



# 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, 2020 To March, 2021

Permit No. ILR40 0275

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

Name: VILLAGE OF SHILOH Mailing Address 1: 1 PARK DRIVE  
Mailing Address 2: \_\_\_\_\_ County: St. Clair  
City: SHILOH State: IL Zip: 62269 Telephone: 618-632-1022  
Contact Person: Robert L. Weilmuenster Email Address: rweilmuenster@shilohil.org  
(Person responsible for Annual Report)

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

ILLINOIS DEPARTMENT OF TRANSPORTATION ST. CLAIR COUNTY & ST. CLAIR TOWNSHIP  
CASEYVILLE TOWNSHIP & O'FALLON TOWNSHIP SHILOH VALLEY TOWNSHIP

#### 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.

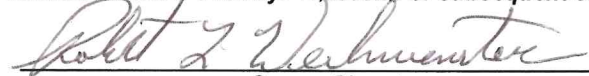
C. Attach results of information collected and analyzed, including monitoring data, if any during the reporting period.

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.

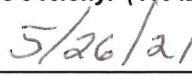
**Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))**



Owner Signature:

Robert L. Weilmuenster

Printed Name:



Date:

Mayor

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

## **ADMINISTRATIVE REVISIONS TO THE NOTICE OF INTENT**

Revisions to the original Notice of Intent (NOI) are reflected below.

MS4 Operator Mailing Address:                      Yes        \_\_\_\_\_                      No        \_\_\_\_\_

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Persons Responsible:                      Yes        \_\_\_\_\_                      No        \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

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

## Introduction

In 2003, St. Clair County (County), Illinois and its communities created a Co-Permittee Group to join forces in complying with the National Pollutant Discharge Elimination System (NPDES) for Municipal Separate Storm Sewer Systems (MS4) Phase II requirements. As stated in the original 2003 Notice of Intent (NOI), the County and the Co-Permittee communities were to pool resources and work together to comply with the commitments made within the NOI for the benefit of all within the County.

The Co-Permittee Group was active during this reporting period. Significant progress was made sharing Best Management Practices (BMPs) for document retention, operation procedures, and maintenance activities.

## Best Management Practice (BMP) Summary of 2020-2021 Activities

In 2003, each member of the Co-Permittee Group submitted a NOI in compliance with the first 5-year cycle. In 2008, a NOI was submitted in compliance with the next 5-year cycle, as written in the first MS4 permit. The 2009 NOI was submitted in compliance with additional requirements in the second MS4 permit. In 2013, a new NOI was submitted for the next 5-year cycle and was in place starting in March 2014. As stated in the 2003, 2008, 2009, and 2013 NOIs, each Co-Permittee Member identified certain activities to comply with the Phase II requirements. Below is an abbreviated summary of the BMPs that were written in the NOI for each of the minimum control measures.

### **March 2020-February 2021:**

- 1) **A.1-** Stormwater brochures for businesses, homeowners, children, and green infrastructures were to be promoted and displayed by each community in a public place.
- 2) **A.4-** St. Clair County sponsored a booth at the County Fair and/or Earth Day and distributed the storm water and green infrastructure brochures.
- 3) **A.5-** St. Clair County posted newsletters on the County Health Department website during school months. Co-Permittee Members distributed educational materials to schools in their communities. The amount of material distributed was to be tracked by the communities.
- 4) **B.3-** The Co-Permittee Group met two (2) times to review upcoming permit requirements, notice of intent, review stormwater management program, operations training, and to develop and submit the Annual Report.
- 5) **B.5-** Co-Permittee Members solicited and encouraged public assistance in monitoring the community's stormwater system. Public inquiries and complaints were responded to and recorded.
- 6) **B.6-** St. Clair County continued to promote programs related to stormwater activities and recycling programs. The community tracked its participation.

- 7) **C.1-** Co-Permittee Members updated any new or revised storm sewers and performed stream observations at bridge inspections.
- 8) **C.5-** A survey of previously installed stencils was to be performed as well as replacing or
- 9) **C.6-** Communication brochures were distributed to the community. Co-Permittee Members discussed any known illicit discharge ordinance compliance issues in the communities.
- 10) **C.9-** Co-Permittee Members developed brochures addressing specific stormwater ordinance prohibited activities and distributed with educational brochures.
- 11) **D.1, E.2, E.4-** Community stormwater ordinances were to be updated, if needed, and require a SWPPP on site plans disturbing more than one acre.
- 12) **D.2, F.1-** The Co-Permittee held an Operations Training class. Topics included a review of the history of drainage systems, the Clean Water Act and NPDES permits, and the impacts of storm water.
- 13) **D.5-** St. Clair County continued to maintain a stormwater hotline number to address public concerns related to storm water issues. County tracked and reported the number of calls.
- 14) **F.6-** Communities reviewed operating procedures and BMPs and modified if necessary.

The following pages highlight changes made to the BMPs from the NOI, BMP status, and activities planned for the next reporting year. Additional information is also provided from the County and each Community.

It is to be noted that some BMPs will continue on to the next NOI, but some will be stopped, and others added to fulfill the requirements of the permit. The 2021-2026 NOI can be found on the IEPA website.

City of

FOIA Officer for the reporting year:

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

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

Telephone Number: \_\_\_\_\_



COMMUNITY NAME: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

A. Changes to Best Management- Were there any changes to the BMPs?		B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.		C. Provide results of information collected and analyzed, including monitoring data. Information attached?		D. Summarize the stormwater activities you plan to undertake with an implementation schedule.		
Comment	YES	NO		If attached information, describe.	YES	NO	Activity	Schedule
<b>BMP No. A.1 - Distributed Paper Materials- Informational Brochures</b>								
Milestone For Reporting Year: Promote the availability of brochures to the residents.								
<b>BMP No. A.4- Community Event- Sponsor Annual Booth at St. Clair County Earth Day Festival</b>								
Milestone For Reporting Year: St. Clair County sponsored a booth at the Earth Day Festival.								
<b>BMP No. A.5- Classroom Education Material</b>								
Milestone For Reporting Year: Communities distributed educational materials and tracked the number of brochures and other materials handed out to the schools.								

COMMUNITY NAME: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

A. Changes to Best Management- Were there any changes to the BMPs?		B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.		C. Provide results of information collected and analyzed, including monitoring data. Information attached?		D. Summarize the stormwater activities you plan to undertake with an implementation schedule.		
Comment	YES	NO		If attached information, describe.	YES	NO	Activity	Schedule
<b>BMP No. B-3- Stakeholder's Meeting- Coordinate Meetings and Annual Reports</b>								
Milestone For Reporting Year: Co-Permittee Group met three (3) times to complete training and to develop and submit the Annual Report.								
<b>BMP No. B-5- Volunteer Monitoring- Solicit and Encourage Public Assistance in Monitoring the Community's Stormwater System &amp; Stormwater Hotline</b>								
Milestone For Reporting Year: Community will work to involve more public assistance in reporting stormwater issues.								
<b>BMP No. B.6- Program Coordination- Participate in programs targeted at public awareness, including: Inlet Stenciling and Recycling</b>								
Milestone for Reporting Year: St. Clair County continued to promote programs related to stormwater activities. Communities tracked participation.								

COMMUNITY NAME: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

A. Changes to Best Management- Were there any changes to the BMPs?		B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.		C. Provide results of information collected and analyzed, including monitoring data. Information attached?		D. Summarize the stormwater activities you plan to undertake with an implementation schedule.		
Comment	YES	NO		If attached information, describe.	YES	NO	Activity	Schedule
<b>BMP No. B.7- Other Public Involvement - the community will provide a public meeting annually for public input into for the MS4 program</b>								
Milestone for Reporting Year: The communities will provide a public meeting annually for public input for the MS4 program.								
<b>BMP No. C.1- Storm Sewer Map Preparation</b>								
Milestone for Reporting Year: Co-Permittee member communities reviewed outfall maps and conducted stream observations annually at bridge inspections.								
<b>BMPs No. C.2, C.9- Regulatory Control Program- Ordinance language for Illicit discharge/public notification</b>								
Milestone for Reporting Year: Communication brochures were distributed to the community.								
<b>BMP No. C.5- Inlet Stenciling</b>								
Milestone for Reporting Year: Survey condition of inlet stencils.								

COMMUNITY NAME: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

A. Changes to Best Management- Were there any changes to the BMPs?		B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.		C. Provide results of information collected and analyzed, including monitoring data. Information attached?		D. Summarize the stormwater activities you plan to undertake with an implementation schedule.		
Comment	YES	NO		If attached information, describe.	YES	NO	Activity	Schedule
<b>BMP No. C.6- Program Evaluation and Assessment</b>								
Milestone for Reporting Year: Perform illicit discharge detection and elimination in the Community's stormwater system.								
<b>BMP No. C.9- Public Notification</b>								
Milestone for Reporting Year: Community will update ordinance brochure.								
<b>BMPs No. D.1, E.2, and E.4- Site Plan and Pre-Construction Review Procedures</b>								
Milestone for Reporting Year: Update stormwater ordinance.								
<b>BMP No. D.1- Regulatory Control Program</b>								
Milestone for Reporting Year: Require SWPPP on all site plans disturbing more than one acre of land inside the Community.								

COMMUNITY NAME: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

A. Changes to Best Management- Were there any changes to the BMPs?		B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.		C. Provide results of information collected and analyzed, including monitoring data. Information attached?		D. Summarize the stormwater activities you plan to undertake with an implementation schedule.		
Comment	YES	NO		If attached information, describe.	YES	NO	Activity	Schedule
<b>BMP No. D.2- Erosion and Sediment Control BMPs</b>								
Milestone for Reporting Year: Community will participate in BMP training during Annual Operations Training.								
<b>BMP No. D.5- Stormwater Hotline</b>								
Milestone for Reporting Year: County continued to maintain a stormwater hotline number to address public concerns related to stormwater issues. County tracked and reported the number of calls.								
<b>BMPs No. D.6 and E.5- Training for Construction Site Inspectors</b>								
Milestone for Reporting Year: Inspector training was provided this year.								
<b>BMP No. E.2- Regulatory Control Program</b>								
Milestone for Reporting Year: Enforce Stormwater Ordinance.								

COMMUNITY NAME: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

A. Changes to Best Management- Were there any changes to the BMPs?		B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.		C. Provide results of information collected and analyzed, including monitoring data. Information attached?		D. Summarize the stormwater activities you plan to undertake with an implementation schedule.		
Comment	YES	NO		If attached information, describe.	YES	NO	Activity	Schedule
<b>BMP No. E.4- Pre-Construction Review of BMP Designs</b>								
Milestone for Reporting Year: Review post-construction BMPs.								
<b>BMP No. F.1- Employee Training Program</b>								
Milestone for Reporting Year: The Co-Permittee held an Operations Training class.								
<b>BMP No. F.6- Other Municipal Operations Controls- Standard Operating Procedures</b>								
Milestone for Reporting Year: Communities reviewed operating procedures and BMPs and modified if necessary.								

COMMUNITY NAME: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

**ADDITIONAL INFORMATION**

<b><u>BMP A.5</u></b>	<b><u>Classroom Educational Materials</u></b>
<b><u>BMP B.6</u></b>	<b><u>Community Events - Recycling Programs</u></b>
<b><u>BMP B.7</u></b>	<b><u>Other Public Involvement</u></b>
<b><u>BMP C.5</u></b>	<b><u>Illicit Source Removal Procedures</u></b>



### **Additional Community Activities**

*(Make additional copies of form, if necessary)*

List any additional community-sponsored activities performed between March 1, 2020 and February 29, 2021 not listed in the *Notice of Intent* (NOI) submittal, but which address one of the six minimum control measures:

Circle which minimum control measure is addressed:

- |  |   |
|--|---|
| 1. Public Education & Outreach               | 4. Construction Site Runoff               |
| 2. Public Participation/Involvement          | 5. Post-Construction Runoff Control       |
| 3. Illicit Discharge Detection & Elimination | 6. Pollution Prevention/Good Housekeeping |

### **C. Information Collected and Analyzed during 2020-2021 Reporting Year**

The NPDES permit effective March 1, 2016, requires MS4 permittees serving populations over 25,000 persons to conduct quarterly laboratory testing of stormwater discharge. St. Clair County, the City of O'Fallon, O'Fallon Township, Fairview Heights, and Caseyville Township banded together to share sampling costs and data. The partnership began stormwater sampling during the first quarter of 2017. The samples were taken to a local accredited laboratory and tested for Fecal Coliform, Oil & Grease, Total Nitrogen, Total Phosphorous, Total Suspended Solids, and Chlorides. The laboratory returned a reporting package that contains laboratory results and chain of custody forms in addition to standard report contents.

The partnership identified two (2) locations for sampling each quarter within 48 hours of a ¼-inch-or-greater rainfall event in a 24-hour period. If a sample cannot be taken during the quarter, an explanation will be provided. The stormwater monitoring program will help evaluate the effectiveness of BMPs implemented to reduce pollutant loadings and water quality impacts. When trends in the data are identified, BMPs can be adjusted accordingly.

The laboratory reporting forms and the information collected are attached. Sampling outfall locations for the reporting year were:

- Ogles Creek at Old Collinsville Road - Upstream
- Ogles Creek at Scott Troy Road - Downstream

### **CI. Reliance on Government Entities for Permit Obligations**

Co-Permittee cooperation with County

### **CII. List of Construction Projects during 2020-2021 Reporting Year**

The City of Shiloh had the following public construction project during the reporting year:

ILR10 Number A704 Hartman Lakes Phase 2

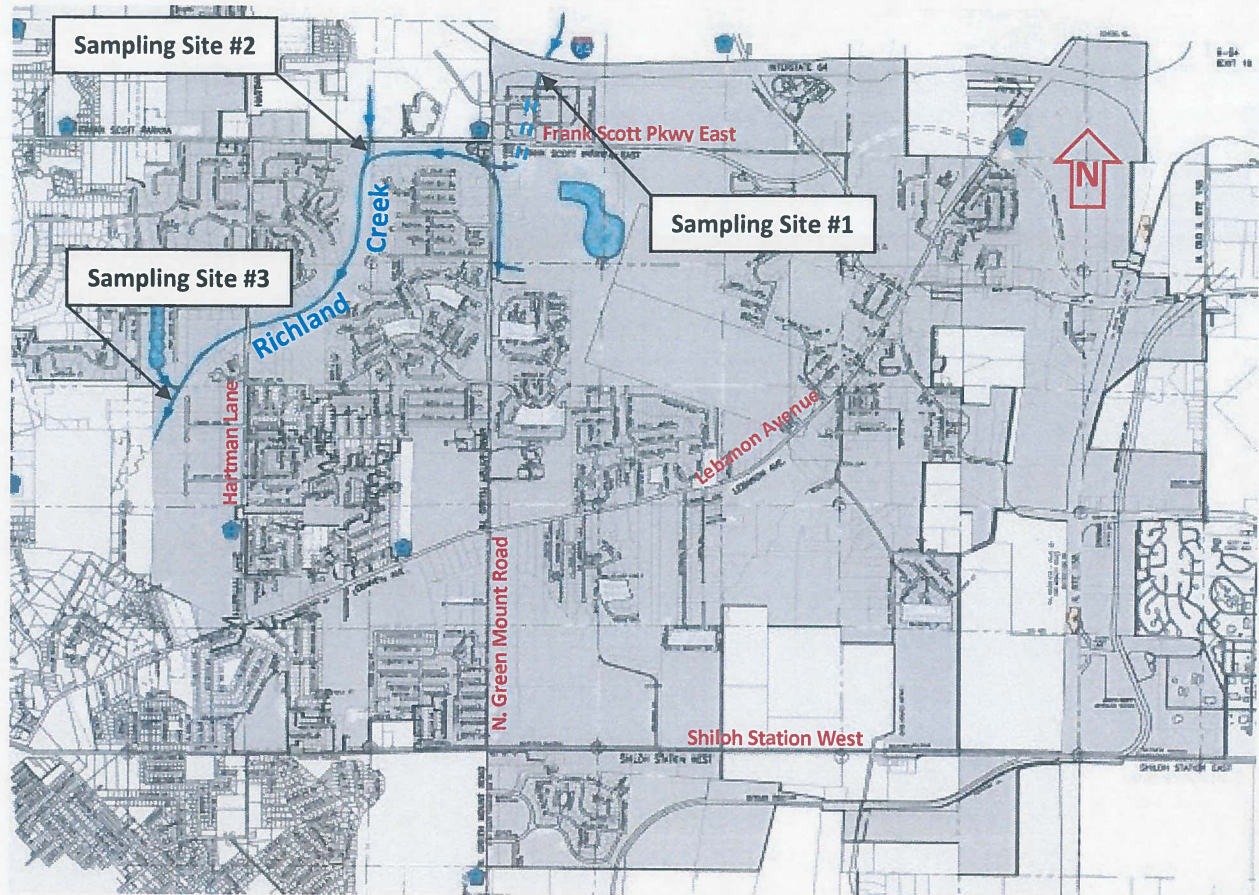
ILR10 Number Y242 Summit of Shiloh

ILR10 Number BP30 Auffenberg Site Facility

ILR10 Number AZ40 Encompass Health

# Village of Shiloh

## Storm Water Sampling Locations



Year 2020

**Sampling Site #1**



Behind Freddy's Frozen  
Custard – at #3320 Green Mt  
Crossing Drive

**Sampling Site #2**



Bridge on Frank Scott Pkwy  
East – 750 feet west of  
Fountain Lakes Entrance

**Sampling Site #3**



Behind residence at #21  
Prairie View Rd – 280 feet  
west from behind home

### Notes:

At Sampling Sites #1 & #2 the drainage flows **into** the Village from the north.  
At Sampling Site #3 the drainage flows **out** of the Village to the southwest.



## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

<b>Facility</b>	Village of Shiloh		<b>Permit ILR40 -</b>	0275	
<b>Sampler's Name (please print)</b>	Mike Campbell		<b>Qualifying Rain Event</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Outfall ID. (refer to site map)</b>	#1	<b>Outfall Description (ex: ditch, grassed swale, concrete pipe)</b>		Box Culvert	
<b>Quarter/ Year</b>	01/20	<b>Date/Time Collected</b>	01/13/20@9:30am	<b>Date/Time Examined</b>	01/13/20@11:30am
<b>Est. Time of Rainfall Start</b>	01/09/20@6:00pm	<b>Rainfall Amount</b>	4.00 inches	<b>Runoff Source</b>	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
<b>Parameter</b>	<b>Parameter Description</b>		<b>Parameter Characteristics</b>		
<b>Color</b>	Does the stormwater appear to have any color? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____		
<b>Clarity</b>	Is the stormwater clear? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Opaque <input checked="" type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____		
<b>Oil Sheen</b>	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____		
<b>Odor</b>	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____		
<b>Floating Solids</b>	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____		
<b>Suspended Solids</b>	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:		
<b>Damage to Outfall Structure</b>	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____		
<b>Vegetation Conditions</b>	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____		
<b>***WAIT 30 MINUTES***</b>					
<b>Settled Solids</b>	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):		
<b>Foam</b>	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)		
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.					
<b>Sampler's Signature and Date</b>	Mike Campbell				

## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

<b>Facility</b>	Village of Shiloh		<b>Permit ILR40 -</b>	0275	
<b>Sampler's Name (please print)</b>	Mike Campbell		<b>Qualifying Rain Event</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Outfall ID. (refer to site map)</b>	#2	<b>Outfall Description (ex: ditch, grassed swale, concrete pipe)</b>		Bridge	
<b>Quarter/ Year</b>	01/20	<b>Date/Time Collected</b>	01/13/20@10:00am	<b>Date/Time Examined</b>	01/13/20@11:40am
<b>Est. Time of Rainfall Start</b>	01/09/20@6:00pm	<b>Rainfall Amount</b>	4.00 inches	<b>Runoff Source</b>	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
<b>Parameter</b>	<b>Parameter Description</b>		<b>Parameter Characteristics</b>		
<b>Color</b>	Does the stormwater appear to have any color?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____		
<b>Clarity</b>	Is the stormwater clear?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Opaque <input checked="" type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____		
<b>Oil Sheen</b>	Can you see a rainbow effect or sheen on the water surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____		
<b>Odor</b>	Does the sample have an odor?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____		
<b>Floating Solids</b>	Is there anything on the surface of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____		
<b>Suspended Solids</b>	Is there anything suspended in the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:		
<b>Damage to Outfall Structure</b>	Is there any damage to the outfall structure?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____		
<b>Vegetation Conditions</b>	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____		
<b>***WAIT 30 MINUTES***</b>					
<b>Settled Solids</b>	Is there something settled on the bottom of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):		
<b>Foam</b>	Is there foam or material forming on the top of the sample surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)		
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.					
<b>Sampler's Signature and Date</b>	Mike Campbell				



## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

<b>Facility</b>	Village of Shiloh		<b>Permit ILR40 -</b>	0275	
<b>Sampler's Name (please print)</b>	Mike Campbell		<b>Qualifying Rain Event</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Outfall ID. (refer to site map)</b>	#3	<b>Outfall Description (ex: ditch, grassed swale, concrete pipe)</b>		Creek	
<b>Quarter/ Year</b>	01/20	<b>Date/Time Collected</b>	01/13/20@10:30am	<b>Date/Time Examined</b>	01/13/20@11:50am
<b>Est. Time of Rainfall Start</b>	01/09/20@6:00pm	<b>Rainfall Amount</b>	4.00 inches	<b>Runoff Source</b>	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
<b>Parameter</b>	<b>Parameter Description</b>		<b>Parameter Characteristics</b>		
<b>Color</b>	Does the stormwater appear to have any color?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____		
<b>Clarity</b>	Is the stormwater clear?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Opaque <input checked="" type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____		
<b>Oil Sheen</b>	Can you see a rainbow effect or sheen on the water surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____		
<b>Odor</b>	Does the sample have an odor?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____		
<b>Floating Solids</b>	Is there anything on the surface of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____		
<b>Suspended Solids</b>	Is there anything suspended in the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:		
<b>Damage to Outfall Structure</b>	Is there any damage to the outfall structure?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____		
<b>Vegetation Conditions</b>	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____		
<b>***WAIT 30 MINUTES***</b>					
<b>Settled Solids</b>	Is there something settled on the bottom of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):		
<b>Foam</b>	Is there foam or material forming on the top of the sample surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)		
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.					
<b>Sampler's Signature and Date</b>	Mike Campbell				

## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

<b>Facility</b>	Village of Shiloh		<b>Permit ILR40 -</b>	0275	
<b>Sampler's Name (please print)</b>	Mike Campbell		<b>Qualifying Rain Event</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Outfall ID. (refer to site map)</b>	#1	<b>Outfall Description (ex: ditch, grassed swale, concrete pipe)</b>		Box Culvert	
<b>Quarter/ Year</b>	02/20	<b>Date/Time Collected</b>	04/24/20@8:00am	<b>Date/Time Examined</b>	04/24/20@10:00am
<b>Est. Time of Rainfall Start</b>	04/22/20@10:00pm	<b>Rainfall Amount</b>	1.00 inches	<b>Runoff Source</b>	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
<b>Parameter</b>	<b>Parameter Description</b>		<b>Parameter Characteristics</b>		
<b>Color</b>	Does the stormwater appear to have any color?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input checked="" type="checkbox"/> Gray <input type="checkbox"/> Other _____		
<b>Clarity</b>	Is the stormwater clear?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____		
<b>Oil Sheen</b>	Can you see a rainbow effect or sheen on the water surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____		
<b>Odor</b>	Does the sample have an odor?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____		
<b>Floating Solids</b>	Is there anything on the surface of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____		
<b>Suspended Solids</b>	Is there anything suspended in the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:		
<b>Damage to Outfall Structure</b>	Is there any damage to the outfall structure?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____		
<b>Vegetation Conditions</b>	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____		
<b>***WAIT 30 MINUTES***</b>					
<b>Settled Solids</b>	Is there something settled on the bottom of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):		
<b>Foam</b>	Is there foam or material forming on the top of the sample surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?):		
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.					
<b>Sampler's Signature and Date</b>	Mike Campbell				



## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

<b>Facility</b>	Village of Shiloh		<b>Permit ILR40 -</b>	0275	
<b>Sampler's Name (please print)</b>	Mike Campbell		<b>Qualifying Rain Event</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Outfall ID. (refer to site map)</b>	#2	<b>Outfall Description (ex: ditch, grassed swale, concrete pipe)</b>		Bridge	
<b>Quarter/ Year</b>	02/20	<b>Date/Time Collected</b>	04/24/20@8:30am	<b>Date/Time Examined</b>	04/24/20@10:15am
<b>Est. Time of Rainfall Start</b>	04/22/20@10:00pm	<b>Rainfall Amount</b>	1.00 inches	<b>Runoff Source</b>	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
<b>Parameter</b>	<b>Parameter Description</b>		<b>Parameter Characteristics</b>		
<b>Color</b>	Does the stormwater appear to have any color? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input checked="" type="checkbox"/> Gray <input type="checkbox"/> Other _____		
<b>Clarity</b>	Is the stormwater clear? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____		
<b>Oil Sheen</b>	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____		
<b>Odor</b>	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____		
<b>Floating Solids</b>	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____		
<b>Suspended Solids</b>	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:		
<b>Damage to Outfall Structure</b>	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____		
<b>Vegetation Conditions</b>	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____		
<b>***WAIT 30 MINUTES***</b>					
<b>Settled Solids</b>	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):		
<b>Foam</b>	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)		
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.					
<b>Sampler's Signature and Date</b>	Mike Campbell				

## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

<b>Facility</b>	Village of Shiloh		<b>Permit ILR40 -</b>	0275	
<b>Sampler's Name (please print)</b>	Mike Campbell		<b>Qualifying Rain Event</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Outfall ID. (refer to site map)</b>	#3	<b>Outfall Description (ex: ditch, grassed swale, concrete pipe)</b>		Creek	
<b>Quarter/ Year</b>	02/20	<b>Date/Time Collected</b>	04/24/20@9:00am	<b>Date/Time Examined</b>	04/24/20@10:30am
<b>Est. Time of Rainfall Start</b>	04/22/20@10:00pm	<b>Rainfall Amount</b>	1.00 inches	<b>Runoff Source</b>	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
<b>Parameter</b>	<b>Parameter Description</b>		<b>Parameter Characteristics</b>		
<b>Color</b>	Does the stormwater appear to have any color?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input checked="" type="checkbox"/> Gray <input type="checkbox"/> Other _____		
<b>Clarity</b>	Is the stormwater clear?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____		
<b>Oil Sheen</b>	Can you see a rainbow effect or sheen on the water surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____		
<b>Odor</b>	Does the sample have an odor?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____		
<b>Floating Solids</b>	Is there anything on the surface of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____		
<b>Suspended Solids</b>	Is there anything suspended in the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:		
<b>Damage to Outfall Structure</b>	Is there any damage to the outfall structure?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____		
<b>Vegetation Conditions</b>	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____		
<b>***WAIT 30 MINUTES***</b>					
<b>Settled Solids</b>	Is there something settled on the bottom of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):		
<b>Foam</b>	Is there foam or material forming on the top of the sample surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?):		
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.					
<b>Sampler's Signature and Date</b>	Mike Campbell				



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Fill out a separate form for each sample collected (one form per outfall)

<b>Facility</b>	Village of Shiloh		<b>Permit ILR40 -</b>	0275	
<b>Sampler's Name (please print)</b>	Mike Campbell		<b>Qualifying Rain Event</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Outfall ID. (refer to site map)</b>	#1	<b>Outfall Description (ex: ditch, grassed swale, concrete pipe)</b>		Box Culvert	
<b>Quarter/ Year</b>	03/20	<b>Date/Time Collected</b>	07/16/20@9:00am	<b>Date/Time Examined</b>	07/16/20@1:00pm
<b>Est. Time of Rainfall Start</b>	07/15/20@6pm	<b>Rainfall Amount</b>	1.50 inches	<b>Runoff Source</b>	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
<b>Parameter</b>	<b>Parameter Description</b>		<b>Parameter Characteristics</b>		
<b>Color</b>	Does the stormwater appear to have any color?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____		
<b>Clarity</b>	Is the stormwater clear?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Opaque <input checked="" type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____		
<b>Oil Sheen</b>	Can you see a rainbow effect or sheen on the water surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____		
<b>Odor</b>	Does the sample have an odor?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____		
<b>Floating Solids</b>	Is there anything on the surface of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____		
<b>Suspended Solids</b>	Is there anything suspended in the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:		
<b>Damage to Outfall Structure</b>	Is there any damage to the outfall structure?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____		
<b>Vegetation Conditions</b>	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____		
<b>***WAIT 30 MINUTES***</b>					
<b>Settled Solids</b>	Is there something settled on the bottom of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):		
<b>Foam</b>	Is there foam or material forming on the top of the sample surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)		
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.					
<b>Sampler's Signature and Date</b>	Mike Campbell				

## Quarterly Visual Monitoring Form

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<b>Facility</b>	Village of Shiloh		<b>Permit ILR40 -</b>	0275	
<b>Sampler's Name (please print)</b>	Mike Campbell		<b>Qualifying Rain Event</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Outfall ID. (refer to site map)</b>	#2	<b>Outfall Description (ex: ditch, grassed swale, concrete pipe)</b>		Bridge	
<b>Quarter/ Year</b>	03/20	<b>Date/Time Collected</b>	07/16/20@9:30am	<b>Date/Time Examined</b>	07/16/20@1:10pm
<b>Est. Time of Rainfall Start</b>	07/15/20@6pm	<b>Rainfall Amount</b>	1.50 inches	<b>Runoff Source</b>	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
<b>Parameter</b>	<b>Parameter Description</b>		<b>Parameter Characteristics</b>		
<b>Color</b>	Does the stormwater appear to have any color?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____		
<b>Clarity</b>	Is the stormwater clear?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Opaque <input checked="" type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____		
<b>Oil Sheen</b>	Can you see a rainbow effect or sheen on the water surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____		
<b>Odor</b>	Does the sample have an odor?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____		
<b>Floating Solids</b>	Is there anything on the surface of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____		
<b>Suspended Solids</b>	Is there anything suspended in the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:		
<b>Damage to Outfall Structure</b>	Is there any damage to the outfall structure?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____		
<b>Vegetation Conditions</b>	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____		
<b>***WAIT 30 MINUTES***</b>					
<b>Settled Solids</b>	Is there something settled on the bottom of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):		
<b>Foam</b>	Is there foam or material forming on the top of the sample surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)		
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.					
<b>Sampler's Signature and Date</b>	Mike Campbell				




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Facility		Village of Shiloh		Permit ILR40 -		0275	
Sampler's Name (please print)		Mike Campbell		Qualifying Rain Event		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Outfall ID. (refer to site map)		#3		Outfall Description (ex: ditch, grassed swale, concrete pipe)		Creek	
Quarter/ Year	03/20	Date/Time Collected	07/16/20@10:00am		Date/Time Examined	07/16/20@1:20pm	
Est. Time of Rainfall Start	07/15/20@6pm	Rainfall Amount	1.50 inches		Runoff Source	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall	
Parameter		Parameter Description		Parameter Characteristics			
Color		Does the stormwater appear to have any color?		<input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____			
Clarity		Is the stormwater clear?		<input type="checkbox"/> Opaque <input checked="" type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____			
Oil Sheen		Can you see a rainbow effect or sheen on the water surface?		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____			
Odor		Does the sample have an odor?		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____			
Floating Solids		Is there anything on the surface of the sample?		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____			
Suspended Solids		Is there anything suspended in the sample?		Description:			
Damage to Outfall Structure		Is there any damage to the outfall structure?		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____			
Vegetation Conditions		Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____			
***WAIT 30 MINUTES***							
Settled Solids		Is there something settled on the bottom of the sample?		Description (note type, size, & material):			
Foam		Is there foam or material forming on the top of the sample surface?		Description (shake bottle gently, is there foam?)			
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.							
Sampler's Signature and Date		Mike Campbell					

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<b>Facility</b>		Village of Shiloh		<b>Permit ILR40 -</b>		0275	
<b>Sampler's Name (please print)</b>		Mike Campbell		<b>Qualifying Rain Event</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Outfall ID. (refer to site map)</b>		#1		<b>Outfall Description (ex: ditch, grassed swale, concrete pipe)</b>		Box Culvert	
<b>Quarter/ Year</b>	04/20	<b>Date/Time Collected</b>	10/22/20@8:00am		<b>Date/Time Examined</b>	10/22/20@10:00am	
<b>Est. Time of Rainfall Start</b>	10/21/20@1am	<b>Rainfall Amount</b>	0.5 inches		<b>Runoff Source</b>	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall	
<b>Parameter</b>		<b>Parameter Description</b>		<b>Parameter Characteristics</b>			
<b>Color</b>		Does the stormwater appear to have any color?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input checked="" type="checkbox"/> Gray <input type="checkbox"/> Other _____			
<b>Clarity</b>		Is the stormwater clear?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Opaque <input checked="" type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____			
<b>Oil Sheen</b>		Can you see a rainbow effect or sheen on the water surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____			
<b>Odor</b>		Does the sample have an odor?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____			
<b>Floating Solids</b>		Is there anything on the surface of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____			
<b>Suspended Solids</b>		Is there anything suspended in the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:			
<b>Damage to Outfall Structure</b>		Is there any damage to the outfall structure?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____			
<b>Vegetation Conditions</b>		Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____			
***WAIT 30 MINUTES***							
<b>Settled Solids</b>		Is there something settled on the bottom of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):			
<b>Foam</b>		Is there foam or material forming on the top of the sample surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)			
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.							
<b>Sampler's Signature and Date</b>							



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<b>Facility</b>	Village of Shiloh		<b>Permit ILR40 -</b>	0275	
<b>Sampler's Name (please print)</b>	Mike Campbell		<b>Qualifying Rain Event</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Outfall ID. (refer to site map)</b>	#2	<b>Outfall Description (ex: ditch, grassed swale, concrete pipe)</b>		Bridge	
<b>Quarter/ Year</b>	04/20	<b>Date/Time Collected</b>	10/22/20@8:30am	<b>Date/Time Examined</b>	10/22/20@10:10am
<b>Est. Time of Rainfall Start</b>	10/21/20@1am	<b>Rainfall Amount</b>	0.5 inches	<b>Runoff Source</b>	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
<b>Parameter</b>	<b>Parameter Description</b>		<b>Parameter Characteristics</b>		
<b>Color</b>	Does the stormwater appear to have any color?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input checked="" type="checkbox"/> Gray <input type="checkbox"/> Other _____		
<b>Clarity</b>	Is the stormwater clear?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Opaque <input checked="" type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____		
<b>Oil Sheen</b>	Can you see a rainbow effect or sheen on the water surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____		
<b>Odor</b>	Does the sample have an odor?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____		
<b>Floating Solids</b>	Is there anything on the surface of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____		
<b>Suspended Solids</b>	Is there anything suspended in the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:		
<b>Damage to Outfall Structure</b>	Is there any damage to the outfall structure?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____		
<b>Vegetation Conditions</b>	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____		
<b>***WAIT 30 MINUTES***</b>					
<b>Settled Solids</b>	Is there something settled on the bottom of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):		
<b>Foam</b>	Is there foam or material forming on the top of the sample surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)		
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.					
<b>Sampler's Signature and Date</b>	Mike Campbell				



## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

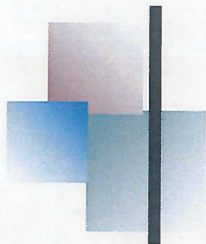
Facility	Village of Shiloh		Permit ILR40 -	0275	
Sampler's Name (please print)	Mike Campbell		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Outfall ID. (refer to site map)	#3	Outfall Description (ex: ditch, grassed swale, concrete pipe)		Creek	
Quarter/ Year	04/20	Date/Time Collected	10/22/20@8:30am	Date/Time Examined	10/22/20@10:20am
Est. Time of Rainfall Start	10/21/20@1am	Rainfall Amount	0.5 inches	Runoff Source	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics		
Color	Does the stormwater appear to have any color?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input checked="" type="checkbox"/> Gray <input type="checkbox"/> Other _____		
Clarity	Is the stormwater clear?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Opaque <input checked="" type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____		
Oil Sheen	Can you see a rainbow effect or sheen on the water surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____		
Odor	Does the sample have an odor?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____		
Floating Solids	Is there anything on the surface of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____		
Suspended Solids	Is there anything suspended in the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:		
Damage to Outfall Structure	Is there any damage to the outfall structure?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____		
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____		
***WAIT 30 MINUTES***					
Settled Solids	Is there something settled on the bottom of the sample?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):		
Foam	Is there foam or material forming on the top of the sample surface?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)		
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.					
Sampler's Signature and Date					

## Educational Material at Shiloh Municipal Building

Storm water brochures for Residents, Businesses, and Kids  
In the Lobby of the Shiloh Municipal Building.







# CERTIFICATE OF ATTENDANCE

David Miller

*Name*

Village of Shiloh

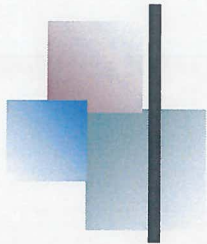
*Organization*

has participated in the MS4 training that included "Annual Report Preparation"  
and "New 2021 NOI" presented by Noelle Gaspard of RJN Group  
held at the Shiloh Senior Center located at 1 Park Drive  
in Shiloh, Illinois on **March 5, 2020** and is awarded **1 PDH**

Noelle Gaspard

Noelle Gaspard, PE, GISP, CFM  
Stormwater Practice Lead  
RJN Group, Inc.

**rjn**group  
*Engineering* infrastructure for tomorrow



# CERTIFICATE OF ATTENDANCE

Mike Campbell

*Name*

Village of Shiloh

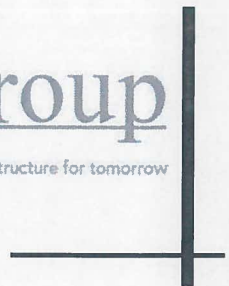
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Noelle Gaspard

Noelle Gaspard, PE, GISP, CFM  
Stormwater Practice Lead  
RJN Group, Inc.

**rjn**group  
*Engineering* infrastructure for tomorrow





# CERTIFICATE

PROUDLY PRESENTED TO

*Chris Etling*

---

RJN Hosted MS4 Operations Training - 2 PDH credits

Nov 18, 2020

---

Date of Completion

*Noelle Gaspard, PE, GISP,  
CFM*

---

Organizer

**rjn**group  
*Engineering* infrastructure for tomorrow



# CERTIFICATE

PROUDLY PRESENTED TO

*David Miller*

---

RJN Hosted MS4 Operations Training - 2 PDH credits

Nov 18, 2020

---

Date of Completion

*Noelle Gaspard, PE, GISP,  
CFM*

---

Organizer

**rjn**group  
*Engineering* infrastructure for tomorrow





# CERTIFICATE

PROUDLY PRESENTED TO

*Mike Campbell*

---

RJN Hosted MS4 Operations Training - 2 PDH credits

Nov 18, 2020

---

Date of Completion

Noelle Gaspard, PE, GISP,  
CFM

---

Organizer







**Administrative Department**  
1 Park Drive • Shiloh, Illinois 62269

---

(618) 632-1022 Phone  
(618) 632-8942 Fax  
[shiloh@shilohil.org](mailto:shiloh@shilohil.org)

**2020/2021**  
**Snow/Ice Storm Report**

**December 2020**

Snow/Ice – Used approximately 15 tons salt

**January 2021**

Snow/Ice – Used approximately 25 tons salt

**February 2021**

Snow/Ice – Used approximately 150 tons salt

**Total Tonnage = approximately 190 tons**

### Typical Paper Recycling Container at Area Schools



1-container at each school; Shiloh Elementary School, Shiloh Middle School, and Whiteside Middle School. Containers are emptied weekly.



**Administrative Department**  
1 Park Drive • Shiloh, Illinois 62269

---

(618) 632-1022 Phone

(618) 632-8942 Fax

[shiloh@shilohil.org](mailto:shiloh@shilohil.org)

**Shiloh Public Works**  
**Trash Clean Up**

**2020 Spring/Fall**

**10 large bags** of trash collected along N. Green Mount Road R.O.W. from Wingate Boulevard to Frank Scott Parkway East.



# SCRAP METAL & ELECTRONICS RECYCLE DRIVE



**126 Seibert Rd.  
SHILOH, IL**

**NOV 21 9-12**

**Tube TV/Monitor Disposal Fee [\$20-\$40]**

Vehicles	Appliances	Office Equip.	Phones
Bicycles	Furnaces	Cabinets/Desk	Cameras
Scooters	Water Heaters	Shredders	Stereo Eq.
Go-Karts	Refrigerators	Wall Dividers	Laptops
ATVs	Stove Tops	Office Chairs	Computers
Motor Toys	Toaster Ovens	Printers	Copy Machines
Mowers	Microwaves	Scanners	Flat-Screen TVs
Trimmers	Dishwasher	Shelves	CRT Television(\$)
BBQ Grills	Vacuums	Furnishings	Video Recorders
Industrial Machines			

**NOT ACCEPTED: PAPER - GLASS - PLASTIC - CARDBOARD  
TIRES - CONCRETE - LIGHT BULBS - HAZARDOUS WASTE**

Facebook.com/PowerRecyclingCompany    618.344.7232    www.powerrecycling.com



**Recycle Drive**  
**November 21, 2020**  
(126 Seibert Road)





## ST. CLAIR COUNTY HEALTH DEPARTMENT

19 PUBLIC SQUARE, SUITE 150  
BELLEVILLE, ILLINOIS 62220-1624  
[www.health.co.st-clair.il.us](http://www.health.co.st-clair.il.us)



**John West, M.A.**  
*President*

**Barbara A. Hohlt, B.S., L.E.H.P.**  
*Executive Director*

**Administrative/Fiscal**  
618.233.7703  
618.222.1630 fax

**Infectious Disease Prevention**

- **Communicable Disease**  
618.233.6175  
618.233.9356 fax
- **Southwestern Illinois  
HIV Care Connect**  
618.825.4501  
618.825.4585 fax
- **Emergency Preparedness**  
618.233.7703  
618.233.9356 fax

**Personal Health**

- **Maternal-Child  
Health Programs**  
618.233.6170  
618.236.0821 fax
- **Breast and Cervical Cancer**  
618.233.7703  
618.233.7713 fax

**Environmental Health**

- 618.233.7769
- 618.236.0676 fax

Like and Follow us on:  
Facebook: @SCC.HealthDepartment  
Twitter: @stclairhealth



**Public Health**  
*Prevent. Promote. Protect.*  
**St. Clair County  
Health Department**  
*together for your health*

### MEMORANDUM

TO: All Units of Local Government, Cities, Villages, Townships, Highway Commissioners and Public Works Directors

FROM: Michael Gates, Environmental Protection Coordinator

DATE: August 10, 2020

RE: **LOCAL GOVERNMENT ONLY** Used Tire Collection 2020

The Illinois Environmental Protection Agency is pleased to sponsor a used tire collection for St. Clair County. This tire collection is limited to **Governmental Entities ONLY** and is **NOT open to the general public**. No used tires from ULG fleets or from private entities are allowed. Please **DO NOT** advertise or promote this collection to the public.

The collection will be held on **Tuesday, September 22, 2020 and Wednesday, September 23, 2020 from 8:00a.m. - 3:00p.m.** both days.

The Illinois Department of Transportation is graciously allowing the use of their property at **8313 Shiloh Valley Township Line Road, Lebanon, Illinois.**

Tires on rims, large truck, and tractor tires **MUST** be kept separate to facilitate unloading in a different area at the collection site.

Please take the necessary steps to insure that waste materials, such as bricks, lumber, and garbage are removed from each load **PRIOR** to delivery.

If you have any specific questions, please contact me or:

Michael Gates  
St. Clair County Health Dept.  
Desk: (618) 825-4451  
Email: [michael.gates@co.st-clair.il.us](mailto:michael.gates@co.st-clair.il.us)

Thomas W. Miller  
Illinois Environmental Protection Agency  
Desk: (618) 346-5154  
Email: [tom.miller@illinois.gov](mailto:tom.miller@illinois.gov)

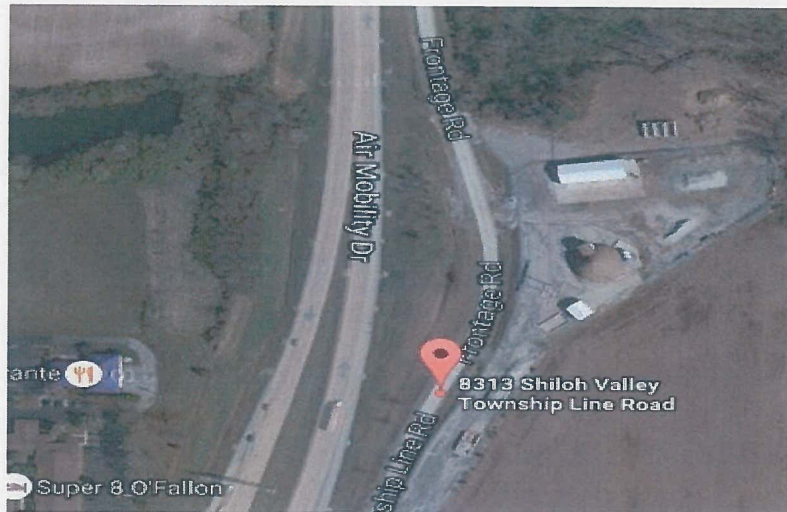




**Administrative Department**  
1 Park Drive • Shiloh, Illinois 62269

(618) 632-1022 Phone  
(618) 632-8942 Fax  
[shiloh@shilohil.org](mailto:shiloh@shilohil.org)

**Government Only  
Used Tire Collection  
September 23, 2020  
(16 tires)**



Site Collection Area



## ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 • (217) 782-2829

217/782-0610

8/8/2019

GREENMOUNT RETAIL CENTER LLC  
KEN GOESSLING  
1331 PARK PLAZA DR STE 4  
OFALLON, IL 62269

RE: FACILITY : HARTMAN LAKES PHASE II, OFALLON, IL  
COUNTY : ST CLAIR, NPDES Permit No : ILR10AZ09  
Notice of Coverage Under Construction Site Activity Storm Water General Permit

Dear NPDES Permittee:

We have reviewed your application and determined that storm water discharges associated with industrial activity from construction sites are appropriately covered by the attached General NPDES Permit issued by the Agency. Your discharge is covered by this permit effective as of the date of this letter or as identified by the conditions of the permit. The Permit as issued covers application requirements, a storm water pollution prevention plan and reporting requirements.

As a Permit Holder, it is your responsibility to:

1. Submit a modified Notice of Intent of any ownership or address change to the Permit Section within 30 days;
2. A Notice of Termination must be sent to the Agency, at the address indicated on the Notice of Termination, once your construction project has been completed and the site is properly stabilized. A Notice of Termination form has been enclosed for your convenience;

This letter shows your facility permit number below the construction site name. Please save this number and reference it in all future correspondence. Should you have any questions concerning the Permit, please contact Melissa Parrott at (217) 782-0610.

Very truly yours,

Amy L. Dragovich, P.E.  
Manager, Permit Section  
Division of Water Pollution Control

CC : Records Unit, Millennia Services, St. Clair County SWCD, Region : Collinsville

4302 N. Main St., Rockford, IL 61103 (815) 987-7760  
595 S. State, Elgin, IL 60120 (847) 608-3131  
2125 S. First St., Champaign, IL 61820 (217) 278-5800  
2909 Main St., Collinsville, IL 62234 (618) 546-5120

9511 Harrison St., Des Plaines, IL 60016 (847) 294-4000  
5407 N. University St., Arbor 110, Peoria, IL 61614 (309) 693-5462  
2309 W. Main St., Suite 110, Marion, IL 62959 (618) 993-7200  
100 W. Randolph, Suite 11-300, Chicago, IL 60601 (312) 814-6026





## ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 • (217) 782-2829

217/782-0610

04/17/2017

Archview Developers LLC  
Ryan Florek  
7 Golden Bear Court  
Belleville, IL 62220

RE: FACILITY: Summit of Shiloh Phase 1 Shiloh, IL  
COUNTY: ST CLAIR NPDES Permit No:ILR10Y242  
Notice of Coverage Under Construction Site Activity Storm Water General Permit

Dear NPDES Permittee:

We have reviewed your application and determined that storm water discharges associated with industrial activity from construction sites are appropriately covered by the attached General NPDES Permit issued by the Agency. Your discharge is covered by this permit effective as of the date of this letter or as identified by the conditions of the permit. The Permit as issued covers application requirements, a storm water pollution prevention plan and reporting requirements.

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This letter shows your facility permit number below the construction site name. Please save this number and reference it in all future correspondence. Should you have any questions concerning the Permit, please contact Cathy Demeroukas at (217) 782-0610.

Very truly yours,

Alan Keller, P.E.  
Manager, Permit Section  
Division of Water Pollution Control

CC: Records Unit St. Clair County SWCD , Millennia Services, Region: Collinsville

4302 N. Main St., Rockford, IL 61103 (815) 987-7760  
595 S. State, Elgin, IL 60123 (847) 608-3131  
2125 S. First St., Champaign, IL 61820 (217) 276-5800  
2309 Mall St., Collinsville, IL 62234 (618) 346-5120

9511 Harrison St., Des Plaines, IL 60016 (847) 294-4000  
5407 N. University St., Arden 113, Peoria, IL 61614 (309) 693-5462  
2309 W. Main St., Suite 116, Marion, IL 62959 (616) 993-7200  
100 W. Randolph, Suite 11-300, Chicago, IL 60601 (312) 614-6026



## ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 • (217) 782-2829

217/782-0610

8/18/2020

AUFFENBERG SHILOH LLC  
MIKE AUFFENBERG  
176 AUTO CT  
OFALLON, IL 62269

RE: FACILITY : AUFFENBERG AUTO FACILITY, SHILOH, IL  
COUNTY : ST CLAIR, NPDES Permit No : ILR10BP30  
Notice of Coverage Under Construction Site Activity Storm Water General Permit

Dear NPDES Permittee:

We have reviewed your application and determined that storm water discharges associated with industrial activity from construction sites are appropriately covered by the attached General NPDES Permit issued by the Agency. Your discharge is covered by this permit effective as of the date of this letter or as identified by the conditions of the permit. The Permit as issued covers application requirements, a storm water pollution prevention plan and reporting requirements.

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This letter shows your facility permit number below the construction site name. Please save this number and reference it in all future correspondence. Should you have any questions concerning the Permit, please contact Melissa Parrott at (217) 782-0610.

Very truly yours,

Amy L. Dragovich, P.E.  
Manager, Permit Section  
Division of Water Pollution Control

CC : Records Unit, TWM, St. Clair County SWCD, Region : Collinsville

4302 N. Main St., Rockford, IL 61103 (815) 967-7760  
595 S. State, Elgin, IL 60123 (847) 608-3131  
2125 S. First St., Champaign, IL 61820 (217) 276-5800  
2009 Main St., Collinsville, IL 62234 (618) 346-5120

9511 Harrison St., Des Plaines, IL 60016 (847) 294-4000  
5407 N. University St., Arber 113, Peoria, IL 61614 (309) 693-5462  
2309 W. Main St., Suite 116, Marion, IL 62959 (418) 993-7200  
100 W. Randolph, Suite 11-300, Chicago, IL 60601 (312) 614-6026





## ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 • (217) 782-2829

217/782-0610

9/3/2019

ENCOMPASS HEALTH  
RODNEY GILCHRIST  
9001 LIBERTY PARKWAY  
BIRMINGHAM, AL 25243

(ENCOMPASS HEALTH)

RE: FACILITY : THE REHABILITATION INSTITUTE OF SOUTHERN ILLINOIS, SHILOH, IL  
COUNTY : ST CLAIR, NPDES Permit No : ILR10AZ40  
Notice of Coverage Under Construction Site Activity Storm Water General Permit

Dear NPDES Permittee:

We have reviewed your application and determined that storm water discharges associated with industrial activity from construction sites are appropriately covered by the attached General NPDES Permit issued by the Agency. Your discharge is covered by this permit effective as of the date of this letter or as identified by the conditions of the permit. The Permit as issued covers application requirements, a storm water pollution prevention plan and reporting requirements.

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Very truly yours,

Amy L. Dragovich, P.E.  
Manager, Permit Section  
Division of Water Pollution Control

CC : Records Unit, TWM, St. Clair County SWCD, Region : Collinsville

4302 N. Main St., Rockford, IL 61103 (815) 967-7760  
395 S. State, Elgin, IL 60120 (847) 609-3191  
2125 S. First St., Champaign, IL 61820 (217) 278-3800  
2009 Main St., Collinsville, IL 62224 (618) 346-5120

9511 Harrison St., Des Plaines, IL 60016 (847) 294-4000  
5407 N. University St., Arden Hills, Peoria, IL 61614 (309) 693-5462  
2309 W. Main St., Suite 116, Marion, IL 62959 (618) 993-7200  
100 W. Randolph, Suite 11-300, Chicago, IL 60601 (312) 614-6026

PLEASE PRINT ON RECYCLED PAPER