

## 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.

port Period: From March, 2012 To March, 2018				Permit No. ILR40 0311620		
MS4 OPERATOR INFORMATION: (As it a	ppears on the	curre	nt permit)			
Name: VILLAGE OF LEMONT Mailing Address 1: 418 MAIN STREET						
Mailing Address 2:					County: D	uPage
City: LEMONT	State:	IL	Zip: 6043	9	Telephone	630-257-1550
Contact Person: JAMES L. CAINKAR, P.E. (Person responsible for Annual Report)		Ema	I Address:	jimcainkar@	novotnyeng	ineering.com
Name(s) of governmental entity(ies) in which	ch MS4 is loc	ated:	(As it appe	ars on the cเ	ırrent perm	it)
VILLAGE OF LEMONT						
					- · · · · -	
THE FOLLOWING ITEMS MUST BE ADDRE	SSED.					
A. Changes to best management practices (changed regarding change(s) to BMP and measurable		ite BM	P change(s	) and attach i	nformation	
1. Public Education and Outreach	☐ 4.	Cons	struction Sit	e Runoff Con	trol	
2. Public Participation/Involvement	<u> </u>	Post	-Constructio	on Runoff Cor	ntrol	
3. Illicit Discharge Detection & Eliminatio	n 🗌 6.	Pollu	ıtion Prever	ntion/Good Ho	usekeeping	
B. Attach the status of compliance with permit management practices and progress toward MEP, and your identified measurable goals	ds achieving th	ne stat	utory goal o	of reducing the	eness of you e discharge	r identified best of pollutants to the
C. Attach results of information collected and					ring the rep	orting period.
D. Attach a summary of the storm water activitimplementation schedule.)	ties you plan t	o unde	ertake durin	g the next rep	orting cycle	( including an
E. Attach notice that you are relying on another	er government	entity	to satisfy s	ome of your p	ermit obliga	tions (if applicable).
F. Attach a list of construction projects that yo	ur entity has p	aid for	during the	reporting peri	od.	
Any person who knowingly makes a false, fictit commits a Class And M. A second or subsequ	ious, or fraudu uent offense al	lent m fter co	aterial state nviction is a	ment, orally or Class 3 felon	r in writing, t y. (415 ILCS	to the Illinois EPA 5/44(h))
				3/21/18		
wner Signature:				Dat	e:	
JOHN EGOFSKE			VIL	_AGE PRESI	DENT	
Printed Name:				Title	e:	
MAIL COMPLETED FORM TO: epa.ms4annu:	alinsp@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

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 WPC 691 Rev 6/10 has been approved by the Forms Management Center.

IL 532 2585