

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

OWNER INFORMATION

NAME:	LAST	FIRST	MIDDLE INITIAL	OWNER TYPE: (SELECT ONE)
MILING ADDRESS:				<input type="checkbox"/> PRIVATE <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY <input type="checkbox"/> SPECIAL DISTRICT <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE
CITY:			STATE:	ZIP:
CONTACT PERSON:			TELEPHONE NUMBER:	AREA CODE NUMBER

CONTRACTOR INFORMATION

NAME:		TELEPHONE NUMBER:	AREA CODE	NUMBER
MILING ADDRESS:	CITY:	STATE:	ZIP:	

CONSTRUCTION SITE INFORMATION

SELECT ONE:	<input type="checkbox"/> EXISTING SITE <input type="checkbox"/> NEW SITE <input type="checkbox"/> CHANGE OF INFORMATION	GENERAL NPDES PERMIT NUMBER:	ILR10 _____
FACILITY NAME:	OTHER NPDES PERMIT NUMBERS:		
FACILITY LOCATION:	(Not necessarily the mailing address)		TELEPHONE NUMBER:
CITY:	STATE:	IL	ZIP:
COUNTY:	SECTION:	TOWNSHIP:	RANGE:
CONSTRUCTION START DATE:	CONSTRUCTION END DATE:	TOTAL SIZE OF CONSTRUCTION SITE IN ACRES:	

TYPE OF CONSTRUCTION (SELECT ALL THAT APPLY)

RESIDENTIAL COMMERCIAL INDUSTRIAL RECONSTRUCTION TRANSPORTATION OTHER

HISTORIC PRESERVATION AND ENDANGERED SPECIES COMPLIANCE

HAS THIS PROJECT SATISFIED APPLICABLE REQUIREMENTS FOR COMPLIANCE WITH ILLINOIS LAW ON:			
HISTORIC PRESERVATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ENDANGERED SPECIES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

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: _____

MAIL COMPLETED FORM TO:
(DO NOT SUBMIT ADDITIONAL DOCUMENTATION UNLESS REQUESTED)

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

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.