

**LaSalle Environmental Audit
Response to Request for Additional Information**

Index #: 029

RAI #: SW-01

Category: Water Resources

Statement of Question:

Provide Illinois Water Inventory Program reports and associated transmittal correspondence (surface water and groundwater portions) for years 2010 through 2014.

Response:

Illinois Water Inventory Program reports, which are filed each year before October 31, are being provided as Attachment 1 to this RAI response for years 2010 through 2013. Exelon needs additional time to provide the report for 2014, which is not yet available. It will be provided as a supplement to this RAI response after it becomes available.

List of Attachments:

1. Exelon Generation Company, LLC. Annual Reports to the Illinois Water Inventory Program for Years 2010 through 2013.

RAI # SW-01

ATTACHMENT 1



Illinois Water Inventory Program



2204 Griffith Drive - Champaign, IL 61820-7495 - Phone (217) 333-0239 - Fax (217) 244-0777

Facility Number: 09914770

Facility Name: Exelon-LaSalle County Station

Address: 2601 N. 21st Road

City: Marseilles

State: IL Zip: 61341

Contact Person: William A. Buinickas

Contact Title: Sr. Environmental Chemist

Phone: 815-415-3235 Fax: 815-415-4785

E-mail: william.buinickas@exeloncorp.com

Please list wells, surface water intakes, and locational information on the lines below.* Enter your water level (pump test) information on the last page, if available. If reported amounts are not in gallons, please indicate units of measurement.

Water Withdrawals for Year 2010

TOTAL GALLONS PUMPED FROM WELLS AND INTAKES

Well or Intake #	Status	Township	Range	Section and Plot	Depth	Annual Gallons
1 WELL	In-Use	32N	05E	17.2F	1629	13,128,901
2 WELL	In-Use	32N	05E	17.1A	1620	0
1 COOLING POND	In-Use	32N	05E	16.8E		574,080,480,000
2 ILLINOIS RIVER	In-Use	33N	05E	21.7A		25,876,800,000
	In-Use					
	In-Use					
	In-Use					
	In-Use					
	In-Use					
	In-Use					
Total Gallons Withdrawn from Wells and Intakes						
599,970,408,901						

Water Use Breakdown and Disposal

Please note that any purchased amount needs to be reported in the column Total Gallons Purchased, below. This amount is needed to indicate the water use for your location and your future needs.

If your facility is not equipped with meters to calculate total water pumpage, an estimated figure or other helpful information (such as staff population and visitors, acreage flooded, or time used at estimated pumping rate) is acceptable to help us calculate water usage at your facility.

1. Total Pumpage: 2010

	Total Gallons Purchased	Total Gallons Wells/Intakes
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A. Processing/Washing:		4,446,760
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Discharge:

Consumption:		4,446,760
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B. Cooling & Condensing:

Type of Cooling System:

Once-through: ☒

Recirculating: ☐

Other (specify):

Discharge:

574,080,480,000

Consumption:

C. Boiler Feed:

D. Employee/Sanitary:		8,682,141
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E. Hydroelectric Flows:

F. Other (Irrigation, Ash Sluice, Blowdown, etc.):		13,685,976,000
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2. Supplier of Purchased Gallons:

3. Average number of employees, patrons, etc. daily: 850

4. Total annual power generation during 2010:

	Net: 19,132,589	Gross: 19,781,400
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Units of measurement:	kW-h: <input type="checkbox"/>	MW-h: <input checked="" type="checkbox"/>	GW-h: <input type="checkbox"/>	Other (specify):
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Well Treatment, Water Levels, Conservation, and Discharge

During the last year, have any of your wells had treatment or rehabilitation work? (Examples would include surging, jetting, acidizing, shock chlorination, etc.)

Yes ☐ No ☒ If yes, please list which well numbers and the type of treatment(s) in the following table.

Well No.	Treatment(s)

If your wells were tested during the calendar year, please provide the following water level information.

Well No.	Airline Length (feet)*	Test Date	Nonpumping (Static) Level			Pumping (Dynamic) Level			
			Hours Off	Gauge Reading **	Depth to Water (feet)	Hours On	Gauge Reading**	Depth to Water (feet)	Pumping Rate (gpm)

*Same as pump setting

**If gauge reading is in pounds per square inch (psi), indicate that in the column. If the gauge is direct reading, indicate feet (ft).

During the last year, were water conservation practices requested or imposed? Yes ☐ No ☒

If Yes: Because of limited treatment capacity ☐ Because of limited water availability ☐

Other:

Type of restriction:

Dates:

Success or estimated amount of savings:

Are there plans to increase treatment or supply capacity? No ☒ Yes ☐ Plans:

Do you discharge water? Yes ☒ No ☐

If Yes: To a municipal wastewater treatment system ☐ Name of system:

To a stream or other surface water body ☒ Your NPDES permit #: IL0048151

To a septic system ☐

Other:

Please return form by 5/31/12

Contact Person and Title:

09914770 EXELON – LASALLE CO STATION
WILLIAM A BUINICKAS, ENVIRONMENTAL SPECIALIST
2601 NORTH 21ST ROAD
MARSEILLES, IL 61341-9757

Phone (815) 4153235

e-mail: william.buinickas@exeloncorp.com

We have records of the following wells and/or intakes for your facility. Please correct inaccuracies and add missing information on this form.
Enter water level information on the last page, if available. If reported amounts are not in gallons, please indicate units of measurement.

2011 - TOTAL GALLONS PUMPED - WELLS/INTAKES

Well or Intake	Status	Tw	Rng	Sec	Depth	Total Annual Gallons Withdrawn			
1 WELL	In-Use	32N	05E	17.2F	1629		7	340	017
2 WELL	In-Use	32N	05E	17.1A	1620		11	601	717
1 COOLING POND	In-Use	32N	05E	16.8E		555	210	720	000
2 ILLINOIS RIVER	In-Use	33N	05E	21.7A		23	328	000	000
Total Gallons Withdrawn from All Sources:						578	557	661	735

Please note that any purchased amount needs to be reported in the column Total Gallons Purchased, below. This amount is needed to indicate the water use for your location and your future needs.

If your facility is not equipped with meters to calculate total water pumpage, an estimated figure or other helpful information (such as staff population and visitors, acreage flooded, or time used at estimated pumping rate) is acceptable to help us calculate water usage at your facility.

	Total Gallons Purchased	Total Gallons - Wells/Intakes
1. 2011 Total Pumpage:	_____, _____, _____, _____	_____, _____, _____, _____
A. Processing/Washing:	_____, _____, _____, _____	_____, <u>5</u> , <u>017</u> , <u>305</u>
B. Cooling & Condensing:	_____, _____, _____, _____	_____, _____, _____, _____
Type of Cooling System: <input checked="" type="checkbox"/> Once-through <input type="checkbox"/> Recirculation <input type="checkbox"/> Other (specify): _____		
Discharge:		<u>555</u> , <u>210</u> , <u>720</u> , <u>000</u>
Consumption:.....		_____, _____, _____, _____
C. Boiler Feed:	_____, _____, _____, _____	_____, _____, _____, _____
D. Employee/Sanitary:	_____, _____, _____, _____	_____, <u>13</u> , <u>924</u> , <u>430</u>
E. Hydroelectric Flows:	_____, _____, _____, _____	_____, _____, _____, _____
F. Other: <u>Blowdown</u>	_____, _____, _____, _____	<u>11</u> , <u>961</u> , <u>072</u> , <u>000</u>
2. Supplier of PURCHASED GALLONS:	_____	
3. Average number of employees, patrons, etc. daily:	<u>850</u>	
4. (Power Generation Stations) Your total annual power generation during 2011:	Net Generation: <u>19,256,427</u>	Gross Generation: <u>19,896,429</u>
	Units: <input type="checkbox"/> kW <input checked="" type="checkbox"/> MW <input type="checkbox"/> GW	Other (specify): _____

Well Treatment, Water Levels, Conservation, and Discharge

During the last year, have any of your wells had treatment or rehabilitation work? (Examples would include surging, jetting, acidizing, shock chlorination, etc.)

Yes ___ No ___ If yes, please list the well numbers and the type of treatment(s) in the following table.

Well No.	Treatment(s)

If your wells were pump-tested during the calendar year, please provide the following water level information.

Well No.	Airline length (ft.)*	Water Levels						
		Water level date	Nonpumping		Pumping			
			Hours off	Gauge reading (ft.)**	Hours on	Gauge reading (ft.)**	Depth to Water	Pumping Rate (gpm)
A	515	07/22/2011	>20	215 FT		159 FT	356 FT	123
B	410	07/19/2011	>20	288 FT	0:47	110 FT	300 FT	466

*Same as pump setting

**If gauge reading \$ in pounds per square inch (psi), indicate that in the column. If the gauge is direct reading, indicate feet (ft).

During the last year, were water conservation practices requested or imposed? Yes ___ No X

If Yes: Because of limited treatment capacity? Yes ___ No ___ Because of limited water availability? Yes ___ No ___

Other: _____

Type of restriction: _____ Dates: _____

Are there plans to increase treatment or supply capacity? Yes ___ No X

Plans: _____

Does your facility discharge wastewater? Yes X No ___

If Yes: To a municipal wastewater treatment system? ___ Name of system: _____

To a stream or other surface water body? X Your NPDES permit #: IL0048151

To a septic system? ___

Other: _____



Illinois Water Inventory Program



2204 Griffith Drive - Champaign, IL 61820-7495 - Phone (217) 333-0239 - Fax (217) 244-0777

Facility Number: 09914770

Facility Name: Exelon-LaSalleCounty Station

Address: 2601 N. 21st Road

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State: IL Zip: 61341

Contact Person: William A. Bunickas

Contact Title: Sr. Environmental Chemist

Phone: 815-415-3235 Fax: 815-415-4785

E-mail: william.bunickas@exeloncorp.com

Please list wells, surface water intakes, and locational information on the lines below.* Enter your water level (pump test) information on the last page, if available. If reported amounts are not in gallons, please indicate units of measurement.

Water Withdrawals for Year 2012

TOTAL GALLONS PUMPED FROM WELLS AND INTAKES

Well or Intake #	Status	Township	Range	Section and Plot	Depth	Annual Gallons
1 WELL	In-Use	32N	05E	17.2F	1629	8,696,810
2 WELL	In-Use	32N	05E	17.1A	1620	2,315,944
1 COOLING POND	In-Use	32N	05E	16.8E		560,800,800,000
2 ILLINOIS RIVER	In-Use	33N	05E	21.7A		28,857,600,000
	In-Use					
	In-Use					
	In-Use					
	In-Use					
	In-Use					
	In-Use					
Total Gallons Withdrawn from Wells and Intakes						
560,811,812,754						

Water Use Breakdown and Disposal

Please note that any purchased amount needs to be reported in the column Total Gallons Purchased, below. This amount is needed to indicate the water use for your location and your future needs.

If your facility is not equipped with meters to calculate total water pumpage, an estimated figure or other helpful information (such as staff population and visitors, acreage flooded, or time used at estimated pumping rate) is acceptable to help us calculate water usage at your facility.

1. Total Pumpage: 2012	Total Gallons Purchased	Total Gallons Wells/Intakes
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A. Processing/Washing:		5,059,455
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B. Cooling & Condensing:

Type of Cooling System:	Once-through: <input checked="" type="checkbox"/>	Recirculating: <input type="checkbox"/>
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Other (specify):

Discharge:		560,800,800,000
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Consumption:

C. Boiler Feed:

D. Employee/Sanitary:		5,953,299
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E. Hydroelectric Flows:

F. Other (Irrigation, Ash Sluice, Blowdown, etc.):		14,005,656,000
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2. Supplier of Purchased Gallons:

3. Average number of employees, patrons, etc. daily: 850

4. Total annual power generation during 2012	Net: 19,594,967	Gross: 20,232,626
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Units of measurement:	kW-h: <input type="checkbox"/>	MW-h: <input checked="" type="checkbox"/>	GW-h: <input type="checkbox"/>	Other (specify):
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Well Treatment, Water Levels, Conservation, and Discharge

During the last year, have any of your wells had treatment or rehabilitation work? (Examples would include surging, jetting, acidizing, shock chlorination, etc.)

Yes ☒ No ☐ If yes, please list which well numbers and the type of treatment(s) in the following table.

Well No.	Treatment(s)
1 WELL	Pump replaced, pump/lines flushed / disinfection

If your wells were tested during the calendar year, please provide the following water level information.

Well No.	Airline Length (feet)*	Test Date	Nonpumping (Static) Level			Pumping (Dynamic) Level			
			Hours Off	Gauge Reading **	Depth to Water (feet)	Hours On	Gauge Reading**	Depth to Water (feet)	Pumping Rate (gpm)
1 WELL	525	08/31/12	> 20	95	430	1:20	72	453	252

*Same as pump setting

**If gauge reading is in pounds per square inch (psi), indicate that in the column. If the gauge is direct reading, indicate feet (ft).

During the last year, were water conservation practices requested or imposed? Yes ☐ No ☒

If Yes: Because of limited treatment capacity ☐ Because of limited water availability ☐

Other:

Type of restriction:

Dates:

Success or estimated amount of savings:

Are there plans to increase treatment or supply capacity? No ☒ Yes ☐ Plans:

Do you discharge water? Yes ☒ No ☐

If Yes: To a municipal wastewater treatment system ☐ Name of system:

To a stream or other surface water body ☒ Your NPDES permit #: IL0048151

To a septic system ☐

Other:

Buinickas, William A:(GenCo-Nuc)

From: Buinickas, William A:(GenCo-Nuc)
Sent: Friday, October 31, 2014 9:45 AM
To: 'ILLINOIS WATER INVENTORY PROGRAM (isws-iwip@isws.illinois.edu)'
Subject: 2013 Illinois Water Inventory Survey for Exelon-LaSalle County Station (Facility No. 09914770)
Attachments: Exelon-LaSalle County Station-2013 Water Inventory.doc
Importance: High
Contacts: ILLINOIS WATER INVENTORY PROGRAM

Dear Sir/Madam:

Please find attached the 2013 Illinois Water Inventory Survey for LaSalle County Station (Facility No. 09914770). Please call me at the number below if you have any questions.

Thank You,

William A. Buinickas
LaSalle-Environmental 815-415-3235



2204 Griffith Drive - Champaign, IL 61820-7495 - Phone (217) 333-0239 - Fax (217) 244-0777

E-mail: william.buinickas@exeloncorp.com

Well or Intake #	Status	Township	Range	Section and Plot	Depth	Total Annual Gallons Withdrawn
1 WELL	In-Use	32N	05E	17.2F	1629	10,320,958
2WELL	In-Use	32N	05E	17.1A	1620	0
1COOLING POND	In-Use	32N	05E	16.8E		560,528,640,000
2 ILLINOIS RIVER	In-Use	33N	05E	21.7A		17,064,000,000
	In-Use					
	In-Use					
	In-Use					
	In-Use					
	In-Use					
	In-Use					

Total Gallons Withdrawn from Wells and Intakes
577,602,960,958

Water Use Breakdown and Disposal

Please note that any purchased amount needs to be reported in the column Total Gallons Purchased, below. This amount is needed to indicate the water use for your location and your future needs.

If your facility is not equipped with meters to calculate total water pumpage, an estimated figure or other helpful information (such as staff population and visitors, acreage flooded, or hours operated at estimated pumping rate) is acceptable to help us calculate water usage at your facility.

1. Total Pumpage: 2013	Total Gallons Purchased	Total Gallons Wells/Intakes
A. Processing/Washing:		5,748,596
B. Cooling & Condensing:		
Type of Cooling System:	Once-through: <input checked="" type="checkbox"/>	Recirculating: <input type="checkbox"/>
		Other (specify):
Discharge:		560,528,640,000
Consumption:		
C. Boiler Feed:		
D. Employee/Sanitary:		4,572,362
E. Hydroelectric Flows:		
F. Other (Irrigation, Ash Sluice, Blowdown, etc.):		6,172,992,000
2. Supplier of Purchased Gallons:		
3. Average number of employees, patrons, etc. daily:		
4. Total annual power generation during 2013	Net: 18,760,298	Gross: 19,409,467
Units of measurement: kW-h: <input type="checkbox"/>	MW-h: <input checked="" type="checkbox"/> GW-h: <input type="checkbox"/>	Other (specify):

Well Treatment, Water Levels, Conservation, and Discharge

During the last year, have any of your wells had treatment or rehabilitation work? (Examples would include surging, jetting, acidizing, shock chlorination, etc.)

Yes ☐ No ☒ If yes, please list which well numbers and the type of treatment(s) in the following table.

Well No.	Treatment(s)

If your wells were tested during the calendar year, please provide the following water level information.

Well No.	Airline Length (feet)*	Test Date	Nonpumping (Static) Level			Pumping (Dynamic) Level			
			Hours Off	Gauge Reading**	Depth to Water (feet)	Hours On	Gauge Reading**	Depth to Water (feet)	Pumping Rate (gpm)

*Same as pump setting

**If gauge reading is in pounds per square inch (psi), indicate that in the column. If the gauge is direct reading, indicate feet (ft).

During the last year, were water conservation practices requested or imposed? Yes ☐ No ☒

If Yes: Because of limited treatment capacity ☐ Because of limited water availability ☐

Other:

Type of restriction:

Dates:

Success or estimated amount of savings:

Are there plans to increase treatment or supply capacity? No ☒ Yes ☐ Plans:

Do you discharge water? Yes ☒ No ☐

If Yes: To a municipal wastewater treatment system ☐

Name of system:

To a stream or other surface water body ☒

Your NPDES permit #: IL0048151

To a septic system ☐

Other: