



Illinois Environmental Protection Agency

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

Division of Water Pollution Control ANNUAL FACILITY INSPECTION REPORT

for NPDES Permit for Storm Water Discharges from Separate Storm Sewer Systems (MS4)

This fillable form may be completed online, a copy saved locally, printed and signed before it is submitted to the Compliance Assurance Section at the above address. Complete each section of this report.

Report Period: From March, 2014 To March, 2015

Permit No. ILR40 0199

MS4 OPERATOR INFORMATION: (As it appears on the current permit)

Name: Village of Glen Ellyn Mailing Address 1: 30 S. Lambert Road

Mailing Address 2: _____ County: DuPage

City: Glen Ellyn State: IL Zip: 60137 Telephone: 630-469-6756

Contact Person: Julius Hansen Email Address: jhanzen@glenellyn.org
(Person responsible for Annual Report)

Name(s) of governmental entity(ies) in which MS4 is located: (As it appears on the current permit)

Village of Glen Ellyn

THE FOLLOWING ITEMS MUST BE ADDRESSED.

A. Changes to best management practices (check appropriate BMP change(s) and attach information regarding change(s) to BMP and measurable goals.)

- | | | | |
|--|-------------------------------------|---|-------------------------------------|
| 1. Public Education and Outreach | <input checked="" type="checkbox"/> | 4. Construction Site Runoff Control | <input checked="" type="checkbox"/> |
| 2. Public Participation/Involvement | <input checked="" type="checkbox"/> | 5. Post-Construction Runoff Control | <input checked="" type="checkbox"/> |
| 3. Illicit Discharge Detection & Elimination | <input checked="" type="checkbox"/> | 6. Pollution Prevention/Good Housekeeping | <input checked="" type="checkbox"/> |

B. Attach the status of compliance with permit conditions, an assessment of the appropriateness of your identified best management practices and progress towards achieving the statutory goal of reducing the discharge of pollutants to the MEP, and your identified measurable goals for each of the minimum control measures.

C. Attach results of information collected and analyzed, including monitoring data, if any during the reporting period.

D. Attach a summary of the storm water activities you plan to undertake during the next reporting cycle (including an implementation schedule.)

E. Attach notice that you are relying on another government entity to satisfy some of your permit obligations (if applicable).

F. Attach a list of construction projects that your entity has paid for during the reporting period.

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))

Julius Hansen
Owner Signature:
Julius Hansen
Printed Name:

5/27/15
Date:
Director of Public Works
Title:

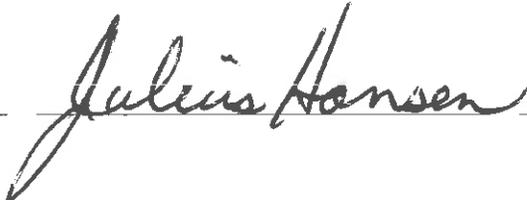
EMAIL COMPLETED FORM TO: epa.ms4annualinsp@illinois.gov

or Mail to: ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
WATER POLLUTION CONTROL
COMPLIANCE ASSURANCE SECTION #19
1021 NORTH GRAND AVENUE EAST
POST OFFICE BOX 19276
SPRINGFIELD, ILLINOIS 62794-9276

IL 532 2585 WPC 691 Rev 6/10 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.

Part V. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or 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 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 fine and imprisonment.

Authorized Representative Name and Title	Signature	Date
Julius Hansen, Public Works Director		05-28-15

Mail completed form to:

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
ATTN: PERMIT SECTION
POST OFFICE BOX 19276
SPRINGFIELD, ILLINOIS 62794-9276**

9. Persons Responsible for Implementation/Coordination of Storm Water Management Program:

<u>Name</u>	<u>Title</u>	<u>Telephone No.</u>	<u>Area of Responsibility</u>
Julius Hansen	Public Works Director	(630)-469-6756	All Public Works Activities
Bob Minix	Professional Engineer	(630) 469-6756	IDDE, Utilities Design and Construction Oversight
Robert Greenberg	Utilities Superintendent	(630) 469-6756	Water, Wastewater, Storm Sewer Maintenance and Oversight
Ray Ulreich	Stormwater Engineer	(630) 547-5250	Permitting/Ordinance Enforcement

ILLINOIS ENVIRONMENTAL PROTECTION
 AGENCY
 NOTICE OF INTENT
 FOR GENERAL PERMIT FOR DISCHARGES
 FROM
 SMALL MUNICIPAL SEPARATE STORM SEWER
 SYSTEMS (MS4s)

Input forms in Word format are
 available by via email.
marilyn.davenport@epa.state.il.us
 or by calling the Permit Section at
 217/782-0610
 See address for mailing on page 4

For Office Use Only – Permit No.
 ILR40 _____

Part I. General Information

1. MS4 Operator Name: Village of Glen Ellyn
2. MS4 Operator Mailing Address:
 Street- 30 S. Lambert Rd. City- Glen Ellyn
 State- Illinois Zip Code- 60137
3. Operator Type: Village
4. Operator Status: Local
5. Name(s) of Governmental Entity(ies) in which MS4 is located: Village of Glen Ellyn
6. Area of land that drains to your MS4 (in square miles): 7.5

7. Latitude/Longitude at approximate geographical center of MS4 for which you are requesting authorization to discharge:

Latitude: 41 51 40.80 Longitude: 88 04 28.9
 DEG. MIN. SEC. DEG. MIN SEC

8. Name(s) of known receiving waters: *Attach additional sheets (Attachment 1) as necessary:*

- | | |
|---|--|
| <p>EBEB: East Branch DuPage River's</p> <p>1. <u>Mainstem</u></p> <p>WBWF: West Branch DuPage</p> <p>3. <u>River's Winfield Creek</u></p> <p>5. _____</p> <p>7. _____</p> <p>9. _____</p> | <p>EBGL: East Branch DuPage River's</p> <p>2. <u>Glen Crest Creek</u></p> <p>4. _____</p> <p>6. _____</p> <p>8. _____</p> <p>10. _____</p> |
|---|--|