

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
 NOTICE OF INTENT FOR NEW OR RENEWAL OF
 GENERAL PERMIT FOR DISCHARGES FROM
 SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
 (MS4s)**

Input forms in Word format are available via email.
terri.lemasters@illinois.gov
 or by calling the Permit Section at 217/782-0610
 See address for mailing on last page

For Office Use Only – Permit No. ILR40 _____

Part 1. General Information

LIBERTYVILLE TOWNSHIP
 HIGHWAY DEPARTMENT
 343 MERRILL COURT
 LIBERTYVILLE, IL 60048

1. MS4 Operator Name: _____

2. MS4 Operator Mailing Address: _____
 Street City State Zip

3. Operator Type:

- | | | |
|--|---|---|
| <input type="checkbox"/> City | <input type="checkbox"/> Borough | <input type="checkbox"/> DOT/Highway Adm |
| <input type="checkbox"/> County | <input type="checkbox"/> Precinct | <input type="checkbox"/> Sewer District |
| <input type="checkbox"/> Parish | <input type="checkbox"/> Hospital | <input type="checkbox"/> Flood Control Dist |
| <input type="checkbox"/> Reservation | <input type="checkbox"/> Prison | <input type="checkbox"/> Drainage District |
| <input type="checkbox"/> Village | <input type="checkbox"/> Military Base | <input type="checkbox"/> Association |
| <input type="checkbox"/> Town | <input type="checkbox"/> Park | <input type="checkbox"/> Other (list) |
| <input checked="" type="checkbox"/> Township | <input type="checkbox"/> College/University | |

4. Operator Status Federal State County Local Other

5. Names(s) of Governmental Entity(ies) in which MS4 is located:

Mettawa Green Oaks Libertyville
Mundelein

6. Area of land that drains to your MS4 (in square miles): 12 - 24

7. Latitude/Longitude at approximate geographical center of MS4 for which you are requesting authorization to discharge:

Latitude: 42 17 38N Longitude: 087 57 34W
DEG. MIN. SEC. DEG. MIN. SEC.

8. Names(s) of known receiving waters *Attach additional sheets (Attachment 1) as necessary:*

- | | |
|-----------------------------|----------|
| 1. <u>See Map Next Page</u> | 2. _____ |
| 3. <u>11-13-15-16-24</u> | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

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.

Part V. 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 gather and evaluate 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 fine and imprisonment.

Authorized Representative Name and Title

Signature

Date

Bill Morgan Hwy Comm

Bill Morgan

3-11-08

Mail completed form to:

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
ATTN: PERMIT SECTION
POST OFFICE BOX 19276
SPRINGFIELD, ILLINOIS 62794-9276