

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 app	ears on th	e curr	ent permit)					
Name: Village of Bedford Park			lailing Address 1: 6701 S	. Archer Rd				
Mailing Address 2:				County: Cook				
City: Bedford Park	State:	11	Zip: 60501	Telephone:				
Contact Person: Kevin Ormins (Person responsible for Annual Report)		Ema	ail Address: kevin@villa	geofbedfordpark.com				
Name(s) of governmental entity(ies) in which	MS4 is loc	ated:	(As it appears on the ci	urrent permit)				
Village of Bedford Park								
		2						
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	□ 4	. Con	struction Site Runoff Con	trol				
2. Public Participation/Involvement	<u> </u>	Post	-Construction Runoff Cor	ntrol				
3. Illicit Discharge Detection & Elimination	☐ 6.	Pollu	ution Prevention/Good Ho	usekeeping				
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 go	overnment	entity	to satisfy some of your p	ermit obligations (if applicable).				
F. Attach a list of construction projects that your e	entity has p	aid for	during the reporting period	od.				
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))								
Owner Signature:			1-24-	2018				
KeyIN DOWINS			San acres	Tendent				
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

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 WPC 691 Rev 6/10 has been approved by the Forms Management Center.



The Choice for Collection System Solutions

Stormwater Outfall Inspection Data Form

Section 1: Background Data Outfall ID: 204 Subwatershed: Bridgeview (incoming pipe) Date: 1-24-2018 Time (Military): 13:30 Inspector(s): Joe Sullivan and Bobby Peters Temperature: 30 °F Previous 48 Hours Precipitation: Photo's Taken (Y/N) If yes, Photo Numbers: Land Use in Drainage Area (Check all that apply): Open Space ■ Industrial ■ Institutional **X** Residential Other: ☐ Commercial Known Industries: **Section 2: Outfall Description** MATERIAL LOCATION SHAPE **DIMENSIONS (IN.) SUBMERGED** X RCP CMP In Water: X Circular ☐ Single ☐ No ☐ PVC ☐ HDPE ▼ Partially ☐ Fully Elliptical ☐ Double Diameter/Dimensions: Storm Sewer ☐ Steel 42" With Sediment: (Closed Pipe) ☐ Box ☐ Triple X No Clay / Draintile Partially
Fully Other: Other: Other: ☐ Concrete Depth: 3" ☐ Trapezoid Earthen Open drainage Parabolic Top Width: (swale/ditch) ☐ rip-rap Other: Bottom Width: Other: **Section 3: Physical Indicators** CHECK if DESCRIPTION **COMMENTS INDICATOR Present** ☐ Spalling, Cracking or Chipping ☐ Peeling Paint Outfall Damage □ Corrosion ☐ Oily ☐ Flow Line ☐ Paint Other: Deposits/Stains Abnormal Vegetation □ Excessive ☐ Inhibited Odors Colors Floatables Oil Sheen Poor pool quality Excessive Algae ☐ Suds Other: Pipe algea/growth ☐ Brown ☐ Orange ☐ Green Other: Do physical indicators suggest an illicit discharge is present (Y/N): Flow Present? X Yes ☐ No If No, Skip to Section 7 and Close Illicit Discharge Investigation Flow Description ☐ Trickle ■ Moderate X Substantial

NDICATOR CHECK if Prevent DESCRIPTION RELATIVE SEVERITY INDEX (1-3)	Section 4: Physi	cal Indicators	(Flowing Outfalls Only)		T		
Odor	INDICATOR		DESCRIPTION		RELATIVE SEVERITY INDEX (1-3)		
Color (color charr) Color Gray Yellow Instanctions Ins	Odor		Sulfide Petroleum/gas		☐ 1–Faint		from a
See severty Cloudiness 2 - Cloudy 3 - Opaque		X	Gray Yellow Orange/Ro	ed	in sample	visible in sample	visible in
-Does Not Include Trash!! Petroleum (oil sheen) origin not obvious origin not obvious origin clear Do physical indicators (flowing) suggest an illicit discharge is present (Y/N): PARAMETER RESULT ACCEPTABLE RANGE RANGE (Y/N)	Turbidity	K	See severity			2 – Cloudy	3 – Opaque
Section 5: On-Site Sampling / Testing (Flowing Outfalls Only) PARAMETER RESULT ACCEPTABLE RANGE WITHIN RANGE (Y/N) Temperature NA NA Thermometer pH 6-9 5-in-1 Test Strip Ammonia SampL April - Oct SampL April - Oct SampL Nov - March Test Strip Free Chlorine NA NA S-in-1 Test Strip Total Chlorine O.05 mg/L S-in-1 Test Strip Phenols O.1 mg/L Test Kit Detergents as Surfactants > 0.25 mg/L residential Test Kit Copper O.025 mg/L Test Strip Alkalinity NA NA S-in-1 Test Strip Alkalinity NA NA S-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? Yes No 2. If yes, collected from: Flow Pool PARAMETER RESULT (from lab) ACCEPTABLE RANGE (Y/N) Fecal Coliform 400 per 100 mL Flouride O.6 mg/l Ammonium/Potas sium ratio or > 20mg/l *note label sample with outfall number	-Does Not		Petroleum (oil sheen)			indications	
PARAMETER RESULT ACCEPTABLE RANGE WITHIN RANGE (Y/N) Temperature NA NA NA Thermometer 9H 6-9 5-in-1 Test Strip Ammonia	Do physical indic	ators (flowing) s	uggest an illicit discharge is presen	t (Y/N):			
PARAMETER RESULT ACCEPTABLE RANGE WITHIN RANGE (Y/N) Temperature NA NA NA Thermometer pH 6-9 5-in-1 Test Strip Ammonia <3 mg/L April - Oct <8 mg/L Nov - March	Section 5: On-	Site Samplin	g / Testing (Flowing Outfa	ılls Only)		
PH							EQUIPMENT
Ammonia	Temperatu	ıre			NA	NA	Thermometer
Animonia	pH						5-in-1 Test Strip
Free Chlorine Total Chlorine NA	Ammoni	a					Test Strip
Phenols	Free Chlor	ine				NA	5-in-1 Test Strip
Detergents as Surfactants Source Source Surg/L residential Source Surg/L non-residential Surg/L non-residential				< 0.05 mg/L			
Section 6: Data Collection for Lab Testing (see flow chart) Section 6: Data Collection for Lab Testing (see flow chart) 1. Sample for the lab?	Phenols	l .					Test Kit
Copper	Detergents as Surfactants						Test Kit
Hardness NA NA S-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?	Copper						Test Strip
Sample Location	Alkalinit	у			NA	NA	5-in-1 Test Strip
Note NA values used for future tracing procedures	Hardnes	Hardness			NA	NA	5-in-1 Test Strip
Section 6: Data Collection for Lab Testing (see flow chart) 1. Sample for the lab?	Sample Location						
Fecal Coliform Fecal Coliform Flouride Potassium Potassium *note label sample with outfall number RANGE RANGE (Y/N) 400 per 100 mL 0.6 mg/l Ammonium/Potas sium ratio or > 20mg/l *note label sample with outfall number	Section 6: Data 1. Sample for the	a Collection f	for Lab Testing (see flow c	No			
Flouride Potassium Potassium Potassium *note label sample with outfall number 0.6 mg/l Ammonium/Potas sium ratio or > 20mg/l *note label sample with outfall number	PARAMET	PARAMETER RESULT (from lab)					
Potassium Ammonium/Potas sium ratio or > 20mg/l *note label sample with outfall number	Fecal Colife	orm			400 per 100 mL]
Potassium sium ratio or > 20mg/l *note label sample with outfall number	Flouride	•					
·	Potassiur	n			sium ratio or		
Section 7: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?	*note label sam	ple with outfa	all number				
	Section 7: Any	Non-Illicit I	Discharge Concerns (e.g., t	rash or 1	needed infrastru	cture repairs)?	



The Choice for Collection System Solutions

Stormwater Outfall Inspection Data Form

Section 1: Background Data Subwatershed: Bedford Park Outfall ID: 259 1-24-2018 12:53 Time (Military): Date: Joe Sullivan and Bobby Peters Temperature: 30 °F Inspector(s): Photo's Taken (Y/N) Y If yes, Photo Numbers: Previous 48 Hours Precipitation: Land Use in Drainage Area (Check all that apply): Open Space ■ Industrial Institutional ☐ Residential Other: Commercial Known Industries: **Section 2: Outfall Description** LOCATION MATERIAL SHAPE **DIMENSIONS (IN.) SUBMERGED** X RCP ☐ CMP In Water: Circular ☐ Single ☐ No ☐ PVC ☐ HDPE Partially
Fully Elliptical ☐ Double Diameter/Dimensions: Storm Sewer ☐ Steel With Sediment: (Closed Pipe) 48" ☐ Box ☐ Triple X No Clay / Draintile Partially
Fully Other: Other: Other: ☐ Concrete Depth: 6" ☐ Trapezoid Earthen Open drainage Parabolic Top Width: (swale/ditch) ☐ rip-rap Other: Bottom Width: Other: **Section 3: Physical Indicators** CHECK if DESCRIPTION **COMMENTS INDICATOR Present** ☐ Spalling, Cracking or Chipping ☐ Peeling Paint Outfall Damage □ Corrosion ☐ Oily ☐ Flow Line ☐ Paint Other: Deposits/Stains Abnormal Vegetation □ Excessive ☐ Inhibited Odors Colors Floatables Oil Sheen Poor pool quality Excessive Algae ☐ Suds Other: Pipe algea/growth ☐ Brown ☐ Orange ☐ Green Other: Do physical indicators suggest an illicit discharge is present (Y/N): Flow Present? X Yes ☐ No If No, Skip to Section 7 and Close Illicit Discharge Investigation Flow Description ☐ Trickle ■ Moderate Substantial

Section 4: Physi	cal Indicators	(Flowing Outfalls Only)		Τ		
INDICATOR CHECK if Present		DESCRIPTION		RELATIVE SEVERITY INDEX (1-3)		
Odor		Sewage Rancid/sour Sulfide Petroleum/gas Laundry Other:		☐ 1—Faint	2 – Easily detected	3 – Noticeable from a distance
Color (color chart)	K			l-Faint colors in sample bottle	2 – Clearly visible in sample bottle	3 – Clearly visible in outfall flow
Turbidity	X	See severity			2 – Cloudy	3 – Opaque
Floatables -Does Not Include Trash!!		☐ Sewage ☐ Suds and Foam ☐ Petroleum (oil sheen) ☐ Grease ☐ Other:		☐ 1–Few/slight; origin not obvious	2 – Some; indications of origin	3 - Some; origin clear
Do physical indicate	ators (flowing) s	uggest an illicit discharge is preser	nt (Y/N):			l
Section 5: On-	Site Samplin	g / Testing (Flowing Outfa	ılls Onlv)		
PARAMET		RESULT	•	PTABLE RANGE	WITHIN RANGE (Y/N)	EQUIPMENT
Temperatu	ıre			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 Chlor	ine			NA	NA	5-in-1 Test Strip
Total Chlor	rine		< 0.05 mg/L			5-in-1 Test Strip
Phenols				< 0.1mg/L		Test Kit
Detergents as Su	rfactants			5 mg/L residential g/L non-residential		Test Kit
Copper			<	<0.025 mg/L		Test Strip
Alkalinit	•			NA	NA	5-in-1 Test Strip
Hardness	S			NA	NA	5-in-1 Test Strip
Sample Location (Note NA values us	sed for future trac	cing procedures)				
			L =4)			
1. Sample for th		for Lab Testing (see flow o	No			
2. If yes, collect			Pool			
2. 11 yes, concer	ica iroin.		1 001			
PARAMET	ER	RESULT (from lab)		ACCEPTABLE RANGE	WITHIN RANGE (Y/N)	
Fecal Colife	orm			400 per 100 mL		
Flouride	÷			0.6 mg/l		_
Potassiur	n			Ammonium/Potas sium ratio or > 20mg/l		
*note label sam	ple with outfa	all number				=
S 42	NI 100 % T	Nachana Car	1-			
Section 7: Any	Non-Illicit L	Discharge Concerns (e.g., t	rash or i	needed infrastru	cture repairs)?	