

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
NOTICE OF INTENT (NOI)
GENERAL PERMIT TO DISCHARGE STORM WATER
CONSTRUCTION SITE ACTIVITIES**

OWNER INFORMATION

COMPANY/ OWNER NAME: County of Kane (KDOT)		OWNER TYPE: SELECT ONE County MS4 Community <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
MAILING ADDRESS: 41W011 Burlington Road		PHONE: Area Code (630) Number 584-1170 ext.	
CITY: St. Charles	STATE: IL	ZIP CODE: 60175	FAX: Area Code (630) Number 584-5265
CONTACT PERSON: Carl Schoedel		EMAIL: SchoedelCarl@co.kane.il.us	

CONTRACTOR INFORMATION

CONTRACTOR NAME: FH Paschen SN Nielsen and Associates, LLC		PHONE: Area Code (773) Number 44-3474 ext.	
MAILING ADDRESS: 8725 Higgins Road, Ste 200		STATE: IL	ZIP CODE: 60631
CITY: Chicago			

CONSTRUCTION SITE INFORMATION

SELECT ONE:	<input checked="" type="checkbox"/> NEW SITE <input type="checkbox"/> CHANGE OF INFORMATION FOR: ILR10		
PROJECT NAME:	FAP Rte 361 (Il Rte 31/McLean Blvd.)		COUNTY: Kane
STREET ADDRESS/ LOCATION	McLean Boulevard & IL Rte 31		CITY: South Elgin IL ZIP CODE: 60177
LATITUDE:	DEG. 41	MIN. 58	SEC. 33.84
	DEG. 88	MIN. 18	SEC. 55.91
	SECTION: 3	TOWNSHIP: 40N	RANGE: 8E
APPROX CONST START DATE 08 / 01 / 09	APPROX CONST END DATE 05 / 01 / 11	TOTAL SIZE OF CONSTRUCTION SITE IN ACRES: <u>15</u> If less than 1 acre, is site part of larger common plan of development? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

STORM WATER POLLUTION PREVENTION PLAN INFORMATION

HAS STORM WATER POLLUTION PREVENTION PLAN BEEN SUBMITTED TO AGENCY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (SUBMIT SWPPP ELECTRONICALLY TO: epa.consilr10swppp@illinois.gov)	
WILL STORM WATER POLLUTION PREVENTION PLAN BE AVAILABLE AT SITE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LOCATION OF SWPPP FOR VIEWING: ADDRESS: 81 South McLean Blvd., Ste. C	CITY: South Elgin
SWPPP CONTACT INFORMATION: NAME: Pat Kiely	INSPECTOR QUALIFICATIONS: SELECT ONE Other
PHONE: (847) 833-7648	FAX: (847) 823-0520
EMAIL: pkiely@cbbel.com	
PROJECT INSPECTOR, IF DIFFERENT THAN ABOVE: NAME:	INSPECTOR QUALIFICATIONS: SELECT ONE Other
PHONE: ()	FAX: ()
EMAIL:	

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TYPE OF CONSTRUCTION (SELECT ALL THAT APPLY)

SELECT ONE Transportation	SIC Code:
TYPE DETAILED DESCRIPTION OF PROJECT:	
<p>Consists of the construction of McLean Boulevard from IL Rte 31 to just north of Lancaster as well as modifications to IL Rte 31. The total length of roadway improvements associated with this project is 4,800 ft. The proposed McLean Boulevard will be an urban roadway with curb and gutter. IL Rte 31 will include widening of the roadway to accommodate two eastbound left turn lanes on McLean Blvd, and a westbound right turn lane. Two storm sewer systems will be constructed to convey drainage from the roadway. One will be routed to a proposed detention basin and the other will discharge to the northwest corner of IL Rte 31 and McLean Boulevard. The project also consists of the realignment of the existing Sugar Ridge Drainage Ditch and construction of crossroad culverts.</p>	


HISTORIC PRESERVATION AND ENDANGERED SPECIES COMPLIANCE

HAS THIS PROJECT BEEN SUBMITTED TO THE FOLLOWING STATE AGENCIES TO SATISFY APPLICABLE REQUIREMENTS FOR COMPLIANCE WITH ILLINOIS LAW ON:	
HISTORIC PRESERVATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO http://www.illinois.gov/PB/rdocument.htm
ENDANGERED SPECIES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO http://dnr.eco.state.il.us/ecopublic/

RECEIVING WATER INFORMATION

DOES YOUR STORM WATER DISCHARGE DIRECTLY TO:	<input checked="" type="checkbox"/> WATERS OF THE STATE	OR	<input type="checkbox"/> STORM SEWER
OWNER TO STORM SEWER SYSTEMS:			
NAME OF CLOSEST RECEIVING WATERBODY TO WHICH YOU DISCHARGE: Unnamed Tributary to Fox River			

I certify under penalty of law that this document and all attachments 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 on my inquiry of the person or persons 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.

OWNER SIGNATURE: 

DATE: 6.22.2009

SUBMIT ELECTRONICALLY TO:
epa.conallr10swppp@illinois.gov

OR MAIL COMPLETED FROM TO:
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
ATTN: PERMIT SECTION
POST OFFICE BOX 19276
SPRINGFIELD, ILLINOIS 62794-9276
www.epa.state.il.us

FOR OFFICE USE ONLY	
LOG:	
PERMIT NO. ILR10	_____
DATE:	

Information required by this form must be provided to comply with 410 ILCS 830 (1985). Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

IL 532 E104
WPG 423 Rev. 8/09

