

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.

eport Period: From March, 2016 To March, 2017				Permit No. ILR40 0180		
MS4 OPERATOR INFORMATION: (As it ap	pears on the	current permit)				
Name: City of Darien		Mailing Addres	ss 1: 1702 Plainfield	Road		
Mailing Address 2:			and the second s	y: DuPage		
City: Darien	State:	IL Zip: 60561	Telep	hone: 630-353-8106		
Contact Person: Dan Gombac (Person responsible for Annual Report)		Email Address:	dgombac@darien.i	l.gov		
Name(s) of governmental entity(ies) in which	MS4 is loca	ated: (As it appea	rs on the current	permit)		
City of Darien				•		
THE FOLLOWING ITEMS MUST BE ADDRESS	SED.					
 A. Changes to best management practices (chec regarding change(s) to BMP and measurable 	ck appropria goals.)	te BMP change(s)	and attach informa	tion		
1. Public Education and Outreach	☐ 4.	Construction Site	Runoff Control			
2. Public Participation/Involvement		Post-Construction	n Runoff Control			
3. Illicit Discharge Detection & Elimination	☐ 6.	Pollution Prevent	ion/Good Housekee	eping		
 Attach the status of compliance with permit commanagement practices and progress towards MEP, and your identified measurable goals for 	achieving th	e statutory goal of	reducing the discha	f your identified best arge of pollutants to the		
C. Attach results of information collected and ana	alyzed, inclu	ding monitoring da	ata, if any during the	reporting period.		
 Attach a summary of the storm water activities implementation schedule.) 	s you plan to	undertake during	the next reporting of	cycle (including an		
E. Attach notice that you are relying on another o	government	entity to satisfy so	me of your permit of	bligations (if applicable).		
F. Attach a list of construction projects that your	entity has pa	aid for during the re	eporting period.			
Any person who knowingly makes a false, fictitiou commits a Class 4 felony. A second or subsequer	s, or fraudul nt offense aft	ent material statem er conviction is a (ent, orally or in writ. Class 3 felony. (415	ing, to the Illinois EPA ILCS 5/44(h))		
Owner Signature:		-	Date:			
Dan Gombac		Direc	tor of Municipal Ser	vices		
Printed Name:	18. 3. 3. 3.		Title:			
ANII COMPLETED FORM TO: one moderning	0.111					

EMAIL COMPLETED FORM TO: epa.ms4annualinsp@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 has been approved by the Forms Management Center.



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Report Period: From March, 2015	To March, 2	016	Derm	nit No. ILR40 0180	
MS4 OPERATOR INFORMATION: (As it appears on the current permit)			Fem	III NO. ILN40	
Name: City of Darien	pears on the		and 1: 1700 Disinfield	Dood	
		Mailing Addre	ess 1: 1702 Plainfield		
Mailing Address 2:	0.1			y: <u>DuPage</u>	
City: Darien	State:	·		none: <u>630-353-8106</u>	
Contact Person: Dan Gombac (Person responsible for Annual Report)		Email Address:	dgombac@darien.i	l.gov	
Name(s) of governmental entity(ies) in which	MS4 is loca	ated: (As it appe	ars on the current r	nermit)	
City of Darien		atou. (710 it uppe	ars on the current p	,crimity	
			110		
THE FOLLOWING ITEMS MUST BE ADDRES	SED.				
A. Changes to best management practices (che		te BMP change(s	and attach informat	tion	
regarding change(s) to BMP and measurable	e goals.)	o biii onange(e	y and attach informat	ion	
1. Public Education and Outreach	□ 4.	Construction Sit	e Runoff Control	П	
2. Public Participation/Involvement			on Runoff Control		
3. Illicit Discharge Detection & Elimination			ntion/Good Housekee	ening []	
 B. Attach the status of compliance with permit companagement practices and progress towards 	achieving th	assessment of tr e statutorv goal c	ne appropriateness o of reducing the discha	r your identified best arge of pollutants to the	
MEP, and your identified measurable goals fo	or each of the	minimum contro	I measures.	ange of periodication to the	
C. Attach results of information collected and an	alyzed, inclu	ding monitoring o	lata, if any during the	reporting period.	
 D. Attach a summary of the storm water activitie implementation schedule.) 	s you plan to	undertake durin	g the next reporting o	ycle (including an	
E. Attach notice that you are relying on another	government	entity to satisfy so	ome of your permit ol	oligations (if applicable).	
F. Attach a list of construction projects that your					
Any person who knowingly makes a false, fictition	us, or fraudul	ent material state	ment, orally or in writi	ing, to the Illinois EPA	
commits a Class 4 felony. A second or subseque	nt offense aft	er conviction is a	Class 3 felony. (415	ILCS 5/44(h))	
Owner Signature:		-	Date:	The second secon	
Dan Gombac		Dire	Director of Municipal Services		
Printed Name:			Title:		
MAIL COMPLETED FORM TO: one medennish					

EMAIL COMPLETED FORM TO: epa.ms4annualinsp@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

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IL 532 2585



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Report Period: From March, 2014	To March, 2	2015	Po	rmit No. ILR40 0502		
MS4 OPERATOR INFORMATION: (As it ap	_		re	IIIII NO. ILN40		
Name: City of Darien			ess 1: 1702 Plainfie	ald Poad		
Mailing Address 2:		Mailing Addre	2000	pr to the second		
City: Darien	State:	IL Zip: 6056		nty: <u>DuPage</u> phone: 630-353-8106		
Contact Person: Dan Gombac	Otato.		dgombac@darie			
(Person responsible for Annual Report)		Linaii Address.	ugombac@danei	III.gov		
Name(s) of governmental entity(ies) in which	n MS4 is loc	ated: (As it appe	ars on the curren	t permit)		
City of Darien						
THE FOLLOWING ITEMS MUST BE ADDRES	SED.					
 A. Changes to best management practices (che regarding change(s) to BMP and measurable 	eck appropria e goals.)	te BMP change(s	s) and attach inform	ation		
1. Public Education and Outreach	☐ 4.	Construction Sit	e Runoff Control			
2. Public Participation/Involvement	☐ 5.	. Post-Construction Runoff Control				
3. Illicit Discharge Detection & Elimination	☐ 6.	Pollution Prever	ntion/Good Housek	eeping		
B. Attach the status of compliance with permit of management practices and progress towards MEP, and your identified measurable goals for	achieving th	ne statutory goal o	of reducing the disc	of your identified best harge of pollutants to the		
C. Attach results of information collected and ar				he reporting period.		
 Attach a summary of the storm water activities implementation schedule.) 	es you plan to	o undertake durin	g the next reporting	g cycle (including an		
E. Attach notice that you are relying on another	government	entity to satisfy s	ome of your permit	obligations (if applicable).		
F. Attach a list of construction projects that your	entity has p	aid for during the	reporting period.			
Any person who knowingly makes a false, fictitio commits a Class 4 felony. A second or subseque	us, or fraudu ent offense af	lent material state ter conviction is a	ment, orally or in w Class 3 felony. (41	riting, to the Illinois EPA 5 ILCS 5/44(h))		
Owner Signature:	7. N. 1. 1	2 4100	Date:			
Dan Gombac		Dire	Director of Municipal Services			
Printed Name:		Walter .	Title:			

EMAIL COMPLETED FORM TO: epa.ms4annualinsp@illinois.gov

or Mail to: ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

WATER POLLUTION CONTROL

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Report Period: From March, 2013	port Period: From March, 2013 To March, 2014					
MS4 OPERATOR INFORMATION: (As it ap	pears on the	e curre	nt permit)			
Name: City of Darien			,			
Mailing Address: 1702 Plainfield Road			 County: <u>I</u>	DuPage		
City: Darien	State:	IL	Zip: 60561	Telephone: 630-353-8106		
Contact Person: Dan Gombac (Person responsible for Annual Report)		Ema	il Address:			
Name(s) of governmental entity(ies) in which	MS4 is loc	ated:	(As it appears on t	ne current permit)		
City of Darien				,		
THE FOLLOWING ITEMS MUST BE ADDRESS	SED.					
 A. Changes to best management practices (chec regarding change(s) to BMP and measurable 	ck appropria goals.)	ate BM	P change(s) and att	ach information		
1. Public Education and Outreach	□ 4	4. Construction Site Runoff Control				
2. Public Participation/Involvement	□ 5	5. Post-Construction Runoff Control				
3. Illicit Discharge Detection & Elimination	□ 6	6. Pollution Prevention/Good Housekeeping				
 Attach the status of compliance with permit commanagement practices and progress towards MEP, and your identified measurable goals fo 	achieving th	he stat	utory goal of reducir	g the discharge of pollutants to the		
C. Attach results of information collected and an	alyzed, incl	uding r	nonitoring data, if ar	y during the reporting period.		
 Attach a summary of the storm water activities implementation schedule.) 	s you plan t	o unde	rtake during the nex	t reporting cycle (including an		
E. Attach notice that you are relying on another o	government	entity	to satisfy some of ye	our permit obligations (if applicable).		
F. Attach a list of construction projects that your	entity has p	aid for	during the reporting	period.		
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Owner Signature:				Date:		
Dan Gombac			Director of M	unicipal Services		
Printed Name:				Title:		

EMAIL COMPLETED FORM TO: epa.ms4annualinsp@illinois.gov

or Mail to: ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

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				MCS0114011 CT SYS		
port Period: From March, 2012 To March, 2013				Permit No	o. ILR40 ⁰⁵⁰²	
MS4 OPERATOR INFORMATION: (As it a	appears on th	e curre	ent permit)			
Name: City of Darien						
Mailing Address: 1702 Plainfield Road			County:	DuPage		
City: Darien	State	: IL	Zip: 60561		630-353-8106	
Contact Person: Dan Gombac (Person responsible for Annual Report)		Ema	il Address:			
Name(s) of governmental entity(ies) in whi	ch MS4 is lo	cated:	(As it appears on t	he current perm	it)	
City of Darien					•	
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2. Public Participation/Involvement	□ 5	5. Post-Construction Runoff Control				
3. Illicit Discharge Detection & Eliminatio	n 🗌 6	. Polli	ition Prevention/God	od Housekeeping		
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C. Attach results of information collected and a					orting period.	
 Attach a summary of the storm water activit implementation schedule.) 	ties you plan	to unde	ertake during the ne	xt reporting cycle	(including an	
E. Attach notice that you are relying on anothe	er governmen	t entity	to satisfy some of y	our permit obliga	tions (if applicable).	
F. Attach a list of construction projects that you	ur entity has p	aid for	during the reporting	g period.		
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Owner Signature:	***************************************			Date:		
Dan Gombac			Director of M	lunicipal Services	5	
Printed Name:			-	Title:		

EMAIL COMPLETED FORM TO: epa.ms4annualinsp@illinois.gov

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