

# Illinois Environmental Protection Agency

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

#### Notice of Intent for New or Renewal of General Permit for Discharges from Small Municipal Separate Storm Sewer Systems - MS4's

#### Part I. General Information

MS4 Community Name: City of Elmhurst			MS4 Permit #: ILR40 0187				
	Population (based on 2010 census): 4	6,387					
2.	MS4 Mailing Address: 209 N York Stre	eet	City	Elmhurst		, IL	Zip: 60126
	Contact Person Kent Johnson	Title: City Engineer		Phone: (630	) 530-3024		
3.	Email Address: Kent.Johnson@elmhu	ırst.org					
4.	Community Type: City	Other:					
5.	Name(s) of governmental entity(ies) in	which MS4 is located:					
	City/Village: Elmhurst	Township: Addison, York		County:	DuPage		
6. 7.		•	for which y	ou are reque	sting authoria	zatior	n to discharge:
	Latitude: 41 53 58.7  Degrees Minutes: Seconds:	Longitude	e: <u>87</u>	56 Minutes:	25.8	Latio	r to disoriarge.
		L. NGA C	Degrees:	Minutes:	Seconds:		
	Is MS4 Community a Co-Permittee with anot		. □No				
	If yes, MS4 Permittee you are Co-Permittee w	nth: Durage County					
	MS4 Permit # of Permittee: ILR40 0502						
8.	Name(s) of known receiving waters	Impair	ment listed	on 303d List	or TMDL?		
5	Salt Creek	Yes	□No				
A	Addison Creek	✓Yes	□No				

Persons responsible for impler	nentation or coordination of Stormwater Mana	agement Program:
Name: Kent Johnson	Title:City Engineer	Phone: (630) 530-3024
Email: Kent.Johnson@elmhurst.d	org	
Area of Responsibility: Engineering	g/Stormwater Permitting/etc.	
Part II. Best Management Praproposed to be implemented i		s) which have been implemented or are
A. Public Education and Outreach Qualifying Local Programs:	1	
Measurable Goals (include shared r	esponsibilities)	
☐ A.1 Distributed Paper Mate	ial	
A.2 Speaking Engagement		
☐ A.3 Public Service Annound	ement	
☐ A.4 Community Event		
☐ A.5 Classroom Education M	aterial	
☐ A.6 Other Public Education		
B.Public Participation/Involvement	t	
Measurable Goals (include shared r	esponsibilities)	
Qualifying Local Programs:		
☐ B.2 Educational Volunteer		
☐ B.3 Stakeholder Meeting		
☐ B.4 Public Hearing		
☐ B.5 Volunteer Monitoring		
☐ B.6. Program Involvement		
☐ B.7 Other Public Involvemen	t	

C. Illicit Discharge Detection and Elimination	
Qualifying Local Programs:	
Measurable Goals (include shared responsibilities)	
C.1 Sewer Map Preparation	
C.2 Regulatory Control Program	
C.3 Detection/Elimination Prioritization Plan	
C.4 Illicit Discharge Tracing Procedures	
C.5 Illicit Source Removal Procedures	
C.6 Program Evaluation and Assessment	
C.7 Visual Dry Weather Screening	
C.8 Pollutant Field Testing	
C.9 Public Notification	
C.10 Other Illicit Discharge Controls	
D. Construction Site Runoff Control	
Measurable Goals (include shared responsibilities)	
Qualifying Local Programs:	
D.1 Regulatory Control Program	
□ D.2 Erosion and Sediment Control BMPs	
□ D.3 Other Waste Control Program	
□ D.4 Site Plan Review Procedures	
□ D.5 Public Information Handling Procedures	
□ D.6 Site Inspection/Enforcement Procedures	
D 7 Other Construction Site Runoff Controls	

E. Post-Construction Runoff Control  Qualifying Local Programs:		
Measurable Goals (include shared responsibilities)		
☐ E.1 Community Control Strategy		
☐ E.2 Regulatory Control Program		
☐ E.3 Long Term O & M Procedures		
☐ E.4 Pre-Construction Review of BMP Designs		
☐ E.5 Site Inspections During Construction		
☐ E.6 Post-Construction Inspections		
☐ E.7 Other Post-Construction Runoff Controls		
F. Pollution Prevention/Good Housekeeping		
Measurable Goals (include shared responsibilities)		
Qualifying Local Programs:		
☐ F.1 Employee Training Program		
☐ F.2 Inspection and Maintenance Program		
F.3 Municipal Operations Storm Water Control		
☐ F.4 Municipal Operations Waste Disposal		
F.5 Flood Management/Assess Guidelines		
☐ F.6 Other Municipal Operations Controls		

#### Part III. Certification

I certify under penalty of law that this document an all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the 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 knowingly submitting false information, including the possibility of fines and imprisonment.

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally 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)).

Authorized Representative Name

Title

LITY ENGSHEER

Date

Authorized Representative Signature

You may complete this form online and save a copy locally before printing and signing the form. It should then be sent to:

Illinois Environmental Protection Agency
Bureau of Water
Division of Water Pollution Control
Attn: Permit Section
P.O. Box 19276
1021 North Grand Avenue East
Springfield, IL 62794-9276

BMP Number	tion and Outreach		
-			
	Add Another BMP	Delete Last Entry	

B. Public Participation			
BMP Number	<u> </u>		
	Add Another BMP	Delete Last Entry	

C. Illicit Discharge Detection and							
BMP Number							
	Add Another BMP	Delete Last Entry					

D. Construction Site Runoff Control					
Delete Last Entry					
	Delete Last Entry				

MP Number		

Pollution Prevention/Good						
BMP Number						
	Add Another BMP	Delete Last Entry				