



# Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Notice of Intent for New or Renewal of General Permit for Discharges from Small Municipal Separate Storm Sewer Systems (MS4's)

### Part I. Municipal (MS4) Contact Information

1. Name of Municipality: Addison Township Road District MS4 #: ILR400001  
 Population (based on 2010 census): 88,612
2. MS4 Mailing Address: 411 West Potter Street City: Wood Dale, IL Zip: 60191
3. Primary MS4 Contact Person (Authorized Representative for MS4 Permit)  
 Name: Don Holod Title: Highway Commissioner  
 Phone: 630-766-2228 Email Address: donh@addisontownship.com

### General Information

4. Latitude and Longitude at approximate geographical center of MS4 for which you are requesting authorization to discharge:  
 Latitude: 41 56 51 Longitude: 87 58 49  
                   Degrees Minutes Seconds                   Degrees Minutes Seconds
5. Community Type: Township Other: \_\_\_\_\_
6. Name(s) of governmental entity(ies) in which MS4 is located:

City/Village	Township	County
Addison	Addison	Dupage
Bensenville	Addison	Dupage
Chicago	Addison	Dupage
Elk Grove	Addison	Dupage
Elmhurst	Addison	Dupage
Itasca	Addison	Dupage
Lombard	Addison	Dupage
Wood Dale	Addison	Dupage

7. Area of land within your MS4 in square miles: 32.42
8. Percent of MS4 served by combined sewer: \_\_\_\_\_ Percent of MS4 served by separate sewer: 100

### Impaired Waters

The most recent 303(d) list may be found at <https://www2.illinois.gov/epa/topics/water-quality/watershed-management/tmdls/Pages/303d-list.aspx>. Information regarding TMDLs may be found at <https://www2.illinois.gov/epa/topics/water-quality/watershed-management/tmdls/Pages/default.aspx>.

9.

Name(s) of known receiving waters (in and within 3 miles of MS4 area)	Impairment listed on 303d List or TMDL?
Addison Creek	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Willow Creek	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Spring Brook Creek	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Salt Creek	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9a. If impaired, which potential causes and source?

Causes: See Dupage County NOI

Source: See Dupage County NOI

9b. Are the receiving waterbodies included in an approved TMDL or alternate water quality management plan?  Yes  No

If yes, what measures to comply with the TMDL waste load allocation (WLA) are being implemented or are planned?

The DRSCW( Dupage River Salt Creek Work group) formed in 2005in response about TMDLs( Total Maximum Daily Loads) being set for the East & West Branches of the Du Page River and Salt Creek.The DRSCW seeks to implement targeted watershed activities that resolve priority waterway problems efficiently and cost effectively.

9c. Is the MS4 community included in the chloride variance?  Yes  No

### Program Responsibility

#### 10. Shared Responsibility

Is your MS4 responsible for any permit requirements of another MS4 community?  Yes  No

Does your MS4 Community rely on another MS4 to satisfy any of the permit requirements?  Yes  No

If yes: Which MS4 community?: Du Page County

Which minimum control measurements is the other MS4 responsible for?

- Public Education and Outreach
- Public Participation/Involvement
- Illicit Discharge Detection and Elimination
- Construction Site Runoff Control
- Post-Construction Runoff Control
- Pollution Prevention/Good Housekeeping

#### 11. Co-Permittee

Is your MS4 Community a Co-Permittee with another MS4 Community?  Yes  No

If yes: MS4 Permittee you are Co-Permittee with: Du Page County

Co-Permittee MS4 Permit #: ILR4000502

A copy of the intergovernmental agreement between your MS4 community and the Co-Permittee shall be submitted with this NOI. Is the intergovernmental agreement attached?  Yes  No

#### 12. Other contacts responsible for implementation or coordination of Stormwater Management Program

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Area of Responsibility: \_\_\_\_\_

Part III. Certification

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the 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 knowingly submitting false information, including the possibility of fines and imprisonment.*

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)).

Donald Holod

Authorized Representative Name

Highway Commissioner

Title



Authorized Representative Signature

2/24/2021  
Date

You may complete this form online and save a copy locally before printing and signing the form. It should then be sent to:

Illinois Environmental Protection Agency  
Bureau of Water  
Division of Water Pollution Control  
Attn: Permit Section  
P.O. Box 19276  
1021 North Grand Avenue East  
Springfield, IL 62794-9276

Information required by this form must be provided to comply with 415 ILCS 5/39 (2000). Failure to do so may prevent this form from being processed and could result in your application being denied.