



# Illinois Environmental Protection Agency

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.*

Report Period: From March, 2016 To March, 2017

Permit No. ILR40 0180

#### MS4 OPERATOR INFORMATION: (As it appears on the current permit)

Name: City of Darien Mailing Address 1: 1702 Plainfield Road

Mailing Address 2: \_\_\_\_\_ County: DuPage

City: Darien State: IL Zip: 60561 Telephone: 630-353-8106

Contact Person: Dan Gombac Email Address: dgombac@darien.il.gov  
(Person responsible for Annual Report)

#### Name(s) of governmental entity(ies) in which MS4 is located: (As it appears on the current permit)

City of Darien

#### THE FOLLOWING ITEMS MUST BE ADDRESSED.

A. Changes to best management practices (check appropriate BMP change(s) and attach information regarding change(s) to BMP and measurable goals.)

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| 1. Public Education and Outreach             | <input type="checkbox"/> | 4. Construction Site Runoff Control       | <input type="checkbox"/> |
| 2. Public Participation/Involvement          | <input type="checkbox"/> | 5. Post-Construction Runoff Control       | <input type="checkbox"/> |
| 3. Illicit Discharge Detection & Elimination | <input type="checkbox"/> | 6. Pollution Prevention/Good Housekeeping | <input type="checkbox"/> |

B. Attach the status of compliance with permit conditions, an assessment of the appropriateness of your identified best management practices and progress towards achieving the statutory goal of reducing the discharge of pollutants to the MEP, and your identified measurable goals for each of the minimum control measures.

C. Attach results of information collected and analyzed, including monitoring data, if any during the reporting period.

D. Attach a summary of the storm water activities you plan to undertake during the next reporting cycle ( including an implementation schedule.)

E. Attach notice that you are relying on another government entity to satisfy some of your permit obligations (if applicable).

F. Attach a list of construction projects that your entity has paid for during the reporting period.

**Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))**

\_\_\_\_\_  
Owner Signature:  
Dan Gombac

\_\_\_\_\_  
Date:  
Director of Municipal Services

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Title:

EMAIL COMPLETED FORM TO: [epa.ms4annualinsp@illinois.gov](mailto: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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Report Period: From March, 2015 To March, 2016

Permit No. ILR40 0180

#### MS4 OPERATOR INFORMATION: (As it appears on the current permit)

Name: City of Darien Mailing Address 1: 1702 Plainfield Road

Mailing Address 2: \_\_\_\_\_ County: DuPage

City: Darien State: IL Zip: 60561 Telephone: 630-353-8106

Contact Person: Dan Gombac Email Address: dgombac@darien.il.gov  
(Person responsible for Annual Report)

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City of Darien

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Owner Signature: \_\_\_\_\_

Dan Gombac

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Director of Municipal Services

Title: \_\_\_\_\_

EMAIL COMPLETED FORM TO: [epa.ms4annualinsp@illinois.gov](mailto:epa.ms4annualinsp@illinois.gov)

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WATER POLLUTION CONTROL  
COMPLIANCE ASSURANCE SECTION #19  
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Report Period: From March, 2014 To March, 2015

Permit No. ILR40 0502

#### MS4 OPERATOR INFORMATION: (As it appears on the current permit)

Name: City of Darien Mailing Address 1: 1702 Plainfield Road

Mailing Address 2: \_\_\_\_\_ County: DuPage

City: Darien State: IL Zip: 60561 Telephone: 630-353-8106

Contact Person: Dan Gombac Email Address: dgombac@darienil.gov  
(Person responsible for Annual Report)

#### Name(s) of governmental entity(ies) in which MS4 is located: (As it appears on the current permit)

City of Darien

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Owner Signature:

Dan Gombac

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Printed Name:

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Date:

Director of Municipal Services

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Permit No. ILR40 0502

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Name: City of Darien

Mailing Address: 1702 Plainfield Road County: DuPage

City: Darien State: IL Zip: 60561 Telephone: 630-353-8106

Contact Person: Dan Gombac Email Address: \_\_\_\_\_  
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Report Period: From March, 2012 To March, 2013

Permit No. ILR40 0502

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Mailing Address: 1702 Plainfield Road County: DuPage

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Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dan Gombac

Director of Municipal Services

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IL 532 2585  
WPC 691 Rev 6/10  
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.