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	netenance *use browser	print op		
Contact Information			Site/Compliance/Mi	
Owner Name:	Kane County Division of Transportatation	2000	Facility Name:	Landscaping Construction - Stearns Road
Mailing Address:	41W011 Burlington Road	The state of the s	Facility Location:	Stearns Road between Randall Road and 0.76 miles east of Dunham Road
		70	ր City:	South Elgin
City:	St. Charles	200	State:	IL
State:	IL		Zip:	60177
Zip:	60175	and delication and the same	Latitude Degrees:	41.978220
Contact Person:	Dave Boesch		Longitude Degrees:	-88.294718
Owner Type:	County		County:	KANE
Area Code:	630		Section:	1
Phone #:	584-1170		Township:	37N
Extension			Range:	8E
MS4 Community:	P Your		Construction Type:	
· · · · · · · · · · · · · · · · · · ·	P Yes		**	Transportation
			SIC:	
Contractor Name:	Natural Creations Landscaping, Inc.	.61	Constr. Start Date:	05/29/2011
	Lanuscaping, Inc.	::1	Constr. End Date:	07/02/2012
			Site Size(In Acres):	84.6100
			If less than 1 acre, is the	gaussian?
		NSG:	site part of a larger	, Aec
Area Code:	815	MINIO CONTRACTOR OF THE PARTY O	common plan of	
Phone #:	724-0991	***************************************	development?:	
Ext.			During During Description	
Mailing Address:	356 Bruce Street		Project Brief Description:	The work consists of permanent landscaping for
City:	Joliet			the newly constructed Sterns
State:	IL			Road Corridor including
Zip:	60432			preparation of seed beds, permanent seeding,
,μ,	00-732			mulching, ECB, trees,
	Onsite Field Trailer			shrubbery, control burns,
Location of SWPPP:		استست	Historic Preservation:	Yes
			Endangered Species:	Yes
			Impaired Water:	
		-	Discharge Type:	Waters of the State
Location City:	South Elgin		Storm Sewer Owner:	Kane County/South Elgin
Contact First Name:	Bob	***************************************	Closest Receiving Water:	Brewster Creek/Sugar Ridge Drain
Contact Last Name:	Kerpec	<u> </u>		Land the state of
Contact Phone #:	224-213-0586-		NPDES Permit Number:	ILR100501
Contact FAX #:	847-740-2888-		Permit Id:	23516
Contact Inspector	CPESC		Received Date:	05/05/2011
Qualifications			Approved Date:	06/02/2011
Other Description			Permit Issue Date	06/02/2011
Inspector First Name:	Bob	***************************************	Permit Coverage Date:	06/02/2011
Inspector Last Name:	Kerpec		Termination Date:	
Inspector Phone #:	224-213-0586-		Stabilization Date	
Inspector FAX #:	847-740-2888-		Expiration Date:	07/31/2013
Inspector Qualifications:	CPESC		Modification Submittal	
Other Description		AND THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS N	Date:	

I certify under penalty of law that information and files uploaded to this website were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based

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on my inquiry of the person or person(s) who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of the permit, including the development and implementation of a storm water pollution prevention plan and a monitoring program plan, will be complied with. I also certify that, to the best of my knowledge, the storm water which is discharged from this facility\site does not contain process wastewater, domestic wastewater, domestic wastewater, or cooling water.

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally, via information submitted from this website, or in writing, to the Illinois EPA commits a class 4 felony. A second or subsequent offense after conviction is a class 3 felony. (415 ILCS 5/44(h))

Submitted By:

Registered User Name: Deanna Ann Doohaluk

Title: Water Resources Planner
Id: ddoohaluk@heyassoc.com

Submitted On: **05/02/2011**

Submitted For The Following Permit Owner:

Owner Name: Kane County Division of Transportatation

🗷 I accept these terms and conditions