ILLINOIS ENVIRONMENTAL PROTECTION AGENCY ANNUAL FACILITY INSPECTION REPORT NPDES PERMIT FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL SITE ACTIVITIES

Complete each section of this report. Place a N	IA in sections that do not apply	to your op	eration.		
REPORT PERIOD: FROM	то				
OWNER/OPERATOR INFORMATION: (As it a	appears on the current permit)				
NAME:	TELEPHONE NUMBER:				
MAILING ADDRESS:					
CITY:			STATE:	ZIP:	
CONTACT PERSON: (Person responsible for Annual Report)				•	
ACILITY/SITE INFORMATION: (As it appears	s on the current permit)				
			PERMIT NUMBER: ILR		
FACILITY LOCATION:		•			
CITY:			STATE:	ZIP:	
COUNTY:	PRIMARY SIC	PRIMARY SIC CODE:			

RECEIVING WATER INFORMATION

STORM SEWER:	OWNER NAME:	
WATERS OF THE STATE:		CLOSEST RECEIVING WATERS:

ADDITIONAL INFORMATION

Has this facility received an NPDES Permit under a different own/operator name in the past? If so, list last name permit was issued to:

Attach information on any activity that has occurred at this facility during the report period that may have resulted in pollutants discharged to storm water runoff (e.g. Spills).

Attach information on any changes to the facility or the activity occurring at the facility that resulted in significant changes to the SWPPP.

SIGNATURE:

DATE:

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY WATER POLLUTION CONTROL COMPLIANCE ASSURANCE SECTION #19 1021 NORTH GRAND AVENUE EAST POST OFFICE BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276

Information required by this form must be provided to comply with 415 ILCS 5/39 (1996). Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.