

Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Division of Water Pollution Control Notice of Intent (NOI) for General Permit to Discharge Storm Water Associated with Construction Site Activities

This fillable form may be completed online, a copy saved locally, printed and signed before it is submitted to the Permit Section at the above address.

For Office Use Only

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OWNER INFORMATION							Permit No. II	_R10	
Company/Owner Name: Kane County D	ivision of Tran	sportation				L	water the transfer of the tran		
Mailing Address: 41W011 Burlington Ro	oad				. Pr	one: <u>6</u>	30-584-1170		
City: St. Charles	State: IL_	Zip: 601	75		Fa	x: <u>630</u>	-584-5265		
Contact Person: Carl Schoedel			E	E-mail: s	choed	lelcari@	co.kane.il.us		
Owner Type (select one) County		alpunotique.			12.000101	21.			
CONTRACTOR INFORMATION					MS4	Commi	unity: 🔽 Ye	es No	
Contractor Name:				A A4A					
Mailing Address:					Ph	none: _			
City:	State:	Zip:							
CONSTRUCTION SITE INFORMAT	ION								
Select One: New Change of information for: ILR10									
Project Name: Tanner Road Bridge Replacement County: Kane									
Street Address: Tanner Road @ Lake	Run Creek	City: N	lorth Aur	ora		IL	Zip: 60452		
Latitude: 41 48 40	Longitude:	88	24	10		35	39N	06E	
(Deg) (Min) (Sec)		(Deg)	(Min)	(Sec	c)	Sectio	n Township	Range	
Approximate Construction Start Date	Apr 23, 2014	Ap	proxima	te Const	ruction	End D	ate Nov	14, 2014	
Total size of construction site in acres: 2.2 Fee Schedule for Construction Sites:								s:	
If less than 1 acre, is the site part of a larger common plan of developme						Less t	han 5 acres -	\$250	
Yes No						5 or m	ore acres - S	∮/5U 	
STORM WATER POLLUTION PREVI	ENTION PLA	N (SWPF	PP)						
Has the SWPPP been submitted to the Ag	Section Control			1	Yes		No		
(Submit SWPPP electronically to: epa.co						_			
Location of SWPPP for viewing: Address:	41W011 Bun	ington Roa	ad	<u>*</u>		_ c	ity: St. Charle	es	
SWPPP contact information:						In	spector qualifi	ications:	
Contact Name: Dave Boesch									
Phone: 630-584-1170 Fax:					boes	peschdavid@co.kane.il.us			
Project inspector, if different from above					In	spector qualifi	cations:		
Inspector's Name:									
Phone: Fax:				E-mail:					

IL 532 2104 WPC 623 Rev 5/10

This Agency is authorized to require this information under Section 4 and Title X of the Environmental Protection Act (415 ILCS 5/4, 5/39). Failure to disclose this information may result in: a civil penalty of not to exceed \$50,000 for the violation and an additional civil penalty of not to exceed \$10,000 for each day during which the violation continues (415 ILCS 5/42) and may also prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center,

TYPE OF CONSTRUCTION (select one) Construction Type Reconstruction							
SIC Code:							
Type a detailed description of the project: The Work included in this contract consists of furnishing all labor, materials, equipment, and other incidentals							
embankment; construction of bridge approach and connector pavement;							
pavement and shoulders; guard rail; parkway restoration; pavement man							
items of work in accordance with the Plans, Standard Specifications, and							
items of work in accordance with the Flans, Standard Opecinications, and	opecial r Tovisions.						
HISTORIC PRESERVATION AND ENDANGERED SPECIES COI Has the project been submitted to the following state agencies to satisfy a Illinois law on:							
Historic Preservation Agency ✓ Yes No							
Endangered Species							
RECEIVING WATER INFORMATION							
Does your storm water discharge directly to: 📝 Waters of the State	or Storm Sewer						
Owner of storm sewer system:							
Name of closest receiving water body to which you discharge: Lake Rui	n Creek						
Mail completed form to: Illinois Environmental Protection Agency Division of Water Pollution Control Attn: Permit Section Post Office Box 19276 Springfield, Illinois 62794-9276 or call (217) 782-0610 FAX: (217) 782-9891							
Or submit electronically to: epa.constilr10swppp@illinois.gov							
I certify under penalty of law that this document and all attachments were in accordance with a system designed to assure that qualified personnel p submitted. Based on my inquiry of the person or persons who manage this for gathering the information, the information submitted is, to the best of m complete. I am aware that there are significant penalties for submitting fals and imprisonment. In addition, I certify that the provisions of the permit, income a storm water pollution prevention plan and a monitoring program plan,	roperly gather and evaluate the information system, or those persons directly responsible y knowledge and belief, true, accurate, and information, including the possibility of fine cluding the development and implementation						
Any person who knowingly makes a false, fictitious, or fraudulent material st commits a Class 4 felony. A second or subsequent offense after conviction in							
Owner Signature:	Date:						
CARL SCHOEDEL	COUNTY ENGINEER						

Printed Name: