## ILLINOIS ENVIRONMENTAL PROTECTION AGENCY NOTICE OF INTENT (NOI)

## NOTICE OF INTENT (NOI) GENERAL PERMIT TO DISCHARGE STORM WATER CONSTRUCTION SITE ACTIVITIES

OWNER IN	FORM	ATION											
COMPANY/ OWNER NAME:	Illinois State Toll Highway Authority  OWNER TYPE: SELECT OF MS4 Comm												
MAILING ADDRESS:	2700	Ogden A	venue					PHONE: Area Code	e ( 630 ) Number 241-6800 ext.				
CITY:	Dow	Downers Grove STA				E: L	<b>ZIP CODE:</b> 60515	FAX: Area Code	Code ( 630 ) Number 241-6105				
contact person: Rocco Zucchero							EMAIL: 1	MAIL: rzucchero@getipass.com					
		· · · · · · · · · · · · · · · · · · ·											
CONTRACT	TOR I	NFORM	ATION										
CONTRACTOR NAME:	Will	iam Char	les Constru	ction/Cu	rran C	Contrac	ting Co. ,	J. V.					
MAILING ADDRESS:	2220	County 1	Farm Road					PHONE: Area Code					
CITY:	DeK	alb							STATE: ZIP CODE: 60115				
CONSTRUC	CTION	I SITE IN	IFORMAT	ION									
SELECT ONE:	☑ NEW SITE ☐ CHANGE OF INFORMATION FOR: ILR10												
PROJECT NAME:	Contract 5615: I-88 Resurfacing, Annie Glidden Rd to IL Rte. 56  COUNTY: Kane and DeKalb												
STREET ADDRESS/ LOCATION	Inters	tate 88 A	nnie Glidde	en Rd. to	IL Rt	e 56	CITY: Auroi	ra, DeKall	ZIP CODE: 1L 60506/60115				
LATITUDE:	DEG. 41	MIN. 47	SEC. 41.049	LONGITU	JDE:	DEG. 88	MIN. 23	<b>SEC</b> . 36.315	SECTION: 1-36	TOWNS		RANGE: 4E-7E	
APPROX CONST START DATE 4 / 1 / 2	2012						NSTRUCTION SITE IN ACRES:750_ ite part of larger common plan of development?						
STORM WA	TER	POLLUT	ION PRE	VENTIO	N PL	AN IN	IFORMA	TION					
HAS STORM WATER POLLUTION PREVENTION PLAN BEEN SUBMITTED TO AGENCY? YES NO (SUBMIT SWPPP ELECTRONICALLY TO: epa_constilr10swppp@illinois.gov)													
WILL STORM WA	TER PO	LLUTION PI	REVENTION P	LAN BE AV	'AILABI	LE AT SI	TE?	ES N	10				
LOCATION OF S	WPPP F	OR VIEWING	: ADDRESS:	1664 N.	Rand	all Rd.			CITY: A	urora			
swppp contact information: name: Mr. Greg Jurewicz							INSPECTOR QUALIFICATIONS: SELECT ONE Other						
PHONE: ( 773 ) 858-00	)47		FAX: (    )			EMAIL:	gjurewicz@hlcllp.com						
PROJECT INSPENAME: Ed O'			T THAN ABOV	/E:					INSPECTOR SELECT			ONS:	
PHONE:			FAX:			EMAIL:					•		

(815) 455-7894

(815) 455-5100

eomalley@currancontracting.com

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TYPE OF CONSTRUCTION (SELECT ALL THAT APPLY)

THE OF CONCINCOTION	1/0			1				
SELECT ONE Transportation			SIC Code:					
TYPE DETAILED DESCRIPTION OF PROJECT:  The work under this Contract shall consist of: 1 1/2 "milling of existing mainline hot mix asphalt, perform longitudinal joint patching, and overlay with 2 ½ "of warm mix asphalt, full-depth milling of shoulders down to concrete, bituminous patching, and overlay with warm mix asphalt binder and surface courses to match the new surface on the mainline, pavement reconstruction, rehabilitation of bridge structures, installation of temporary and permanent pavement markings and selected signs, drainage improvements, maintenance of traffic, erosion and sediment control 9) installation of Intelligent Transportation Systems (ITS) components at various locations along the project limits all as shown on plans and described in the contract documents. The work under this Contract is to be performed on: the Reagan Memorial Tollway I-88 between Mile Post 91.4 (Annie Glidden Road) and Mile Post 113.6 (IL Route 56) in DeKalb and Kane Counties, Illinois.								
HISTORIC PRESERVATIO	N AND ENDAN	GERED SPECIES CO	MPLIANCE					
HAS THIS PROJECT BEEN SUBMITTEI COMPLIANCE WITH ILLINOIS LAW ON HISTORIC PRESER' ENDANGERED SPE	: VATION		story.gov/PS/rcdocument.htm					
RECEIVING WATER INFORMATION								
DOES YOUR STORM WATER DISCHAR	RGE DIRECTLY TO:	<b>✓</b> WATERS OF THE STATE	or Storm sev	VER				
OWNER TO STORM SEWER SYSTEMS:								
NAME OF CLOSEST RECEIVING WATERBODY TO WHICH YOU DISCHARGE: So. Branch Kishwaukee & Big Rock Crk								
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:	OR MAIL COMPLETE	DATE: _	FOR OFFICE US	E ONLY				
SUBMIT ELECTRONICALLY TO: epa.constilr10swppp@illinois.gov		9276		0				
Information required by this form must be provided being denied. This form has been approved by the	to comply with 415 ILCS 5/39 ( Forms Management Center.	1996). Failure to do so may prevent this	form from being processed and could	result in your application				

IL 532 2104 WPC 623 Rev. 8/08

**Submit form**