

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	eport Period: From March, 2016 To March, 2017					Permit No. ILR40 0104		
MS4 OPERATOR INFORMATION: (As it	appears on the	e curre	nt permit)					
Name: Oswego Township		Ma	ailing Addre	ss 1: PO Box	792			
Mailing Address 2:	***************************************				County: K	endall		
City: Oswego	State:	IL	Zip: 6054	3	Telephone	630-264-4587		
Contact Person: Robert Rogerson, Highway (Person responsible for Annual Report)	Commissioner	Emai	il Address:	aaron@osw	egotownship	o.org		
Name(s) of governmental entity(ies) in wh	ich MS4 is loc	ated:	(As it appe	ars on the cu	ırrent perm	it)		
Oswego Township								
Kendall County					i 1			
THE FOLLOWING ITEMS MUST BE ADDRI	ESSED.		,					
 A. Changes to best management practices (or regarding change(s) to BMP and measura 	heck appropria	ate BM	P change(s) and attach in	nformation			
1. Public Education and Outreach	3 4	. Cons	struction Sit	e Runoff Cont	trol	7		
2. Public Participation/Involvement	<u> </u>	. Post-	-Constructio	on Runoff Con	itrol	₹		
3. Illicit Discharge Detection & Elimination	on 🕜 6	. Pollu	tion Preven	tion/Good Ho	usekeeping			
 Attach the status of compliance with permi management practices and progress towar MEP, and your identified measurable goals 	rds achieving t	ne stati	utory goal o	of reducing the	eness of you discharge	r identified best of pollutants to th	ne	
C. Attach results of information collected and	analyzed, incl	uding n	nonitoring d	lata, if any dui	ring the repo	orting period.		
 Attach a summary of the storm water activ implementation schedule.) 	ities you plan t	o unde	ertake during	g the next rep	orting cycle	(including an	•	
E. Attach notice that you are relying on anoth	er government	entity	to satisfy so	ome of your po	ermit obligat	tions (if applicabl	e).	
F. Attach a list of construction projects that yo	our entity has p	aid for	during the	reporting perio	od.		•	
Any person who knowingly makes a false, ficti commits a Class 4 felony. A second or subsec	tious, or fraudu Juent offense a	lent ma	aterial state nviction is a	ment, orally or Class 3 felony	in writing, to	o the Illinois EPA 5/44(h))		
Robert D. Pogenson			M	5/5	30/17			
				/Date	5./			
Robert D. Rogerson			High	way Commiss	cionor		- 20	

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