

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: Herlihy Mid-Continent Company					
MAILING ADDRESS: 1306 Marquette Drive		PHONE: Area Code (630) Number 378-1000 ext.			
CITY: Romeoville	STATE: IL	ZIP CODE: 60446			

CONSTRUCTION SITE INFORMATION

SELECT ONE:	<input checked="" type="checkbox"/> NEW SITE <input type="checkbox"/> CHANGE OF INFORMATION FOR: ILR10									
PROJECT NAME:	FAP 361 Stearns Road East of McLean Boulevard to IL Rte 25							COUNTY: Kane		
STREET ADDRESS/ LOCATION	McLean Boulevard to IL Rte 25					CITY: South Elgin		IL	ZIP CODE:	
LATITUDE:	DEG. 41	MIN. 57	SEC. 48.40	LONGITUDE:	DEG. 86	MIN. 30	SEC. 50.01	SECTION: 2.3	TOWNSHIP: 40N	RANGE: 8E
APPROX CONST START DATE 06 / 08 / 09	APPROX CONST END DATE 11 / 08 / 10			TOTAL SIZE OF CONSTRUCTION SITE IN ACRES: <u>125</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.constilr10swppp@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: 41W011 Burlington Road	CITY: St. Charles
SWPPP CONTACT INFORMATION: NAME: Mike Brangenberg	INSPECTOR QUALIFICATIONS: SELECT ONE Other
PHONE: (630) 904-8899	FAX: (630) 505-8865
EMAIL: mbrangenberg@omegaassociates.com	
PROJECT INSPECTOR, IF DIFFERENT THAN ABOVE: NAME: Mike Brangenberg	INSPECTOR QUALIFICATIONS: SELECT ONE Other
PHONE: (630) 904-8899	FAX: (630) 505-8865
EMAIL: mbrangenberg@omegaassociates.com	

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TYPE OF CONSTRUCTION (SELECT ALL THAT APPLY)

SELECT ONE <input checked="" type="checkbox"/> Transportation	SIC Code: <input type="text"/>
TYPE DETAILED DESCRIPTION OF PROJECT: Consists of the construction of a 4 lane urban roadway between McLean Boulevard and Illinois Route 25, widening and realignment of IL Route 25 adjacent to the Stearns Road/ Route 25 intersection and a bike path adjacent to the new roadway alignment. Bridges over the Fox River, and the North Arm of Brewster Creek will also be constructed. In addition, storm sewer and ditches will be constructed to convey runoff from the roadway to detention basins, some already constructed and four, as part of this development. The total length of improvements associated with this project is 11,347 LF (2.15 miles). The total project area consists of approximately 125 acres.	

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/PS/redocument.htm
ENDANGERED SPECIES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO http://dnrecocat.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: Fox River and North Arm of Brewster Cr

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: *[Signature]* COUNTY ENGINEER DATE: MAY 7, 2009

SUBMIT ELECTRONICALLY TO:
epa.constit10swppp@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 415 ILCS 5/39 (1986). 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 2104
WPC 023 Rev. 8/06

Submit form