

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
NOTICE OF INTENT (NOI)
GENERAL PERMIT TO DISCHARGE STORM WATER
CONSTRUCTION SITE ACTIVITIES

OWNER INFORMATION

COMPANY/ OWNER NAME:	City of Bloomington	OWNER TYPE: SELECT ONE <small>State</small> MS4 Community <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
MAILING ADDRESS:	P.O. Box 3157	PHONE:		Area Code (309) Number 434-2225 ext. 2625	
CITY:	Bloomington	STATE:	IL	ZIP CODE:	61702
CONTACT PERSON: Ryan L. Otto, P.E.			EMAIL: rotto@cityblm.org		

CONTRACTOR INFORMATION

CONTRACTOR NAME:					
MAILING ADDRESS:				PHONE:	
CITY:				Area Code ()	Number ext.
			STATE:	ZIP CODE:	

CONSTRUCTION SITE INFORMATION

SELECT ONE:	<input checked="" type="checkbox"/> NEW SITE <input type="checkbox"/> CHANGE OF INFORMATION FOR: ILR10												
PROJECT NAME:	Hamilton Road - Timberlake to Main							COUNTY:					
STREET ADDRESS/ LOCATION	West Hamilton Road and Main Street					CITY:			IL	ZIP CODE:			
LATITUDE:	DEG. 40.46	MIN. -	SEC. -	LONGITUDE:	DEG. 88.99	MIN. -	SEC. -	SECTION:	16	TOWNSHIP:	23N	RANGE:	2E
APPROX CONST START DATE	12 / 13 / 09		APPROX CONST END DATE	6 / 30 / 11		TOTAL SIZE OF CONSTRUCTION SITE IN ACRES: <u>6.0</u> If less than 1 acre, is site part of larger common plan of development? <input type="checkbox"/> YES <input 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: 2401 S. Main Street									CITY: Bloomington		
SWPPP CONTACT INFORMATION: NAME: Ryan L. Otto								INSPECTOR QUALIFICATIONS: SELECT ONE <small>P.E.</small>			
PHONE: (309) 434-2225			FAX: (309) 434-2201			EMAIL: rotto@cityblm.org					
PROJECT INSPECTOR, IF DIFFERENT THAN ABOVE: NAME: Joshua J. Ftacek								INSPECTOR QUALIFICATIONS: SELECT ONE <small>Other</small>			
PHONE: (309) 434-2225			FAX: (309) 434-2201			EMAIL: jftacek@cityblm.org					

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TYPE OF CONSTRUCTION (SELECT ALL THAT APPLY)

SELECT ONE Reconstruction	SIC Code:
TYPE DETAILED DESCRIPTION OF PROJECT: Reconstruction of Hamilton Road including new pavement, curb and gutter, sidewalk, bikeway, drainage system, traffic signals, sanitary sewer, water main. Widening and Resurfacing of Main Street including new curb and gutter, drainage system, and traffic signals.	

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.illinoishistory.gov/PS/rcdocument.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 type="checkbox"/> WATERS OF THE STATE	OR	<input checked="" type="checkbox"/> STORM SEWER
OWNER TO STORM SEWER SYSTEMS:	City of Bloomington		
NAME OF CLOSEST RECEIVING WATERBODY TO WHICH YOU DISCHARGE:	Sugar Creek		

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: _____

DATE: _____

SUBMIT ELECTRONICALLY TO:
epa.constilr10swppp@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 (1996). 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 623 Rev. 8/08

Submit form

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CONSTRUCTION SITE ACTIVITIES

OWNER INFORMATION

COMPANY/ OWNER NAME: City of Bloomington		OWNER TYPE: SELECT ONE City MS4 Community <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
MAILING ADDRESS: 115 E. Washington St., PO Box 3157		PHONE: Area Code (309) Number 434-2225 ext.			
CITY: Bloomington	STATE: IL	ZIP CODE: 61702-3157	FAX: Area Code (309) Number 434-2201		
CONTACT PERSON: Greg Kallevig			EMAIL: gkallevig@cityblm.org		

CONTRACTOR INFORMATION

CONTRACTOR NAME: Stark Excavating, Inc.					
MAILING ADDRESS: 1805 W. Washington St.		PHONE: Area Code (309) Number 828-5034 ext.			
CITY: Bloomington	STATE: IL	ZIP CODE: 61702			

CONSTRUCTION SITE INFORMATION

SELECT ONE: <input type="checkbox"/> NEW SITE <input checked="" type="checkbox"/> CHANGE OF INFORMATION FOR: ILR10										
PROJECT NAME: Constitution Trail Extension from Croxton Ave. to Grove St.		COUNTY: McLean								
STREET ADDRESS/ LOCATION: Croxton Ave. to Grove St. along Indianapolis St.		CITY: Bloomington		STATE: IL	ZIP CODE: 61702					
LATITUDE:	DEG. 40	MIN. 28	SEC. 26.74 N	LONGITUDE:	DEG. 88	MIN. 58	SEC. 52.00 W	SECTION: 3	TOWNSHIP: 23N	RANGE: 2E
APPROX CONST START DATE 09 / 08 / 2009		APPROX CONST END DATE 06 / 10 / 2010		TOTAL SIZE OF CONSTRUCTION SITE IN ACRES: <u>1.5</u> If less than 1 acre, is site part of larger common plan of development? <input type="checkbox"/> YES <input 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: Pub. Works Dept, 115 E Washington St	
CITY: Bloomington	
SWPPP CONTACT INFORMATION: NAME: Greg Kallevig	
INSPECTOR QUALIFICATIONS: SELECT ONE P.E.	
PHONE: (309) 434-2425	FAX: (309) 434-2201
EMAIL: gkallevig@cityblm.org	
PROJECT INSPECTOR, IF DIFFERENT THAN ABOVE: NAME: Billy Phillips	
INSPECTOR QUALIFICATIONS: SELECT ONE Other	
PHONE: (309) 434-2225	FAX: (309) 434-2201
EMAIL: bphillips@cityblm.org	

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TYPE OF CONSTRUCTION (SELECT ALL THAT APPLY)

SELECT ONE Transportation	SIC Code:
TYPE DETAILED DESCRIPTION OF PROJECT: 3250 LF of asphalt bicycle/pedestrian path, from Croxton Ave. to Grove St. along Indianapolis St., 10' to 12' wide over 6" aggregate base with 2' wide aggregate shoulder, including a pedestrian/bicycle bridge over Oakland Avenue,	

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.illinoishistory.gov/PS/rcdocument.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 type="checkbox"/> WATERS OF THE STATE OR <input checked="" type="checkbox"/> STORM SEWER
OWNER TO STORM SEWER SYSTEMS: City of Bloomington
NAME OF CLOSEST RECEIVING WATERBODY TO WHICH YOU DISCHARGE: Sugar Creek

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: *Gregory S. Kelly* DATE: 9/2/2009

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
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