

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

OWNER INFORMATION

COMPANY/ OWNER NAME: Peoria County Highway Department		OWNER TYPE: SELECT ONE County MS4 Community <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
MAILING ADDRESS: 6915 W. Plank Road		PHONE: Area Code (309) Number 697-6400 ext.			
CITY: Peoria	STATE: IL	ZIP CODE: 61604	FAX: Area Code (309) Number 697-6446		
CONTACT PERSON: Jeff Gilles		EMAIL: jgilles@peoriacounty.org			

CONTRACTOR INFORMATION

CONTRACTOR NAME: Stark Excavation		PHONE:			
MAILING ADDRESS: 1805 S. Washington		Area Code (309) Number 828-5034 ext.			
CITY: Bloomington	STATE: IL	ZIP CODE: 61701			

CONSTRUCTION SITE INFORMATION

SELECT ONE: <input checked="" type="checkbox"/> NEW SITE <input type="checkbox"/> CHANGE OF INFORMATION FOR: ILR10										
PROJECT NAME: Spoon River Road Bridge Replacement (Contract 89524)		COUNTY: Peoria								
STREET ADDRESS/ LOCATION: Spoon River Road over the Spoon River		CITY: Laura								
		STATE: IL								
		ZIP CODE: 61451								
LATITUDE:	DEG. 40	MIN. 57	SEC. 24	LONGITUDE:	DEG. 89	MIN. 58	SEC. 33	SECTION: 7	TOWNSHIP: 11 N	RANGE: 5 E
APPROX CONST START DATE 10 / 1 / 2009		APPROX CONST END DATE 8 / 1 / 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: Spoon River Road at the Spoon River		CITY: Elmore, IL	
SWPPP CONTACT INFORMATION: NAME: Jeff Gilles		INSPECTOR QUALIFICATIONS: SELECT ONE P.E.	
PHONE: (309) 253-8304	FAX: (309) 697-6446	EMAIL: jgilles@peoriacounty.org	
PROJECT INSPECTOR, IF DIFFERENT THAN ABOVE: NAME: Carl Bjerk		INSPECTOR QUALIFICATIONS: SELECT ONE Other	
PHONE: (309) 253-0531	FAX: (309) 697-6446	EMAIL: cbjerk@peoriacounty.org	

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TYPE OF CONSTRUCTION (SELECT ALL THAT APPLY)

SELECT ONE Transportation
TYPE DETAILED DESCRIPTION OF PROJECT: This project consists of the removal and replacement of the existing superstructure over the Spoon River, including guardrail replacement, pier repairs, abutment modifications, and repairs to the existing concrete slope walls under the bridge.

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 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: Spoon River

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: *Thomas J. McFadden*

DATE: August 16, 2009

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

