

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

OWNER INFORMATION

COMPANY/ OWNER NAME: County of Kane (KDOT)		OWNER TYPE: SELECT ONE County MS4 Community <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
MAILING ADDRESS: 41W011 Burlington Road		PHONE: Area Code (630) Number 584-1170 ext.	
CITY: St. Charles	STATE: IL	ZIP CODE: 60175	FAX: Area Code (630) Number 584-5265
CONTACT PERSON: Carl Schoedel		EMAIL: SchoedelCarl@co.kane.il.us	

CONTRACTOR INFORMATION

CONTRACTOR NAME: Lake County Grading CO, LLC		PHONE: Area Code (847) Number 362-2590 ext.	
MAILING ADDRESS: 32901 N Highway 21, PO Box L		STATE: IL	
CITY: Libertyville	ZIP CODE: 60048		

CONSTRUCTION SITE INFORMATION

SELECT ONE:	<input checked="" type="checkbox"/> NEW SITE		<input type="checkbox"/> CHANGE OF INFORMATION FOR: ILR10	
PROJECT NAME:	FAP 361 (Stearns Rd) Stage 5 Randall Rd to McLean Blvd			COUNTY: Kane
STREET ADDRESS/ LOCATION:	Int. of Randall and McDonald to McLean Blvd		CITY: South Elgin	ZIP CODE: 60177
LATITUDE:	DEG. 41	MIN. 59	SEC. 7.09	LONGITUDE: DEG. 88
				MIN. 20
				SEC. 26.29
				SECTION: 3.4
				TOWNSHIP: 40N
				RANGE: 8E
APPROX CONST START DATE	APPROX CONST END DATE		TOTAL SIZE OF CONSTRUCTION SITE IN ACRES: 41	
08 / 01 / 09	05 / 01 / 11		If less than 1 acre, is site part of larger common plan of development? <input type="checkbox"/> YES <input checked="" 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: spc.constlr10swppp@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: 81 South McLean Blvd., Ste. C	CITY: South Elgin
SWPPP CONTACT INFORMATION: NAME: Brian Carroll	INSPECTOR QUALIFICATIONS: SELECT ONE Other
PHONE: (312) 656-1522	FAX: (312) 726-5911
EMAIL: bcarroll@civiltch.com	
PROJECT INSPECTOR, IF DIFFERENT THAN ABOVE: NAME:	INSPECTOR QUALIFICATIONS: SELECT ONE Other
PHONE:	FAX:
EMAIL:	

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TYPE OF CONSTRUCTION (SELECT ALL THAT APPLY)

SELECT ONE <input checked="" type="checkbox"/> Transportation	SIC Code: _____
TYPE DETAILED DESCRIPTION OF PROJECT: New Stearns Road Alignment Between Randall Road and McLean Blvd. The project includes the clearing of the site, filling of existing wetlands, construction of detention basins, compensatory storage and the building of the roadway embankment for new Stearns Road. The new Stearns Road will consist of a 4-lane roadway with a median. The total length of roadway improvements is 9,963 ft.	

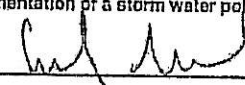
HISTORIC PRESERVATION AND ENDANGERED SPECIES COMPLIANCE

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.illinois.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 checked="" type="checkbox"/> WATERS OF THE STATE OR <input type="checkbox"/> STORM SEWER
OWNER TO STORM SEWER SYSTEMS:
NAME OF CLOSEST RECEIVING WATERBODY TO WHICH YOU DISCHARGE: <u>Unnamed Tributary to Fox River</u>

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: 6.22.2009

SUBMIT ELECTRONICALLY TO:
epa.constit10awppa@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 416 ILCS 5/39 (1990). 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 2/04
WPC 623 Rev. 8/00

