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Metropolitan Water Reclamation District of Greater Chicago

100 EAST ERIE STREET

CHICAGO, ILLINOIS 60611

312 / 751-5600

June 9, 1994

To: Village of Orland Park
14700 S. Ravinia Avenue
Orland Park, IL 60462

Attn: James L. Smithberg, Village Manager

Subject: MWRD Sewer Permit No. 92-540
Request for Final Inspection and Approval



Dear Sir:

Enclosed herewith for your records is a copy of the executed Request for Final Inspection and Approval form relative to construction under subject permit.

Very truly yours,

A handwritten signature in dark ink, appearing to read "James J. Timons".

James J. Timons
Field Supervisor
Local Sewer Systems

JJT:mcs
Encl.

cc: Andrew Bosma, Director of Engineering
Tech 3 Consulting Group, Inc.
Clearview Construction

Metropolitan Water Reclamation District of Greater Chicago
Local Sewer Systems Section
6001 Pershing Road
Cicero, Illinois 60650

REQUEST FOR FINAL INSPECTION

This Request For Final Inspection (RFI) is to be typed and submitted in duplicate to the Local Sewer Systems Field Office at the above address. If there are any questions, please call the Field Supervisor at (708) 222-4055.

92 540

PERMIT NO. 92 540 NAME OF PROJECT EAGLE RIDGE ESTATES CONDOMINIUMS UNIT
TWO ADDITION
LOCATION 104TH AVE. AND 183RD STREET MUNICIPALITY ORLAND PARK, IL

Request is hereby made by the Permittee to the Metropolitan Water Reclamation District of Greater Chicago to approve the sewer project described above. This request is for the complete/partial project. If partial, describe on reverse side of form. The following information is submitted in support of the request:

1. CERTIFICATE BY MUNICIPAL SYSTEM ENGINEER : (Required by MWRD in all cases. For a building connection, execution of this certificate by Inspection Engineer is acceptable to MWRD in lieu of execution by Municipal Engineer, if approved by Permittee).

NAME/COMPANY VILLAGE OF ORLAND PARK TELEPHONE NO. 708/403-6235
ADDRESS 14700 RAVINIA AVE. MUNICIPALITY ORLAND PARK, IL

I hereby certify that the work completed under the subject Permit has been inspected and meets with my approval and satisfaction and is in accordance with applicable requirements, and recommend the acceptance of the above project.

BY: Alvin F. Kulovitz Alvin F. Kulovitz, Utilities Inspector DATE 9-27-93
(Print Name and Title of Engineering Representative)

BY: Andrew Bosma Andrew Bosma, Director of Engineering
(Signature of Engineering Representative)



2. CERTIFICATE BY PERMITTEE : (Required by MWRD in all cases.)

I hereby certify that the project has been completed and approved; and that to the best of my knowledge and belief, there has been no violation of any of the terms and conditions of the Permit nor any local laws, rules, regulations and ordinances applicable to the subject Permit. I hereby recommend acceptance of the subject project.

BY: James L. Smithberg, Village Manager DATE 9/23/93
(Print Name and Title of Authorized Official)

BY: James L. Smithberg TELEPHONE NO. 708/403-6155
(Signature of Authorized Official)

3. CERTIFICATE BY INSPECTION ENGINEER : (Required by MWRD if project includes sewer laterals, mains or extensions. Not required by MWRD if the project consists only of a building connection.)

NAME/COMPANY TECH 3 CONSULTING GROUP, INC. TELEPHONE NO. 708/672-4994
ADDRESS 1395 C. MAIN STREET MUNICIPALITY CRETE, IL 60417

I hereby certify that I have inspected the work covered by the subject Permit during the progress of construction, that I have approved the material and workmanship, that I have not allowed any defective materials or poor workmanship on the project. I further certify that the completed Permit work meets with my approval and that it is in substantial conformance with the plans and specifications, and recommend the acceptance of this project.

ROBERT W. MATTHEY, SENIOR PARTNER DATE 9/21/93
(Print Name and Title of Engineering Representative)

(Signature of Engineering Representative)





4. CERTIFICATE BY SEWER CONTRACTOR : (NOT required by MWRD.)

NAME/COMPANY _____ TELEPHONE NO. _____

ADDRESS _____ MUNICIPALITY _____

I hereby certify that the above project has been constructed of approved materials and that the project has been completed in conformance with the intent of the plans and specifications and is hereby warranted to be free from defects. I further certify that I have read the MWRD Permit covering the project and that I have not violated any of the terms and conditions of the Permit.

BY: _____ DATE _____
(Print Name and Title of Authorized Official)

BY: _____ TELEPHONE NO. _____
(Signature of Authorized Official)

5. CERTIFICATE BY DEVELOPER (CO PERMITTEE) : (NOT required by MWRD.)

NAME/COMPANY CLEARVIEW CONSTRUCTION TELEPHONE NO. 708/479-5999

ADDRESS 179TH STREET & 108TH AVE. MUNICIPALITY ORLAND PARK, IL

I hereby certify that the project has been completed to my satisfaction and is accepted by me. I assume full responsibility for any defects or malfunctions in the completed project and will undertake to correct same, regardless of the obligation of others. I further certify that I have not violated any of the terms and conditions of the Permit.

BY: PETER VOSS, PRESIDENT DATE 9/21/93
(Print Name and Title of Authorized Official)

BY: *Peter Voss Pres* 9-21-93
(Signature of Authorized Official)

PARTIAL TEST : If only a portion of the system covered by the Permit is to be tested and approved, describe below:

6. APPROVAL BY METROPOLITAN WATER RECLAMATION DISTRICT

The work covered by the subject permit has been tested and inspected and is hereby approved. The Permittee may grant occupancy at their option. This approval does not constitute a release from other obligations under the Permit.

MWRD Area Inspector
Salvatore Lema ETV
(Print Name and Title)

Salvatore Lema 10/7/93
(Signature) Date

MWRD Area Engineer
Ed Schonsett CE III
(Print Name and Title)

E. Schonsett 5/25/94
(Signature) Date

