a bigger cut than CUPHD. She  
234 recommended informing CUPHD the proposed budget is all the BOH has to work with in FY2010.  
235 Busey stated 7-9% budget cuts are being implemented across the board in the General Corporate  
236 Fund. The BOH has to be able to implement a 3.5% cut to the CUPHD allocation. She asked if  
237 anyone contacted the state to determine if reduced services, such as fewer restaurant inspections,  
238 was a possibility. Peterson did not think the BOH would have any trouble with the state when they  
239 reduce services they cannot afford to provide. He acknowledged limiting the number of inspections  
240 will not lower the budget enough to solve the deficit, but coupled with a fee increase it could help  
241 make up the deficit. Busey stated if CUPHD presents a reasonable recommendation for fees  
242 increases and estimates the annual value of those increases; the BOH could consider increasing the  
243 CUPHD's expenditure budget by the same amount. CUPHD has been asked to provide a  
244 recommendation for fee increases and have failed to provide it. Rappaport thought the CUPHD  
245 Board was unwilling to direct its staff. He did not agree that the CUPHD Administrator should be  
246 telling the BOH what services they can and cannot provide. He felt the BOH was being bullied out  
247 of a potentially long-term, positive relationship with the Mental Health Board. Rappaport believed  
248 the BOH would be badgered out of supporting the only effective dental program that has ever  
249 existed in this county because the BOH will have to spend all its revenue on CUPHD's costs. He  
250 said the county residents should not expect much with a three-cent tax rate. The BOH continued to  
251 discuss the budget proposal and the affects on services. Peterson objected to seeing the fund  
252 balance drop. Peterson summarized the BOH's direction was for CUPHD to:

- 253
- 254 1. fully charge for water inspections,
  - 255 2. reduce restaurant inspection to two a year,
  - 256 3. look at fees increase to make up the shortfall, and
  - 257 4. let the budget otherwise stand.
- 258

259 Rappaport inquired about the progress made by the fees review group consisting of  
260 Peterson, Jim Roberts, and Susan McGrath. Peterson said they decided to only focus on penalty  
261 enforcement instead of looking at the entire health ordinance when they last met. There would not  
262 be sufficient revenue recovered through penalties to cover the shortfall between the costs for  
263 providing services and the revenue received through fees. The restaurant inspections in the county  
264 are relatively expensive due to the travel time, so cutting the third inspection enables staff to get  
265 more done in a day. The BOH discussed fees revenues and the various budget options to arrive at a  
266 balanced budget. Busey explained CUPHD's original request for core services and grants was  
267 \$703,766. This has been decreased to \$677,702 and the BOH cannot afford it. The BOH continued  
268 to discuss balancing the FY2010 budget.

269

270 Scholze was afraid that the agency who could afford to take budget cuts would not take the  
271 same percentage cut as agencies who manage to run leaner operations. This meant the agencies  
272 who could least afford to take a budget cut had to bear the brunt of it. She questioned why the BOH  
273 should adopt the third budget option when CUPHD was not cooperating by increasing fees as  
274 necessary to cover their costs. James wondered if fee increases would generate much more revenue  
275 because businesses might close. Peterson stated Sangamon County charges \$825, Peoria County  
276 charges \$400, and McLean County charges \$426 for restaurant permits while Champaign County  
277 charges \$300. Peterson notes it was difficult to consider changing the fees without any input from  
278 CUPHD. Rappaport asked if the BOH members wanted to suggest budget cuts to CUPHD, such as

279 paying for an Information Specialist. James did not think the BOH should be specific about making  
280 cuts to CUPHD operations. He preferred setting the CUPHD budget at a certain amount and  
281 directing CUPHD to make the necessary cuts to reach that amount. Rappaport stated the BOH pays  
282 10% of the CUPHD Administrator's salary and the Administrator should be making  
283 recommendations on budget cuts. James was disappointed that no one from CUPHD, even the  
284 Administrator, was present at tonight's meeting.  
285

286 Ramirez was in favor of advocating concrete ways for CUPHD to cuts its budget for county  
287 services, but in her mind Pryde had already responded to the third budget option. Pryde indicated  
288 CUPHD would not proceed with the agreement without additional money. Busey did not think the  
289 agreements allowed it. CUPHD cannot back out of the agreement without giving the BOH twelve  
290 months notice. James spoke about how the BOH's revenue was public information and he  
291 wondered if CUPHD would be asking for the same amount if they thought the BOH had less  
292 revenue. He thought there was always a way to make an adjustment to a lesser budget, though he  
293 acknowledged it would be hard. Ramirez said the BOH needed to seriously look into establishing a  
294 Plan B. James felt the BOH had to consider that option and he thought the County Board may be  
295 involved soon. Ramirez advised talking to the County Board to make them aware of the situation  
296 the BOH is facing.  
297

298 Peterson stated Pryde's letter did not give a figure and asked what was CUPHD's current  
299 request after the meeting with Busey. Busey understood that CUPHD request for core services and  
300 grants was \$677,802. The BOH agreed it would abide by a budget for CUPHD of \$616,000.  
301 Rappaport remarked the BOH understood Busey tried to negotiate with CUPHD over about \$40,000  
302 and he did not want to leave her out on a raft when she did the best she could on behalf of the BOH.  
303 Based on this, Rappaport was willing to agree to give CUPHD the FY2010 revenue that would have  
304 gone to the Crisis Nursery program that will be paid for with fund reserves. Peterson asked if  
305 Busey offered the \$20,000 more to CUPHD in an effort to stimulate CUPHD into negotiating.  
306 Busey said she was trying to get CUPHD to cut the remaining \$40,000 or generate revenue to offset  
307 those expenses and CUPHD did not respond. She thought there would be some movement on  
308 CUPHD's part. Busey made the suggestion about the Crisis Nursery program because she thought  
309 it was a project that would end. This leaves the BOH operating budget to fund the CUPHD  
310 agreement and Smile Healthy program. She noted the BOH has moved quite a bit to try and meet  
311 CUPHD's budget because the money previously used for additional services and the mobile unit  
312 program was being redirected to core services and grants. CUPHD's initial FY2010 request was a  
313 25% increase over the FY2009 budget. Scholze asked why the BOH should allow CUPHD  
314 \$637,706 when they had not made any movement in negotiations. James said the reason was to  
315 appease. Busey said it would minimize the argument that the BOH funds programs other than core  
316 services. The proposed budget has the BOH putting all of its operating dollars in FY2010 into what  
317 Pryde has defined as core services at meetings: CUPHD core services and grants and the dental  
318 services through Smile Healthy. Busey noted the remaining difference between the CUPHD and  
319 BOH was \$40,000 while CUPHD has budgeted \$150,000 for administration on a \$670,000 contract.  
320 She thought this was high for administrative costs.  
321

322 **MOTION** by Peterson to approve a FY2010 budget appropriation for CUPHD in the  
323 amount of \$637,706 with the stipulations of reducing the number of Category I restaurant

324 inspections to two a year and increasing the well water testing fees to fully fund the service;  
325 seconded by James.

326  
327 James wanted to see comparables of other counties. Scholze wanted the administrative  
328 charges to not exceed 20% of the CUPHD budget. Busey stated the percentage of administrative  
329 costs on a \$637,706 budget was 23.5%. The BOH discussed its fund balance goal and the  
330 possibility of setting a policy on administrative or indirect costs. James called the question.  
331 Rappaport asked if the BOH was ready to vote and there were no objections.

332  
333 **Motion carried with all ayes.**

334  
335 James asked Rappaport to send a letter to CUPHD communicating the BOH's decision.  
336 Rappaport agreed to do so with Busey's assistance tomorrow morning. The BOH asked for  
337 language to be included in the letter directing CUPHD to continue the well water testing program  
338 by increasing the fee to cover all costs. James asked if a special meeting will need to be called if  
339 the CUPHD rejects the budget. Busey reminded the BOH that both boards have to agree, based on  
340 the written agreement. She suggested them may want to ask if the CUPHD Board is willing to  
341 agree to a joint meeting with a mediator.

342  
343 Approval of FY2010 Board of Health Budget

344  
345 **MOTION** by James to approve the total FY2010 Board of Health Budget in the amount of  
346 \$775,600, as listed on Pages 5 & 6 of the handouts provided by Busey; seconded by Peterson.  
347 **Motion carried with all ayes.**

348  
349 Other Business

350  
351 Rappaport asked how the BOH should proceed in exploring its future options. Busey  
352 recommended obtaining the public health ordinances from surrounding counties. There is a retired  
353 McLean County Public Health Administrator who might be willing to do some consulting. Peterson  
354 mentioned someone closely allied to the county might be willing to serve as a Director. The BOH  
355 discussed how it could gather information and the dynamics of past administrations.

356  
357 James exited the meeting at 7:45 p.m.

358  
359 The BOH discussed the possibility of purchasing public health services through neighboring  
360 counties. Ramirez noted the question of merging the two health departments could be placed on the  
361 ballot. Peterson remarked the BOH has not received an explanation concerning the full legal  
362 ramifications of such a question. The political implications and differing tax rates were discussed.  
363 Rappaport recalled that the BOH paid a consultant to prepare a report on the health department in  
364 2005 and requested the report be resent to all BOH members. Peterson spoke about some of the  
365 history with CUPHD and the budget process. He acknowledged that CUPHD has subsidized county  
366 health services in the past, but CUPHD have not done the cost reduction as requested with this  
367 budget.

368

369 Segal asked for the letter about the inspection raised during public participation to be sent to  
370 the CUPHD Board and carbon copied to Pryde and Roberts. Rappaport said he intended to simply  
371 make the CUPHD aware the BOH had received the complaint. Gowda said the BOH should not be  
372 involved in daily CUPHD activities. James wanted to require restaurants to post signed telling  
373 patrons to call CUPHD with complaints. Rappaport stated the BOH could not make a judgment of  
374 what should happen with the complaint; it could only forward it to the CUPHD Board.

375

376 **Public Participation on Non-Agenda Items Only**

377

378 Greenwalt described how Smile Healthy participated in an event to get kids ready for school  
379 by providing dental exams. Today the American Academy of Pediatrics did a Bright Smiles from  
380 Birth training at Frances Nelson.

381

382 **Adjournment**

383

384 The meeting was adjourned at 8:00 p.m.

385

386 Respectfully submitted,

387

388 Kat Bork

389 Board of Health Secretary

390

391 *Secy's note: The minutes reflect the order of the agenda and may not necessarily reflect the order of business conducted at the meeting.*

## RENEWAL OF PARTICIPATION AGREEMENT

**WHEREAS**, the Champaign County Health Department, through its duly authorized agent, the Champaign County Board of Health, hereinafter known as the "Board", and Smile Healthy formerly Central Illinois Dental Education and Services, NFP or CIDES, entered into a Participation Agreement dated December 15, 2005, a copy of which is attached to this Renewal of Participation Agreement and marked as "Exhibit A"; and

**WHEREAS**, the Champaign County Board has approved its budget for the County's Fiscal Year from December 1, 2009 to November 30, 2010 in which it has included a grant for the cost of the renewal of the Participation Agreement between the Board and Smile Healthy in the amount of \$111,042; and

**WHEREAS**, the Board believes it is in the best interest of residents served by the Champaign County Health Department that the Participation Agreement should be renewed for the period December 1, 2009 to November 30, 2010, with all of the terms and conditions previously contained in the Participation Agreement attached to this Renewal of Participation Agreement and marked as "Exhibit A", with the following exception:

The Board and Smile Healthy agree that should Smile Healthy merge with the Champaign-Urbana Public Health District or any other entity during the term of this Renewal of Participation Agreement, or alternatively should the services presently performed by Smile Healthy be subsumed by the Champaign-Urbana Public Health District, the parties shall modify the terms and conditions of this Renewal of Participation Agreement as necessitated by the said merger or take-over; and

**WHEREAS**, the Board and Smile Healthy agree that the annual contract cost for the renewal of the Participation Agreement shall be the sum of \$111,042;

The Champaign County Board of Health and Smile Healthy enter into this Renewal of Participation Agreement for the period December 1, 2009 to November 30, 2010 in the amount of \$111,042, with the monthly payments to be \$9,253.50 per month, and with the said Renewal to be pursuant to the remaining terms and conditions outlined in this Renewal of Participation Agreement and the attached "Exhibit A", on this 29th day of September, 2009.

CHAMPAIGN COUNTY HEALTH  
DEPARTMENT

SMILE HEALTHY, NFP

BY: \_\_\_\_\_  
Julian Rappaport  
President  
Champaign County Board of Health

BY: \_\_\_\_\_  
Jan Thorn  
Chairperson  
Smile Healthy

## PARTICIPATION AGREEMENT

WHEREAS, Central Illinois Dental Education and Services, hereinafter known as “CIDES”, is a not for profit corporation organized and existing under the laws of the State of Illinois and in good standing; and

WHEREAS, CIDES has organized and coordinates a program involving the recruitment of area dentists and dental hygienists who are willing to provide low cost dental hygiene services to children for whom such services might otherwise be unavailable; and

WHEREAS, the Champaign County Health Department, hereinafter known as “DEPARTMENT”, is a duly organized and existing County Health Department; and

WHEREAS the DEPARTMENT and CIDES had previously entered into agreements for the participation of children residing outside of the Champaign-Urbana Public Health District service area in the program organized and coordinated by CIDES; and

WHEREAS, the program established and coordinated by CIDES results in low cost dental hygiene services being provided to such children without cost to them; and WHEREAS, said dentists and dental hygienists have agreed to participate in said program and to accept as full and final payment for their services, payments below the market value for those services as a result of their desire to assure that such services are provided to said children; and

WHEREAS, CIDES’ program has resulted in the education of county residents on the importance of dental hygiene and dental care; and

WHEREAS, CIDES has engaged in out-reach efforts to generate community support and increased access to dental providers for eligible children; and WHEREAS, CIDES has coordinated and organized screenings and evaluations of such children by registered dental hygienist in

accordance with the Dental Practice Act; and

WHEREAS, the DEPARTMENT wishes to continue its pre-existing relationship with CIDES so as to ensure that eligible county children and families are provided access to education and services, the DEPARTMENT and CIDES hereby enter into this agreement as follows:

1. The term of this agreement commences on the date of approval by both CIDES and the DEPARTMENT and shall continue in full force and effect until November 30<sup>th</sup>, 2006 unless otherwise terminated as provided for herein.
2. The DEPARTMENT and CIDES may mutually agree to extend the term of this agreement at any time or to enter into a new agreement at any time prior to November 30<sup>th</sup>, 2006, but there shall be no automatic renewal of this agreement absent such mutual assent.
3. The DEPARTMENT shall pay to CIDES the sum of \$105,168.00 in equal monthly installments of \$8,764.00 per month payable on or before the 1<sup>st</sup> day of each month during the term of this agreement, with the first such payment hereunder to be prorated so as to insure that the total payment for December 2005 pursuant to this agreement and the existing agreements equals but does not exceed \$8,764.00.
4. CIDES shall, for all intents and purposes, be an independent contractor and shall, for no purposes, be considered to be in a joint venture relationship with the DEPARTMENT; and furthermore no employee or independent contractor of CIDES shall be considered to have a joint venture or an employer-employee relationship with the DEPARTMENT.

5. CIDES shall be solely responsible for the payment of all payroll, taxes, Social Security payments, unemployment payments, and all other financial obligations in the performance of this agreement, including obligations for personnel hired by CIDES to perform the services set forth herein.
6. CIDES shall not, without prior authorization from the DEPARTMENT, submit any grants on behalf of the DEPARTMENT, and nothing in this agreement shall be construed as rendering CIDES an agent of the Department for such purposes absent such prior authorization.
7. CIDES shall provide to the DEPARTMENT a copy of it's annual audit within (30) days after the said audit is completed and available for distribution.
8. CIDES shall provide to the DEPARTMENT contact information, including a telephone number at which the public can contact CIDES concerning the program offered by it, including the access and education services provided pursuant to this agreement and shall implement a system by which the public can communicate with representatives of CIDES concerning said program and access thereto at reasonable times. It is the intent of the parties, absent unforeseen circumstances, that contacts to CIDES by members of the public shall be responded to within (1) regular business day following the receipt of said requests.
9. It shall be the sole responsibility of CIDES to ensure the adequacy of it's staff and that all participating dentists and dental hygienists have appropriate professional certifications to provide the services to be under the CIDES program.
10. The DEPARTMENT shall have not be deemed to be a party to any agreements for

the provision of said services nor in anyway to be responsible for the sufficiency of said services or the manner in which they are provided. Instead, it is the express intent of the parties hereto that the DEPARTMENT is contracting with CIDES to ensure access to the program and educational services provided by CIDES for county residents and, in no manner, shall the DEPARTMENT be deemed to have any obligation to exercise control or responsibility for the provision of any services organized by CIDES.

11. The DEPARTMENT and CIDES expressly acknowledge, however, that the DEPARTMENT has a substantial interest in assuring that the children sought to be served by participation with CIDES are adequate in number and level of service in light of the compensation provided hereunder and thus CIDES shall provide to the DEPARTMENT monthly reports at the DEPARTMENT's regular Board meetings which shall include information concerning the number of children served pursuant to participation in this agreement; a brief description of the services provided; and such other further and additional information, if any, reasonably requested by the DEPARTMENT through it's Board, so as to enable the DEPARTMENT to be fully informed with respect to the type, manner, and number of services being provided hereunder. Such further additional information may include, if necessary for the DEPARTMENT to fulfill it's review of services provided, financial information, to the extent that the same reflects upon the provision of services hereunder.
12. CIDES shall maintain, at it's own expense, such insurance, including worker's compensation insurance, liability insurance, and other such insurance as it deems

necessary and shall provide a certificate of such insurance to the DEPARTMENT upon execution of this agreement. The provision of said certificate shall be for information purposes only and shall not be deemed to constitute a relationship of any type or nature other than the contractual relationship provided for hereunder.

13. CIDES represents, however, that it has and shall maintain liability insurance in an amount not less than \$1,000,000.00 per occurrence and such worker's compensation insurance as required by Illinois Law.
14. CIDES and the DEPARTMENT further agree that should either party fail to fulfill it's obligations hereunder the other party may bring an action to specifically enforce the obligations hereunder, but that such an action shall not exclude the availability of any other remedy permitted by law.
15. In the event that either party fails to fulfill it's respective obligations, the party claiming such breach shall provide notice to the purportedly breaching party and shall afford that party and opportunity to remedy said breach or for the parties to reach an agreement with respect thereto of not less than (14) days following the effective date of service. Service shall be deemed effective upon actual receipt by personal delivery by service upon the registered agent or any officer of CIDES or personal service upon the Chair of the Champaign County Board of Health, or it's administrator.
16. CIDES and the DEPARTMENT further agree that the nature of the agreement provided for herein is in the nature of a personal services contract and thus CIDES shall not assign or delegate it's contractual responsibilities and obligations hereunder

to any third party without the express written consent of the DEPARTMENT.

17. CIDES and the DEPARTMENT further agree that neither the dentists nor dental hygienists who are participating in the program organized and administrated by CIDES, nor any child for whom services thereunder may be provided, are or shall be deemed to be third party beneficiaries, intended or otherwise, of this agreement; that nothing herein shall be construed to create any relationship between CIDES and the DEPARTMENT other than as an independent contractor; that nothing shall be construed herein, or interpreted, to provide that the DEPARTMENT or CIDES are providing dental hygiene services, but instead shall be construed and interpreted so as to ensure that the scope and extent of the DEPARTMENT's involvement in the provision of services recruited and organized by CIDES is for the purpose of ensuring access for said eligible children and public education.
18. This agreement shall be interpreted, construed, and enforced in accordance with the provisions of applicable Illinois Law.
19. This agreement contains the entirety of the parties agreement regarding the relationship established hereby and no prior discussions, negotiations, or agreements are a part hereof the same being conclusively deemed to have merged herein.

CENTRAL ILLINOIS DENTAL EDUCATION  
SERVICES, NFP, AN ILLINOIS NOT FOR  
PROFIT CORPORATION,

CHAMPAIGN COUNTY  
HEALTH DEPARTMENT,

BY: \_\_\_\_\_  
President

BY: \_\_\_\_\_  
Chair, Champaign County Board of  
Health

Prepared by:  
Robert G. Kirchner  
Attorney at Law  
100 Trade Centre Drive, Suite 402

Champaign, IL 61820  
Phone: 217-355-5660  
Fax: 217-355-5675  
G:\WPDOCS\bob\CIDES\PARTICIPATION AGREEMENT.wpd

Invoice Number:	0908
Date of Invoice:	September 10, 2009
Billing Period:	July-09

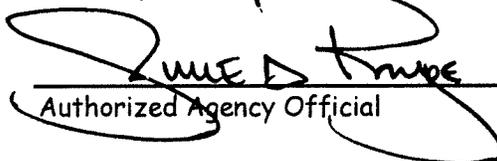
To:  
 Champaign County Public Health Department  
 Att'n.: Evelyn Boatz  
 1776 East Washington Street  
 Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - Infectious Disease Prevention & Mgmt	\$	6,436.00
533.07 Professional Services - Maternal Child Health Mgmt	\$	3,127.58
533.07 Professional Services - IBCCP & Clinical Services	\$	2,053.58
533.07 Professional Services - Environmental Health	\$	26,635.58
533.07 Professional Services - Administration	\$	7,303.58
533.07 Professional Services - Bio-T Grant	\$	4,695.47
533.07 Professional Services - TFC Grant	\$	-
533.07 Professional Services - West Nile Virus Grant	\$	1,692.35
533.07 Professional Services - Non-Community Water - CU Surveys	\$	-
<b>Total Amount Due to CUPHD per Contract</b>	<b>\$</b>	<b><u>51,944.14</u></b>

**CERTIFICATION:**

I hereby certify that the amounts billed above agree with the approved budget; that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.

  
 \_\_\_\_\_  
 Authorized Agency Official

*County Board of Health*

**COUNTY BOARD OF HEALTH – 089-049**

The Champaign County Public Health Department is directed by the County Board of Health consisting of nine members, appointed by the County Board Chair to three year, staggered terms. The Board is responsible for disease control, and the physical and environmental health of County residents. This Department is supported through the Health Fund levy; federal, state and local grants; and fees. The maximum rate for the Health Fund levy is \$.10/100 assessed valuation. The current rate is \$.0250/100 assessed valuation.

**MISSION STATEMENT**

The mission of the Champaign County Public Health Department is to promote health, prevent disease and lessen the impact of illness through the effective use of community resources.

**FINANCIAL**

Fund 089 Dept 049			2008	2009	2009	2010
			Actual	Original	Projected	Budget
311	30	CURRENT - PUB HEALTH/CNTY	\$346,640	\$373,184	\$367,996	\$377,197
311	31	CURRENT - PUB HEALTH/C-U	\$470,714	\$506,759	\$0	\$0
313	30	BACK TAX- PUB HEALTH/CNTY	\$266	\$0	\$0	\$0
313	31	BACK TAX- PUB HEALTH/C-U	\$361	\$0	\$0	\$0
314	10	MOBILE HOME TAX	\$0	\$0	\$0	\$0
314	30	MOB HM TAX-PUB HLTH /CNTY	\$445	\$0	\$0	\$0
314	31	MOB HM TAX-PUB HLTH /C-U	\$605	\$0	\$0	\$0
315	10	PAYMENT IN LIEU OF TAXES	\$0	\$0	\$0	\$0
315	30	PMT IN LIEU-PUB HLTH/CNTY	\$112	\$0	\$180	\$0
315	31	PMT IN LIEU-PUB HLTH/C-U	\$152	\$0	\$244	\$0
		PROPERTY TAXES	\$819,295	\$879,943	\$368,420	\$377,197
321	15	FOOD PROTECTION PERMITS	\$91,380	\$90,125	\$90,125	\$90,125
322	50	PRIVATE SEWAGE PERMITS	\$27,215	\$43,538	\$43,538	\$32,600
322	51	WELL WATER PERMITS	\$14,800	\$5,400	\$6,400	\$16,338
		LICENSES AND PERMITS	\$133,395	\$139,063	\$140,063	\$139,063
331	58	EPA-PUB WATER SYS SUPRVSN	\$1,700	\$1,750	\$1,750	\$1,750
331	62	HHS-MATERNAL/CHLD HLTH SV	\$0	\$0	\$0	\$0
331	63	HHS-PREVENTV HLTH BLK GRT	\$0	\$0	\$0	\$0
331	64	HHS-HIV CARE FORMULA GRNT	\$0	\$0	\$0	\$0
331	65	HHS-HIV PREVENTN ACTIVITY	\$0	\$0	\$0	\$0
331	66	HHS-BREAST CANCER DETECTN	\$0	\$0	\$0	\$0
331	67	USDA-NUTRITN/WMN,INF,CHLD	\$0	\$0	\$0	\$0
331	92	HHS/CDC-INVSTGTM,TCH ASST	\$0	\$0	\$0	\$0
331	93	HHS-PUB HTH EMERG PREPARE	\$81,565	\$0	\$63,787	\$70,123
334	35	IL HUM SV-FAMLY CASE MGMT	\$0	\$0	\$0	\$0
334	36	IDHS-HEALTHWORKS NETWORK	\$0	\$0	\$0	\$0

*County Board of Health*

<b>Fund 089 Dept 049</b>			<b>2008</b>	<b>2009</b>	<b>2009</b>	<b>2010</b>
			<b>Actual</b>	<b>Original</b>	<b>Projected</b>	<b>Budget</b>
334	42	IL DP PUB HLTH-GEN RV GRT	\$52,632	\$0	\$0	\$0
334	43	IDPH-HLTH PROTECTION GRNT	\$62,702	\$125,403	\$121,641	\$125,403
334	44	IDPH-VECTOR CONTROL GRANT	\$9,439	\$9,439	\$7,935	\$7,935
334	45	IDPH-INDOOR TANNING GRANT	\$0	\$0	\$0	\$0
334	46	IDPH-TOBACCO FREE COMMNTY	\$25,859	\$25,725	\$25,477	\$25,477
334	47	IDPH-BIOTERROR/HLTH ALERT	\$0	\$78,479	\$0	\$0
334	60	IL DPT PUB AID-MEDICAID	\$0	\$0	\$0	\$0
336	16	VILLAGE OF MAHOMET	\$0	\$0	\$0	\$0
336	80	CUPHD/IDPH-HIV CARE CONSM	\$0	\$0	\$0	\$0
336	81	CUPHD/IDPH-BREAST CANCER	\$0	\$0	\$0	\$0
336	82	CUPHD/IDHS-NUTRITION WIC	\$0	\$0	\$0	\$0
336	83	CUPHD/IDHS-FAM CASE MGMT	\$0	\$0	\$0	\$0
		FEDERAL, STATE & LOCAL SHARED REVENUE	\$233,897	\$240,796	\$220,590	\$230,688
345	37	CLINIC/NURSING SERVC FEES	\$0	\$0	\$0	\$0
361	10	INVESTMENT INTEREST	\$14,291	\$18,000	\$7,600	\$7,800
363	10	GIFTS AND DONATIONS	\$0	\$0	\$0	\$0
369	90	OTHER MISC. REVENUE	\$5	\$0	\$0	\$0
		MISCELLANEOUS	\$14,296	\$18,000	\$7,600	\$7,800
371	80	FROM GENERAL CORP FND 080	\$95,000	\$45,000	\$0	\$0
		INTERFUND REVENUE	\$95,000	\$45,000	\$0	\$0
		<b>REVENUE TOTALS</b>	<b>\$1,295,883</b>	<b>\$1,322,802</b>	<b>\$736,673</b>	<b>\$754,748</b>
511	4	REG. PART-TIME EMPLOYEES	\$2,494	\$6,377	\$6,377	\$3,000
511	9	OVERTIME	\$1,573	\$3,000	\$3,000	\$2,377
513	1	SOCIAL SECURITY-EMPLOYER	\$311	\$250	\$250	\$250
513	2	IMRF - EMPLOYER COST	\$300	\$250	\$250	\$250
513	4	WORKERS' COMPENSATION INS	\$8	\$15	\$15	\$15
513	5	UNEMPLOYMENT INSURANCE	\$33	\$108	\$108	\$108
		PERSONNEL	\$4,719	\$10,000	\$10,000	\$6,000
522	1	STATIONERY & PRINTING	\$0	\$0	\$0	\$0
522	2	OFFICE SUPPLIES	\$0	\$0	\$0	\$0
522	3	BOOKS,PERIODICALS & MAN.	\$0	\$0	\$0	\$0
533	7	PROFESSIONAL SERVICES	\$610,948	\$660,588	\$660,589	\$637,606
533	40	AUTOMOBILE MAINTENANCE	\$295	\$1,369	\$0	\$0
533	52	OTHER SERVICE BY CONTRACT	\$0	\$0	\$0	\$0
533	84	BUSINESS MEALS/EXPENSES	\$0	\$0	\$0	\$0
533	88	CONTRIB & GRANTS -CAP IMP	\$36,775	\$0	\$0	\$0
533	92	CONTRIBUTIONS & GRANTS	\$15,856	\$0	\$0	\$0
533	93	DUES AND LICENSES	\$100	\$100	\$95	\$100
533	95	CONFERENCES & TRAINING	\$780	\$1,000	\$0	\$0
533	99	CONTINGENT EXPENSE	\$0	\$0	\$0	\$0

*County Board of Health*

<b>Fund 089 Dept 049</b>			<b>2008</b>	<b>2009</b>	<b>2009</b>	<b>2010</b>
			<b>Actual</b>	<b>Original</b>	<b>Projected</b>	<b>Budget</b>
534	41	RETURN UNUSED GRANT	\$5,267	\$0	\$0	\$0
534	73	C-U PUBLIC HEALTH DISTRCT	\$454,125	\$506,759	\$0	\$0
534	79	HOME NURSING/CHILD DENTAL	\$50,000	\$50,000	\$50,000	\$0
534	82	CHILD DENTAL ACCESS PROG SERVICES	\$130,360	\$130,360	\$130,360	\$111,042
			\$1,304,506	\$1,350,176	\$841,044	\$748,748
544	30	AUTOMOBILES, VEHICLES	\$0	\$0	\$0	\$0
544	32	OTHER EQUIPMENT	\$0	\$0	\$0	\$0
544	33	FURNISHINGS, OFFICE EQUIP	\$0	\$0	\$0	\$0
571	90	TO MENTAL HEALTH FUND 090	\$10,417	\$0	\$25,000	\$20,852
INTERFUND EXPENDITURE			\$10,417	\$0	\$25,000	\$20,852
<b>EXPENDITURE TOTALS</b>			<b>\$1,319,642</b>	<b>\$1,360,176</b>	<b>\$876,044</b>	<b>\$775,600</b>

<b><i>FUND BALANCE</i></b>
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<b><i>2008</i></b>	<b><i>2009</i></b>	<b><i>2010</i></b>
<b><i>Actual</i></b>	<b><i>Projected</i></b>	<b><i>Budgeted</i></b>
<b><i>\$439,029</i></b>	<b><i>\$281,501</i></b>	<b><i>\$260,649</i></b>

The fund balance at the end of FY2009 represents 36.3% of budgeted FY2010 County Board of Health expenses of \$775,600. The fund balance goal of 12.5% has been established by the County Board of Health to ensure appropriate balances to address cash flow requirements.

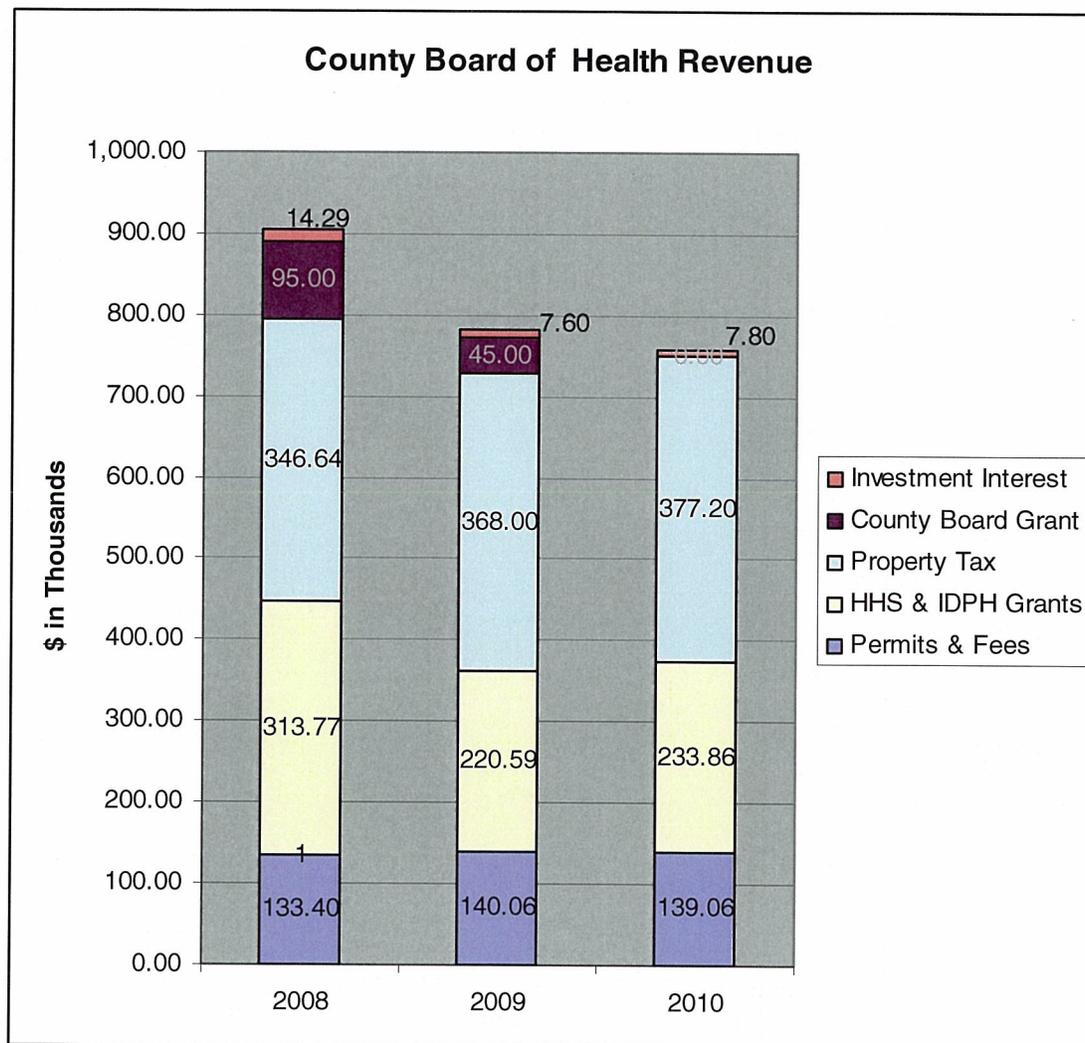
<b><i>ANALYSIS</i></b>
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**OPERATIONS ANALYSIS –**

The Champaign County Board of Health contracts with the Champaign-Urbana Public Health District to provide core public health services and administration of public health grants to the residents it serves outside of the jurisdictional boundaries of Champaign-Urbana. In addition to the contract with Champaign-Urbana Public Health District, the County Board of Health also contracts with Smile Healthy to provide child dental access services. With the FY2010 budget, the Board of Health was forced to discontinue funding to the Champaign County Regional Planning Commission Senior Services for home health care for seniors because of lost revenue. The Board of Health had also previously enhanced its contract with the Champaign-Urbana Public Health District to provide mobile unit services for direct delivery in various rural locations throughout the County, and other additional services. These additional programs, outside of the required core public health services, also had to be discontinued with the FY2010 budget, due to an inability to fund those programs.

**REVENUE ANALYSIS –**

The revenue for the County Health Department comes from three primary sources – grants, fees and property tax.



As indicated in the above chart, while property tax revenues demonstrate steady growth, grants revenues have declined, and fees revenues have remained fairly stable. The overall result is a declining trend in revenue for funding public health services in Champaign County.

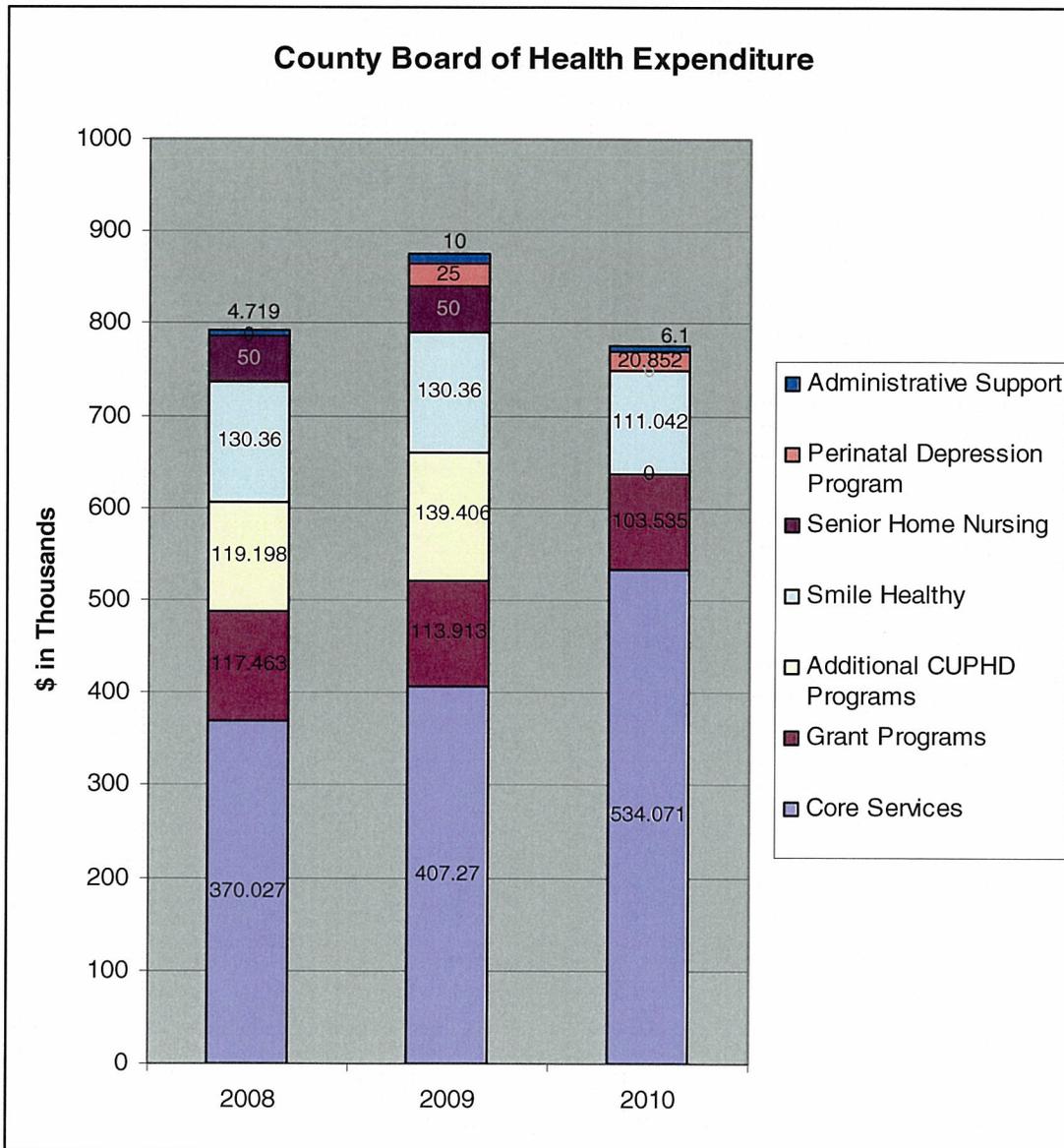
Although the property tax rate limit for County Public Health is \$.10/100 assessed valuation, the current rate of \$.0252/100 is subject to the Property Tax Extension Limitation Law. Increases to the property tax levy and rate are calculated according to that law. The increase in FY2010 is 2.5%.

The County Board of Health recognizes the volatility in funding available through grants, and to that end continues to analyze and assess the fees that are charged to ensure that services are appropriately paid for by users.

**EXPENDITURE ANALYSIS –**

The budget for the contract with Champaign-Urbana Public Health District for FY2010 reflects a 9.1% decrease in the programs funded through grants, which is a direct reflection of declining grant revenues. The budget for the contract for the core services programs reflects a 31% increase in FY2010 over FY2009. To enable the increase in expenditure for the core services, the County Board of Health cut funding for Senior Health and Mobile Unit Services that had totaled \$127,232 in FY2009, and cut funding for the Smile Healthy Program by 14.8%, a decrease of \$19,318.

In 2008, the Board of Health entered into an agreement with the Champaign County Mental Health Board to administer a program through the Crisis Nursery addressing the issue of perinatal depression, with services to both mothers and children affected by this illness. The original commitment was for \$50,000 in funding from the Board of Health, with matched funds provided by the Mental Health Board. The Board of Health did cut the \$25,000 to be appropriated in FY2010 down to \$20,852, and directed it be funded out of the fund reserves available to the Board of Health as a one-time expenditure.



*County Board of Health*

<b><i>EXPENSE PER CAPITA</i></b>				
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<b>Actual Dollars</b>				
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<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
\$11.29	\$9.98	\$11.56	\$11.84	\$10.93

<b><i>OBJECTIVES</i></b>				
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1. To prevent the transmission of food borne diseases attributable to licensed food service facilities in Champaign County.
2. To prevent the transmission of enteric disease in Champaign County attributed to improper sewage disposal or unsafe private water supplies.
3. To initiate investigation and surveillance within 24 hours of notification of 100% of reported diseases that could be spread through the environment.
4. To conduct inspections of 100% of private sewage disposal systems and 100% of private water wells installed under permit to assure that all state and local requirements are met.
5. To conduct inspections and obtain compliance for all programs carried out by the department through grant/contractual agreements as agents for the Illinois Department of Public Health in order to protect the safety and well being of Champaign County residents.

<b><i>PERFORMANCE INDICATORS</i></b>			
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	<b>2008</b>	<b>2009</b>	<b>2010</b>
	<b>Actual</b>	<b>Projected</b>	<b>Projected</b>
1. Incidence of food-borne outbreaks	Less than 5		
2. Review sanitation scores and total number of major violations that could lead to a food-borne illness (major violations as % of total violations annually identified)	5%		
3. New/renovated sewage systems inspected, requiring permit (%)	100%		
4. New/alterd water wells inspected, requiring permit (%)	100%		

**STATEMENT to the C-U PUBLIC HEALTH DISTRICT BOARD**

**By Julian Rappaport, Ph.D., President of the Champaign County Board of Health**

**September 14, 2009**

The Champaign County Board of Health (CCBOH) has contracted with Champaign Urbana Public Health District (CUPHD) to provide services to Champaign County citizens residing in our jurisdiction since 1998. The current contract was negotiated in 2008 and took effect with our FY2009 budget. The following is a summary of our discussions concerning the FY2010 contract (December 1, 2009 through November 30, 2010).

Grant Programs

For the Grant Programs category, the CCBOH has agreed fully to the requested CUPHD Contract Request for FY2010 in the amount of \$103,535. There is no disagreement.

Core Services

On May 12, 2009, CUPHD proposed the following changes in funding for core services in the following categories:

- Increase of \$113,655 for Infectious Disease Control
- Increase of \$2,827 for Vital Statistics
- Increase of \$92,580 for Administration (later reduced to an increase of \$60,180).
- Decrease of \$9,765 for Environmental Health

These changes represent a demand for an increase of almost forty-one percent (40.98%) for core services. The CCBOH has negotiated in good faith and has agreed to an increase of thirty-one percent (31%). Our proposal represents an actual increase of \$126,801 over the current contract (FY2009) in force for the same services. In our opinion, this is a substantial increase during an economic downturn (i.e., recession) at time when our overall revenue is declining. For the core services category, CCBOH revenue has decreased by over three-percent (3.44%). In spite of this decrease in revenue, the CCBOH has approved a budget of \$534,071 for core services.

Questions or issues regarding the \$40,096 difference between our **proposed** contract budget for FY2010 and your **requested** contract budget for FY2010:

1. With almost all governmental agencies and jurisdictions facing declining revenues and required budget cuts in FY2010, and our own loss of revenue in FY2010, we have requested that you decrease your request for increased expenditures for core services by \$40,096. We have accepted your statement that you cannot cut any expenditure from the core services, but have you fully analyzed additional cuts that could possibly be implemented in the administrative costs? We are asking you to limit the amount we will pay in

FY2010 for Administration to \$107,727, which is still a 22.92% or \$20,084 increase over what we paid to CUPHD for Administration in FY2009. Administration is not a core service, and we hope that you are able to meet our approved total budget by cutting the additional \$40,096 from administration.

2. It has been suggested we draw from our reserves to pay the additional \$40,096 to cover your proposed contract cost for FY2010. Unfortunately, we do not foresee improvement in our revenues in the near future. Agreeing to ongoing operational costs which exceed our ongoing operational funding is an action that cannot be sustained and is irresponsible. We are accountable to the people residing in our jurisdiction and have adopted a budget reflective of living within our means, and maintain this is essential to ensure our future success.

In summary, please give serious consideration to the facts presented in this statement. We have approved a budget where the CCBOH will pay to CUPHD \$126,801 more in FY2010 (31% increase) than it paid in FY2009 for core services. We are asking that you manage the budget for these core services in FY2010 within the increase we have approved. We believe this is a very fair proposal in a period of declining public revenue and fiscal austerity.

Thank you for your consideration.

# ***DRAFT FOR COMMENT AND CONSIDERATION***

**MEMORANDUM OF UNDERSTANDING  
BETWEEN THE  
CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
AND THE  
CHAMPAIGN COUNTY BOARD OF HEALTH  
AND THE  
CHAMPAIGN COUNTY BOARD FOR THE CARE AND TREATMENT OF  
PERSONS WITH A DEVELOPMENTAL DISABILITY**

THIS MEMORANDUM OF UNDERSTANDING, is entered into this 1<sup>st</sup> day of October, 2009 by and between the Champaign County Mental Health Board (hereinafter the Mental Health Board), the Champaign County Board for the care and Treatment of Persons with a Developmental Disability (hereinafter the Developmental Disabilities Board) and the Champaign County Board of Health (hereinafter the Board of Health). The parties hereby enter into this AGREEMENT to delineate respective roles, responsibilities, and financial obligations associated with the provision of administrative support and collaborations intended to promote the integration of physical and behavioral health programs in Champaign County.

This AGREEMENT replaces the previous Memorandum of Understanding dated June 30, 2008. All parties understand and agree as follows:

WHEREAS, the Mental Health Board and the Developmental Disabilities Board have the statutory authority to plan, fund, monitor and evaluate mental health, substance abuse, and developmental disabilities programs and services in Champaign County; and

WHEREAS, the Board of Health was established by referendum as the formal governance body to oversee the delivery of public health services for all Champaign County residents outside the cities of Champaign and Urbana (i.e., the jurisdiction of the Champaign Urbana Public Health District); and

WHEREAS, the Board of Health, the Mental Health Board, and the Developmental Disabilities Board share a common interest in the improvement of the overall physical and behavioral health and wellbeing of Champaign County residents, including working to achieve priorities identified in Healthy People 2010 and the New Freedom Commission Report which requires an ongoing process to support collaboration and integrated planning; and

WHEREAS, there is precedent in Illinois for Community Mental Health Boards, Developmental Disabilities Boards and Public Health Departments to coordinate their activities and share the same administrative structure; and

NOW, THEREFORE, it is the agreement of the parties that this Memorandum of Understanding is entered into in order to assure an efficient, ongoing, cooperative effort that will benefit the people of Champaign County including those with disabilities.

The Parties Agree to these Good Faith Provisions:

1. The executive director of the Mental Health Board and the Developmental Disabilities Board, in collaboration with the Champaign County Administrator and the Champaign County States' Attorney, shall provide administrative support and technical assistance to the Board of Health. Duties and responsibilities shall include:
  - a. Work with Ms. Bork to provide adequate staff support for the Board of Health to conduct business.
  - b. Attend all Board of Health meetings and provide professional staff support and follow up.
  - c. Work with Public Health District staff to assure coordination, collaboration and contract oversight.
  - d. Advise the Board of Health concerning contracts and participate in all contract negotiations.
  - e. Development of standard operating procedures and policies for funding allocations, contracts, and compliance with public health statutes and administrative rules.
  - f. Development of strategies to expand the "public identity" of the Board of Health in its jurisdiction.
  - g. Development of planning processes to mobilize community stakeholders in a process to improve community health.
2. Establish a contract with the Illinois Public Health Association (IPHA) to procure consultation regarding the unique situation in Champaign County and identify options for the development of long-term and permanent administrative structures which are in the best interests of the citizens of Champaign County. The initial contract shall not exceed \$7,500.
3. Identification of long term options for consideration by the Board of Health as outlined in the report titled "Champaign County Board of Health – Understanding the Present and Planning for the Future: An Analysis of the Current Structures, Functions, Dynamics and Options." This report was completed by Dr. Kevin Barnett of the Public Health Institute. Recommendations listed in the report shall be reviewed with staff recommendations presented for consideration and action.

4. The presidents of the Board of Health, the Mental Health Board and the Developmental Disabilities Board shall establish a joint planning committee which will meet quarterly to identify and discuss areas of interest for collaboration and/or jointly funded initiatives.
5. Any party to this agreement may terminate the Memorandum of Understanding with 180-days written notice. Upon the mutual written consent of the parties, the agreement may be terminated sooner.
6. Nothing contained herein serves to limit, alter, or amend the parties duties, rights or responsibilities as set out in applicable state and federal statutes, laws or regulations.

IN WITNESS WHEREOF, the parties have caused this memorandum of understanding to be executed by their authorized representatives on this 1<sup>st</sup> day of October, 2009.

Julian Rappaport, Ph.D., President  
Champaign County Board of Health

Joyce Dill, President  
Champaign County Developmental Disabilities Board

Deborah Townsend, Ph.D., President  
Champaign County Mental Health Board

**ORDINANCE NO.**

**HEALTH ORDINANCE OF CHAMPAIGN COUNTY, ILLINOIS**

**WHEREAS**, The Champaign County Public Health Department was created by referendum passed on November 4, 1996; and

**WHEREAS**, The Champaign County Board adopted Resolution Number 3812, Resolution Establishing a County Health Department on April 15, 1997 and the Champaign County Board has appointed a Board of Health; and

**WHEREAS**, The adoption of a local ordinance is required to qualify for a Local Health Protection Grant pursuant to the Local Health Protection Grant Rules (77 Ill.Adm.Code 615.200); and

**WHEREAS**, The County Board enacted Ordinance No. 573 pursuant to 55 ILCS 5/5-1052; and

**WHEREAS**, That since the adoption of Ordinance No. 573, there have been statutory changes to the references contained in Ordinance No. 573 which necessitate the revision of the said Ordinance, and changes to the Food Service Sanitation Code which necessitate the revision of the said Ordinance; and

**WHEREAS**, Ordinance No. 573 should be replaced in its entirety by this Ordinance so that the County Health Department is compliant with the latest revisions made by the Illinois legislature and the Illinois Department of Public Health;

**NOW THEREFORE BE IT ORDAINED** by the County Board of Champaign County, Illinois as follows:

1. That the following be adopted as the Health Ordinance of Champaign County, Illinois:

**CHAPTER 1. TITLE, AUTHORITY, AND EFFECTIVE DATE**

**1.1 Title**

This Ordinance shall be known and may be cited as the Champaign County Health Ordinance.

**1.2 Authority**

**1.2.1 Illinois Counties Code**

This Ordinance is adopted pursuant to the authority granted to the Champaign County Board as found in 55 ILCS 5/5-1052 and 55 ILCS 5/5-25001 et seq.

1.2.2 Other Statutes and Rules

The scope of the County's authority is further defined by:

- A. The Department of Public Health Act (20 ILCS 2305/1.1 et seq.)
- B. The Illinois Administrative Procedure Act (5 ILCS 100/1-1 et seq.)
- C. The Private Sewage Disposal Licensing Act (225 ILCS 225/10)
- D. The Illinois Water Well Construction Code (415 ILCS 30/1 et seq.)
- E. The Illinois Water Well Pump Installation Code (415 ILCS 35/1 et seq.)
- F. The Illinois Groundwater Protection Act (415 ILCS 55/9)
- G. The Sanitary Food Preparation Act (415 ILCS 650/11.01)
- H. The Food Handling Regulation Enforcement Act (410 ILCS 625/0.01 et seq.)
- I. The Illinois Food, Drug and Cosmetic Act (410 ILCS 620/1 et seq.)
- J. The Local Health Protection Grant Rules (77 Ill.Admin.Code 615.100 et seq.)

**1.3 Jurisdiction**

1.3.1 Subject Matter

This ordinance constitutes the regulations of Champaign County with respect to:

- A. The control of infectious diseases;
- B. The preparation, manufacture, packing, storing or distributing of food except for establishments governed by the Illinois Meat and Poultry Inspection Act (225 ILCS 650/1 et seq.)
- C. The handling, storage, transportation, and disposal of sewage from private sewage disposal systems:
- D. The provision of water supplies for drinking, culinary and sanitary purposes; and
- E. The operation of the Champaign County Health Department and of the Champaign County Board of Health.

### **1.3.2 Geographic Limitations**

This ordinance shall govern the subject matter described in Subsection 1.3.1 throughout Champaign County, including areas falling within the corporate limits of municipalities, except for the following areas:

- A. Areas falling within the Champaign-Urbana Public Health District; and
- B. Areas falling within the corporate limits of any municipality which maintains a local health department meeting the minimum requires of 55 ILCS 5/5-25008.

### **1.4 Effective Date**

This ordinance shall be in force from the 24th day of September, 2009 and shall remain in force in this form until amended or repealed.

## **CHAPTER 2. PURPOSE**

### **2.1 Purpose Generally**

This ordinance is intended for, and its terms and provisions shall be liberally construed so as to further, the purpose of promoting the public health and suppressing disease and of protecting the public safety and welfare by:

- A. Implementing a comprehensive infectious disease control program;
- B. Minimizing factors which may cause foodborne illness and safeguarding public health by providing consumers with food that is safe, unadulterated and prevent illness caused from ingesting food;
- C. Promoting the provision of safe, potable, and adequate supplies of water for drinking, culinary and sanitary purposes;
- D. Reducing the risk of preventing the transmission of disease organisms, environmental contamination, and nuisances resulting from the improper handling, storage, transportation and disposal of sewage from private sewage disposal systems;
- E. Providing efficient and effective procedures for enforcing the regulations contained herein; and
- F. Establishing procedures that protect the rights to property, equal protection and due process of the citizens of Champaign County.

### **2.2 Compliance with Illinois Compiled Statutes and Illinois Administrative Code**

The adoption of this ordinance is intended to establish a program to further the purposes set forth in Section 2.1 that will enable the Champaign County Health Department to:

- A. Seek and accept delegation of powers and duties of the Illinois Department of Public Health and enter into delegation agreements with the Department pursuant to 20 ILCS 2310-15.
- B. Apply for, obtain and renew status as a Certified Local Health Department for the Champaign County Health Department pursuant to 77 Ill.Admin.Code 600.100; and
- C. Meet the minimum requirements of the Illinois Local Health Protection Grant Rules (77 Ill.Admin.Code 615.210).

### **CHAPTER 3. DEFINITIONS AND RULES OF CONSTRUCTION**

#### **3.1 Rules of Construction and Interpretation**

##### 3.1.1 Definitions Specified.

Certain words and terms are defined in Section 3.3 and shall have that meaning when capitalized in the text of this Ordinance. When such terms are not capitalized, they have their usual and common meaning. Any pertinent word or term not listed but vital to the interpretation of this ordinance shall have its usual and common definition unless defined by a statute or rule herein incorporated as provided by Subsection 3.21.

##### 3.1.2 Organization

The ordinance is organized in descending order into numbered Chapters, Sections and Subsections; Paragraphs designated by capital letters; and subparagraphs designated by numbers. Subparagraphs may be further divided into unnamed subdivisions.

##### 3.1.3 Rules of Construction

The following rules of construction shall determine interpretation and application of the provisions herein:

- A. The present tense includes the future tense;
- B. The masculine gender includes the feminine and the neuter;
- C. The singular number includes the plural, and vice versa;
- D. The word "shall" is always mandatory, and the word "may" is always permissive.
- E. A more specific provision shall govern over a more general provision; and

F. The body text of the ordinance shall govern over any title, subtitle or heading.

#### 3.1.4 Interpretation to Complement Other Provisions

This Ordinance is intended to complement provisions of the statutes, rules and standards cited or incorporated herein. The provisions of this Ordinance shall be construed in a manner consistent with them subject to the provisions of Section 3.2

### **3.2 Provisions Incorporated by Reference or Citation**

#### 3.2.1 Definition and Interpretation of Terms

The definitions of terms and rules of construction contained in the statutes and administrative rules cited herein are hereby incorporated by reference and shall govern the interpretation of any of their provisions cited or incorporated into this ordinance subject to the provisions of Subsections 3.2.2 and 3.2.3.

#### 3.2.2 Incorporated and Referenced Materials

All materials incorporated by reference or cited herein shall refer to the form of such materials as they exist on September 30, 1998. Subsequent changes or amendments thereto shall not apply until specifically incorporated by amendment to this Section.

#### 3.2.3 Conflict between Ordinance and Provisions Incorporated or Cited

Whenever any provisions of this ordinance, any other ordinance of Champaign county or any provisions incorporated herein by reference or citation conflict, the more restrictive provision, definition or interpretation shall govern, except where the authority of Champaign County is pre-empted by any statute of the State of Illinois, in which case the statutory provisions shall govern.

### **3.3 Terms Defined**

3.3.1 **ABANDONED WELL:** A WATER WELL or monitoring well which is no longer used to supply water, or which is in such a state of disrepair that the well or boring has the potential for transmitting contaminants into an aquifer or otherwise threatens the public health or safety.

3.3.2 **ADULTERATED:** The condition of any food described in the Illinois Food, Drug and Cosmetic Act (410 ILCS 620/1).

3.3.3 **APPROVED or APPROVAL:** Acceptable to the HEALTH OFFICER based on a determination of conformity with accepted public health principles, practices and recognized industry standards.

3.3.4 **BOARD OF HEALTH:** The Champaign County Board of Health.

3.3.5 CERTIFIED LABORATORY: A laboratory operated or given certification approval by the Illinois Department of Public Health for analyzing samples of water for potable use.

3.3.6 COMMUNITY WATER SYSTEM: A PUBLIC WATER SYSTEM which has at least 15 service connections used by residents, or regularly serves 25 or more residents daily for at least 60 days per year, and is regulated by the Illinois Environmental Protection Agency, as defined by 415 ILCS 55/9.

3.3.7 CONTINENTAL BREAKFAST: A meal limited to only coffee, tea and/or juice, and commercially prepared sweet baked goods.

3.3.8 COUNTY BOARD: The County Board of Champaign County, Illinois.

3.3.9 CRITICAL VIOLATION: A condition prohibited, action proscribed or failure to take an action mandated by a provision of this ordinance so as to create a likelihood of food contamination, illness or an environmental health hazard.

3.3.10 DOMESTIC SEWAGE: Waster water derived principally from dwellings, business or office buildings, institutions, food establishments and similar facilities.

3.3.11 FOOD SERVICE ESTABLISHMENT: Any place where food is prepared and intended for, though not limited to, individual portion service, and includes the site at which individual portions are provided. The term includes any such place regardless of whether there is a charge for the food. The term includes delicatessens that offer prepared food in individual service portions. The term does not include lodging facilities serving only a CONTINENTAL BREAKFAST, private homes where food is prepared or served for individual family consumption, RETAIL FOOD STORES, the location of food VENDING MACHINES, and supply vehicles. Food service establishment include temporary food service establishments and mobile food units as defined in the Food Service Sanitation Code (77 Ill.Adm.Code 750.5 et seq).

3.3.12 GREY WATER: WASTEWATER such as dishwater, laundry waste, and other WASTEWATER not containing fecal matter.

3.3.13 HEALTH DEPARTMENT: The Champaign County Health Department.

3.3.14 HEALTH OFFICER: The Executive Officer of the Champaign County Health Department or his/her authorized representatives.

3.3.15 HOMEOWNER: A person who holds legal title to a residential structure which is to be used or is used for his or her personal, single family residence.

3.3.16 HUMAN WASTES: Undigested food and by-products of metabolism which are passed out of the human body.

3.3.17 **IMMINENT HEALTH HAZARD:** A significant threat or danger to health that is considered to exist when there is evidence sufficient to show that a product, practice, circumstance, or event creates a situation that requires immediate correction or cessation to prevent injury based on the number of potential injuries and the nature, severity, and duration of any anticipated injury.

3.3.18 **LABEL:** A display or written, printed or graphic matter upon the immediate container of an article.

3.3.19 **LICENSED PEST CONTROL PERSONNEL:** A PERSON licensed by the State of Illinois to apply pesticides in a food service area.

3.3.20 **MISBRANDED:** The Condition of any food, LABEL, or food container or any representation made with respect to any food described in Section 11 of the Illinois Food, Drug and Cosmetic Act (410 ILCS 620/11).

3.3.21 **NON-COMMUNITY WATER SYSTEM:** A PUBLIC WATER SYSTEM which is not a COMMUNITY WATER SYSTEM, that has at least 15 service connections used by non-residents, or regularly serves 25 or more non-resident individuals daily for at least 60 days per year.

3.3.22 **OWNER:** The PERSON or PERSONS who lawfully possess or control any establishment, facility or equipment regulated by this Ordinance. The owner may also, but does not necessarily, hold title to the regulated establishment, facility or equipment or to the real estate upon which it is located.

3.3.23 **PERCOLATION TEST:** A sub-surface seepage test performed at the depth of a proposed PRIVATE SEWAGE DISPOSAL SYSTEM to determine the water absorption capability of the soil.

3.3.24 **PERMIT, CONSTRUCTION:** Written authorization issued by the HEALTH OFFICER to construct, install, repair or modify any facility, structure or equipment regulated by this Ordinance.

3.3.25 **PERMIT, OPERATING:** The document issued by the HEALTH OFFICER that authorizes a PERSON to operate a FOOD SERVICE ESTABLISHMENT or RETAIL FOOD STORE for a specified period.

3.3.26 **PERSON:** Any individual, partnership, co-partnership, firm, company, corporation, association, joint stock company, limited liability corporation, trust estate, municipality or any political subdivision or department hereof, or any other entity.

3.3.27 **PERSON IN CHARGE:** The individual present at a food establishment who is responsible for operation at any given time.

3.3.28 POPULATION EQUIVALENT: A unit measure of average daily flow equivalent to that amount of WASTEWATER produced by one person. One population equivalent equals the lesser of 100 gallons of WASTEWATER or that amount of WASTEWATER containing 0.17 pounds of biological oxygen demand.

3.3.29 POTABLE WATER: Water that is suitable for human consumption and which meets public health standards for drinking water.

3.3.30 PREMISES: A building or part of a building or other area specifically described in a CONSTRUCTION or OPERATING PERMIT issued under this Ordinance.

3.3.31 PRIVATE SEWAGE DISPOSAL SYSTEM: Any SEWAGE handling or treatment facility:

- A. Having a ground surface discharge and receiving DOMESTIC SEWAGE from less than 15 people or POPULATION EQUIVALENT, or
- B. Having no ground surface discharge and receiving any amount of DOMESTIC SEWAGE.

3.3.32 PRIVATE SEWAGE DISPOSAL SYSTEM INSTALLATION CONTRACTOR: Any PERSON constructing, installing, repairing, modifying, altering, or maintaining PRIVATE SEWAGE DISPOSAL SYSTEMS except HOMEOWNERS performing such work on systems which serve only the single family residence in which they reside.

3.3.33 PRIVATE SEWAGE DISPOSAL SYSTEM PUMPING CONTRACTOR: Shall mean any PERSON who cleans or pumps waste from a PRIVATE SEWAGE DISPOSAL SYSTEM or hauls or disposes of waste removed therefrom.

3.3.34 PUBLIC SEWAGE SYSTEM: any SEWAGE handling or treatment facility operating and maintained under permit from the Illinois Environmental Protection Agency.

3.3.35 PUBLIC WATER SYSTEM: A system for the provision to the public of piped water for human consumption that has at least 15 service connections or regularly serves an average of at least 25 individuals daily for at least 60 days per year. Public Water Systems include both COMMUNITY WATER SYSTEMS and NON-COMMUNITY WATER SYSTEMS.

3.3.36 RETAIL FOOD STORE: Any establishment or section of an establishment where food and food products are offered to the consumer and intended for, though not limited to, off-PREMISES consumption. The term includes delicatessens that offer prepared food in bulk quantities only. The term does not include establishments which handle only prepackaged spirits; roadside markets that offer only fresh fruits and vegetables for sale; FOOD SERVICE ESTABLISHMENTS; or food and beverage VENDING MACHINES.

3.3.37 SEMI-PRIVATE WATER SYSTEM: A water supply which is not a PUBLIC WATER SYSTEM, yet which serves a segment of the public other than an owner-occupied single family dwelling.

3.3.38 SEPTAGE: The solid and liquid wastes removed from PRIVATE SEWAGE DISPOSAL SYSTEMS.

3.3.39 SEWAGE: Human or animal wastes and other liquid waste from residences, business buildings, industrial establishments, or other places together with such ground water infiltration and surface waters as may be present.

3.3.40 SPECIAL FLOOD HAZARD AREA: Any area subject to inundation by a flood having a one percent probability of being equaled or exceeded in any given year based upon the elevation of the ground surface and an estimate of the highest elevation of such flood. Special flood hazard areas are generally but not necessarily coextensive with areas labeled as "Zone A" on applicable Flood Insurance Rate Maps for communities participating in the National Flood Insurance Program.

3.3.41 SUBDIVISION: Any immediate, prospective or contingent division of any interest in any real state, or any other development which would require that a plat be approved by a municipal government or the COUNTY BOARD pursuant to the Illinois Plat Act (765 ILCS 205 et seq) or any local ordinance.

3.3.42 VENDING MACHINE: Any self-service device which upon insertion of a coin, coins, or tokens or other similar means, dispenses unit servings of food either in bulk or in packages without the necessity of replenishing the device between each vending operation.

3.3.43 WASTEWATER: All DOMESTIC SEWAGE, including GREY WATER discharged to a PRIVATE SEWAGE DISPOSAL SYSTEM.

3.3.44 WATER WELL: Any excavation that is drilled, cored, bored, washed, driven, dug, jetted or otherwise constructed when the intended use of such excavation is for the location, diversion, artificial re-charge, or acquisition of ground water, except monitoring wells.

## **CHAPTER 4. INFECTIOUS DISEASES**

### **4.1 ACTS PROHIBITED**

4.1.1 No PERSON shall obstruct any investigation undertaken pursuant to the provisions of this Chapter.

4.1.2 No PERSON shall fail to provide the HEALTH OFFICER any report or information required by this Ordinance or required by any Statute or by any rule adopted by the Illinois Department of Public Health.

4.1.3 No member of the BOARD OF HEALTH, employee or contractor of the HEALTH DEPARTMENT, or any other employee, contractor or official of CHAMPAIGN COUNTY shall violate the confidentiality of any PERSON or release any confidential information in the possession of the HEALTH DEPARTMENT except in conformance with the provisions of Subparagraph 615.300(c)(16) of the Local Health Protection Grant Rules (77 Ill.Admin.Code 615).

## 4.2 STANDARDS AND REGULATIONS

The BOARD OF HEALTH shall undertake a comprehensive infectious disease prevention program in accordance with the standards contained in the following regulations which are hereby incorporated by reference together with any regulations or standards incorporated therein, subject to the provisions of Section 3.2:

- A. Control of Communicable Diseases Code (77 Ill.Admin.Code 690).
- B. Control of Sexually Transmissible Diseases Code (77 Ill.Admin.Code 693).
- C. Control of Tuberculosis Code (77 Ill.Admin.Code 696).
- D. HIV/AIDS Confidentiality and Testing Code (77 Ill.Admin.Code 697).

## 4.3 PROGRAMS

In addition to, or in conjunction with, any programs and activities required of it by the regulations cited in Section 4.2, the BOARD OF HEALTH shall conduct the following programs and activities.

### 4.3.1 Services

The BOARD OF HEALTH shall, within its jurisdiction:

- A. Provide counseling and partner notification services for cases involving HIV, sexually transmitted diseases and bloodborne diseases as required by Subparagraphs 615.300(c)(2) and (3) of the Local Health Protection Grant Rules (77 Ill.Admin.Code 615).
- B. Ensure provision of the therapy and preventive therapy required by Subparagraphs 615.300(c)(4) and (5) and in accord with Paragraph 615.300(e) of the Local Health Protection Grant Rules (77 Ill.Admin.Code 615).
- C. Conduct public health infectious disease clinics in accord with Subparagraph 615.300(c)(6) of the Local Health Protection Grant Rules (77 Ill.Admin.Code 615).
- D. Develop and maintain ongoing immunization clinics as required by Subparagraph 615.300(c)(9) of the Local Health Protection Grant Rules (77 Ill.Admin.Code 615).

E. Distribute and use biologics provided by the Illinois Department of Public Health in accordance with Subparagraph 615.300(c)(11) of the Local Health Protection Grant Rules (77 Ill.Admin.Code 615).

#### 4.3.2 Investigations

The BOARD OF HEALTH shall, within its jurisdiction:

A. Report to the Department of Public Health immediately (within 3 hours) any reports from primary reporters as identified in Section 690.200(a)(1) as to the following diseases: anthrax; botulism (foodborne); plague; Q-fever; smallpox; tularemia; any suspected bioterrorist threat or event (77 Ill.Admin.Code 690.100).

B. Report to the Department of Public Health as soon as possible during normal business hours, but within 24 hours, any reports from primary reporters as identified in Section 690.200(a)(1) as to the diseases listed in Section 690.100(b) of the Control of Communicable Diseases Code (77 Ill.Admin.Code 690).

C. Report to the Department of Public Health as possible during normal business hours, but within 7 days, any of the diseases listed in Section 690.100(c) of the Control of Communicable Diseases Code (77 Ill.Admin.Code 690).

D. Develop and implement a program to survey the immunization status of the population, and assist and support the completion of annual surveys of selected populations.

### 4.4 PROGRAM ADMINISTRATION

#### 4.4.1 Administration Generally

In addition to or in conjunction with any program administration requirements contained in the regulations cited in Section 4.2, the BOARD OF HEALTH and HEALTH OFFICER shall administer the programs provided pursuant to Section 4.3 in accordance with the requirements of the Local Health Protection Grant Rules (77 Ill.Admin.Code 615) and Chapter 8 of this Ordinance.

#### 4.4.2 Specific Requirements

The BOARD OF HEALTH shall:

A. Establish a goal every five years, in conjunction with the Illinois Department of Public Health, for a maximum incident per 10,000 people for each Class I or Class II disease listed in Section 690.100 of the Control of Communicable Diseases Code (77 Ill.Admin.Code 690).

- B. Account monthly for biologics provided by the Illinois Department of Public Health.
- C. Implement procedures to assure that the amount of State-supplied vaccine unaccounted for or wasted annually is less than three percent (3%).
- D. Ensure that qualified persons are available to conduct activities provided for in this Chapter in accordance with Subparagraph 615.300(c)(15) of the Local Health Protection Grant Rules (77 Ill.Admin.Code 615).
- E. Document activities conducted pursuant to this Chapter as required by Paragraph 615.300(f) of the Local Health Protection Grant Rules (77 Ill.Admin.Code 615).

## **CHAPTER 5. FOOD SANITATION**

### **5.1 ACTS PROHIBITED**

5.1.1 No PERSON shall store, process, prepare, sell or serve any food except in compliance with the terms of this Ordinance.

5.1.2 No PERSON shall operate a FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD STORE except in compliance with the terms of this Ordinance.

5.1.3 No PERSON shall manufacture, sell, deliver, hold or receive any ADULTERATED or MISBRANDED food or ADULTERATE or MISBRAND any food.

### **5.2 STANDARDS AND REGULATIONS**

#### **5.2.1 State Regulations Incorporated**

FOOD SERVICE ESTABLISHMENTS and RETAIL FOOD STORES shall be constructed, operated and maintained in accord with the following standards which are hereby incorporated by reference together with any regulations or standards therein incorporated subject to the provisions of Section 3.2:

A. The Illinois Food Service Sanitation Code (77 Ill.Admin.Code 750), as amended effective July 10, 2008. This Code specifically regulates requirements for dressing, processing and storage of wild game and meats/poultry; pasteurized soft serve mix and frozen desserts; general food protection; refrigerated food storage; hot food storage; commercially processed food preparation; plant food cooking; milk and cream dispensing; preventing health hazards; personal cleanliness of food employees; general employee practices; and management sanitation training and certification.

B. The Illinois Retail Food Store Sanitation Code (77 Ill.Admin.Code 760).

#### **5.2.2 Application of Pesticides**

Any pesticides applied in any FOOD SERVICE ESTABLISHMENT or RETAIL FOOD STORE shall be applied only by LICENSED PEST CONTROL PERSONNEL.

### **5.3 FACILITY AND OPERATING PLANS**

#### **5.3.1 When Required.**

The OWNER shall submit to the HEALTH OFFICER plans and specifications prepared in accord with the provisions of Subsection 5.3.2 for review and approval:

##### **A. Before:**

1. The construction of a FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD ESTABLISHMENT;
2. The conversion of an existing structure for use as FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD STORE;
3. The remodeling of a FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD ESTABLISHMENT or a change of type of FOOD SERVICE ESTABLISHMENT or RETAIL FOOD STORE; or
4. The transfer of ownership of an existing permitted establishment.

#### **5.3.2 Contents of the Plans and Specifications**

The plans and specifications for a FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD STORE shall include, based on the type of operation, type of food preparation, and foods prepared, the following information to demonstrate conformance with the provisions of this Ordinance:

- A. Intended menu;
- B. Proposed layout, mechanical schematics, construction materials, and finish schedules; and
- C. Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.

#### **5.3.3 Pre-operational Construction Inspection and Approval**

The HEALTH OFFICER shall conduct one or more pre-operational inspections to verify that the FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD STORE is constructed and equipped in accordance with the APPROVED plans and APPROVED modification of those plans and is in compliance with law and this Ordinance.

## 5.4 OPERATING PERMITS

### 5.4.1 Operating Permit Required

No PERSON shall operate a FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD STORE without a valid OPERATING PERMIT issued by the HEALTH OFFICER.

### 5.4.2 Submission of Application: Timing

The OWNER shall submit an application for an OPERATING PERMIT:

- A. At least 30 calendar days before:
1. The date planned for opening a FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD STORE;
  2. The expiration date of the current OPERATING PERMIT for an existing permitted establishment;
  3. The date of remodeling of an existing establishment;
  4. The date of changing the type of establishment;
  5. The date of transfer of ownership of an existing permitted establishment.

### 5.4.3 Submission of Application: Form

A PERSON desiring to operate a FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD STORE shall submit to the HEALTH OFFICER a written application for an OPERATING PERMIT on a form provided by or approved by the HEALTH OFFICER.

### 5.4.4 Submission of Application: Conditions

No application for an OPERATING PERMIT shall be accepted unless:

- A. The OPERATING PERMIT application is signed by the OWNER, one of the corporate officers, or the officially designated agent, of the FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD STORE. Such signature shall evidence:
1. If signed by the OWNER'S officially designated agent, a power of attorney or other legal document which authorizes the officially designated agent to act on behalf of the OWNER and to obligate the OWNER to all responsibilities imposed by this Ordinance;
  2. The agreement of the OWNER to comply with the requirements of this Ordinance; and

3. The agreement of the OWNER to allow access to the FOOD SERVICE ESTABLISHMENT or RETAIL FOOD STORE and to provide

- A. All required information as specified under Sections 5.6 and 9.1;
- B. All information required by Subsection 5.4.5 is submitted; and
- C. The applicable OPERATING PERMIT fee is submitted.

5.4.5 Submission of Application: Contents

The application shall include:

- A. The name, mailing address, telephone number, and signature of the person applying for the OPERATING PERMIT and the name, mailing address, and location of the FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD STORE, and indication of whether he or she is the OWNER or the OWNER'S agent;
- B. Information specifying whether the FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD STORE is owned by an association, corporation, individual, partnership, or other legal entity;
- C. A statement specifying whether the food establishment is mobile or stationary, and temporary or permanent.
- D. The name, title, address, and telephone number of the certified food service sanitation manager directly responsible for the FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD STORE as provided in Section 750.540 of the Food Service Sanitation Code (77 Ill.Admin.Code 750);
- E. The names, titles, and addresses and telephone numbers of:
  - 1. The OWNERS or officers of the corporation as specified under Paragraph B, and
  - 2. The registered agent if so required by the Business Corporation Act of 1983 (805 ILCS 5 et seq.), the Limited Liability Company Act (805 ILCS 180), or the Uniform Partnership Act (805 ILCS 305).
- F. The name, address and telephone number of the owner of the premises where the establishment is located if different from the OWNER;
- G. A statement signed by the application that:
  - 1. Attests to the accuracy of the information provided in the application, and

2. Affirms that the OWNER will:
  - a. Comply with this Ordinance, and
  - b. Allow the HEALTH OFFICER access to the establishment and to records as provided in Sections 5.6 and 9.1; and

H. The fee specified by the BOARD OF HEALTH.

#### 5.4.6 Classification of Food Service Establishment - Frequency of Inspection

A. Upon submission of a complete application, the HEALTH OFFICER shall classify the FOOD SERVICE ESTABLISHMENT as a Class I, Class II or Class III facility pursuant to Paragraph 615.310(b) of the Illinois Local Health Protection Grant Rules (77 Ill.Admin.Code 615). This classification shall apply to the FOOD SERVICE ESTABLISHMENT until the OPERATING PERMIT is renewed or the HEALTH OFFICER determines that changes in the operation warrant reclassification of the establishment.

B. Based upon the classification of the FOOD SERVICE ESTABLISHMENT, the HEALTH OFFICER shall specify in the OPERATING PERMIT the minimum inspection frequency for the facility in accord with the provisions of Subparagraph 615.310(b)(4) of the Illinois Local Health Protection Grant Rules (77 Ill.Admin.Code 615).

#### 5.4.7 Issuance of Operating Permit - New, Converted, or Remodel Establishments and Change of Ownership

A. The HEALTH OFFICER shall issue OPERATING PERMITS for FOOD SERVICE ESTABLISHMENTS or RETAIL FOOD STORES or issue an OPERATING PERMIT to new OWNERS of FOOD SERVICE ESTABLISHMENTS or RETAIL FOOD STORES that are required to submit plans under Subsection 5.3.1 when and only when:

1. A properly completed application is submitted;
2. The required fee is submitted;
3. The required plans, specifications, and information are reviewed and approved; and
4. A pre-operational inspection shows that the establishment is built or remodeled in accordance with the APPROVED plans and specifications, and that the establishment is in compliance with this Ordinance.

B. OPERATING PERMITS shall be issued only in the name of the OWNER.

#### 5.4.8 Operating Permit Renewal

The HEALTH OFFICER may renew an OPERATING PERMIT for an existing FOOD SERVICE ESTABLISHMENT or RETAIL FOOD STORE only after a properly completed application is submitted, reviewed, and approved, the fees are paid, and an inspection shows that the establishment is in compliance with this Ordinance.

#### 5.4.9 Term of Operating Permit

A. OPERATING PERMITS shall expire on the 30th day of each November except in the case of OPERATING PERMITS for TEMPORARY FOOD SERVICE ESTABLISHMENTS, in which case the OPERATING PERMIT shall be valid only for the period specified in it.

B. The provisions of Paragraph A notwithstanding OPERATING PERMITS shall expire upon the occurrence of any event specified in Subsection 5.4.2.

C. The OWNER shall apply for renewal of the OPERATING PERMIT no less than 30 days prior to the date of expiration or cease operation of the FOOD SERVICE ESTABLISHMENT or RETAIL FOOD STORE upon expiration of the OPERATING PERMIT.

#### 5.4.10 Conditions of Operating Permit Retention - Notice to Owner

A. At the time an OPERATING PERMIT is first issued, the HEALTH OFFICER shall provide to the OWNER a copy of this Ordinance as it is published, in pamphlet form, so that the OWNER is notified of the compliance requirements, and the conditions of retention, specified under Subsection 5.4.11, that are applicable to the OPERATING PERMIT.

B. Issuance of the OPERATING PERMIT alone shall be deemed notice to the OWNER of the requirements for retaining the OPERATING PERMIT, the provisions of Paragraph A notwithstanding. The failure of HEALTH OFFICER to provide the information specified in Paragraph A of this section does not prevent the HEALTH OFFICER from taking authorized action or seeking remedies if the OWNER fails to comply with this Ordinance or an order, warning, or directive of the HEALTH OFFICER.

#### 5.4.11 Conditions of Operating Permit Retention - Responsibilities of the Owner

Upon acceptance of the OPERATING PERMIT issued by the HEALTH OFFICER, the OWNER, in order to retain the OPERATING PERMIT, shall:

A. Post the OPERATING PERMIT in a location in the food establishment that is conspicuous to consumers;

- B. Immediately discontinue operations and notify the HEALTH OFFICER if an APPROVED (Word missing here) may exist as specified under Subsection 5.8.1;
- C. Allow representatives of the HEALTH OFFICER access to the food establishment as specified under Section 5.6;
- D. Replace existing facilities and equipment with facilities and equipment that comply with this Ordinance if:
  - 1. The HEALTH OFFICER directs the replacement because the facilities and equipment constitute a public health hazard or nuisance, or no longer comply with the criteria upon which the facilities and equipment were APPROVED;
  - 2. The HEALTH OFFICER directs the replacement of the facilities and equipment because of a change of ownership; or
  - 3. The facilities and equipment are placed in the normal course of operation.
- E. Comply with the directives of the HEALTH OFFICER, including time frames for corrective actions specified in inspection reports, notices, orders, warnings, and other directives issued by the HEALTH OFFICER in regard to the OWNER'S food establishment or in response to community emergencies;
- F. Accept notices issued and served by the HEALTH OFFICER according to law;
- G. Be subject to the administrative, civil, injunctive, and criminal remedies authorized by law for failure to comply with this Ordinance or a directive of the HEALTH OFFICER, including time frames for corrective actions specified in inspection reports, notices, orders, warnings, and other directives; and
- H. Apply for renewal or change of the OPERATING PERMIT in timely manner as specified in Subparagraph A2 of Subsection 5.4.2.

#### 5.4.12 Operating Permits Not Transferable

An OPERATING PERMIT may not be transferred from one PERSON to another PERSON, from one FOOD SERVICE ESTABLISHMENT or RETAIL FOOD STORE to another, or from one type of operation to another, if the food operation changes from the type of operation specified in the application under Subsection 5.4.5 and the change in operation is not APPROVED.

#### 5.4.13 Denial of Application for an Operating Permit

If an application for an OPERATING PERMIT is denied, the HEALTH OFFICER shall provide the applicant with a notice that includes:

- A. The specific reasons for the denial, including citations to this Ordinance and, if applicable, to specific standards incorporated herein;
- B. The actions, if any, that the OWNER must take to qualify for an OPERATING PERMIT; and
- C. Advisement of the OWNER's right of appeal and the process and time frames for appeal that are provided in Section 10.1.

## **5.5 Inspections and Corrections of Violations**

### **5.5.1 Minimum Inspection Interval**

- A. Except as specified in Paragraph B of this Section, the HEALTH OFFICER shall inspect a food establishment at least as often as specified by Subparagraph 615.31(b)(4) of the Illinois Local Health Protection Grant Rules (77 Ill.Admin.Code 615) based upon the minimum inspection frequency established pursuant to Paragraph B of Section 5.4.6.
- B. The HEALTH OFFICER shall periodically inspect throughout its OPERATING PERMIT period a TEMPORARY FOOD ESTABLISHMENT that prepares, sells, or serves unpackaged potentially hazardous food.

## **5.6 Access**

### **5.6.1 Access Required**

The PERSON IN CHARGE of any FOOD SERVICE ESTABLISHMENT or RETAIL FOOD STORE shall permit the HEALTH OFFICER access to the PREMISES for purposes of conducting inspections and access to any records necessary for establishing compliance with this Ordinance as provided in Section 9.1.

### **5.6.2 Refusal, Notification of Right to Access, and Final Request for Access**

If the PERSON IN CHARGE denies access to the HEALTH OFFICER, the HEALTH OFFICER shall:

- A. Inform the PERSON IN CHARGE that:
  - 1. The OWNER is required to allow access to the HEALTH OFFICER as specified under Subsection 5.6.1 of this Ordinance;
  - 2. Access is a condition of the acceptance and retention of a food establishment OPERATING PERMIT as specified under Paragraph 5.4.11C, and;
  - 3. If access is denied, an order issued by the Circuit Court may be obtained; and

- B. Make a final request for access.

#### 5.6.3 Refusal, Reporting

The HEALTH OFFICER shall provide details of the denial of access on an inspection report form if the PERSON IN CHARGE continues to refuse access, after the HEALTH OFFICER presents credentials and provides notice as specified under Section 9.1 and takes the actions provided for in Subsection 5.6.2.

### 5.7 Report of Findings

#### 5.7.1 Documenting Information and Observations

The HEALTH OFFICER shall document on an inspection report form:

- A. Administrative Information about the food establishment's legal identity, street and mailing addresses, type of establishment and operation as specified under Subsection 5.4.5, inspection date, and other information such as type of water supply and SEWAGE disposal, status of the OPERATING PERMIT, and personnel certificates that may be required; and
- B. Specific factual observations of conditions that violate or deviate from any provisions of this Ordinance that require correction by the OWNER include:
  - 1. Nonconformance with critical items of this Ordinance;
  - 2. Failure of the appropriate food employees to demonstrate their knowledge of, and ability to perform in accordance with, the procedural, monitoring, verification, and corrective action practices required by the HEALTH OFFICER;
  - 3. Failure of the PERSON IN CHARGE to provide records required by the HEALTH OFFICER for determining conformance with this Ordinance.

#### 5.7.2 Specifying Time Frame for Corrections

The HEALTH OFFICER shall specify on the inspection report form the time frame for correction of the violations as specified under Subsections 5.8.1, and Sections 5.9 and 5.10.

#### 5.7.3 Issuing Report and Obtaining Acknowledgement of Receipt

At the conclusion of the inspection the HEALTH OFFICER shall provide a copy of the completed inspection report and the notice to correct violations to the OWNER or to the PERSON IN CHARGE, and request a signed acknowledgement of receipt.

#### 5.7.4 Refusal to Sign Acknowledgement

The HEALTH OFFICER shall:

- A. Inform the OWNER or PERSON IN CHARGE who declines to sign an acknowledgement of receipt of inspection findings as specified in Subsection 5.7.3 that:
  - 1. An acknowledgement of receipt is not an agreement with findings,
  - 2. Refusal to sign an acknowledgement of receipt will not affect the OWNER's obligation to correct the violations noted in the inspection report with the time frames specified, and
  - 3. A refusal to sign an acknowledgement of receipt is noted in the inspection report and conveyed to the HEALTH DEPARTMENT'S historical record for the food establishment; and
- B. Make a final request that the OWNER or PERSON IN CHARGE sign an acknowledgement of receipt of inspection findings.

**5.8 IMMINENT HEALTH HAZARD**

**5.8.1 Ceasing Operations and Reporting**

The OWNER or PERSON IN CHARGE shall immediately discontinue operations and notify the HEALTH OFFICER if a CRITICAL VIOLATION may exist because of an emergency such as a fire, flood, extended interruption of electrical or water service, SEWAGE backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross insanitary occurrence or condition, violations of 77 Ill.Adm.Code 750 as amended July 10, 2008, or other circumstance that may endanger public health.

**5.8.2 Resumption of Operations**

If operations are discontinued as specified under Subsection 5.8.1 or otherwise according to law, the OWNER shall obtain approval from the HEALTH OFFICER before resuming operations.

**5.9 CORRECTION OF VIOLATIONS**

**5.9.1 Critical Violations**

A. Except as specified in Paragraph B of this Subsection, the OWNER shall at the time of inspection correct a CRITICAL VIOLATION of this Ordinance. After observing at the time of inspection a correction of a CRITICAL VIOLATION or deviation, the HEALTH OFFICER shall enter the violation and information about the corrective action on the inspection report.

B. Considering the nature of the potential hazard involved and the complexity of the corrective action needed, the HEALTH OFFICER may agree to or specify a longer time frame to correct the CRITICAL VIOLATION, not to exceed 10 calendar days after the inspection. After receiving notification that the OWNER has corrected a CRITICAL VIOLATION, or at the end of the specified period of time, the HEALTH OFFICER shall verify correction of the violation, document the information on an inspection report, and enter the report in the HEALTH DEPARTMENT'S records.

#### 5.9.2 Non-critical Violations

The OWNER shall correct noncritical violations by a date and time agreed to or specified by the HEALTH OFFICER.

### **5.10 PREVENTION OF FOODBORNE DISEASE TRANSMISSION BY EMPLOYEES**

#### 5.10.1 Obtaining Personal Information

A. The HEALTH OFFICER shall act when she or he has reasonable cause to believe that a food employee:

1. Has possibly transmitted disease;
2. May be infected with a disease in a communicable form that is transmissible through food;
3. May be a carrier of infectious agents that cause a disease that is transmissible through food;
4. Is affected with a boil, an infected wound, or acute respiratory infection.
5. Has violated any provision of 77 Ill.Adm.Code 750 of the food Sanitation Code as amended July 10, 2008.

B. Such action may include:

1. Securing a confidential medical history of the employee suspected of transmitting disease or making other investigations as deemed appropriate; and
2. Reporting appropriate medical examinations, including collection of specimens for laboratory analysis, of a suspected employee and other employees.

#### 5.10.2 Restriction or Exclusion of Food Employee

Based on the findings of an investigation related to an employee who is suspected of being infected or diseased, the HEALTH OFFICER may issue an order to the suspected employee or OWNER instituting one or more of the following control measures:

- A. Restricting the employee's services to specific areas and tasks in a food establishment that present no risk of transmitting the disease;
- B. Excluding the employee from a food establishment; or
- C. Closing the food establishment by summarily suspending an OPERATING PERMIT in accordance with law.

#### 5.10.3 Restriction or Exclusion Order

Based on the findings of the investigation as specified in Subsection 5.10.1 and to control disease transmission, the HEALTH OFFICER may issue an order of restriction or exclusion to a suspected employee or the OWNER without prior warning, notice of a hearing, or a hearing if the order:

- A. States the reasons for the restriction or exclusion that is ordered;
- B. States the evidence that the employee or OWNER shall provide in order to demonstrate that the reasons for the restriction or exclusion are eliminated;
- C. States that the suspected employee or the OWNER may request an appeal hearing by submitting a timely request as provided in Section 10.1; and
- D. Provides the name and address of the HEALTH DEPARTMENT representative to whom a request for an appeal hearing may be made.

#### 5.10.4 Release of Employee from Restriction or Exclusion

The HEALTH OFFICER shall release an employee from restriction or exclusion according to law upon determining that the employee no longer presents a risk of transmitting a foodborne disease and shall document the basis of making such a determination.

### **5.11 EMBARGO AND DETENTION OF ADULTERATED OR MISBRANDED FOOD**

#### 5.11.1 Examination of Food Items

Any item of food, food container, LABEL, or food contact equipment may be examined or sample by the HEALTH OFFICER at reasonable times as often as may be necessary to determine that the food is not ADULTERATED or MISBRANDED or that the equipment does not create a health hazard.

### 5.11.2 Hold Order

The HEALTH OFFICER may, upon written notice to the OWNER or PERSON IN CHARGE, place a hold order on any food item or food contact equipment which he or she has probable cause to believe to be unwholesome, ADULTERATED, MISBRANDED, or to otherwise create a health hazard or violate a provision of this Ordinance.

### 5.11.3 Hold Order - Tagging and Marking

If the HEALTH OFFICER shall issue a hold order, he or she shall affix to the subject food article or food contact equipment a tag or other appropriate marking giving notice that the food article or food contact equipment is or is suspected of being ADULTERATED or MISBRANDED or otherwise in violation of this Ordinance and has been detained or embargoed. The tag or marking shall also warn all PERSONS not to use, remove or dispose of such food article or food contact equipment by sale until permission for removal or disposal is given by the HEALTH OFFICER or by court having jurisdiction.

### 5.11.4 Effect of Hold Order

Any food item or food contact equipment subject to a hold order shall be suitably stored. It shall be unlawful for any PERSON to remove, or alter a tag or marking placed on any food or food contact equipment, as provided in Subsection 5.11.3. Neither such food nor the container thereof shall be relabeled, repacked, reprocessed, altered, disposed of, or destroyed without the permission of the HEALTH OFFICER, except on by order of a court of competent jurisdiction.

### 5.11.5 Condemnation of Embargoed or Detained Food or Equipment

Upon embargo or detention of any food or equipment, the HEALTH OFFICER shall determine whether the food is in fact ADULTERATED or MISBRANDED, and shall:

A. Upon determining that such food is ADULTERATED or MISBRANDED petition the Circuit Court for a libel (NOTE: Definition of libel in this context is: To proceed against by filing a libel, particularly against a ship or goods) for condemnation and take such other action as is provided in Section 6 of the Illinois Food, Drug and Cosmetic Act (410 ILCS 620/6); or

B. Upon determining that such food is not ADULTERATED or MISBRANDED shall vacate the hold order and remove the tag or marking attached under Subsection 5.11.3.

## **CHAPTER 6. PRIVATE SEWAGE DISPOSAL SYSTEMS**

### **6.1 ACTS PROHIBITED**

6.1.1 No PERSON shall discharge DOMESTIC SEWAGE or WASTEWATER to the environment except by means of a PUBLIC SEWER SYSTEM or by a PRIVATE SEWAGE

DISPOSAL SYSTEM permitted, constructed, operated and maintained in accordance with the requirements of this Ordinance.

6.1.2 No PERSON shall construct, install, repair or modify a PRIVATE SEWAGE DISPOSAL SYSTEM except in compliance with the terms of this Ordinance.

6.1.3 No PERSON shall offer for sale, deliver or install a PRIVATE SEWAGE DISPOSAL SYSTEM that does not conform to all applicable requirements of this Ordinance.

6.1.4 No PERSON shall operate, maintain or fail to maintain a permitted PRIVATE SEWAGE DISPOSAL SYSTEM in a manner that contravenes any provision of this Ordinance.

6.1.5 No PERSON shall service or clean a PRIVATE SEWAGE DISPOSAL SYSTEM or collect, transport or dispose of SEPTAGE except in compliance with the terms of this Ordinance.

6.1.6 No PERSON shall construct, occupy, use or make available to another for occupancy or use by any means a premise for the purpose of human occupancy served by a PRIVATE SEWAGE DISPOSAL SYSTEM except in compliance with the terms of this Ordinance.

## **6.2 STANDARDS AND REGULATIONS**

### **6.2.1 Illinois Private Sewage Disposal Code Incorporated**

The discharge of DOMESTIC SEWAGE and WASTEWATER, the sale, construction, installation, repair, maintenance, modification, cleaning and servicing of PRIVATE SEWAGE DISPOSAL SYSTEMS and the collection, transportation and disposal of SEPTAGE shall be governed by the Illinois Private Sewage Disposal Code (77 Ill.Admin.Code 905) which is hereby incorporated by reference, together with any regulations or standards therein incorporated, subject to the provisions of Section 3.2.

### **6.2.2 Installation by Licensed Private Sewage Disposal System Installation Contractor**

No PERSON shall construct, install, repair or modify a PRIVATE SEWAGE DISPOSAL SYSTEM unless they possess a valid license as a PRIVATE SEWAGE DISPOSAL SYSTEM INSTALLATION CONTRACTOR, except that a HOMEOWNER may do so for a system that serves only the single family dwelling in which he or she resides.

### **6.2.3 Sewage Disposal Required**

All premises intended for human occupancy shall provide for the sanitary disposal of HUMAN WASTES and DOMESTIC SEWAGE by discharging into a PUBLIC SEWER SYSTEM or PRIVATE SEWAGE DISPOSAL SYSTEM constructed, installed, repaired, maintained and serviced in compliance with this Ordinance.

#### 6.2.4 Limited Use Systems

Privies, chemical toilets, and recirculating toilets shall not provide the required means of SEWAGE disposal for any premises except that they may be permitted for premises occupied on a temporary basis only under the following conditions:

- A. Construction sites during the time that the local permit authorizing construction is in effect; and
- B. Premises used for temporary public gatherings or other events during the time that any local permit or license authorizing such event is in effect.

#### 6.2.5 Location: Public Sewer System Availability

- A. No CONSTRUCTION PERMIT shall be issued for construction of a PRIVATE SEWAGE DISPOSAL SYSTEM where a PUBLIC SEWER SYSTEM is available, unless a physical barrier or local ordinance exists which prevents connection to the PUBLIC SEWER SYSTEM. Local Ordinances which establish conditions for, but do not prohibit, new connections shall be deemed not to prevent connection.
- B. A PUBLIC SEWER SYSTEM shall be deemed available when:
  - 1. A public sewer line is in place within any street, alley, right of way, or easement that adjoins or abuts the PREMISE for which the CONSTRUCTION PERMIT is requested; or
  - 2. The improvement to be served is located within a reasonable distance of a PUBLIC SEWER SYSTEM to which a connection is practical which, for the Purpose of this provision, shall be deemed to be not greater than:
    - a. 200 feet for a single family residence or a non-residential property with a SEWAGE flow less than 1,500 gallons per day; or
    - b. 1,000 feet for a non-residential property with a SEWAGE flow greater than or equal to 1,500 gallons per day.
- C. For the purposes of Paragraph B of this subsection, distances shall be measured by the shortest air line distance from the property line of the subject PREMISES to the nearest point at which a connection to a PUBLIC SEWER SYSTEM is practical.

#### 6.2.6 Location: Special Flood Hazard Area

No PRIVATE SEWAGE DISPOSAL SYSTEM shall be located in a SPECIAL FLOOD HAZARD AREA unless:

- A. The requirements of Subparagraph 905.20(j)(1) of the Private Sewage Disposal Code are met (77 Ill.Admin.Code 905.20); and
- B. Any mechanical or electrical components of the system that are subject to damage by inundation are located no less than one foot above the estimated elevation of the one percent annual probability flood line.

#### 6.2.7 Design and Construction

- A. No PRIVATE SEWAGE DISPOSAL SYSTEM shall discharge into any ditch or drainage structure installed for street or highway drainage purposes without the approval of the authority having jurisdiction over such street or highway.
- B. No PRIVATE SEWAGE DISPOSAL SYSTEM shall discharge directly to any farm drainage tile except that systems permitted to have a surface discharge may utilize a farm tile that serves only the OWNER'S property and discharges to the surface on the PREMISES on which such system is located.
- C. No PRIVATE SEWAGE DISPOSAL SYSTEM shall discharge directly or indirectly to any farm field in such a way as to impair agricultural practices or create a nuisance.

#### 6.2.8 Occupancy of Premises served by a Permitted System

No PREMISES served by a PRIVATE SEWAGE DISPOSAL SYSTEM for which a CONSTRUCTION PERMIT has been issued by the HEALTH DEPARTMENT shall be occupied or used until a Certificate of Approval has been issued for the PREMISES by the HEALTH OFFICER, except for CONSTRUCTION PERMITS issued to repair or replace systems serving PREMISES which are lawfully occupied on the date of application for the CONSTRUCTION PERMIT.

### 6.3 CONSTRUCTION PERMITS

#### 6.3.1 When Required

- A. Except as provided in Paragraph B, a CONSTRUCTION PERMIT shall be obtained from the HEALTH DEPARTMENT prior to commencing any work related to constructing, repairing, altering, extending or replacing any part of a PRIVATE SEWAGE DISPOSAL SYSTEM, except for:
  1. Surveying or staking the location of the proposed site, or
  2. Conducting soil investigations or PERCOLATION TESTS; and
- B. Provided that all work is done in a manner complying with the requirements of this ordinance, CONSTRUCTION PERMITS shall not be required for:

1. Routine cleaning of disposal system components,
2. Replacing septic tank covers, or
3. Rodding out inlets and outlets.

#### 6.3.2 Responsibility of Owner and Contractor

A. It shall be the responsibility of the OWNER to obtain a CONSTRUCTION PERMIT before any construction, installation or alteration of a PRIVATE SEWAGE DISPOSAL SYSTEM is initiated. Failure of the OWNER to obtain a CONSTRUCTION PERMIT before construction or installation of a PRIVATE SEWAGE DISPOSAL SYSTEM is initiated shall constitute a violation of this Ordinance.

B. It shall be the responsibility of the Illinois Licensed PRIVATE SEWAGE DISPOSAL SYSTEM INSTALLATION CONTRACTOR to insure that a CONSTRUCTION PERMIT has been issued for said construction, installation or alteration prior to commencing any work, except as provided in Subsection 6.3.1, and to follow all conditions of the CONSTRUCTION PERMIT.

### 6.4 CONSTRUCTION PERMIT APPLICATIONS

#### 6.4.1 Timing

CONSTRUCTION PERMIT applications shall be submitted prior to commencing any work, except as provided in Subsection 6.3.1.

#### 6.4.2 Form

CONSTRUCTION PERMIT applications shall be made in writing on forms provided or approved by the HEALTH OFFICER and shall be filed at such location or locations as the HEALTH OFFICER may designate.

#### 6.4.3 Conditions

No application for a CONSTRUCTION PERMIT shall be accepted unless:

A. The CONSTRUCTION PERMIT application contains the signature of the OWNER, or an officer of the legal ownership entity, or the signature of the designated agent of the OWNER. Such signature shall evidence:

1. If signed as the OWNER's agent, a representation by the applicant that he or she is authorized to act on behalf of the OWNER and that the agent has the authority to obligate the OWNER to all responsibilities imposed by this Ordinance;

2. The agreement of the OWNER to comply with the terms of this Ordinance; and

3. The agreement of the OWNER to allow access to the PREMISES by the HEALTH DEPARTMENT and to provide required information as provided in Sections 6.6 and 9.1.

B. All information required by Subsection 6.4.4 is submitted; and

C. The applicable fee is submitted.

#### **6.4.4 Contents**

CONSTRUCTION PERMIT applications shall, at a minimum, including the following:

A. Name, address and telephone number of the applicant;

B. Name, address and telephone number of the OWNER if different than the applicant;

C. Name, address and telephone number of the OWNER of the property on which the PRIVATE SEWAGE DISPOSAL SYSTEM will be located if different than the OWNER;

D. Name, address and telephone number and State of Illinois license number of the PRIVATE SEWAGE DISPOSAL SYSTEM INSTALLATION CONTRACTOR if any;

E. Name, address and telephone number of any professional engineer, sanitarian, soil scientist or other PERSON responsible for the design of the system or for the collection or analysis of any information used in designing the system;

F. An accurate description of the location of the property on which the construction, alteration, or extension is proposed;

G. The maximum waste loading capacity and an explanation of the basis on which the said capacity estimated;

H. All results of all soil investigations or PERCOLATION TESTS conducted on the property;

I. Complete plans drawn to scale of the proposed disposal facility in accord with requirements of Subparagraph 905.190(b)(1) of the Private Sewage Disposal Code (77 Ill.Admin.Code 905);

J. All additional information required by Paragraph 905.190(b) of the Private Sewage Disposal Code (77 Ill.Admin.Code 905);

K. The fee specified by the BOARD OF HEALTH.

#### 6.4.5 Soil Investigations and Percolation Tests

A. All soil investigations and PERCOLATION TESTS shall be conducted in accordance with Section 905.55 of the Private Sewage Disposal Code (77 Ill.Admin.Code 905).

B. The HEALTH OFFICER shall determine the validity of any soil investigation or PERCOLATION TEST. The HEALTH OFFICER may deny issuance of a CONSTRUCTION PERMIT if the results of any part of a soil investigation or PERCOLATION TEST included in the CONSTRUCTION PERMIT application are determined to be invalid.

C. The HEALTH OFFICER shall determine which results shall prevail when any parts of the results of any soil investigations or PERCOLATION TESTS are in conflict.

### 6.5 ISSUANCE OF CONSTRUCTION PERMIT

#### 6.5.1 Qualified Construction Permit Holders

CONSTRUCTION PERMITS shall be issued in the name of the OWNER only to:

A. A PERSON possessing a valid Illinois license as a PRIVATE SEWAGE DISPOSAL SYSTEM INSTALLATION CONTRACTOR; or

B. A HOMEOWNER or his or her agent for work on a system located on and serving only the premises on which the HOMEOWNER resides.

#### 6.5.2 Inspection Prior to Construction Permit Issuance

The HEALTH OFFICER may investigate conditions on the proposed site prior to issuance of a CONSTRUCTION PERMIT.

#### 6.5.3 Determination of Location with Respect to Special Flood Hazard Areas

A. If in the judgment of the HEALTH OFFICER the site of a proposed PRIVATE SEWAGE DISPOSAL SYSTEM is or may be located in a SPECIAL FLOOD HAZARD AREA, the CONSTRUCTION PERMIT shall not be issued until a determination is made that the site is not located in a SPECIAL FLOOD HAZARD AREA or that the proposed PRIVATE SEWAGE DISPOSAL SYSTEM meets the requirements of Subsection 6.2.6.

B. If required by the HEALTH OFFICER, the OWNER, at his or her expense, shall obtain a determination as to whether the proposed PRIVATE SEWAGE DISPOSAL SYSTEM is located in a SPECIAL FLOOD HAZARD AREA from the local official

responsible for administering the local flood plain regulations, the Illinois State Water Survey, or an Illinois licensed professional engineer.

C. If the location of a proposed PRIVATE SEWAGE DISPOSAL SYSTEM is determined to be in a SPECIAL FLOOD HAZARD AREA, the HEALTH OFFICER may require that additional information be provided to determine that the proposed installation complies with the requirements of Subsection 6.2.6 including, but not limited to, the following:

1. An assessment by a soil scientist regarding the effect of periodic inundation;
2. An estimate of the elevation of the 100 year recurrence interval flood from the local official responsible for administering the local flood plain regulations, the Illinois State Water Survey, or an Illinois licensed professional engineer; and
3. A determination by an Illinois licensed surveyor of the elevation of the location of the proposed PRIVATE SEWAGE DISPOSAL SYSTEM.

#### 6.5.4 Decision on Construction Permit Application

Within fifteen days of the receipt of all required information, the HEALTH OFFICER shall issue or deny the CONSTRUCTION PERMIT. In the event the CONSTRUCTION PERMIT is denied, the HEALTH OFFICER shall provide the reasons for such denial in writing to the applicant.

#### 6.5.5 Limits of Authority Granted by Construction Permit

A. A CONSTRUCTION PERMIT, when issued, shall authorize only the specific work described in the CONSTRUCTION PERMIT application. The CONSTRUCTION PERMIT shall not:

1. Authorize any other work;
2. Authorize work at any other location;
3. Authorize construction to be performed by any PERSON other than as identified in the application;
4. Authorize construction to be performed in any manner other than as described in the CONSTRUCTION PERMIT application; or
5. Authorize use of the permitted PRIVATE SEWAGE DISPOSAL SYSTEM to serve any facility or any use other than as specified in the CONSTRUCTION PERMIT application.

- B. The OWNER shall amend the CONSTRUCTION PERMIT application and obtain the approval of the HEALTH OFFICER prior to deviating from any aspect of the application on which the CONSTRUCTION PERMIT was issued.

#### 6.5.5 Term

CONSTRUCTION PERMITS shall be valid for a period of twelve months from the date of issuance. The CONSTRUCTION PERMIT shall expire and have no further force or effect:

- A. If the work described on the CONSTRUCTION PERMIT has not been commenced within twelve months. In such case, the CONSTRUCTION PERMIT shall be cancelled by the HEALTH OFFICER unless extended as provided in Subsection 6.5.6. Written notice of cancellation shall be given to the OWNER together with notice that further work as described on the cancelled CONSTRUCTION PERMIT shall not proceed until a new CONSTRUCTION PERMIT is issued; or
- B. Upon issuance of a Certificate of Approval as provided in Section 6.7.

#### 6.5.6 Extension

CONSTRUCTION PERMITS may be extended for such additional period as is set forth in the application for the CONSTRUCTION PERMIT or in an application for an extension of the CONSTRUCTION PERMIT as the time necessary to complete the construction. Such extension may be granted only upon a determination by the HEALTH OFFICER that the need for additional time is occasioned by the scope of the proposed construction, unique features of the site or design, work stoppages not under the control of the CONSTRUCTION PERMIT holder, or other practical necessity, and not for lack of due diligence by the CONSTRUCTION PERMIT holder. Such extension shall be granted for the minimum amount of time needed to complete the project, but in no case shall such extension be granted for a period exceeding one hundred and eighty days.

#### 6.5.7 Revocation or Suspension

If it is determined by the HEALTH OFFICER that work is proceeding in a manner other than described in the CONSTRUCTION PERMIT application or that any material fact in the CONSTRUCTION PERMIT application was misrepresented or inaccurately stated, the HEALTH OFFICER may, in writing, revoke the CONSTRUCTION PERMIT or suspend the CONSTRUCTION PERMIT for a specified time.

### 6.6 INSPECTIONS

#### 6.6.1 Right of Access

The OWNER shall permit the HEALTH OFFICER access to the PREMISES for purposes of conducting inspections as provided in Section 9.1.

### 6.6.2 Inspection Prior to Completion

No work on any PRIVATE SEWAGE DISPOSAL SYSTEM shall be deemed complete nor the conditions of any CONSTRUCTION PERMIT met until the installation of the system and its components have been inspected by the HEALTH OFFICER and determined to be in compliance with applicable provisions of this Ordinance.

### 6.6.3 Notice Prior to Commencing Work

OWNERS or PRIVATE SEWAGE DISPOSAL SYSTEM INSTALLATION CONTRACTORS shall provide notice to the HEALTH DEPARTMENT no less than forty-eight hours prior to commencing any work described in the CONSTRUCTION PERMIT.

### 6.6.4 Exposing Work

A. If work shall have proceeded without a required inspection in such a way as to make it impractical to perform a necessary inspection, the HEALTH OFFICER may order the OWNER, in writing, that backfill material be removed or that the work be otherwise uncovered, so as to permit the necessary inspection within fifteen days.

B. If, at the end of such fifteen days, the OWNER shall not have uncovered the PRIVATE SEWAGE DISPOSAL SYSTEM as ordered by the HEALTH OFFICER, the CONSTRUCTION PERMIT may be suspended or revoked as provided in Section 6.5.7, and the HEALTH DEPARTMENT may enter upon the property and may, at the OWNER's expense, uncover the system and complete the necessary inspection.

C. In the event that the HEALTH DEPARTMENT must uncover the work to complete a required inspection, the CONSTRUCTION PERMIT shall not be reinstated or a Certificate of Approval issued, until the OWNER has reimbursed the HEALTH DEPARTMENT for all costs incurred in uncovering the work.

## 6.7 CERTIFICATE OF APPROVAL

### 6.7.1 Completion of Work and Compliance with Regulations

When the HEALTH OFFICER has determined that all work described in the CONSTRUCTION PERMIT is complete and has been conducted in compliance with the provisions of this ordinance and of the CONSTRUCTION PERMIT, the HEALTH OFFICER shall issue a Certificate of Approval.

### 6.7.2 Issuance of Certificate of Approval

The HEALTH OFFICER shall retain the original Certificate of Approval and shall provide one copy to the OWNER, duly signed.

### 6.7.3 Construction Permit Invalidated

The issuance of a Certificate of Approval shall invalidate the CONSTRUCTION PERMIT issued for work conducted on the PREMISES involved.

## **6.8 TRANSPORTATION AND DISPOSAL OF SEPTAGE**

### **6.8.1 Transportation and Disposal by Licensed Contractor Required**

A. No PERSON shall collect, store, transport or dispose of SEPTAGE unless they possess a valid license as a PRIVATE SEWAGE DISPOSAL SYSTEM PUMPING CONTRACTOR issued by the Illinois Department of Public Health.

B. No PERSON shall employ or otherwise permit any PERSON who does not possess a valid license as a PRIVATE SEWAGE DISPOSAL SYSTEM PUMPING CONTRACTOR to collect, store, transport or dispose of any SEPTAGE from any PRIVATE SEWAGE DISPOSAL SYSTEM which they own, possess or control.

### **6.8.2 Compliance with Private Sewage Disposal Code**

No PERSON shall dispose of SEPTAGE except in compliance with all applicable provisions of Section 905.170 of the Illinois Private Sewage Disposal Code (77 Ill. Admin. Code, Part 905).

### **6.8.3 Disposal in Special Flood Hazard Areas Prohibited**

No PERSON shall dispose of SEPTAGE in any SPECIAL FLOOD HAZARD AREA.

### **6.8.4 Notice of Disposal Site**

A. No PERSON shall dispose of any SEPTAGE unless they have first notified the HEALTH DEPARTMENT in writing of the location and manner of the proposed disposal.

B. A separate notice shall be made annually for each site utilized on forms supplied or approved by the HEALTH OFFICER. At a minimum, such notice shall contain the following information:

1. an accurate description of the site including the administrative township, township, range, section and quarter section and the address if any;
2. the name, address and telephone number of the owner of the property;
3. the purpose for which the property is otherwise used;
4. an estimate of the annual total gallons of SEPTAGE disposed of at the site; and

5. a description of the methods of disposal at each site.

#### 6.8.5 Truck and Equipment Washing: Disposal of Rinsings

No PERSON shall dispose of any water used to rinse or clean any surfaces that normally come in contact with SEPTAGE of any vehicle or equipment used to collect, store, transport or dispose of SEPTAGE in a manner or at a location other than as permitted for the disposal of SEPTAGE.

## CHAPTER 7. POTABLE WATER SUPPLIES

### 7.1 ACTS PROHIBITED

7.1.1 No PERSON shall construct, deepen, or modify a WATER WELL except in compliance with the terms of this ordinance.

7.1.2 No PERSON shall abandon or seal a WATER WELL except in compliance with the terms of this ordinance.

7.1.3 No PERSON shall operate a private water supply, NON-COMMUNITY WATER SYSTEM or SEMI-PRIVATE WATER SYSTEM except in compliance with the terms of this ordinance.

7.1.4 No PERSON shall construct, occupy, use or make available to another by any means a premise for the purpose of human occupancy, except in compliance with the terms of this ordinance.

### 7.2 STANDARDS AND REGULATIONS

#### 7.2.1 State Regulations Incorporated

The location, construction, modification, operation, abandonment and sealing of WATER WELLS shall be governed by the following regulations which are, hereby incorporated by reference together with any regulations or standards therein incorporated, subject to the provisions of Section 3.2:

- A. Illinois Water Well Construction Code, (77 Ill. Admin. Code, Part 920); and
- B. Illinois Water Well Pump Installation Code, (77 Ill. Admin. Code, Part 925).

#### 7.2.2 Potable Water Supply Required

All premises intended for human habitation or occupancy shall be provided with a POTABLE WATER supply. The POTABLE WATER supply shall not be connected to non-POTABLE WATER and shall be protected against backflow and backsiphonage in accordance with the requirements of Subpart I of the Illinois Plumbing Code (77 Ill. Admin. Code, Part 890).

Each POTABLE WATER supply shall provide quantities of water that are sufficient for the drinking, culinary, and sanitary needs of the dwelling or PREMISES served.

### 7.2.3 Public Water Supply Use

A. In those locations where a PUBLIC WATER SYSTEM is reasonably available, that system shall be the sole source of water for drinking and culinary purposes. A PUBLIC WATER SYSTEM shall be deemed reasonably available when:

1. the subject property is located within 200 feet of the PUBLIC WATER SYSTEM;
2. connection to the PUBLIC WATER SYSTEM is practical; and
3. connection is permitted by the controlling authority for the PUBLIC WATER SYSTEM.

B. For the purposes of Paragraph A of this Subsection distances shall be measured by the shortest air line distance from the property line of the subject PREMISES to the nearest point at which a connection to a PUBLIC WATER SYSTEM is practical.

### 7.2.4 Occupancy of Permitted Premises

No PREMISES served by a WATER WELL for which a CONSTRUCTION PERMIT has been issued by the Champaign County Public HEALTH DEPARTMENT shall be occupied or used until a Certificate of Approval has been issued by the HEALTH OFFICER except for CONSTRUCTION PERMITS issued to repair, modify or replace systems serving PREMISES which are lawfully occupied on the date of application for the CONSTRUCTION PERMIT.

## 7.3 CONSTRUCTION PERMITS

### 7.3.1 When Required

No WATER WELL shall be constructed, modified or deepened unless a CONSTRUCTION PERMIT has first been obtained from the HEALTH DEPARTMENT. CONSTRUCTION PERMITS are not required for the following:

- A. A well that does or will serve a COMMUNITY WATER SYSTEM provided that all applicable requirements of the Illinois Environmental Protection Act (415 ILCS 5/1 et. seq.) and Subtitle F of the Illinois Environmental Protection Rules and Regulations, (35 Ill. Admin. Code, Parts 601-611) are met;
- B. A well that does or will serve a NON-COMMUNITY WATER SYSTEM provided that approval is obtained from the Illinois Department of Public Health; or

C. A well that does or will function as a monitoring well provided that all applicable provisions of Section 920.170 of the Illinois Water Well Construction Code (77 Ill. Admin. Code, Part 920) are met.

#### 7.3.2 Responsibility of Owner and Contractor

A. It shall be the responsibility of the OWNER to obtain a CONSTRUCTION PERMIT before any construction or deepening of a WATER WELL is initiated. Failure of the OWNER to obtain a CONSTRUCTION PERMIT before any construction or deepening of a WATER WELL is initiated shall constitute a violation of this Ordinance.

B. It shall be the responsibility of the WATER WELL Contractor to insure that a CONSTRUCTION PERMIT has been issued before any construction or deepening of a WATER WELL is initiated and to follow the conditions of said CONSTRUCTION PERMIT. Failure of the WATER WELL Contractor to insure said CONSTRUCTION PERMIT has been issued or to violate the conditions of said CONSTRUCTION PERMIT shall constitute a violation of this Ordinance.

### 7.4 CONSTRUCTION PERMIT APPLICATIONS

#### 7.4.1 Timing

CONSTRUCTION PERMIT applications shall be submitted prior to commencing any work.

#### 7.4.2 Form

CONSTRUCTION PERMIT applications shall be made in writing in forms provided or approved by the HEALTH OFFICER and shall be filed at such location or locations as the HEALTH OFFICER may designate.

#### 7.4.3 Conditions

No application for a CONSTRUCTION PERMIT shall be accepted unless:

A. The CONSTRUCTION PERMIT application contains the signature of the OWNER or office of the legal ownership of the WATER WELL, or the signature of the designated agent of the OWNER. Such signature shall evidence:

1. if signed as OWNER'S agent, a representation by the application that he or she is authorized to act on behalf of the OWNER and obligate the OWNER to all responsibilities imposed by this ordinance;
  2. the agreement of the OWNER to comply with the terms of this ordinance;
- and

3. the agreement of the OWNER to allow access to the PREMISES and to provide required information as provided in Subsection 7.6.2, Section 7.7 and Section 7.8.

B. All information required by Subsection 7.4.4 is submitted; and

C. The applicable fee is submitted.

#### 7.4.4 Contents

CONSTRUCTION PERMIT applications shall, at a minimum, include the following:

A. Name, address and telephone number of the applicant;

B. Name, address and telephone number of the OWNER if different from the applicant;

C. Name, address and telephone number of the owner of the property on which the WATER WELL is or will be located if different from the OWNER;

D. Name, address, telephone number and license number of the of the WATER WELL contractor;

E. An accurate legal description of the location of the property on which the construction, alteration, or extension is proposed;

F. Description of the property or properties, and of all buildings or other facilities to be served by the well;

G. An accurate description of the location of the WATER WELL including a site plan containing the information required by Subparagraph 920.130(b)(1) of the Illinois Water Well Construction Code (77 Ill. Admin. Code, Part 920);

H. All additional information required by Paragraph 920.130(b)(1) of the Illinois Water Well Construction Code (77 Ill. Admin. Code, Part 920);

I. Such other information as may be required by the HEALTH OFFICER to substantiate that the proposed construction, alteration, or extension complies with minimum standards of this Ordinance; and

J. The fee specified by Subsection 12.2.2.

### **7.5 ISSUANCE OF CONSTRUCTION PERMIT**

#### 7.5.1 Qualified Construction Permit Holders

CONSTRUCTION PERMITS shall be issued only to:

- A. a PERSON possessing a valid license issued under the Illinois Water Well and Pump Installation Contractor's License Act, (225 ILCS 345/1 et. seq.);
- B. the WATER WELL OWNER.

#### 7.5.2 Inspection Prior to Construction Permit Issuance

The HEALTH OFFICER may investigate conditions on the proposed site prior to the issuance of a CONSTRUCTION PERMIT.

#### 7.5.3 Decision on Construction Permit Application

Within 15 days of the receipt of all required information the HEALTH OFFICER shall issue or deny the CONSTRUCTION PERMIT in accord with the provisions of Paragraph 920.130(e) of the Illinois Water Well Construction Code (77 Ill. Admin. Code, Part 920). In the event the CONSTRUCTION PERMIT is denied the reasons for such denial shall be provided in writing to the applicant.

#### 7.5.4 Limits of Authority Granted by Construction Permit

A. A CONSTRUCTION PERMIT, when issued, shall authorize only the specific work described in the CONSTRUCTION PERMIT application. The CONSTRUCTION PERMIT shall not:

1. authorize any other work;
2. authorize work at any other location;
3. authorize construction to be performed by any PERSON other than as identified in the application;
4. authorize construction to be performed in any manner other than as described in the CONSTRUCTION PERMIT application; or
5. authorize use of the WATER WELL to serve any use or any property building or facility other than as specified in the CONSTRUCTION PERMIT application.

B. The OWNER shall amend the CONSTRUCTION PERMIT application and obtain the approval of the HEALTH OFFICER prior to deviating from any aspect of the application on which the CONSTRUCTION PERMIT was issued.

#### 7.5.5 Term

CONSTRUCTION PERMITS shall be valid for a period of twelve months from the date of issuance. The CONSTRUCTION PERMIT shall expire and have no further force or effect if:

- A. the work described on CONSTRUCTION PERMIT shall not have been commenced within twelve months, unless extended as provided in Subsection 7.5.6. In such case, the CONSTRUCTION PERMIT shall be canceled by the HEALTH OFFICER. Written notice of cancellation shall be given to the OWNER together with notice that work described on the canceled CONSTRUCTION PERMIT shall not proceed until a new CONSTRUCTION PERMIT is issued; or
- B. a Certificate of Approval has been issued by the HEALTH OFFICER.

#### 7.5.6 Extension

CONSTRUCTION PERMITS may be extended for such additional period as is set forth in the application for the CONSTRUCTION PERMIT or in an application for an extension of the CONSTRUCTION PERMIT as the time necessary complete the construction. Such extension may be granted only upon a determination by the HEALTH OFFICER that the need for additional time is occasioned by the scope of the proposed construction, unique features of the site or design, work stoppages not under the control of the OWNER or other practical necessity and not for lack of due diligence by the OWNER. Such extension shall be granted for the minimum amount of time needed to complete the project, but in no case shall such extension be granted for a period exceeding 180 days.

#### 7.5.7 Revocation or Suspension

If it is determined by the HEALTH OFFICER that work is proceeding in a manner other than described in the CONSTRUCTION PERMIT application or that any material fact in the CONSTRUCTION PERMIT application was misrepresented or inaccurately state the HEALTH OFFICER may, in writing, suspend or revoke the CONSTRUCTION PERMIT.

## 7.6 INSPECTIONS

### 7.6.1 Inspection Prior to Operation

No WATER WELL shall be placed into operation until the installation of the WATER WELL and its components has been approved in writing by the HEALTH OFFICER.

### 7.6.2 Notice Prior to Commencing Work

The HEALTH DEPARTMENT shall be notified at least 48 hours prior to commencing the construction or deepening of a WATER WELL for which a CONSTRUCTION PERMIT has been issued.

### 7.6.3 Exposing Work

To the degree practical and permitted by the HEALTH OFFICER the completed installation shall remain uncovered and accessible for inspection purposes until approval by the HEALTH OFFICER.

## **7.7 FINAL APPROVAL**

### **7.7.1 Disinfection**

All components of a new WATER WELL construction and/or modification shall be thoroughly disinfected with a strong chlorine solution which will yield a dosage of at least 100 parts per million to the water in the well.

### **7.7.2 Water Sample**

After purging the system of any chlorine residual, a water sample shall be taken and satisfactory bacteriological results, as confirmed by a CERTIFIED LABORATORY, shall be obtained prior to utilizing the WATER WELL for drinking and culinary purposes.

### **7.7.3 Failure to Comply**

Upon inspection by the HEALTH OFFICER, if it is found that any provisions of this Ordinance or any CONSTRUCTION PERMIT specifications for a stated property have not been met, the HEALTH OFFICER shall notify the WATER WELL contractor or OWNER, to make specified changes in the work to insure compliance with the provisions of this Ordinance and the CONSTRUCTION PERMIT. If such changes are not made within the time specified by the HEALTH OFFICER, said CONSTRUCTION PERMIT may be suspended or revoked, and it shall be unlawful to place the WATER WELL into operation.

### **7.7.4 Certificate of Approval**

When the HEALTH OFFICER has determined that all work described in the CONSTRUCTION PERMIT is complete, has been conducted in compliance with the regulations and standards of this ordinance, and, if an existing well is abandoned in conjunction with construction of a new well that the work also meets the requirements of Section 7.8, the HEALTH OFFICER shall issue a Certificate of Approval.

### **7.7.5 Issuance of Certificate of Approval**

The HEALTH OFFICER shall retain the original Certificate of Approval and provide one copy to the OWNER, duly signed.

### **7.7.6 Construction Permit Invalidated**

The issuance of a Certificate of Approval shall invalidate the CONSTRUCTION PERMIT issued for work conducted on the WATER WELL involved.

## **7.8 ABANDONED WELLS**

### **7.8.1 Compliance with Water Well Construction Code**

Wells that are abandoned shall be sealed in a manner prescribed by Section 920.120 of the Illinois Water Well Construction Code (77 Ill. Admin. Code, Part 920).

### **7.8.2 Notice Required Prior to Sealing**

The HEALTH DEPARTMENT shall be notified at least 48 hours prior to sealing of an ABANDONED WELL at which time a date for inspection will be arranged.

### **7.8.3 Inspection of Abandoned Wells**

The HEALTH OFFICER shall inspect ABANDONED WELLS which have been sealed to determine compliance with this Ordinance.

## **CHAPTER 8. ADMINISTRATION**

### **8.1 BOARD OF HEALTH**

#### **8.1.1 Administration by Board of Health**

Administration and Enforcement of this ordinance shall be vested in the CHAMPAIGN COUNTY BOARD OF HEALTH created by Resolution No. 3812, Resolution Establishing County Health Department.

#### **8.1.2 Appointment**

The BOARD OF HEALTH shall be comprised of eight persons meeting the requirements of 55 ILCS 5/5-25012, and one member of the Champaign County Board. The members shall be appointed by the Chair of the COUNTY BOARD with the approval of the COUNTY BOARD.

#### **8.1.3 Term**

Board Members shall serve a term of three years except as provided in 55 ILCS 5/5-25012. Members appointed to fill vacancies on the Board shall be appointed to a full term.

#### **8.1.4 Removal for Cause**

The Chair of the COUNTY BOARD may remove any member of the BOARD for cause, with the consent of the COUNTY BOARD. Such removal shall not become effective for at least 10 days after written notice of the proposed removal is provided to the member specifying the charges made against him or her. Within such 10 day period the member proposed to be removed may request, in writing, a hearing to answer any charges brought against him or her. In such case, a hearing shall be scheduled no more than 30 days from the date that such request is

received in the office of the COUNTY BOARD. If a hearing is requested the removal of such member shall not become effective until after the next regular COUNTY BOARD meeting following the conclusion of such hearing.

#### 8.1.5 Compensation

Members of the BOARD OF HEALTH shall serve without compensation except for reimbursement of actual necessary expenses incurred in performance of their duties. Such reimbursable expenses shall include reimbursement of travel expenses at a rate not to exceed that established for other Champaign County officials. The County Board is, however, authorized in the future to establish compensation for members of the Board of Health as set forth in 55 ILCS 5/5-25012.

### **8.2 POWERS OF THE BOARD OF HEALTH**

#### 8.2.1 Powers Conferred

The Board, shall have the powers explicitly conferred or implied by 55 ILCS 5/5-25001 et. seq. and is hereby delegated, to the extent required and permitted by law and consistent with the provisions of this Ordinance, such powers of the COUNTY BOARD necessary to effectively administer and enforce this ordinance. The Board shall also have the power to:

- A. seek and accept delegation of powers and duties of the Illinois Department of Public Health and enter into a delegation agreement with the Department pursuant to Section 55.02 of Part 10 of the Civil Administrative Code of Illinois (20 ILCS 2310/55.02);
- B. apply for, obtain and renew status as a Certified Local Health Department for the HEALTH DEPARTMENT pursuant to Section 600.210 of the Certified Local Health Department Code (77 Ill. Admin. Code, Part 600); and
- C. apply for, receive and enter into a grant agreement with the Illinois Department of Public Health as provided in the Local Health Protection Grant Rules (77 Ill. Admin. Code, Part 615).

#### 8.2.2 Delegation of Powers of the Board

The Board may, to the extent permitted by law, delegate any of its powers to an appointed employee or contractor except as provided in Subsection 8.2.3.

#### 8.2.3 Powers Reserved to the Board

Certain powers shall be reserved to the Board and shall not be delegated to any appointed employee or contractor including the power to:

- A. Appoint the HEALTH OFFICER;
- B. Submit the annual budget of the HEALTH DEPARTMENT to the COUNTY BOARD or seek any amendments thereto;
- C. Submit the annual report to the COUNTY BOARD;
- D. Establish and carry out any programs or services with an annual cost in excess of \$1,000 except for response to emergencies;
- E. Adopt any plans or goals specified by statute or rule;
- F. Seek and accept delegation of powers and duties of the Illinois Department of Public Health or enter into a delegation agreement with the Department;
- G. Apply for, obtain or renew status as a Certified Local Health Department for the HEALTH DEPARTMENT;
- H. Apply for, receive and enter into a grant agreement with the Illinois Department of Public Health;
- I. Exercise any powers to lease or acquire real property or to incur debt in any form provided in Section 5/5-25016 of Division 25 of the Illinois Counties Code (55 ILCS 5/5-25016);
- J. Establish fees for permits, licenses, programs or services as provided by Section 55.02 of Part 10 of the Civil Administrative Code of Illinois (20 ILCS 2310/55.02) and Section 25013 of Division 25 of the Illinois Counties Code (55 ILCS 5/5-25013);
- K. Hear and decide appeals where it is alleged there is an error in any order, requirements, decision, or determination made by the HEALTH OFFICER in the administration and enforcement of this ordinance as provided in Section 10.1;
- L. Adopt rules necessary to the conduct of the Board and of any administrative proceedings provided for in this ordinance;
- M. Employ the HEALTH OFFICER and such other professional and non-professional employees as it deems necessary;
- N. Establish policies to govern the recruitment, employment, compensation; supervision and discipline of any employees; and
- O. Exercise any powers expressly granted to the Board elsewhere in this ordinance.

#### 8.2.4 Revenues and Expenditures

In the performance of its duties, the BOARD may receive funds and incur expenses as authorized by law and provided for in its budget.

### **8.3 DUTIES OF THE BOARD OF HEALTH**

#### **8.3.1 Duties Established**

The Board, shall take or cause to be taken call lawful actions necessary to effectively administer and enforce this ordinance including all duties created or implied by 55 ILCS 5/5-25001 et. seq. The Board shall also have the duty to:

- A. Enforce all rules and regulations adopted by the Illinois Department of Public Health for preservation and improvement of the public health within its jurisdiction as provided in 20 ILCS 2305/2;
- B. apply for, obtain, maintain and renew status as a Certified Local Health Department for the HEALTH DEPARTMENT pursuant to Section 600.210 of the Certified Local Health Department Code (77 Ill. Admin. Code, Part 600);
- C. apply for, receive and enter into a grant agreement with the Illinois Department of Public Health as provided in the Local Health Protection Grant Rules (77 Ill. Admin. Code, Part 615);
- D. prepare and submit to the Illinois Department of Public Health all assessments, plans, goals, or evaluations required of it by any statute or rule administered by the Department; and
- E. submit, in a timely manner, its annual budget and annual report to the COUNTY BOARD.

#### **8.3.2 Budget and Fiscal Year**

- A. The fiscal year of the BOARD OF HEALTH and the HEALTH DEPARTMENT shall be the same as that of the COUNTY, December 1 through the following November 30.
- B. The BOARD OF HEALTH shall submit its proposed budget to the COUNTY BOARD no later than July 31 preceding the fiscal year for which the budget is proposed.

#### **8.3.3 Annual Report**

- A. The BOARD OF HEALTH shall prepare an annual report for each fiscal year. The annual report shall be submitted to the COUNTY BOARD at a regular time each year falling no later than July 31.

- B. At a minimum the annual report shall contain the following information regarding the preceding 12 months;
1. description of all activities, programs and services conducted;
  2. where applicable, a statistical summary of such activities, programs and services including comparisons with previous years;
  3. a copy of any reports submitted to the Illinois Department of Public Health;
  4. a copy of any assessments, plans, goals, or evaluations adopted or amended together with any response received in such regard from the Illinois Department of Public Health;
  5. a copy of any delegation agreement entered into, amended or renewed;
  6. a copy of any grant agreement entered into, amended or renewed;
  7. a description of each Appeal heard and decided by the BOARD OF HEALTH;
  8. a description of each Variance granted by the HEALTH OFFICER;
  9. a copy of any contract for services or subcontract thereto, entered into;
  10. a statement of all expenditures made, revenues received and services rendered pursuant to any contract for service;
  11. a description of any debt instrument entered into or purchase of any real estate made; and
  12. any other information specifically requested by the COUNTY BOARD.

#### **8.4 HEALTH OFFICER**

##### 8.4.1 Executive Officer of the Champaign County Health Department

The operations of the HEALTH DEPARTMENT shall be overseen by the HEALTH OFFICER appointed by the BOARD OF HEALTH who shall be executive officer of the HEALTH DEPARTMENT.

##### 8.4.2 Minimum Qualifications

The HEALTH OFFICER shall be a Medical HEALTH OFFICER or Public Health Administrator and shall possess the minimum qualifications established by Subpart C of the Certified Local Health Department Code (77 Ill. Admin. Code, Part 600).

### 8.4.3 Appointment

The HEALTH OFFICER shall be appointed by the BOARD OF HEALTH and may be employed directly or by contract. If employed directly the recruitment, employment, compensation, supervision and discipline of the HEALTH OFFICER shall be in accord with written policies established by the BOARD OF HEALTH. If employed by contract with another agency or unit of government recruitment, employment, compensation, supervision and discipline of the HEALTH OFFICER shall be in accord with the personnel policies of such agency or unit of government.

## **8.5 POWERS AND DUTIES OF THE HEALTH OFFICER**

### 8.51 Powers of the HEALTH OFFICER

The Board shall employ a HEALTH OFFICER, directly or by contract, to whom shall be delegated, except as provided in Subsection 8.2.3, powers and duties of the Board to administer and enforce this ordinance, including the following:

- A. render interpretations of this ordinance;
- B. receive and issue, deny, revoke, reinstate or extend any permit required by this ordinance;
- C. conduct any investigations provided for by this ordinance;
- D. embargo or detain any ADULTERATED or MISBRANDED food and seek an order of the Circuit Court to condemn such food;
- E. issue or deny any certificate required by this ordinance;
- F. inspect any facility or installation as required to determine compliance with the terms of this ordinance;
- G. order that work be uncovered or otherwise provide for uncovering work as required to undertake inspections required by this ordinance;
- H. designate a place or places for receipt of applications for required permits, appeals, and petitions for variances;
- I. receive and investigate complaints alleging violations of this ordinance;
- J. conduct such inspections or investigations as are necessary to determine whether any complaint or allegation substantiates a finding of a violation;

- K. seek search warrants or orders of the Circuit Court if necessary in order to conduct such inspections or investigations;
- L. issue notices of violation and any orders to any and all PERSONS as provided for in this ordinance;
- M. request that the State’s Attorney’s Office file a quasi-criminal or other complaint or take other action to enforce this ordinance;
- N. request the assistance of any other County Official in the enforcement of this ordinance;
- O. refer complaints to and otherwise cooperate with other local, state or federal agencies potentially having jurisdiction with respect to any complaint or allegation of violation;
- P. propose amendments to this ordinance as may be required from time to time;
- Q. provide comments and make recommendations with respect to proposed SUBDIVISIONS; and
- R. delegate any or all of his or her power or duties to designated subordinates.

8.5.2 Duties of the Health Officer

The HEALTH OFFICER shall take or cause to be taken all lawful actions which in his or her judgment are necessary to effectively administer and enforce this ordinance and shall have the following duties:

- A. render interpretations of this ordinance when so requested;
- B. receive and investigate complaints, alleging violation of this ordinance;
- C. issue notices of violation or such orders as may be necessary to enforce the provisions of this ordinance;
- D. maintain permanent records of the adoption, amendment, administration and enforcement of this ordinance in accordance with the Illinois Local Records Act (50 ILCS 205/1 et. seq.);
- E. release any records created under this ordinance to the public in accord with the Illinois Freedom of Information Act (5 ILCS 140/1 et. seq.) and the policies and procedures established by the BOARD OF HEALTH;
- F. ensure the confidentiality of any record or information in the possession of the HEALTH DEPARTMENT pursuant to the provisions of Subparagraph 615.300(c)(16) of

the Local Health Protection Grant Rules (77 Ill. Admin. Code, Part 615) to the extent permitted by the Illinois Freedom of Information Act (5 ILCS 140/1 et. seq.);

G. assist the BOARD OF HEALTH and the COUNTY BOARD in any and all proceedings regarding the adoption, amendment, administration or enforcement of this ordinance;

H. assist the State's Attorney, Sheriff, or other County officials in investigations, prosecutions or other actions taken to enforce this ordinance;

I. make such periodic reports to the Illinois Department of Public Health as are required by any statute or rule;

J. make such reports to the BOARD OF HEALTH with respect to administration and enforcement of this ordinance as the Board may request; and

K. provide information and consultation to the public on matters relating to the purposes or specific provision of this ordinance;

L. provide comments and make recommendations with respect to proposed SUBDIVISIONS when so requested by the authority having jurisdiction over the SUBDIVISION approval; and

M. any such other duties prescribed by statute or rule or by the BOARD OF HEALTH.

## **CHAPTER 9. ENFORCEMENT**

### **9.1 INSPECTION AND INVESTIGATION**

#### **9.1.1 Right of Inspection**

The HEALTH OFFICER, after providing identification and giving notice of his or her purpose may enter at reasonable times any private or public property or vehicle for the purpose of investigating conditions relating to the administration and enforcement of this Ordinance. The OWNER or occupant of said property or vehicle, or the PERSON IN CHARGE thereof, shall give the HEALTH OFFICER free access to all parts of the said property or vehicle at all reasonable times for the purpose of investigating conditions relating to the administration and enforcement of this Ordinance. Upon refusal by the OWNER or PERSON IN CHARGE to grant such access, the HEALTH OFFICER may seek an order from the Circuit Court of Champaign County allowing access.

#### **9.1.2 Provision of Documents, Records, and Information**

When provided by this ordinance the HEALTH OFFICER may direct that the OWNER, occupant, or the PERSON IN CHARGE of any premises, establishment or vehicle, provide any

documents, records or other information necessary for determining compliance with this ordinance. Upon refusal by the OWNER, occupant or PERSON IN CHARGE to provide such documents, records or information the HEALTH OFFICER may seek an order from the Circuit Court of Champaign County compelling the surrender of such documents, records or information.

#### 9.1.3 Revealing Work

When provided by this ordinance the HEALTH OFFICER may direct that the OWNER, occupant, or the PERSON IN CHARGE of any premises or establishment to uncover or reveal any work to permit inspection necessary for determining compliance with this ordinance as provided in Subsection 6.6.4 and 7.6.3. Upon refusal by said OWNER, occupant or PERSON IN CHARGE to reveal any work the HEALTH OFFICER may undertake to uncover such work at the OWNER'S expense or may seek an order from the Circuit Court of Champaign County compelling the OWNER to reveal such work.

#### 9.1.4 Record

The HEALTH OFFICER shall make a record of the conditions found by all inspections that substantiate a violation including identification of any violations of this ordinance and subsequent actions taken with respect to the violation.

#### 9.1.5 Reinspection

The HEALTH OFFICER may conduct additional inspections as deemed necessary to verify the continued existence or abatement of a violation.

### **9.2 NOTICE**

#### 9.2.1 Issuance of Notice

Whenever the HEALTH OFFICER determines that a violation of any provision of this Ordinance has occurred, the HEALTH OFFICER shall give notice to the PERSON responsible for such violation. Unless stated elsewhere in the Ordinance, the notice shall be in writing and shall:

- A. include a statement of the reasons for issuance of the notice;
- B. allow reasonable time for performance of any act the HEALTH DEPARTMENT requires;
- C. be served upon the PERSON responsible for the violation(s), by certified mail (return receipt requested) to his or her last known address as furnished to the HEALTH DEPARTMENT, personal service or by positing on the premises where the violation is located;

D. include an order stating the remedial action which is required to effect compliance with this Ordinance;

E. state that an opportunity for appeal from any notice or inspection findings will be provided if a written request is filed within the time period set by Subsection 10.1.3.

#### 9.2.2 Additional Notice

The HEALTH OFFICER may serve additional notices subsequent to the original notice or serve notice to other PERSONS or rescind notices served on any or all PERSONS. The issuance of any subsequent or additional notice shall not diminish the effect or validity of any prior notice unless specifically stated in such subsequent or additional notice.

### 9.3 COMPLAINTS

#### 9.3.1 Response to Complaints

Any PERSON may file a complaint with the HEALTH OFFICER alleging violations of this ordinance, orally, in writing or by other means. The HEALTH OFFICER shall investigate all complaints within 10 working days except that complaints regarding foodborne illnesses shall be investigated within 24 hours, provided however, that anonymous complaints made about subjects other than foodborne illnesses need not be investigated until the next scheduled inspection.

#### 9.3.2 Complainant Confidentiality

Complainants shall not be required to reveal their identity, place or residence or employment or any other personal or identifying information. No member of the BOARD OF HEALTH, employee or contractor of the HEALTH DEPARTMENT or any employee or official of Champaign County shall reveal the identity of a complainant, without his or her consent, to PERSONS not directly involved in administering or enforcing this ordinance except as required by law.

#### 9.3.3 Logging Complaints

All complaints received by the HEALTH OFFICER shall be logged with respect to the date received, location of the premises complained of and the nature of the alleged violation.

### 9.4 AGREEMENTS TO CORRECT VIOLATIONS

The HEALTH OFFICER may enter into an agreement with the OWNER, PERSON IN CHARGE or other responsible PERSON or PERSONS providing for correction of a violation over a specified period of time provided that any agreement extending for a period exceeding 30 days shall be executed in writing. No agreement shall extend for a period exceeding 180 days.

### 9.5 REFERRAL FOR PROSECUTION

### 9.5.1 Referral to State's Attorney

If any violation is not corrected in the time specified in any notice or agreement the HEALTH OFFICER may refer the violation to the Champaign County State's Attorney and request that the State's Attorney file a quasi-criminal or other complaint, or request an injunction or take other action to enforce this ordinance.

### 9.5.2 Referral to Other Authority

The HEALTH OFFICER shall refer for enforcement to the Illinois Department of Public Health or other relevant state or federal agency having jurisdiction any apparent violation of any statute, or rule adopted pursuant to a statute, listed in Subsection 1.2.2 of which he or she may become aware in the normal course of his or her duties, to the extent such determination s within his or her competence, and may file a formal complaint with such agency.

## **CHAPTER 10. APPEALS AND VARIANCES**

### **10.1 APPEALS**

#### 10.1.1 Standing to Appeal

Any PERSON affected by a decision, notice or order issued by the HEALTH OFFICER in connection with the administration or enforcement of this Ordinance, may file a written request for a hearing before the BOARD OF HEALTH appealing such decision, order or notice.

#### 10.1.2 Form of Appeal

Appeals shall be filed in writing on forms prepared or approved by the HEALTH OFFICER, in the office of the HEALTH DEPARTMENT together with the fee specified by the BOARD OF HEALTH.

#### 10.1.3 Time Limits for Filing

The BOARD OF HEALTH shall not hear appeals filed more than 30 days from the date of the action or receipt of the decision of the HEALTH OFFICER.

#### 10.1.4 Powers of the Board of Health

The BOARD OF HEALTH may, upon application and after providing notice to the affected parties and conducting a hearing and so long as such action is in conformity with the terms of this ordinance, reverse or affirm, wholly or partly, or may modify the decision, order or notice appealed from.

### 5.1.5 Duty of the Health Officer

The HEALTH OFFICER shall transmit to the BOARD OF HEALTH all the papers and other materials constituting the record upon which the action appealed from was taken.

#### 10.1.6 Stay of Enforcement

An appeal if filed shall stay all proceedings to enforce the action appealed unless the HEALTH OFFICER certifies to the BOARD OF HEALTH after the appeal has been filed that by reason of facts stated in the certificate a stay could cause imminent hazard to the public health or safety in which case the proceedings shall not be stayed except by an order of the BOARD OF HEALTH.

#### 10.1.7 Hearing

A. The BOARD OF HEALTH shall hold a hearing within thirty days from the date on which the written request for such hearing was filed. The appellant shall be notified of the time and place of the hearing not less than five days prior to the date on which the hearing is to be held.

B. The appellant may appear in person, or be represented by agent or counsel and may give evidence orally or in writing and may question any other party.

C. The HEALTH OFFICER may appear or be represented by agent or counsel and may give evidence orally or in writing and may question any other party.

#### 10.1.8 Decision

A. the BOARD OF HEALTH shall find in favor of the petitioner only upon making specific findings that the evidence set forth in the petition or otherwise entered into the record supports the determination that:

1. strict compliance with the order, notice or decision of the HEALTH OFFICER, would cause undue hardship on the petitioner;

2. that the public health would be adequately protected; and

3. substantial justice would be done to all parties by varying or withdrawing the order, notice or decision of the HEALTH OFFICER.

B. All documents, testimony and exhibits, submitted with the petition, adduced in the hearing or produced by any party thereafter shall constitute the record on which the decision on an appeal shall be based.

C. The findings of the BOARD OF HEALTH shall be supported by reference to specific evidence entered into the record of the case and shall be set forth in writing.

- D. The findings and final determination of the BOARD OF HEALTH shall be tendered to the petitioner in writing within 10 days after the hearing is concluded.
- E. the HEALTH OFFICER shall retain and keep on file the complete record of any appeal decision.
- F. the HEALTH OFFICER shall provide copies of the findings and final determination of all appeal decisions to the Illinois Department of Public Health.

## **10.2 VARIANCES**

### 10.2.1 Permitted Variances

Any PERSON who owns a facility, establishment or installation or conducts a business or operation governed by the provisions of this ordinance may request a variance from the strict application of any provision contained herein except for the provisions of Chapter 5 or where prohibited by statute or rule or where the authority for granting such variance is reserved to the Illinois Department of Public Health or other agency by a State statute, rule or by an ordinance of a local government.

### 10.2.2 Petition Required

A variance may be requested by filing a petition with the HEALTH DEPARTMENT on forms prepared by the HEALTH OFFICER. Such petition shall contain, at a minimum, the following:

- A. the name, address and telephone number of the petitioner;
- B. a description of the premises, facility, installation, business or operation from which the variance is sought including, if relevant:
  - 1. the address of the affected premises;
  - 2. a legal description of the site;
  - 3. a site plan or building plan showing the existing or proposed facility, establishment, or installation including any information required by Paragraph 905.20(1) of the Illinois Private Sewage Disposal Code (77 Ill. Admin Code, Part 905) or Subparagraph 920.30(c)(1) of the Illinois Water Well Construction Code (77 Ill. Admin. Code, Part 920);
- C. a description of the variance requested including a citation of the specific provision or provisions of this ordinance or any incorporated statute, rule or standard to be varied;

- D. an explanation of how specified conditions, circumstances or operations would be made impractical or impossible by strict application of the provisions that are sought to be varied;
- E. an explanation, together with any technical information or other evidence, of how the alternative location, design, means of construction, operation or other aspect of the proposal will ensure that no health hazard or nuisance will result;
- F. affirmation by the petitioner that all representations made in the petition are, to his or her knowledge, true or correct; and
- G. the fee specified by the BOARD OF HEALTH.

#### 10.2.3 Criteria for Granting a Variance

No variance shall be granted by the HEALTH OFFICER unless the HEALTH OFFICER shall find that:

- A. the proposed facility, installation, business or operation would be made impractical or impossible by strict application of the provisions that are sought to be varied;
- B. the alternative location, design, means of construction, operation or other aspect of the proposal, will ensure that no health hazard or nuisance will result;
- C. for variances from the provisions of Chapter 6, any additional criteria contained in Paragraph (1) of Section 20 of the Illinois Private Sewage Disposal Code (77 Ill. Admin. Code, Part 905) are met;
- D. for variances from the provisions of Chapter 7, any additional criteria contained in Subparagraphs (c)(3) and (c)(4) of Section 30 of the Illinois Water Well Construction Code (77 Ill. Admin. Code, Part 920) or Paragraph (b) of Section 30 of the Illinois Water Well Pump Installation Code (77 Ill. Admin. Code, Part 925) are met; and
- E. any other relevant criteria applicable to the grant of variances of any incorporated statute, rule or standard are met.

#### 10.2.4 Decision

- A. Upon receipt of an application the HEALTH OFFICER may request additional information from the petitioner, inspect the affected premises, equipment or installation, or undertake other investigations to determine whether the requested variance meets the criteria specified in Section 10.2.3. The application shall be deemed complete only when any additional information requested from the petition is submitted to the satisfaction of the HEALTH OFFICER.

B. Within 30 days of the receipt of a complete petition for a variance the HEALTH OFFICER shall render a decision as to whether to grant or deny the variance requested, grant a lesser variance or grant the requested variance subject to conditions.

C. the HEALTH OFFICER shall find in favor of the petition only upon finding that the evidence set forth in the petition or otherwise entered into the record supports the determination that the criteria contained in Subsection 10.2.3 have been met.

D. All documents, testimony and exhibits, submitted with the petition or produced by any party thereafter shall constitute the record on which the decision on a variance shall be based.

E. The findings of the HEALTH OFFICER shall be supported by reference to specific evidence entered into the record of the case and shall be set forth in writing.

F. The findings and final determination of the HEALTH OFFICER shall be tendered to the petitioner in writing within the time specified in Paragraph B.

G. The HEALTH OFFICER shall retain and keep on file the complete record of any variance decision.

H. The HEALTH OFFICER shall provide copies of the findings and final determination of all variance decisions to the Illinois Department of Public Health.

**CHAPTER 11. VIOLATIONS AND PENALTIES**

**11.1 VIOLATIONS**

**11.1.1 Proscribed Action and Failure to Take Action**

Any PERSON who acts in a manner proscribed by any provision of this ordinance or who fails to take any action mandated by this ordinance shall be guilty of a violation of this ordinance and, upon conviction, shall be subject to the penalties set forth herein.

**11.1.2 Each Day a Separate Offense**

Each day a condition constituting a violation exists or is allowed to exist after the notice of the violation has been served on the PERSON responsible shall be deemed a separate offense subject to penalties under this ordinance.

**11.2 PENALTIES**

Any PERSON who violates any provision of this ordinance shall be subject to a fine of no less than \$100 and no more than \$500 for each offense except as provided below:

- A. Violations which constitute a violation of 410 ILCS 650/8 shall be a Petty Offense and shall be subject to a fine of no more than \$25; and
- B. Violations which would also violate 410 ILCS 650/13 shall constitute a Class B Misdemeanor.

### **11.3 INJUNCTIONS**

The State's Attorney of Champaign County may bring action for an injunction to restrain any violation of this Ordinance or to enjoin, the operations of any such establishment causing such violation.

### **11.4 REMEDIES CUMULATIVE**

Nothing in this Ordinance shall be construed so as to limit or detract from the provisions of 740 ILCS 5/0.01 et. seq., Civil Liabilities, nor be construed so as to legalize conditions which are violations of any other law, County Ordinance, or municipal ordinance or which are nuisances at common law or to preclude any remedies available at common law or in equity.

## **CHAPTER 12. FEES**

### **12.1 SCHEDULE OF FEES**

#### **12.1.1 Established by Board of Health**

The BOARD OF HEALTH shall establish a schedule of fees for the services provided and for actions required to administer and enforce this ordinance.

#### **12.1.2 Fees Required**

The BOARD OF HEALTH may establish a fee for any service provided or action required to administer and enforce this ordinance. At a minimum the Board shall establish fees for the following:

- A. OPERATING PERMITS required by Section 5.4;
- B. CONSTRUCTION PERMITS required by Section 6.3;
- C. Appeals as provided by Section 10.1;
- D. Petitions for Variances as provided by Section 10.2.

#### **12.1.3 Review of Fee Schedule**

The BOARD OF HEALTH shall annually, prior to preparation of its annual report, review the fee schedule to determine its sufficiency and its efficacy in promoting the purposes of this ordinance with respect to the criteria established in Subsection 12.2.1.

## **12.2 AMOUNT OF FEES**

### **12.2.1 Recovery of Costs**

Except where specified by Statute, the BOARD OF HEALTH shall set fee amounts that recover, on average and in the aggregate, as much as possible of the full cost, including fully apportioned indirect expenses, incurred in providing a specific service or of administering and enforcing specific provisions of this ordinance, without the fees being, in the judgment of the BOARD OF HEALTH, unduly burdensome or so high that they would discourage compliance or conflict with the purposes of this ordinance.

### **12.2.2 Fees for Construction Permits for Water Wells**

Fees for CONSTRUCTION PERMITS for WATER WELLS required by Section 7.3 shall be \$100 as specified by Section 6 of the Illinois Water Well Construction Code (415 ILCS 30/6).

## **12.3 REFUNDING FEES**

### **12.3.1 Permits**

Fees for OPERATING or other CONSTRUCTION PERMITS shall be refunded if the permit is denied.

### **12.3.2 Services**

Fees for other services may be refunded as provided by rule established by the BOARD OF HEALTH.

### **12.3.3 Appeals and Variances**

Filing fees for Appeals may be refunded upon the withdrawal of the Appeal prior to the start of any hearing on the matter. Filing fees for Variance petitions may be refunded upon the withdrawal of the petition prior to the rendering of a decision on the matter. Filing fees for Appeals or petitions for Variances shall not be refunded after a hearing has begun or a decision on the matter has been rendered.

## **CHAPTER 13. AMENDMENTS, SEVERABILITY AND NON-INTERFERENCE**

### **13.1 AUTHORITY TO INITIATE AMENDMENTS**

The BOARD OF HEALTH, HEALTH OFFICER or COUNTY BOARD may propose amendments to this ordinance. Any amendment proposed by the HEALTH OFFICER or COUNTY BOARD shall be referred to the BOARD OF HEALTH for comment before any further action is taken on the proposal.

### **13.2 EFFECTIVE DATE OF AMENDMENTS – ILLINOIS PUBLIC HEALTH DEPARTMENT REVIEW**

No Amendment to this ordinance shall become effective until it has been submitted to and approved by the Illinois Department of Public Health.

### **13.3 SEVERABILITY**

Should any part of this Ordinance be declared invalid by a court of competent jurisdiction, such declaration shall not affect the validity of the remaining portions of this Ordinance.

### **13.4 NON-INTERFERENCE**

It is not intended by this ordinance to interfere with, or abrogate or annul any contracts, easements, restrictions, covenants or agreements between parties, not to interfere with or abrogate or annul any ordinances of any municipality or other unit of government. Rules, regulations, or PERMITS previously adopted or issued, and not in conflict with any provisions of this ordinance, or which shall be adopted or issued shall remain in effect except that where this ordinance imposes a greater restriction the provisions of this ordinance shall control.

2. That the County Clerk shall cause notice to be published, in a newspaper of general circulation within the County, that this Ordinance has been adopted including the effective date and a summary of its contents and giving notice that a copy of the ordinance together with the regulations incorporated by reference is on file and available for inspection at the office of the County Clerk.

**PRESENTED, ADOPTED, APPROVED, AND RECORDED** this 20th day of October, 2009.

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C. Pius Weibel, Chair  
Champaign County Board

ATTEST:

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Mark Shelden, County Clerk and ex-officio  
Clerk of the County Board

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## CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center  
1776 E. Washington  
Urbana, IL 61802

Phone: (217) 384-3772  
Fax: (217) 384-3896

### **Champaign County Board of Health**

**Tuesday, September 29, 2009**

**6:00 p.m.**

**Jennifer K. Putman Meeting Room**

**Brookens Administrative Center, 1776 E. Washington  
Urbana, Illinois**

### **ADDENDUM**

<b><u>ITEM</u></b>		<b><u>PAGE NO.</u></b>
<b>F. Correspondence and Communications</b>		
1. Approval of Request to Waive Construction Permit Fee		1-5
<b>I. Board of Health Administrative Support &amp; Technical Assistance</b>		
4. Approval of Changes to FY2010 Budget		

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*The mission of the Champaign County Public Health Department is to promote health, prevent disease and lessen the impact of illness through the effective use of community resources.*



# Illinois Department of Transportation

Division of Highways / Region 3 / District 5  
13473 IL Highway 133 / P.O. Box 610 / Paris, Illinois / 61944  
Telephone 217/465-4181

CDB #630-380-003  
Upgrade Septic System  
Illini Prairie Rest Area (I-57)  
Illinois Department of Transportation  
Pesotum (Champaign County), Illinois

August 11, 2009

Mr. Jim Roberts, MS, LEHP  
Director of Environmental Health  
Champaign County Public Health Department  
201 West Kenyon Road  
Champaign, Illinois 61820



Dear Mr. Roberts:

The Illinois Department of Transportation (IDOT) is writing to request the issuance of a construction and operation permit from the Champaign County Public Health Department (CCPHD) for the above referenced project. The request is based on the following information:

- An approved Preliminary Analysis/Schematic Design (PA/SD), preliminary plan sheets, preliminary calculations, and the current manual for the design of Wisconsin Mound Systems (Converse and Tyler, 2000) were sent to Mr. Jeff Blackford of CCPHD on September 9, 2008.
- Mr. Blackford subsequently forwarded the project material to Mr. Chad Moorman of the Illinois Department of Public Health (IDPH).
- Alternative PSDS Acceptance #2009-019-007 was received from IDPH on March 10, 2009 (copy attached).
- On March 10, 2009, a 100% complete plan set, 100% complete project manual, completed CCPHD permit application, soils report, and Alternative PSDS Acceptance #2009-019-007 was sent to Mr. Jeff Blackford for obtaining a construction and operation permit for the referenced project.
- A letter was received from CCPHD dated March 13, 2009 (copy attached) requesting that IDOT provide the Alternative PSDS Acceptance from IDPH, the selection of a Licensed Illinois Private Sewage Contractor, and a \$200 permit fee.

Mr. Jim Roberts  
Page 2  
August 11, 2009

- A copy of Alternative PSDS Acceptance #2009-019-007 is attached herein.
- Based on bids received on June 17, 2009, IDOT and CDB have selected Duce Construction Company of Champaign, Illinois to construct the upgrades to the southbound rest area. Due to budget constraints, the northbound rest area is planned for construction later. Mr. Dale Shipley, Licensed Private Sewage Disposal Contractor No. 049-006141, will be employed by Duce Construction to oversee the installation of the mounds and inspect the existing septic tank and wet well for proper operation.

Regarding the submission of the \$200 application fee, IDOT has been informed by the Capital Development Board that application fees are not applicable to state agencies. IDOT would therefore appreciate the issuance of the construction and operation permit without the application fee referenced in CCPHD's letter dated March 13, 2009.

If you have any questions regarding the project or the issuance of a construction and operation permit, please contact our project manager:

Jane Gucker  
Project Manager  
Illinois Capital Development Board  
3rd Floor Wm. G. Stratton Bldg.  
401 South Spring Street  
Springfield, Illinois 62706  
jane.gucker@illinois.gov  
Phone: 217-782-4835  
Fax: 217-782-8539

Very truly yours,

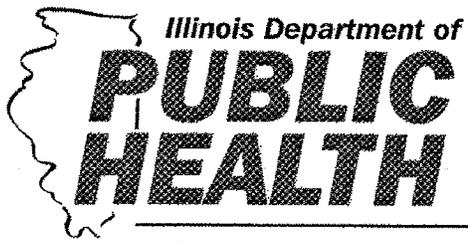


Joseph E. Crowe, P.E.  
Deputy Director of Highways,  
Region Three Engineer

SLP:JWC:jv

Enclosed:

1. Alternative PSDS Acceptance #209-019-007
2. CCPHD Letter dated March 13, 2009



Pat Quinn, Governor  
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

**Alternative PSDS Acceptance # 2009 - 019 -007**

March 10, 2009

Mr. Mathew A. Johnson  
Foth Infrastructure and Environment, LLC  
1610 Broadmoor Drive  
Champaign, IL 61821

Dear Mr. Johnson:

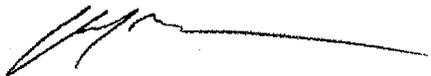
The Department has reviewed the materials submitted for the proposed Alternative Private Sewage Disposal Systems for Illinois Prairie Rest Area, mile post 222, I-57, near the Village of Pesotum, Champaign County. The Department will accept the installation of the proposed Alternative Private Sewage Disposal System based upon compliance with the following conditions:

1. Acceptance is based on a case-by-case review for the site-specific design parameters and materials submitted for these sites, and are only valid for acceptance at the above proposed sites.
2. The Alternative Private Sewage Disposal System shall be installed, used, owned and maintained as specified in the materials or information submitted to the Department. If a modification to the accepted design, materials or information is needed, then a written request must be submitted to the Department prior to installation or completion of the installation of the system. The Alternative Private Sewage Disposal System may not be used until the Department accepts the modification(s).
3. If a change to the site, operation, use, design, materials, waste strength or ownership of the system occurs after the installation of the Alternative Private Sewage Disposal System the Department must be notified in writing immediately.
4. The local health department and/or municipality must be contacted prior to the installation of the Alternative Private Sewage Disposal System.
5. This acceptance does not waive or alter the responsibility of the applicant from obtaining or paying local fees associated with an application by the Department, agent or an ordinance-based local authority associated with an installation or construction approval.

6. Acceptance of the Alternative Private Sewage Disposal System may be redacted when:
  - a) Sewage erupts from the ground or when effluent from the system is shown to have negatively impacted public health;
  - b) The alternative private sewage disposal system is not owned, operated and maintained in accordance with the Department's acceptance.
7. If the Department redacts acceptance of an alternative private sewage disposal system, the owner of such system shall be required to provide for repair or replacement of such system.
8. Any reuse or recycle of effluent will require approval from the Illinois Department of Public Health, Plumbing Program Manger prior to proceeding with construction of the Alternative Private Sewage Disposal System.
9. Acceptance of this Alternative Private Sewage Disposal System by the Illinois Department of Public Health is limited to design and is in no way intended to guarantee the proper function of the unit.

If you have any questions, contact me at (217) 524-4137 or [chad.moorman@illinois.gov](mailto:chad.moorman@illinois.gov).

Sincerely,



Chad Moorman, LEHP  
Program Manager  
Private Sewage Disposal Program  
Division of Environmental Health

cc: Champaign County Health Department  
Champaign Regional Office



**Public Health**  
Prevent. Promote. Protect.

**Champaign County Public  
Health Department**

March 13, 2009

Mr. Mathew Johnson  
Foth Infrastructure & Environment, LLC  
1610 Broadmoor Drive  
Champaign, IL 61821

Dear Mr. Johnson:

The Champaign County Public Health Department's permit approval for the Illinois Prairie Rest Area's private sewage disposal system located at mile post 222, I-57, will be based on the following provisions:

- Design approval by the Illinois Department of Public Health (IDPH) and acceptance by IDPH if modifications are made.
- Selection of a Licensed Illinois Private Sewage Contractor for the project.
- Submission of the application fee (\$200 per system). If you are applying for both systems, the fee would be \$400.

If you have any questions, please contact me at (217) 363-3269.

Sincerely,

Jim Roberts, MS, LEHP  
Director of Environmental Health



MAR 17 2009