



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, 2017 To March, 2018

Permit No. ILR40 _____

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

Name: Village of Bedford Park Mailing Address 1: 6701 S. Archer Rd

Mailing Address 2: _____ County: Cook

City: Bedford Park State: IL Zip: 60501 Telephone: _____

Contact Person: Kevin Ormins Email Address: kevin@villageofbedfordpark.com
(Person responsible for Annual Report)

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

Village of Bedford Park

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))

Kevin Ormins
Owner Signature:

KEVIN ORMINS
Printed Name:

1-24-2018
Date:

Superintendent
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
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.



The Choice for Collection System Solutions

Stormwater Outfall Inspection Data Form

Section 1: Background Data

| | | |
|---|---|------------------------|
| Subwatershed: <u>Bridgeview (incoming pipe)</u> | Outfall ID: <u>204</u> | |
| Date: <u>1-24-2018</u> | Time (Military): <u>13:30</u> | |
| Temperature: <u>30</u> °F | Inspector(s): <u>Joe Sullivan and Bobby Peters</u> | |
| Previous 48 Hours Precipitation: | Photo's Taken (Y/N) | If yes, Photo Numbers: |
| Land Use in Drainage Area (Check all that apply): | <input type="checkbox"/> Open Space <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial Other: _____ Known Industries: _____ | |

Section 2: Outfall Description

| LOCATION | MATERIAL | SHAPE | | DIMENSIONS (IN.) | SUBMERGED |
|----------------------------------|---|--|--|------------------------------------|---|
| Storm Sewer (Closed Pipe) | <input checked="" type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Clay / Drintile <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ | Diameter/Dimensions: <u>42"</u> | In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully |
| | Open drainage (swale/ditch) | <input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____ | | |

Section 3: Physical Indicators

| INDICATOR | CHECK if Present | DESCRIPTION | COMMENTS |
|---|--------------------------|---|----------|
| Outfall Damage | <input type="checkbox"/> | <input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion | |
| Deposits/Stains | <input type="checkbox"/> | <input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other: | |
| Abnormal Vegetation | <input type="checkbox"/> | <input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited | |
| Poor pool quality | <input type="checkbox"/> | <input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other: | |
| Pipe algae/growth | <input type="checkbox"/> | <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other: | |
| Do physical indicators suggest an illicit discharge is present (Y/N): | | | |

| | | |
|------------------|--|---|
| Flow Present? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If No, Skip to Section 7 and Close Illicit Discharge Investigation |
| Flow Description | <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Substantial | |

Section 4: Physical Indicators (Flowing Outfalls Only)

| INDICATOR | CHECK if Present | DESCRIPTION | RELATIVE SEVERITY INDEX (1-3) | | |
|---|-------------------------------------|---|---|---|--|
| Odor | <input type="checkbox"/> | <input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Sulfide <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Laundry <input type="checkbox"/> Other: | <input type="checkbox"/> 1-Faint | <input type="checkbox"/> 2 – Easily detected | <input type="checkbox"/> 3 – Noticeable from a distance |
| Color (color chart) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange/Red <input type="checkbox"/> Multi-Color <input type="checkbox"/> Other: | <input type="checkbox"/> 1-Faint colors in sample bottle | <input type="checkbox"/> 2 – Clearly visible in sample bottle | <input type="checkbox"/> 3 – Clearly visible in outfall flow |
| Turbidity | <input checked="" type="checkbox"/> | See severity | <input checked="" type="checkbox"/> 1-Slight cloudiness | <input type="checkbox"/> 2 – Cloudy | <input type="checkbox"/> 3 – Opaque |
| Floatables -Does Not Include Trash!! | <input type="checkbox"/> | <input type="checkbox"/> Sewage <input type="checkbox"/> Suds and Foam <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Grease <input type="checkbox"/> Other: | <input type="checkbox"/> 1-Few/slight; origin not obvious | <input type="checkbox"/> 2 – Some; indications of origin | <input type="checkbox"/> 3 - Some; origin clear |
| Do physical indicators (flowing) suggest an illicit discharge is present (Y/N): | | | | | |

Section 5: On-Site Sampling / Testing (Flowing Outfalls Only)

| PARAMETER | RESULT | ACCEPTABLE RANGE | WITHIN RANGE (Y/N) | EQUIPMENT |
|---------------------------|--------|---|--------------------|-------------------|
| Temperature | | NA | NA | Thermometer |
| pH | | 6 – 9 | | 5-in-1 Test Strip |
| Ammonia | | <3 mg/L April – Oct < 8 mg/L Nov - March | | Test Strip |
| Free Chlorine | | NA | NA | 5-in-1 Test Strip |
| Total Chlorine | | < 0.05 mg/L | | 5-in-1 Test Strip |
| Phenols | | < 0.1mg/L | | Test Kit |
| Detergents as Surfactants | | > 0.25 mg/L residential > 5 mg/L non-residential | | Test Kit |
| Copper | | <0.025 mg/L | | Test Strip |
| Alkalinity | | NA | NA | 5-in-1 Test Strip |
| Hardness | | NA | NA | 5-in-1 Test Strip |
| Sample Location | | | | |

(Note NA values used for future tracing procedures)

Section 6: Data Collection for Lab Testing (see flow chart)

| | | |
|----------------------------|-------------------------------|-------------------------------|
| 1. Sample for the lab? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If yes, collected from: | <input type="checkbox"/> Flow | <input type="checkbox"/> Pool |

| PARAMETER | RESULT (from lab) | ACCEPTABLE RANGE | WITHIN RANGE (Y/N) |
|----------------|-------------------|--------------------------------------|--------------------|
| Fecal Coliform | | 400 per 100 mL | |
| Flouride | | 0.6 mg/l | |
| Potassium | | Ammonium/Potassium ratio or > 20mg/l | |

*note label sample with outfall number

Section 7: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

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The Choice for Collection System Solutions

Stormwater Outfall Inspection Data Form

Section 1: Background Data

| | |
|---|---|
| Subwatershed: Bedford Park | Outfall ID: 259 |
| Date: 1-24-2018 | Time (Military): 12:53 |
| Temperature: 30 °F | Inspector(s): Joe Sullivan and Bobby Peters |
| Previous 48 Hours Precipitation: | Photo's Taken (Y/N) Y If yes, Photo Numbers: |
| Land Use in Drainage Area (Check all that apply): | <input type="checkbox"/> Open Space |
| <input type="checkbox"/> Industrial | <input checked="" type="checkbox"/> Institutional |
| <input type="checkbox"/> Residential | Other: _____ |
| <input checked="" type="checkbox"/> Commercial | Known Industries: _____ |

Section 2: Outfall Description

| LOCATION | MATERIAL | SHAPE | DIMENSIONS (IN.) | SUBMERGED |
|----------------------------------|---|--|---|---|
| Storm Sewer (Closed Pipe) | <input checked="" type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Clay / Drintile <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ | Diameter/Dimensions: 48" | In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully |
| | <input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____ | Depth: 6" Top Width: Bottom Width: | |

Section 3: Physical Indicators

| INDICATOR | CHECK if Present | DESCRIPTION | COMMENTS |
|---|--------------------------|---|----------|
| Outfall Damage | <input type="checkbox"/> | <input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion | |
| Deposits/Stains | <input type="checkbox"/> | <input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other: | |
| Abnormal Vegetation | <input type="checkbox"/> | <input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited | |
| Poor pool quality | <input type="checkbox"/> | <input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other: | |
| Pipe algae/growth | <input type="checkbox"/> | <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other: | |
| Do physical indicators suggest an illicit discharge is present (Y/N): | | | |

| | | |
|------------------|--|---|
| Flow Present? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If No, Skip to Section 7 and Close Illicit Discharge Investigation |
| Flow Description | <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Substantial | |

Section 4: Physical Indicators (Flowing Outfalls Only)

| INDICATOR | CHECK if Present | DESCRIPTION | RELATIVE SEVERITY INDEX (1-3) | | |
|---|-------------------------------------|---|---|---|--|
| Odor | <input type="checkbox"/> | <input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Sulfide <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Laundry <input type="checkbox"/> Other: | <input type="checkbox"/> 1-Faint | <input type="checkbox"/> 2 – Easily detected | <input type="checkbox"/> 3 – Noticeable from a distance |
| Color (color chart) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange/Red <input type="checkbox"/> Multi-Color <input type="checkbox"/> Other: | <input type="checkbox"/> 1-Faint colors in sample bottle | <input type="checkbox"/> 2 – Clearly visible in sample bottle | <input type="checkbox"/> 3 – Clearly visible in outfall flow |
| Turbidity | <input checked="" type="checkbox"/> | See severity | <input checked="" type="checkbox"/> 1-Slight cloudiness | <input type="checkbox"/> 2 – Cloudy | <input type="checkbox"/> 3 – Opaque |
| Floatables -Does Not Include Trash!! | <input type="checkbox"/> | <input type="checkbox"/> Sewage <input type="checkbox"/> Suds and Foam <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Grease <input type="checkbox"/> Other: | <input type="checkbox"/> 1-Few/slight; origin not obvious | <input type="checkbox"/> 2 – Some; indications of origin | <input type="checkbox"/> 3 - Some; origin clear |
| Do physical indicators (flowing) suggest an illicit discharge is present (Y/N): | | | | | |

Section 5: On-Site Sampling / Testing (Flowing Outfalls Only)

| PARAMETER | RESULT | ACCEPTABLE RANGE | WITHIN RANGE (Y/N) | EQUIPMENT |
|---------------------------|--------|---|--------------------|-------------------|
| Temperature | | NA | NA | Thermometer |
| pH | | 6 – 9 | | 5-in-1 Test Strip |
| Ammonia | | <3 mg/L April – Oct < 8 mg/L Nov - March | | Test Strip |
| Free Chlorine | | NA | NA | 5-in-1 Test Strip |
| Total Chlorine | | < 0.05 mg/L | | 5-in-1 Test Strip |
| Phenols | | < 0.1mg/L | | Test Kit |
| Detergents as Surfactants | | > 0.25 mg/L residential > 5 mg/L non-residential | | Test Kit |
| Copper | | <0.025 mg/L | | Test Strip |
| Alkalinity | | NA | NA | 5-in-1 Test Strip |
| Hardness | | NA | NA | 5-in-1 Test Strip |
| Sample Location | | | | |

(Note NA values used for future tracing procedures)

Section 6: Data Collection for Lab Testing (see flow chart)

| | | |
|----------------------------|-------------------------------|-------------------------------|
| 1. Sample for the lab? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If yes, collected from: | <input type="checkbox"/> Flow | <input type="checkbox"/> Pool |

| PARAMETER | RESULT (from lab) | ACCEPTABLE RANGE | WITHIN RANGE (Y/N) |
|----------------|-------------------|--------------------------------------|--------------------|
| Fecal Coliform | | 400 per 100 mL | |
| Flouride | | 0.6 mg/l | |
| Potassium | | Ammonium/Potassium ratio or > 20mg/l | |

*note label sample with outfall number

Section 7: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

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