



Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Division of Water Pollution Control Notice of Intent (NOI) for General Permit to Discharge Storm Water Associated with Construction Site Activities

Permit Information

Master Permit Number: ILR100000

NPDES ID: ILR10ZDUL

State/Territory to which your project/site is discharging: IL

Is your project/site located on federally recognized Indian Country Lands? No

By Indicating "Yes" below, I confirm that I understand that this General Permit only authorizes the allowable stormwater discharges in Part I.B.1 and Part I.B.2. Any discharges not expressly authorized in part I.B.3 of this permit cannot become authorized or shielded from liability under CWA Section 402(k) by disclosure to EPA, State, or local authorities after issuance of this permit via any means, including the Notice of Intent (NOI) to be covered by the permit, the Stormwater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any discharges requiring NPDES permit coverage other than the allowable stormwater discharges listed in Part I.B.1 and Part I.B.2, they must be covered under another NPDES permit.

Yes

Is your construction site less than one acre? No

Owner and Operator Information

Owner (Company) Information

Owner (Company) Name: DUPAGE COUNTY HEALTH DEPARTMENT

Owner Type: County

Owner (Company) Mailing Address

Address Line 1: 111 N. COUNTY FARM ROAD

Address Line 2:

City: WHEATON

ZIP/Postal Code: 60187

State: IL

Owner (Company) Point of Contact Information

First Name Middle Initial Last Name: ADAM FORKER

Professional Title: DCHD Executive Director

Phone: 630-221-7419

Ext.:

Email: adam.forker@dupagehealth.org

Operator (Contractor) Information

Is the Operator Information the same as the Owner Information? No

Operator (Contractor) Name: WIGHT CONSTRUCTION

Operator (Contractor) Mailing Address

Address Line 1: 2500 N Frontage Road

Address Line 2:

City: Darien

ZIP/Postal Code: 60561

State: IL

Operator (Contractor) Point of Contact Information

First Name Middle Initial Last Name: NICHOLAS SLEBODA

Professional Title: DIRECTOR OF CONSTRUCTION OPERATIONS

Phone: 630-969-7000

Ext.:

Email: nsleboda@wightco.com

NOI Preparer Information

This NOI is being prepared by someone other than the certifier.

Project/Site Information

Project/Site Name: [Crisis Recovery Center](#)

Project/Site Location

Address Line 1: [115 N. COUNTY FARM ROAD](#)

Address Line 2:

City: [WHEATON](#)

ZIP/Postal Code: [60187](#)

State: [IL](#)

County or Similar Division: [DuPage](#)

Latitude/Longitude for the Project

Latitude/Longitude Format: [Decimal Degrees](#)

Latitude/Longitude: [41.864924°N, 88.140817°W](#)

Other Project Information

Approximate Construction Start Date: [04/01/2024](#)

Approximate Construction End Date: [08/01/2024](#)

Total Size of Construction Site in Acres: [3.77](#)

Type of Construction: [Other](#)

Other: [Government / Medical](#)

SIC Code:

Type a detailed description of the Project:

This project includes the removal and replacement of the south corner of the parking lot and nearby walkways. The project proposes a new building with connection an existing building on site, site utilities, construction of underground stormwater detention, parking lot, drives and sidewalks, and site landscaping.

SWPPP Information

Has the SWPPP been prepared in advance of filing this NOI as required? [Yes](#)

SWPPP Contact Information

First Name Middle Initial Last Name: [SHAWN](#) [BENSON](#)

Organization:

Professional Title: [DIRECTOR OF LAND DEVELOPMENT](#)

Phone: 630-969-7000

Ext.:

Email: sbenson@wightco.com

Project Inspector

Is the Project Inspector Information the same as the SWPPP Contact Information? [Yes](#)

Use the space below to upload a copy of your SWPPP.

Name	Uploaded Date	Size
 230002 C3.02 SWPPP C3.05.pdf (attachment/1813419)	02/22/2024	1.07 MB

Receiving Water Information

Does your storm water discharge directly to: [Storm Sewer](#)

Owner of Storm Sewer System: [CITY OF WHEATON](#)

Name of closest receiving waterbody to which you discharge: [WINFIELD CREEK](#)

**Historic Preservation Office:**

Use the space below to upload a copy of your Historic Preservation Office approval letter.

Name	Uploaded Date	Size
IHPA Submittal Package - CRC.pdf (attachment/1813420)	02/22/2024	10.45 MB

IDNR Impact Assessment Section:

Use the space below to upload a copy of your EcoCAT approval letter.

Name	Uploaded Date	Size
EcoCAT Combined.pdf (attachment/1813421)	02/22/2024	824.60 KB

Certification Information



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 gathered and evaluated 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 have no personal knowledge that the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

Certified By: Zachary Mattix

Certifier Title: Civil Engineer I

Certifier Email: zmatix@wightco.com

Certified On: 02/22/2024 10:10 AM ET