

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.

·	n March, <u>2018</u> To March, <u>2019</u>				
MS4 OPERATOR INFORMATION: (As it app	pears on the	current permit)			
Name: C. Ryan Bump		Mailing Address 1: PC	BOX 134		
Mailing Address 2:			County: Rock Island		
City: Rapids City	State:	IL Zip: 61278	Telephone: 309-496-2321		
Contact Person: C. Ryan Bump (Person responsible for Annual Report)		Email Address: vorc@rapidscity.us			
, ,	MC4 in los	ntode (An it ammanus au ti	h a a		
Name(s) of governmental entity(ies) in which Village of Rapids City	WIS4 IS IOCA	ated: (As it appears on t	ne current permit)		
Village of Itapids City					
THE FOLLOWING ITEMS MUST BE ADDRESS	BED.				
A. Changes to best management practices (chec regarding change(s) to BMP and measurable		te BMP change(s) and att	ach information		
		.			
Public Education and Outreach	_	Construction Site Runoff	_		
Public Participation/Involvement	<u> </u>	Post-Construction Runof	f Control		
3. Illicit Discharge Detection & Elimination	☐ 6.	Pollution Prevention/Goo	od Housekeeping		
 Attach the status of compliance with permit comanagement practices and progress towards MEP, and your identified measurable goals for 	achieving th	e statutory goal of reducir	ng the discharge of pollutants to the		
C. Attach results of information collected and ana	alyzed, inclu	ding monitoring data, if ar	ny during the reporting period.		
 Attach a summary of the storm water activities implementation schedule.) 	s you plan to	undertake during the nex	ct reporting cycle (including an		
E. Attach notice that you are relying on another g	jovernment	entity to satisfy some of ye	our permit obligations (if applicable).		
	=	· · · · · · · · · · · · · · · · · · ·	, , , , ,		
E. Attach notice that you are relying on another of F. Attach a list of construction projects that your of Any person who knowingly makes a false, fictitious commits a Class 4 felony. A second or subsequen	entity has pa es, or fraudul	aid for during the reporting	period. Ally or in writing, to the Illinois EPA		
F. Attach a list of construction projects that your of the construction projects the construction projects the construction projects that your of the construction projects the constructio	entity has pa es, or fraudul	aid for during the reporting	period. Illy or in writing, to the Illinois EPA		
F. Attach a list of construction projects that your of Any person who knowingly makes a false, fictitiou commits a Class 4 felony. A second or subsequen	entity has pa es, or fraudul	aid for during the reporting	period. Illy or in writing, to the Illinois EPA Felony. (415 ILCS 5/44(h))		
F. Attach a list of construction projects that your	entity has pa es, or fraudul	aid for during the reporting tent material statement, ora ter conviction is a Class 3 to	period. Ally or in writing, to the Illinois EPA Felony. (415 ILCS 5/44(h)) Date:		

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 has been approved by the Forms Management Center.



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Report Period: From March, 2019 To N	t Period: From March, 2019 To March, 2020									
MS4 OPERATOR INFORMATION: (As it appears	s on the	current permit)								
Name: C. Ryan Bump		_ Mailing Address	1: PO BOX 134							
Mailing Address 2:			County: Rock Island							
City: Rapids City	State: _	IL Zip: 61278	Telephone: 309-496-2321							
Contact Person: C. Ryan Bump (Person responsible for Annual Report)	Contact Person: C. Ryan Bump Email Address: vorc@rapidscity.us									
Name(s) of governmental entity(ies) in which MS4	is loca	ted: (As it appears	on the current permit)							
Village of Rapids City										
THE FOLLOWING ITEMS MUST BE ADDRESSED.										
 A. Changes to best management practices (check ap regarding change(s) to BMP and measurable goal 		e BMP change(s) ar	nd attach information							
Public Education and Outreach	4.	Construction Site R	unoff Control							
2. Public Participation/Involvement	5.	5. Post-Construction Runoff Control								
3. Illicit Discharge Detection & Elimination	6.	3. Pollution Prevention/Good Housekeeping								
B. Attach the status of compliance with permit condition management practices and progress towards achie MEP, and your identified measurable goals for each	eving the ch of the	e statutory goal of re minimum control me	ducing the discharge of pollutants to the easures.							
C. Attach results of information collected and analyze										
 D. Attach a summary of the storm water activities you implementation schedule.) 	ı plan to	undertake during th	e next reporting cycle (including an							
E. Attach notice that you are relying on another gover	rnment e	entity to satisfy some	of your permit obligations (if applicable).							
F. Attach a list of construction projects that your entity	y has pa	id for during the rep	orting period.							
Any person who knowingly makes a false, fictitious, or commits a Class 4 felony. A second or subsequent off	fraudule ense afte	ent material statemer er conviction is a Cla	nt, orally or in writing, to the Illinois EPA ss 3 felony. (415 ILCS 5/44(h))							
		N . ~2	06-900							
Owner Signature:			Date:							
C. Ryan Bump		Public \	Public Works Director							
Printed Name:	Title:									

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

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Report Period: From March, 2020	To March, 2021			Permit No.	ILR40 0644	
MS4 OPERATOR INFORMATION: (A	s it appears on the	curr	ent permit)			
Name: C. Ryan Bump		Λ	lailing Address 1: P	O BOX 134		
Mailing Address 2:			_	County: R	ock Island	
City: Rapids City	State:	[L	Zip: 61278	Telephone:	309-496-2321	
Contact Person: C. Ryan Bump (Person responsible for Annual Report)		Email Address: vorc@rapidscity.us				
Name(s) of governmental entity(ies) in	which MS4 is loc	ated:	(As it appears on	the current permi	t)	
Village of Rapids City						
,						
THE FOLLOWING ITEMS MUST BE AD	DRESSED.					
A. Changes to best management practice regarding change(s) to BMP and meas	s (check appropria surable goals.)	ate BN	IP change(s) and a	ttach information		
1. Public Education and Outreach	<u> </u>	. Cor	struction Site Runo	ff Control		
2. Public Participation/Involvement	<u> </u>	. Pos	t-Construction Run	off Control		
3. Illicit Discharge Detection & Elimir	nation 🔲 6	. Pol	ution Prevention/Go	ood Housekeeping		
B. Attach the status of compliance with permanagement practices and progress to MEP, and your identified measurable g	owards achieving th	he sta	itutory goal of reduc	ing the discharge o	r identified best of pollutants to the	
C. Attach results of information collected	and analyzed, incl	uding	monitoring data, if	any during the repo	orting period.	
D. Attach a summary of the storm water a implementation schedule.)						
E. Attach notice that you are relying on an					tions (if applicable).	
F. Attach a list of construction projects that	at your entity has p	oaid fo	or during the reporti	ng period.		
Any person who knowingly makes a false, commits a Class 4 felony. A second or sui	fictitious, or fraudu bsequent offense a	ilent i fter c	naterial statement, c onviction is a Class	rally or in writing, t 3 felony. (415 ILCS	o the Illinois EPA 5/44(h))	
			4-1-	<u> </u>		
Owner Signature:				Date:		
C. Ryan Bump			Public Works Director			
Printed Name:				Title:		

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