



# 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, 2018 To March, 2019

Permit No. ILR40 0305

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

Name: VILLAGE OF CAHOKIA Mailing Address 1: 103 MAIN STREET  
Mailing Address 2: \_\_\_\_\_ County: St. Clair  
City: CAHOKIA State: IL Zip: 62206 Telephone: 618-215-7218  
Contact Person: KEVIN WIGGINS Email Address: \_\_\_\_\_  
(Person responsible for Annual Report)

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

ILLINOIS DEPARTMENT OF TRANSPORTATION ST. CLAIR COUNTY  
CENTREVILLE TOWNSHIP

#### 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.

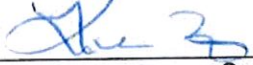
C. Attach results of information collected and analyzed, including monitoring data, if any during the reporting period.

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))**

  
Owner Signature:

KEVIN WIGGINS

Printed Name:

5/29/19  
Date:

PUBLIC WORKS COMMISSIONER

Title:

EMAIL COMPLETED FORM TO: [epa.ms4annualinsp@illinois.gov](mailto: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

## **ADMINISTRATIVE REVISIONS TO THE NOTICE OF INTENT**

Revisions to the original Notice of Intent (NOI) are reflected below.

MS4 Operator Mailing Address: Yes \_\_\_\_\_ No   X  

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Persons Responsible: Yes \_\_\_\_\_ No   X  

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Area of Responsibility: \_\_\_\_\_

## Introduction

In 2003, St. Clair County (County), Illinois and its communities created a Co-Permittee Group to join forces in complying with the National Pollutant Discharge Elimination System (NPDES) for Municipal Separate Storm Sewer Systems (MS4) Phase II requirements. As stated in the original 2003 Notice of Intent (NOI), the County and the Co-Permittee communities were to pool resources and work together to comply with the commitments made within the NOI for the benefit of all within the County.

The Co-Permittee Group was active during this reporting period. Significant progress was made sharing Best Management Practices (BMPs) for document retention, operation procedures, and maintenance activities.

## Best Management Practice (BMP) Summary of 2018-2019 Activities

In 2003, each member of the Co-Permittee Group submitted a NOI in compliance with the first 5-year cycle. In 2008, a NOI was submitted in compliance with the next 5-year cycle, as written in the first MS4 permit. The 2009 NOI was submitted in compliance with additional requirements in the second MS4 permit. In 2013, a new NOI was submitted for the next 5-year cycle and was in place starting in March 2014. As stated in the 2003, 2008, 2009, and 2013 NOIs, each Co-Permittee Member identified certain activities to comply with the Phase II requirements. Below is an abbreviated summary of the BMPs that were written in the NOI for each of the minimum control measures.

### **March 2018-February 2019:**

- 1) **A.1-** Stormwater brochures for businesses, homeowners, children, and green infrastructures were to be promoted and displayed by each community in a public place.
- 2) **A.4-** St. Clair County sponsored a booth at the County Fair and/or Earth Day and distributed the stormwater and green infrastructure brochures.
- 3) **A.5-** St. Clair County posted newsletters on the County Health Department website during school months. Co-Permittee Members distributed educational materials to schools in their communities. The amount of material distributed was to be tracked by the communities.
- 4) **B.3-** The Co-Permittee Group met three (3) times to review upcoming permit requirements, notice of intent, review stormwater management program, operations training, and to develop and submit the Annual Report.
- 5) **B.5-** Co-Permittee Members solicited and encouraged public assistance in monitoring the community's storm water system. Public inquiries and complaints were responded to and recorded.
- 6) **B.6-** St. Clair County continued to promote programs related to stormwater activities and recycling programs. The community tracked its participation.

- 7) **C.1-** Co-Permittee Members updated any new or revised storm sewers and performed stream observations at bridge inspections.
- 8) **C.5-** A survey of previously installed stencils was to be performed as well as replacing or placing any that needed inlet stencils.
- 9) **C.6-** Communication brochures were distributed to the community. Co-Permittee Members discussed any known illicit discharge ordinance compliance issues in the communities.
- 10) **C.9-** Co-Permittee Members developed brochures addressing specific storm water ordinance prohibited activities and distributed with educational brochures.
- 11) **D.1, E.2, E.4-** Community stormwater ordinances were to be updated, if needed, and require a SWPPP on site plans disturbing more than one acre.
- 12) **D.2, F.1-** The Co-Permittee held an Operations Training class. Topics included a review of the Best Management Practices, Good Housekeeping, and a review of public awareness BMPs.
- 13) **D.5-** St. Clair County continued to maintain a stormwater hotline number to address public concerns related to stormwater issues. The County tracked and reported the number of calls.
- 14) **F.6-** Communities reviewed operating procedures and BMPs and modified if necessary.

The following pages highlight changes made to the BMPs from the NOI, BMP status, and activities planned for the next reporting year. Additional information is also provided from the County and each Community.

It is to be noted that some BMPs will continue on to the next NOI, but some will be stopped and others added to fulfill the requirements of the permit. The 2014-2019 NOI can be found on the IEPA website.

Village of Cahokia FOIA Officer for the reporting year:

Name: Richard Duncan

Title: City Clerk

Telephone Number: (618) 332-4256

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2018 through February 2019

| A. Changes to Best Management- Were there any changes to the BMPs?                                                                                             |     |    | B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.                                                                                                                                 |  | C. Provide results of information collected and analyzed, including monitoring data. Information attached? |     |    | D. Summarize the stormwater activities you plan to undertake with an implementation schedule                                                                |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|-----|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Comment                                                                                                                                                        | YES | NO |                                                                                                                                                                                                                                                                                                                                                                     |  | If attached information, describe.                                                                         | YES | NO | Activity                                                                                                                                                    | Schedule                                 |
| <b>BMP No. A.1 - Distributed Paper Materials- Informational Brochures</b>                                                                                      |     |    |                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                            |     |    |                                                                                                                                                             |                                          |
| Milestone For Reporting Year: Promote the availability of brochures to the residents.                                                                          |     |    |                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                            |     |    |                                                                                                                                                             |                                          |
|                                                                                                                                                                |     | X  | The Village has brochures available to residents at the City Hall, local grocery stores, and the Street Department Annex Building. Educational topics include illicit discharge compliance, stormwater ordinances, green infrastructure strategies and structures, and stormwater impacts due to climate change. The public storm water hotline number is included. |  | 2000 additional educational brochures were printed with 3000 distributed to residents.                     |     | X  | The Village updated its brochures Jan. 1, 2018. St. Clair County has brochures available to all county residents in the St. Clair County Health Department. | On-going through 2019-2020 permit year.  |
| <b>BMP No. A.4- Community Event- Sponsor Annual Booth at the Earth Day Festival</b>                                                                            |     |    |                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                            |     |    |                                                                                                                                                             |                                          |
| Milestone For Reporting Year: St. Clair County sponsored a booth at the Earth Day Festival.                                                                    |     |    |                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                            |     |    |                                                                                                                                                             |                                          |
|                                                                                                                                                                |     | X  | St. Clair County set up a booth and distributed stormwater materials at the Health Department Earth Day Celebration in April 2018. One hundred (100) stormwater brochures were distributed.                                                                                                                                                                         |  |                                                                                                            |     | X  | St. Clair County is responsible for the booth and tracking the number of brochures handed out.                                                              | The 2018 Earth Day event will be in May. |
| <b>BMP No. A.5- Classroom Education Material</b>                                                                                                               |     |    |                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                            |     |    |                                                                                                                                                             |                                          |
| Milestone For Reporting Year: Communities distributed educational materials and tracked the number of brochures and other materials handed out to the schools. |     |    |                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                            |     |    |                                                                                                                                                             |                                          |
|                                                                                                                                                                |     | X  | St. Clair County posted educational newsletters on the Health Department's Website. The Village of Cahokia distributed educational brochures at a Halloween "Trunk or Treat" on 10/27/18 and a "Back to School" supplies giveaway on 8/4/18.                                                                                                                        |  | Review of Classroom Education Materials- See page 11                                                       |     | X  | The communities will inform local schools that the newsletters are available on the Health Department's Website.                                            | On-going through 2019-2020 permit year.  |

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2018 through February 2019

| A. Changes to Best Management- Were there any changes to the BMPs?                                                                                         |     | B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures. |                                                                                                                                                                                                                                                                                                                                                                                                       | C. Provide results of information collected and analyzed, including monitoring data. Information attached? |     | D. Summarize the stormwater activities you plan to undertake with an implementation schedule |                                                                                                                                                                                           |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Comment                                                                                                                                                    | YES | NO                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                       | If attached information, describe.                                                                         | YES | NO                                                                                           | Activity                                                                                                                                                                                  | Schedule                                |
| <b>BMP No. B-3- Stakeholder's Meeting- Coordinate Meetings and Annual Reports</b>                                                                          |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |     |                                                                                              |                                                                                                                                                                                           |                                         |
| <u>Milestone For Reporting Year:</u> Co-Permittee Group met three (3) times to complete training and to develop and submit the Annual Report.              |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |     |                                                                                              |                                                                                                                                                                                           |                                         |
|                                                                                                                                                            |     | X                                                                                                                                                                                                                                   | Co-Permittee Meetings were held on Feb 22nd, May 3rd, and October 25th, 2018. Annual reports were provided to communities in May 2018 and submitted to IEPA before June 1st, 2018. Meeting topics included: Annual Reporting, Urban Flood Awareness, and Operations Training. The community did not attend all the meetings but was provided the presentation which was discussed with the employees. |                                                                                                            |     | X                                                                                            | The Village will continue to meet with the Co-Permittee Group to share BMPs and training opportunities. The Co-Permittee Group has planned three compliance/training activities for 2019. | On-going through 2019-2020 permit year. |
| <b>BMP No. B-5- Volunteer Monitoring- Solicit and Encourage Public Assistance in Monitoring the Community's Stormwater System &amp; Stormwater Hotline</b> |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |     |                                                                                              |                                                                                                                                                                                           |                                         |
| <u>Milestone For Reporting Year:</u> Community will work to involve more public assistance in reporting stormwater issues.                                 |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |     |                                                                                              |                                                                                                                                                                                           |                                         |
|                                                                                                                                                            |     | X                                                                                                                                                                                                                                   | The Village updated brochures and websites with both the community and County contact information for the reporting of stormwater issues. Any calls or emails will be recorded and addressed.                                                                                                                                                                                                         |                                                                                                            |     | X                                                                                            | The community will continue to respond to and record all public complaints of illicit discharge and/or dumping and storm water issues.                                                    | On-going through 2019-2020 permit year. |
| <b>BMP No. B.6- Program Coordination- Participate in programs targeted at public awareness, including: Inlet Stenciling and Recycling</b>                  |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |     |                                                                                              |                                                                                                                                                                                           |                                         |
| <u>Milestone for Reporting Year:</u> St. Clair County continued to promote programs related to stormwater activities. Communities tracked participation.   |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |     |                                                                                              |                                                                                                                                                                                           |                                         |
|                                                                                                                                                            |     | X                                                                                                                                                                                                                                   | County will continue to promote programs related to stormwater activities and recycling. Multiple media outlets will be used to communicate with municipalities.                                                                                                                                                                                                                                      | Review of Community Events - See page 11                                                                   |     | X                                                                                            | County will continue to promote programs related to stormwater activities. Multiple media outlets will be used to communicate with municipalities.                                        | On-going through 2019-2020 permit year. |

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2018 through February 2019

| A. Changes to Best Management- Were there any changes to the BMPs?                                                                                    |     |    | B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.                                          | C. Provide results of information collected and analyzed, including monitoring data. Information attached? |     |    | D. Summarize the stormwater activities you plan to undertake with an implementation schedule                                                         |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----|----|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Comment                                                                                                                                               | YES | NO |                                                                                                                                                                                                                                                                              | If attached information, describe.                                                                         | YES | NO | Activity                                                                                                                                             | Schedule                                |
| <b>BMP No. B.7- Other Public Involvement - the community will provide a public meeting annually for public input into for the MS4 program</b>         |     |    |                                                                                                                                                                                                                                                                              |                                                                                                            |     |    |                                                                                                                                                      |                                         |
| Milestone for Reporting Year: The communities will provide a public meeting annually for public input for the MS4 program.                            |     |    |                                                                                                                                                                                                                                                                              |                                                                                                            |     |    |                                                                                                                                                      |                                         |
|                                                                                                                                                       |     | X  | The community held a public input meeting regarding the adequacy of the MS4 Program April 23, 2019. No public input was received as there was no public attendance.                                                                                                          | Review of Other Public Involvement - See page 11                                                           |     | X  | Community will continue to hold a public meeting to solicit public input regarding the adequacy of the MS4 program.                                  | On-going through 2019-2020 permit year. |
| <b>BMP No. C.1- Storm Sewer Map Preparation</b>                                                                                                       |     |    |                                                                                                                                                                                                                                                                              |                                                                                                            |     |    |                                                                                                                                                      |                                         |
| Milestone for Reporting Year: Co-Permittee member communities reviewed outfall maps and conducted stream observations annually at bridge inspections. |     |    |                                                                                                                                                                                                                                                                              |                                                                                                            |     |    |                                                                                                                                                      |                                         |
|                                                                                                                                                       |     | X  | Co-Permittee communities reviewed their outfall maps for completeness and updated them if necessary. Cahokia is researching possible GIS for future mapping needs but currently has 100% of outfall locations mapped. The storm sewer system map was last updated 1/10/2017. |                                                                                                            |     | X  | Communities will begin to update their storm system maps to include modifications to the system.                                                     | On-going through 2019-2020 permit year. |
| <b>BMPs No. C.2, C.9- Regulatory Control Program- Ordinance language for Illicit discharge/public notification</b>                                    |     |    |                                                                                                                                                                                                                                                                              |                                                                                                            |     |    |                                                                                                                                                      |                                         |
| Milestone for Reporting Year: Communication brochures were distributed to the community.                                                              |     |    |                                                                                                                                                                                                                                                                              |                                                                                                            |     |    |                                                                                                                                                      |                                         |
|                                                                                                                                                       |     | X  | St. Clair County distributed ordinance brochures at the Earth Day event and has them available at the City Hall. The Village adopted Construction and Post-Construction Ordinances and last updated storm water ordinances 6/01/2016 to be the same as the County.           |                                                                                                            |     | X  | This BMP will not continue into the next NOI.                                                                                                        |                                         |
| <b>BMP No. C.5- Inlet Stenciling</b>                                                                                                                  |     |    |                                                                                                                                                                                                                                                                              |                                                                                                            |     |    |                                                                                                                                                      |                                         |
| Milestone for Reporting Year: Survey condition of inlet stencils.                                                                                     |     |    |                                                                                                                                                                                                                                                                              |                                                                                                            |     |    |                                                                                                                                                      |                                         |
|                                                                                                                                                       |     | X  | Cahokia assessed the condition of the stencils. The Village marked 115 more inlets this year and plans to stencil every year at a rate of 20% of total inlets per year.                                                                                                      | Review of Illicit Source Removal Procedures - See page 11                                                  |     | X  | Communities will survey stencils previously installed, replace ones that need to be replaced, and assure all new inlets are installed with stencils. | On-going through 2019-2020 permit year. |

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2018 through February 2019

| A. Changes to Best Management- Were there any changes to the BMPs?                                                        |     | B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures. |                                                                                                                                                                                      | C. Provide results of information collected and analyzed, including monitoring data. Information attached? |     | D. Summarize the stormwater activities you plan to undertake with an implementation schedule |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Comment                                                                                                                   | YES | NO                                                                                                                                                                                                                                  |                                                                                                                                                                                      | If attached information, describe.                                                                         | YES | NO                                                                                           | Activity                                                                                                                                           | Schedule                                                      |
| <b>BMP No. C.6- Program Evaluation and Assessment</b>                                                                     |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                            |     |                                                                                              |                                                                                                                                                    |                                                               |
| Milestone for Reporting Year: Perform illicit discharge detection and elimination in the Community's stormwater system.   |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                            |     |                                                                                              |                                                                                                                                                    |                                                               |
|                                                                                                                           |     | X                                                                                                                                                                                                                                   | Communities will perform stream observations during their annual bridge inspections or quarterly storm water sampling and take appropriate action if any illicit discharge is found. |                                                                                                            |     | X                                                                                            | Communities will continue to perform stream observations and address illicit discharge per the community ordinances.                               | On-going through 2019-2020 permit year.                       |
| <b>BMP No. C.9- Public Notification</b>                                                                                   |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                            |     |                                                                                              |                                                                                                                                                    |                                                               |
| Milestone for Reporting Year: Community will update ordinance brochure.                                                   |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                            |     |                                                                                              |                                                                                                                                                    |                                                               |
|                                                                                                                           |     | X                                                                                                                                                                                                                                   | Brochures will be updated to address specific stormwater ordinance prohibited activities and distributed with brochures addressed in BMP A1.                                         |                                                                                                            |     | X                                                                                            | Ordinance brochures will be updated and distributed to the community throughout years 2015-2019                                                    | Brochure to be updated if needed in 2019-2020 reporting year. |
| <b>BMPs No. D.1, E.2, and E.4- Site Plan and Pre-Construction Review Procedures</b>                                       |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                            |     |                                                                                              |                                                                                                                                                    |                                                               |
| Milestone for Reporting Year: Update stormwater ordinance.                                                                |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                            |     |                                                                                              |                                                                                                                                                    |                                                               |
|                                                                                                                           |     | X                                                                                                                                                                                                                                   | The stormwater ordinance was last updated 06/01/2016 and has been reviewed.                                                                                                          |                                                                                                            |     | X                                                                                            | This BMP will not continue into the next NOI.                                                                                                      |                                                               |
| <b>BMP No. D.1- Regulatory Control Program</b>                                                                            |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                            |     |                                                                                              |                                                                                                                                                    |                                                               |
| Milestone for Reporting Year: Require SWPPP on all site plans disturbing more than one acre of land inside the Community. |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                            |     |                                                                                              |                                                                                                                                                    |                                                               |
|                                                                                                                           |     | X                                                                                                                                                                                                                                   | The community will require SWPPP on sites disturbing over 1 acre and enforce ordinance provisions.                                                                                   |                                                                                                            |     | X                                                                                            | The community will continue to require SWPPP on sites disturbing over 1 acre and verify the proper use of sediment and erosion control techniques. | On-going through 2019-2020 permit year.                       |

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2018 through February 2019

| A. Changes to Best Management- Were there any changes to the BMPs?                                                                                                                                      |     |    | B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures. | C. Provide results of information collected and analyzed, including monitoring data. Information attached? |     |    | D. Summarize the stormwater activities you plan to undertake with an implementation schedule                           |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----|----|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Comment                                                                                                                                                                                                 | YES | NO |                                                                                                                                                                                                                                     | If attached information, describe.                                                                         | YES | NO | Activity                                                                                                               | Schedule                                |
| <b>BMP No. D.2- Erosion and Sediment Control BMPs</b>                                                                                                                                                   |     |    |                                                                                                                                                                                                                                     |                                                                                                            |     |    |                                                                                                                        |                                         |
| <u>Milestone for Reporting Year:</u> Community will participate in BMP training during Annual Operations Training.                                                                                      |     |    |                                                                                                                                                                                                                                     |                                                                                                            |     |    |                                                                                                                        |                                         |
|                                                                                                                                                                                                         |     | X  | The Village was not able to attend Operations Training, but materials were sent to the community and discussed with employees.                                                                                                      |                                                                                                            |     | X  | Community will continue to participate in BMP training.                                                                | On-going through 2019-2020 permit year. |
| <b>BMP No. D.5- Stormwater Hotline</b>                                                                                                                                                                  |     |    |                                                                                                                                                                                                                                     |                                                                                                            |     |    |                                                                                                                        |                                         |
| <u>Milestone for Reporting Year:</u> County continued to maintain a stormwater hotline number to address public concerns related to stormwater issues. County tracked and reported the number of calls. |     |    |                                                                                                                                                                                                                                     |                                                                                                            |     |    |                                                                                                                        |                                         |
|                                                                                                                                                                                                         |     | X  | St. Clair County received 1 hotline call during the reporting period. Communities respond to complaints of residents for stormwater related issues.                                                                                 |                                                                                                            |     | X  | County and Communities will respond to calls and emails for stormwater issues.                                         | On-going through 2019-2020 permit year. |
| <b>BMPs No. D.6 and E.5- Training for Construction Site Inspectors</b>                                                                                                                                  |     |    |                                                                                                                                                                                                                                     |                                                                                                            |     |    |                                                                                                                        |                                         |
| <u>Milestone for Reporting Year:</u> No inspector training was needed this year.                                                                                                                        |     |    |                                                                                                                                                                                                                                     |                                                                                                            |     |    |                                                                                                                        |                                         |
|                                                                                                                                                                                                         |     | X  |                                                                                                                                                                                                                                     |                                                                                                            |     | X  | The last Construction Site Inspection training took place in April 2017. This BMP will not continue into the next NOI. |                                         |
| <b>BMP No. E.2- Regulatory Control Program</b>                                                                                                                                                          |     |    |                                                                                                                                                                                                                                     |                                                                                                            |     |    |                                                                                                                        |                                         |
| <u>Milestone for Reporting Year:</u> Enforce Stormwater Ordinance.                                                                                                                                      |     |    |                                                                                                                                                                                                                                     |                                                                                                            |     |    |                                                                                                                        |                                         |
|                                                                                                                                                                                                         |     | X  | Communities will continue to enforce their stormwater ordinance and track changes made to the ordinance.                                                                                                                            |                                                                                                            |     | X  | Communities will continue to enforce their stormwater ordinance.                                                       | On-going through 2019-2020 permit year. |

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2018 through February 2019

| A. Changes to Best Management- Were there any changes to the BMPs?                                          |     | B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures. |                                                                                                                                                                                                                                                                                                                           | C. Provide results of information collected and analyzed, including monitoring data. Information attached? |     | D. Summarize the stormwater activities you plan to undertake with an implementation schedule |                                                                                                                             |                                         |
|-------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Comment                                                                                                     | YES | NO                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                           | If attached information, describe.                                                                         | YES | NO                                                                                           | Activity                                                                                                                    | Schedule                                |
| <b>BMP No. E.4- Pre-Construction Review of BMP Designs</b>                                                  |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                           |                                                                                                            |     |                                                                                              |                                                                                                                             |                                         |
| Milestone for Reporting Year: Review post construction BMPs.                                                |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                           |                                                                                                            |     |                                                                                              |                                                                                                                             |                                         |
|                                                                                                             |     | X                                                                                                                                                                                                                                   | The community will require and review SWPPPs on site plans disturbing more than one (1) acre of land.                                                                                                                                                                                                                     |                                                                                                            |     | X                                                                                            | Communities will review the post construction BMPs on all sites that disturb more than one acre in land.                    | On-going through 2019-2020 permit year. |
| <b>BMP No. F.1- Employee Training Program</b>                                                               |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                           |                                                                                                            |     |                                                                                              |                                                                                                                             |                                         |
| Milestone for Reporting Year: The Co-Permittee held an Operations Training class.                           |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                           |                                                                                                            |     |                                                                                              |                                                                                                                             |                                         |
|                                                                                                             |     | X                                                                                                                                                                                                                                   | The Village was not able to attend Operations Training, but materials were discussed with employees. Training focused on BMPs and documentation requirements. Green infrastructure ideas and practices were discussed at other Co-Permittee meetings and in monthly newsletters distributed to community representatives. |                                                                                                            |     | X                                                                                            | The Co-Permittee Group will continue holding an Operations Training class as part of education requirements.                | On-going through 2019-2020 permit year. |
| <b>BMP No. F.6- Other Municipal Operations Controls- Standard Operating Procedures</b>                      |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                           |                                                                                                            |     |                                                                                              |                                                                                                                             |                                         |
| Milestone for Reporting Year: Communities reviewed operating procedures and BMPs and modified if necessary. |     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                           |                                                                                                            |     |                                                                                              |                                                                                                                             |                                         |
|                                                                                                             |     | X                                                                                                                                                                                                                                   | Stormwater operation procedures for the street department were reviewed.                                                                                                                                                                                                                                                  |                                                                                                            |     | X                                                                                            | Operation procedures are reviewed annually. Co-Permittee meetings will include reference to review and update requirements. | On-going through 2019-2020 permit year. |

COMMUNITY NAME: Village of Cahokia

PERMIT #: ILR400305

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2018 through February 2019

### ADDITIONAL INFORMATION

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>BMP A.5</u></b> | <p><b><u>Classroom Educational Materials</u></b></p> <p>The County has taken steps to educate school children on the severity of stormwater pollution. The St. Clair County Health Department issues a newsletter each month and it is posted on the St. Clair County Health Department's website. The newsletter consists of articles for students with a wide range of pollution topics, including stormwater. The newsletter also lists upcoming recycling events and schools that have won past recycling contests. Additionally, the Village of Cahokia held a Halloween "Trunk or Treat" event on 10/27/18 that attracted 1500 attendees, and a "Back to School Supplies Giveaway" on 08/04/18 with approximately 1500 participants. During these events, about 3000 printed brochures on Stormwater Management were distributed.</p> |
| <b><u>BMP B.6</u></b> | <p><b><u>Community Events - Recycling Programs</u></b></p> <p>Throughout the year, St. Clair County sponsored community events that potentially could positively impact stormwater quality. These activities include telephone book recycling and an ongoing "Clean Sweep" program. Telephone book recycling was sponsored by Illinois American Water. The county website also has a brochure listing recycling sites for over 29 different materials.</p> <p>Cahokia held a large item pickup through Aspen Waste over three weekends in October 2018 collecting several truckloads. The Village of Cahokia Parks &amp; Street Department also sponsors a quarterly community cleanup.</p>                                                                                                                                                 |
| <b><u>BMP B.7</u></b> | <p><b><u>Other Public Involvement</u></b></p> <p>The Village of Cahokia held a public meeting to provide for public input regarding the adequacy of the MS4 program. No feedback regarding the MS4 program was received because no community members attended the public meeting. Public input regarding environmental justice was also not obtained due to no public participation. The public is encouraged to assist in monitoring the community's storm water system by reporting illegal dumping and discharge or storm water issues either directly to the Village or through the County. The storm water hotline number is posted on the website and is provided in educational brochures.</p>                                                                                                                                       |
| <b><u>BMP C.5</u></b> | <p><b><u>Illicit Source Removal Procedures</u></b></p> <p>The St. Clair County Highway Department sponsors an Adopt-a-Highway Program throughout the County. By sponsoring this program, St. Clair County is eliminating a significant source of stormwater pollution by keeping trash out of streams and keeping road ditches clear of debris for storm events. The Co-Permittegroup is collaborating on an order for storm drain decals to reduce individual municipality costs.</p>                                                                                                                                                                                                                                                                                                                                                      |

## ADDITIONAL COMMUNITY ACTIVITIES

(Make additional copies of form, as necessary)

Community Name: **Village of Cahokia**

Permit #: **ILR400305**

List any additional community-sponsored activities performed between March 2018 and February 2019 not listed in *Notice of Intent (NOI)* submittal, but which addresses one of the six minimum control measures:

The Village has a municipality website and posts the storm water hotline number, annual reports, educational information, and the NOI.

The Village spent about 450 hours and averaged 3 to 5 miles per day of roadway street sweeping to remove 225 tons of debris.

The Village participates in recycling Christmas trees, paper, and tires and sponsored a large-item pickup through Aspen Waste in October 2018. The Village also sponsored a quarterly community cleanup.

243 catch basins were cleaned since March 2018.

Two-20 cubic yard dumpsters were used by the Village for trash retrieved from road ditches and waterways. The dumpsters were emptied monthly.

The Village performed illicit discharge stream monitoring during storm water sampling. The stream at Outfall #4 CT2 near Falling Springs was checked 03/29/18 and 7/30/18, while the stream at Outfall #1 CT17 was checked on 5/9/18 and 10/10/18.

Ditch maintenance took place along 4060 feet of School Street, David, St. John, St. Christopher, Helen Ct., Agnus, Edwards, and Cahokia Street, removing 2-3 bags of trash per day, 100 tires total, and 2 dump trucks of limbs.

Circle which minimum control measure addressed:

- |                                                                               |                                                                            |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input checked="" type="radio"/> 1. Public Education and Outreach             | 4. Construction Site Runoff Control                                        |
| <input checked="" type="radio"/> 2. Public Participation/Involvement          | 5. Post-Construction Runoff Control                                        |
| <input checked="" type="radio"/> 3. Illicit Discharge Detection & Elimination | <input checked="" type="radio"/> 6. Pollution Prevention/Good Housekeeping |

### **C. Information Collected and Analyzed during 2018-2019 Reporting Year**

The NPDES permit effective March 1, 2016, requires MS4 permittees serving populations under 25,000 persons to conduct visual observations of storm water discharge. The Village of Cahokia began storm water sampling during the first quarter of 2017. The Village is using a Standard Visual Monitoring Form to document discharge color, clarity, oil sheen, odor, floating solids, suspended solids, vegetation conditions, settled solids, foam, and damage to the outfall structure. The standard form is used to ensure systematic collection, reduce error, and provide continuity between observations. Visual observation training was provided through the MS4 Co-Permittee Group.

Cahokia takes two storm water samples per quarter, upstream and downstream, at one of the storm water outfall locations listed below. Locations are rotated quarterly. Samples are taken quarterly at the chosen location within 48 hours of a ¼ inch or greater rainfall event in a 24-hour period. If a sample cannot be taken during the quarter, an explanation will be provided. The storm water monitoring program will help evaluate the effectiveness of BMPs implemented to reduce pollutant loadings and water quality impacts. When trends in the data are identified, BMPs can be adjusted accordingly.

The Quarterly Visual Monitoring forms and information collected are attached.  
Sampling outfall locations for reporting year were:

- Camp Jackson at St. Christopher, Outfall #1 CT17
- Mildred at Falling Springs, Outfall #4 CT2

### **E. Reliance on Government Entities for Permit Obligations**

Co-Permittee cooperation with County

### **F. List of Construction Projects during 2018-2019 Reporting Year**

The Village of Cahokia had no public construction projects during the reporting year

## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

|                                                                                                                         |                                                                                                                                            |                      |                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility                                                                                                                |                                                                                                                                            | Permit ILR40 -       |                                                                                                                                                                                  |
| Sampler's Name<br>(please print)                                                                                        |                                                                                                                                            | KEITH NOLDEN         | Qualifying Rain Event<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                     |
| Outfall ID.<br>(refer to site map)                                                                                      |                                                                                                                                            | CT4                  | Outfall Description (ex: ditch, grassed swale, concrete pipe)                                                                                                                    |
| Quarter/<br>Year                                                                                                        | 1/18                                                                                                                                       | Date/Time Collected  | 3/29/18 1:00 pm                                                                                                                                                                  |
| Est. Time of<br>Rainfall Start                                                                                          | 8:00 am                                                                                                                                    | Rainfall Amount      | 1 in                                                                                                                                                                             |
|                                                                                                                         |                                                                                                                                            | Runoff Source        | <input type="checkbox"/> Snowmelt<br><input checked="" type="checkbox"/> Rainfall                                                                                                |
| Parameter                                                                                                               | Parameter Description                                                                                                                      |                      | Parameter Characteristics                                                                                                                                                        |
| Color                                                                                                                   | Does the stormwater appear to have any color?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Clear)               |                      | <input type="checkbox"/> Yellow <input type="checkbox"/> Brown<br><input type="checkbox"/> Red <input type="checkbox"/> Gray<br><input type="checkbox"/> Other _____             |
| Clarity                                                                                                                 | Is the stormwater clear?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                            |                      | <input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy<br><input type="checkbox"/> Suspended Solids<br><input type="checkbox"/> Other _____                       |
| Oil Sheen                                                                                                               | Can you see a rainbow effect or sheen on the water surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |                      | <input type="checkbox"/> Floating Oil Globules<br><input type="checkbox"/> Rainbow Sheen<br><input type="checkbox"/> Other _____                                                 |
| Odor                                                                                                                    | Does the sample have an odor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |                      | <input type="checkbox"/> Chemical <input type="checkbox"/> Musty<br><input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage<br><input type="checkbox"/> Other _____ |
| Floating Solids                                                                                                         | Is there anything on the surface of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                      | <input type="checkbox"/> Suds <input type="checkbox"/> Garbage<br><input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film<br><input type="checkbox"/> Other _____     |
| Suspended Solids                                                                                                        | Is there anything suspended in the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                      | Description:                                                                                                                                                                     |
| Damage to Outfall Structure                                                                                             | Is there any damage to the outfall structure?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |                      | <input type="checkbox"/> Concrete Cracking<br><input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint<br><input type="checkbox"/> Other _____                  |
| Vegetation Conditions                                                                                                   | Describe plant growth around the stormwater discharge location using the check boxes.                                                      |                      | <input type="checkbox"/> Inhibited Growth<br><input type="checkbox"/> Normal <input type="checkbox"/> Excessive<br><input type="checkbox"/> Other _____                          |
| ***WAIT 30 MINUTES***                                                                                                   |                                                                                                                                            |                      |                                                                                                                                                                                  |
| Settled Solids                                                                                                          | Is there something settled on the bottom of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             |                      | Description (note type, size, & material):                                                                                                                                       |
| Foam                                                                                                                    | Is there foam or material forming on the top of the sample surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                      | Description (shake bottle gently, is there foam?):                                                                                                                               |
| Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.<br><br>NONE |                                                                                                                                            |                      |                                                                                                                                                                                  |
| Sampler's Signature and Date                                                                                            |                                                                                                                                            | Keith Nolden 3/29/18 |                                                                                                                                                                                  |

## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

|                                                                                                                         |                                                                                                                                            |                                                                                             |                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility                                                                                                                |                                                                                                                                            | Permit ILR40 -                                                                              |                                                                                                                                                                                  |
| Sampler's Name<br>(please print)                                                                                        |                                                                                                                                            | KEITH NOLDEN                                                                                | Qualifying Rain Event<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                     |
| Outfall ID.<br>(refer to site map)                                                                                      |                                                                                                                                            | CT 4                                                                                        | Outfall Description (ex: ditch, grassed swale, concrete pipe)                                                                                                                    |
| Quarter/<br>Year                                                                                                        | 1/18                                                                                                                                       | Date/Time Collected                                                                         | 3/29/18 10:45 am                                                                                                                                                                 |
| Est. Time of<br>Rainfall Start                                                                                          | 8:00 am                                                                                                                                    | Rainfall<br>Amount                                                                          | 1 in                                                                                                                                                                             |
|                                                                                                                         |                                                                                                                                            | Runoff<br>Source                                                                            | <input type="checkbox"/> Snowmelt<br><input checked="" type="checkbox"/> Rainfall                                                                                                |
| Parameter                                                                                                               | Parameter Description                                                                                                                      |                                                                                             | Parameter Characteristics                                                                                                                                                        |
| Color                                                                                                                   | Does the stormwater appear to have any color?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Clear)               |                                                                                             | <input type="checkbox"/> Yellow <input type="checkbox"/> Brown<br><input type="checkbox"/> Red <input type="checkbox"/> Gray<br><input type="checkbox"/> Other _____             |
| Clarity                                                                                                                 | Is the stormwater clear?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                            |                                                                                             | <input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy<br><input type="checkbox"/> Suspended Solids<br><input type="checkbox"/> Other _____                       |
| Oil Sheen                                                                                                               | Can you see a rainbow effect or sheen on the water surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |                                                                                             | <input type="checkbox"/> Floating Oil Globules<br><input type="checkbox"/> Rainbow Sheen<br><input type="checkbox"/> Other _____                                                 |
| Odor                                                                                                                    | Does the sample have an odor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |                                                                                             | <input type="checkbox"/> Chemical <input type="checkbox"/> Musty<br><input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage<br><input type="checkbox"/> Other _____ |
| Floating Solids                                                                                                         | Is there anything on the surface of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                                                                             | <input type="checkbox"/> Suds <input type="checkbox"/> Garbage<br><input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film<br><input type="checkbox"/> Other _____     |
| Suspended Solids                                                                                                        | Is there anything suspended in the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                                                                                             | Description:                                                                                                                                                                     |
| Damage to Outfall Structure                                                                                             | Is there any damage to the outfall structure?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |                                                                                             | <input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Peeling Paint<br><input type="checkbox"/> Corrosion <input type="checkbox"/> Other _____                     |
| Vegetation Conditions                                                                                                   | Describe plant growth around the stormwater discharge location using the check boxes.                                                      |                                                                                             | <input type="checkbox"/> Inhibited Growth<br><input type="checkbox"/> Normal <input type="checkbox"/> Excessive<br><input type="checkbox"/> Other _____                          |
| ***WAIT 30 MINUTES***                                                                                                   |                                                                                                                                            |                                                                                             |                                                                                                                                                                                  |
| Settled Solids                                                                                                          | Is there something settled on the bottom of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             |                                                                                             | Description (note type, size, & material):                                                                                                                                       |
| Foam                                                                                                                    | Is there foam or material forming on the top of the sample surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                             | Description (shake bottle gently, is there foam?)                                                                                                                                |
| Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.<br><br>NONE |                                                                                                                                            |                                                                                             |                                                                                                                                                                                  |
| Sampler's Signature and Date                                                                                            |                                                                                                                                            |  3/29/18 |                                                                                                                                                                                  |

## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

|                                                                                                                         |                                                                                                                                            |                     |                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility                                                                                                                |                                                                                                                                            | Permit ILR40 -      |                                                                                                                                                                                      |
| Sampler's Name<br>(please print)                                                                                        |                                                                                                                                            | KEITH NOLDEN        | Qualifying Rain Event<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                         |
| Outfall ID.<br>(refer to site map)                                                                                      |                                                                                                                                            | CT17                | Outfall Description (ex: ditch, grassed swale, concrete pipe)<br>DITCH                                                                                                               |
| Quarter/<br>Year                                                                                                        | 2/18                                                                                                                                       | Date/Time Collected | 1:50 pm 5/9/18                                                                                                                                                                       |
| Est. Time of<br>Rainfall Start                                                                                          | 7:00 am                                                                                                                                    | Rainfall<br>Amount  | 0.25 in                                                                                                                                                                              |
|                                                                                                                         |                                                                                                                                            | Runoff<br>Source    | <input type="checkbox"/> Snowmelt<br><input checked="" type="checkbox"/> Rainfall                                                                                                    |
| Parameter                                                                                                               | Parameter Description                                                                                                                      |                     | Parameter Characteristics                                                                                                                                                            |
| Color                                                                                                                   | Does the stormwater appear to have any color?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)               |                     | <input type="checkbox"/> Yellow <input type="checkbox"/> Brown<br><input type="checkbox"/> Red <input type="checkbox"/> Gray<br><input type="checkbox"/> Other <u>Brown / Yellow</u> |
| Clarity                                                                                                                 | Is the stormwater clear?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                            |                     | <input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy<br><input type="checkbox"/> Suspended Solids<br><input type="checkbox"/> Other _____                           |
| Oil Sheen                                                                                                               | Can you see a rainbow effect or sheen on the water surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |                     | <input type="checkbox"/> Floating Oil Globules<br><input type="checkbox"/> Rainbow Sheen<br><input type="checkbox"/> Other _____                                                     |
| Odor                                                                                                                    | Does the sample have an odor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |                     | <input type="checkbox"/> Chemical <input type="checkbox"/> Musty<br><input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage<br><input type="checkbox"/> Other _____     |
| Floating Solids                                                                                                         | Is there anything on the surface of the sample?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     |                     | <input type="checkbox"/> Suds <input type="checkbox"/> Garbage<br><input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film<br><input type="checkbox"/> Other _____         |
| Suspended Solids                                                                                                        | Is there anything suspended in the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                     | Description:                                                                                                                                                                         |
| Damage to Outfall Structure                                                                                             | Is there any damage to the outfall structure?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |                     | <input type="checkbox"/> Concrete Cracking<br><input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint<br><input type="checkbox"/> Other _____                      |
| Vegetation Conditions                                                                                                   | Describe plant growth around the stormwater discharge location using the check boxes.                                                      |                     | <input type="checkbox"/> Inhibited Growth<br><input type="checkbox"/> Normal <input type="checkbox"/> Excessive<br><input type="checkbox"/> Other _____                              |
| ***WAIT 30 MINUTES***                                                                                                   |                                                                                                                                            |                     |                                                                                                                                                                                      |
| Settled Solids                                                                                                          | Is there something settled on the bottom of the sample?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No             |                     | Description (note type, size, & material):<br><b>Small Particles</b>                                                                                                                 |
| Foam                                                                                                                    | Is there foam or material forming on the top of the sample surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                     | Description (shake bottle gently, is there foam?)                                                                                                                                    |
| Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.<br><br>None |                                                                                                                                            |                     |                                                                                                                                                                                      |
| Sampler's Signature and Date                                                                                            |                                                                                                                                            | Keith Nolden 5/9/18 |                                                                                                                                                                                      |

## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

|                                                                                                                         |                                                                                                                                            |                     |                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility                                                                                                                |                                                                                                                                            | Permit ILR40 -      |                                                                                                                                                                                  |
| Sampler's Name<br>(please print)                                                                                        |                                                                                                                                            | KEITH NOLDEN        | Qualifying Rain Event<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                     |
| Outfall ID.<br>(refer to site map)                                                                                      |                                                                                                                                            | CT17                | Outfall Description (ex: ditch, grassed swale, concrete pipe)                                                                                                                    |
| Quarter/<br>Year                                                                                                        | 2/18                                                                                                                                       | Date/Time Collected | 2:00 pm 5/9/18                                                                                                                                                                   |
| Est. Time of<br>Rainfall Start                                                                                          | 7:00 am                                                                                                                                    | Rainfall<br>Amount  | 0.25 in                                                                                                                                                                          |
|                                                                                                                         |                                                                                                                                            | Runoff<br>Source    | <input type="checkbox"/> Snowmelt<br><input checked="" type="checkbox"/> Rainfall                                                                                                |
| Parameter                                                                                                               | Parameter Description                                                                                                                      |                     | Parameter Characteristics                                                                                                                                                        |
| Color                                                                                                                   | Does the stormwater appear to have any color?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)               |                     | <input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown<br><input type="checkbox"/> Red <input type="checkbox"/> Gray<br><input type="checkbox"/> Other _____  |
| Clarity                                                                                                                 | Is the stormwater clear?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                            |                     | <input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy<br><input type="checkbox"/> Suspended Solids<br><input type="checkbox"/> Other _____                       |
| Oil Sheen                                                                                                               | Can you see a rainbow effect or sheen on the water surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |                     | <input type="checkbox"/> Floating Oil Globules<br><input type="checkbox"/> Rainbow Sheen<br><input type="checkbox"/> Other _____                                                 |
| Odor                                                                                                                    | Does the sample have an odor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |                     | <input type="checkbox"/> Chemical <input type="checkbox"/> Musty<br><input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage<br><input type="checkbox"/> Other _____ |
| Floating Solids                                                                                                         | Is there anything on the surface of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                     | <input type="checkbox"/> Suds <input type="checkbox"/> Garbage<br><input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film<br><input type="checkbox"/> Other _____     |
| Suspended Solids                                                                                                        | Is there anything suspended in the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                     | Description:                                                                                                                                                                     |
| Damage to Outfall Structure                                                                                             | Is there any damage to the outfall structure?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |                     | <input type="checkbox"/> Concrete Cracking<br><input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint<br><input type="checkbox"/> Other _____                  |
| Vegetation Conditions                                                                                                   | Describe plant growth around the stormwater discharge location using the check boxes.                                                      |                     | <input type="checkbox"/> Inhibited Growth<br><input type="checkbox"/> Normal <input type="checkbox"/> Excessive<br><input type="checkbox"/> Other _____                          |
| ***WAIT 30 MINUTES***                                                                                                   |                                                                                                                                            |                     |                                                                                                                                                                                  |
| Settled Solids                                                                                                          | Is there something settled on the bottom of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             |                     | Description (note type, size, & material):                                                                                                                                       |
| Foam                                                                                                                    | Is there foam or material forming on the top of the sample surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                     | Description (shake bottle gently, is there foam?)                                                                                                                                |
| Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.<br><br>NONE |                                                                                                                                            |                     |                                                                                                                                                                                  |
| Sampler's Signature and Date                                                                                            |                                                                                                                                            | Keith Nolden 5/9/18 |                                                                                                                                                                                  |

## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

|                                                                                                                         |                                                                                                                                            |                      |                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility                                                                                                                |                                                                                                                                            | Permit ILR40 -       |                                                                                                                                                                                  |
| Sampler's Name<br>(please print)                                                                                        |                                                                                                                                            | KEITH NOLDEN         | Qualifying Rain Event<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                     |
| Outfall ID.<br>(refer to site map)                                                                                      |                                                                                                                                            | CT4                  | Outfall Description (ex: ditch, grassed swale, concrete pipe)<br>DITCH                                                                                                           |
| Quarter/<br>Year                                                                                                        | 3/18                                                                                                                                       | Date/Time Collected  | 7/30/18 9:50 am                                                                                                                                                                  |
| Est. Time of<br>Rainfall Start                                                                                          | 5:00 am                                                                                                                                    | Rainfall<br>Amount   | 0.25 in                                                                                                                                                                          |
|                                                                                                                         |                                                                                                                                            | Runoff<br>Source     | <input type="checkbox"/> Snowmelt<br><input checked="" type="checkbox"/> Rainfall                                                                                                |
| Parameter                                                                                                               | Parameter Description                                                                                                                      |                      | Parameter Characteristics                                                                                                                                                        |
| Color                                                                                                                   | Does the stormwater appear to have any color?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)               |                      | <input type="checkbox"/> Yellow <input type="checkbox"/> Brown<br><input type="checkbox"/> Red <input type="checkbox"/> Gray<br><input type="checkbox"/> Other _____             |
| Clarity                                                                                                                 | Is the stormwater clear?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                            |                      | <input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy<br><input type="checkbox"/> Suspended Solids<br><input type="checkbox"/> Other _____                       |
| Oil Sheen                                                                                                               | Can you see a rainbow effect or sheen on the water surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |                      | <input type="checkbox"/> Floating Oil Globules<br><input type="checkbox"/> Rainbow Sheen<br><input type="checkbox"/> Other _____                                                 |
| Odor                                                                                                                    | Does the sample have an odor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |                      | <input type="checkbox"/> Chemical <input type="checkbox"/> Musty<br><input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage<br><input type="checkbox"/> Other _____ |
| Floating Solids                                                                                                         | Is there anything on the surface of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                      | <input type="checkbox"/> Suds <input type="checkbox"/> Garbage<br><input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film<br><input type="checkbox"/> Other _____     |
| Suspended Solids                                                                                                        | Is there anything suspended in the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                      | Description:                                                                                                                                                                     |
| Damage to Outfall Structure                                                                                             | Is there any damage to the outfall structure?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |                      | <input type="checkbox"/> Concrete Cracking<br><input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint<br><input type="checkbox"/> Other _____                  |
| Vegetation Conditions                                                                                                   | Describe plant growth around the stormwater discharge location using the check boxes.                                                      |                      | <input type="checkbox"/> Inhibited Growth<br><input type="checkbox"/> Normal <input checked="" type="checkbox"/> Excessive<br><input type="checkbox"/> Other _____               |
| ***WAIT 30 MINUTES***                                                                                                   |                                                                                                                                            |                      |                                                                                                                                                                                  |
| Settled Solids                                                                                                          | Is there something settled on the bottom of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             |                      | Description (note type, size, & material):                                                                                                                                       |
| Foam                                                                                                                    | Is there foam or material forming on the top of the sample surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                      | Description (shake bottle gently, is there foam?)                                                                                                                                |
| Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.<br><br>NONE |                                                                                                                                            |                      |                                                                                                                                                                                  |
| Sampler's Signature and Date                                                                                            |                                                                                                                                            | Keith Nolden 7/30/18 |                                                                                                                                                                                  |

## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

| Facility                                                                                                                |                                                                                                                                            | Permit ILR40 -                                                                              |                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sampler's Name<br>(please print)                                                                                        |                                                                                                                                            | KEITH NOLDEN                                                                                | Qualifying Rain Event<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                     |
| Outfall ID.<br>(refer to site map)                                                                                      |                                                                                                                                            | CT4                                                                                         | Outfall Description (ex: ditch, grassed swale, concrete pipe)<br>DITCH                                                                                                           |
| Quarter/<br>Year                                                                                                        | 3/18                                                                                                                                       | Date/Time Collected                                                                         | 7/30/18 10:15 am                                                                                                                                                                 |
| Est. Time of<br>Rainfall Start                                                                                          | 5:00 am                                                                                                                                    | Rainfall<br>Amount                                                                          | 0.25 in                                                                                                                                                                          |
|                                                                                                                         |                                                                                                                                            | Runoff<br>Source                                                                            | <input type="checkbox"/> Snowmelt<br><input checked="" type="checkbox"/> Rainfall                                                                                                |
| Parameter                                                                                                               | Parameter Description                                                                                                                      |                                                                                             | Parameter Characteristics                                                                                                                                                        |
| Color                                                                                                                   | Does the stormwater appear to have any color?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)               |                                                                                             | <input type="checkbox"/> Yellow <input type="checkbox"/> Brown<br><input type="checkbox"/> Red <input checked="" type="checkbox"/> Gray<br><input type="checkbox"/> Other _____  |
| Clarity                                                                                                                 | Is the stormwater clear?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                            |                                                                                             | <input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy<br><input type="checkbox"/> Suspended Solids<br><input type="checkbox"/> Other _____                       |
| Oil Sheen                                                                                                               | Can you see a rainbow effect or sheen on the water surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |                                                                                             | <input type="checkbox"/> Floating Oil Globules<br><input type="checkbox"/> Rainbow Sheen<br><input type="checkbox"/> Other _____                                                 |
| Odor                                                                                                                    | Does the sample have an odor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |                                                                                             | <input type="checkbox"/> Chemical <input type="checkbox"/> Musty<br><input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage<br><input type="checkbox"/> Other _____ |
| Floating Solids                                                                                                         | Is there anything on the surface of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                                                                             | <input type="checkbox"/> Suds <input type="checkbox"/> Garbage<br><input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film<br><input type="checkbox"/> Other _____     |
| Suspended Solids                                                                                                        | Is there anything suspended in the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                                                                                             | Description:                                                                                                                                                                     |
| Damage to Outfall Structure                                                                                             | Is there any damage to the outfall structure?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |                                                                                             | <input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Peeling Paint<br><input type="checkbox"/> Corrosion <input type="checkbox"/> Other _____                     |
| Vegetation Conditions                                                                                                   | Describe plant growth around the stormwater discharge location using the check boxes.                                                      |                                                                                             | <input type="checkbox"/> Inhibited Growth<br><input type="checkbox"/> Normal <input checked="" type="checkbox"/> Excessive<br><input type="checkbox"/> Other _____               |
| ***WAIT 30 MINUTES***                                                                                                   |                                                                                                                                            |                                                                                             |                                                                                                                                                                                  |
| Settled Solids                                                                                                          | Is there something settled on the bottom of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             |                                                                                             | Description (note type, size, & material):                                                                                                                                       |
| Foam                                                                                                                    | Is there foam or material forming on the top of the sample surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                             | Description (shake bottle gently, is there foam?)                                                                                                                                |
| Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.<br><br>NONE |                                                                                                                                            |                                                                                             |                                                                                                                                                                                  |
| Sampler's Signature and Date                                                                                            |                                                                                                                                            |  7/30/18 |                                                                                                                                                                                  |

## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

|                                                                                                                          |                                                                                                                                            |                                                                                   |                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility                                                                                                                 |                                                                                                                                            | Permit ILR40 -                                                                    |                                                                                                                                                                                  |
| Sampler's Name<br>(please print)                                                                                         |                                                                                                                                            | KEITH NOLDEN                                                                      | Qualifying Rain Event<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                     |
| Outfall ID.<br>(refer to site map)                                                                                       |                                                                                                                                            | #1 CT17                                                                           | Outfall Description (ex: ditch, grassed swale, concrete pipe)<br>DITCH                                                                                                           |
| Quarter/<br>Year                                                                                                         | 4/18                                                                                                                                       | Date/Time Collected                                                               | 10/10/18 1:47 pm                                                                                                                                                                 |
| Est. Time of<br>Rainfall Start                                                                                           | 10:00 pm                                                                                                                                   | Rainfall<br>Amount                                                                | 0.50 in                                                                                                                                                                          |
| Runoff<br>Source                                                                                                         |                                                                                                                                            | <input type="checkbox"/> Snowmelt<br><input checked="" type="checkbox"/> Rainfall |                                                                                                                                                                                  |
| Parameter                                                                                                                | Parameter Description                                                                                                                      |                                                                                   | Parameter Characteristics                                                                                                                                                        |
| Color                                                                                                                    | Does the stormwater appear to have any color?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)               |                                                                                   | <input type="checkbox"/> Yellow <input type="checkbox"/> Brown<br><input type="checkbox"/> Red <input type="checkbox"/> Gray<br><input type="checkbox"/> Other _____             |
| Clarity                                                                                                                  | Is the stormwater clear?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                            |                                                                                   | <input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy<br><input type="checkbox"/> Suspended Solids<br><input type="checkbox"/> Other _____                       |
| Oil Sheen                                                                                                                | Can you see a rainbow effect or sheen on the water surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |                                                                                   | <input type="checkbox"/> Floating Oil Globules<br><input type="checkbox"/> Rainbow Sheen<br><input type="checkbox"/> Other _____                                                 |
| Odor                                                                                                                     | Does the sample have an odor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |                                                                                   | <input type="checkbox"/> Chemical <input type="checkbox"/> Musty<br><input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage<br><input type="checkbox"/> Other _____ |
| Floating Solids                                                                                                          | Is there anything on the surface of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                                                                   | <input type="checkbox"/> Suds <input type="checkbox"/> Garbage<br><input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film<br><input type="checkbox"/> Other _____     |
| Suspended Solids                                                                                                         | Is there anything suspended in the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                                                                                   | Description:                                                                                                                                                                     |
| Damage to Outfall Structure                                                                                              | Is there any damage to the outfall structure?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |                                                                                   | <input type="checkbox"/> Concrete Cracking<br><input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint<br><input type="checkbox"/> Other _____                  |
| Vegetation Conditions                                                                                                    | Describe plant growth around the stormwater discharge location using the check boxes.                                                      |                                                                                   | <input type="checkbox"/> Inhibited Growth<br><input type="checkbox"/> Normal <input type="checkbox"/> Excessive<br><input type="checkbox"/> Other _____                          |
| ***WAIT 30 MINUTES***                                                                                                    |                                                                                                                                            |                                                                                   |                                                                                                                                                                                  |
| Settled Solids                                                                                                           | Is there something settled on the bottom of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             |                                                                                   | Description (note type, size, & material):                                                                                                                                       |
| Foam                                                                                                                     | Is there foam or material forming on the top of the sample surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                   | Description (shake bottle gently, is there foam?)                                                                                                                                |
| Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.<br><br>N / A |                                                                                                                                            |                                                                                   |                                                                                                                                                                                  |
| Sampler's Signature and Date                                                                                             |                                                                                                                                            | Keith Nolden 10/10/18                                                             |                                                                                                                                                                                  |

## Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

|                                                                                                                          |                                                                                                                                            |                                                                                                                                                                           |                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility                                                                                                                 |                                                                                                                                            | Permit ILR40 -                                                                                                                                                            |                                                                                                                                                                                  |
| Sampler's Name<br>(please print)                                                                                         |                                                                                                                                            | KEITH NOLDEN                                                                                                                                                              | Qualifying Rain Event<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                     |
| Outfall ID.<br>(refer to site map)                                                                                       |                                                                                                                                            | #1 CT17                                                                                                                                                                   | Outfall Description (ex: ditch, grassed swale, concrete pipe)<br>DITCH                                                                                                           |
| Quarter/<br>Year                                                                                                         | 4/18                                                                                                                                       | Date/Time Collected                                                                                                                                                       | 10/10/18 10:30 am                                                                                                                                                                |
| Est. Time of<br>Rainfall Start                                                                                           | 10:00 pm                                                                                                                                   | Rainfall<br>Amount                                                                                                                                                        | 0.50 in                                                                                                                                                                          |
|                                                                                                                          |                                                                                                                                            | Runoff<br>Source                                                                                                                                                          | <input type="checkbox"/> Snowmelt<br><input checked="" type="checkbox"/> Rainfall                                                                                                |
| Parameter                                                                                                                | Parameter Description                                                                                                                      |                                                                                                                                                                           | Parameter Characteristics                                                                                                                                                        |
| Color                                                                                                                    | Does the stormwater appear to have any color?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)               |                                                                                                                                                                           | <input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown<br><input type="checkbox"/> Red <input type="checkbox"/> Gray<br><input type="checkbox"/> Other _____  |
| Clarity                                                                                                                  | Is the stormwater clear?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                            |                                                                                                                                                                           | <input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy<br><input type="checkbox"/> Suspended Solids<br><input type="checkbox"/> Other _____                       |
| Oil Sheen                                                                                                                | Can you see a rainbow effect or sheen on the water surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |                                                                                                                                                                           | <input type="checkbox"/> Floating Oil Globules<br><input type="checkbox"/> Rainbow Sheen<br><input type="checkbox"/> Other _____                                                 |
| Odor                                                                                                                     | Does the sample have an odor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |                                                                                                                                                                           | <input type="checkbox"/> Chemical <input type="checkbox"/> Musty<br><input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage<br><input type="checkbox"/> Other _____ |
| Floating Solids                                                                                                          | Is there anything on the surface of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                                                                                                                                                           | <input type="checkbox"/> Suds <input type="checkbox"/> Garbage<br><input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film<br><input type="checkbox"/> Other _____     |
| Suspended Solids                                                                                                         | Is there anything suspended in the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                                                                                                                                                                           | Description:                                                                                                                                                                     |
| Damage to Outfall Structure                                                                                              | Is there any damage to the outfall structure?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |                                                                                                                                                                           | <input type="checkbox"/> Concrete Cracking<br><input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint<br><input type="checkbox"/> Other _____                  |
| Vegetation Conditions                                                                                                    | Describe plant growth around the stormwater discharge location using the check boxes.                                                      |                                                                                                                                                                           | <input type="checkbox"/> Inhibited Growth<br><input type="checkbox"/> Normal <input type="checkbox"/> Excessive<br><input type="checkbox"/> Other _____                          |
| ***WAIT 30 MINUTES***                                                                                                    |                                                                                                                                            |                                                                                                                                                                           |                                                                                                                                                                                  |
| Settled Solids                                                                                                           | Is there something settled on the bottom of the sample?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             |                                                                                                                                                                           | Description (note type, size, & material):                                                                                                                                       |
| Foam                                                                                                                     | Is there foam or material forming on the top of the sample surface?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                                                           | Description (shake bottle gently, is there foam?)                                                                                                                                |
| Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample.<br><br>N / A |                                                                                                                                            |                                                                                                                                                                           |                                                                                                                                                                                  |
| Sampler's Signature and Date                                                                                             |                                                                                                                                            |   |                                                                                                                                                                                  |

## **Outfall Map Points**

#1.) Camp Jackson @ St. Christopher

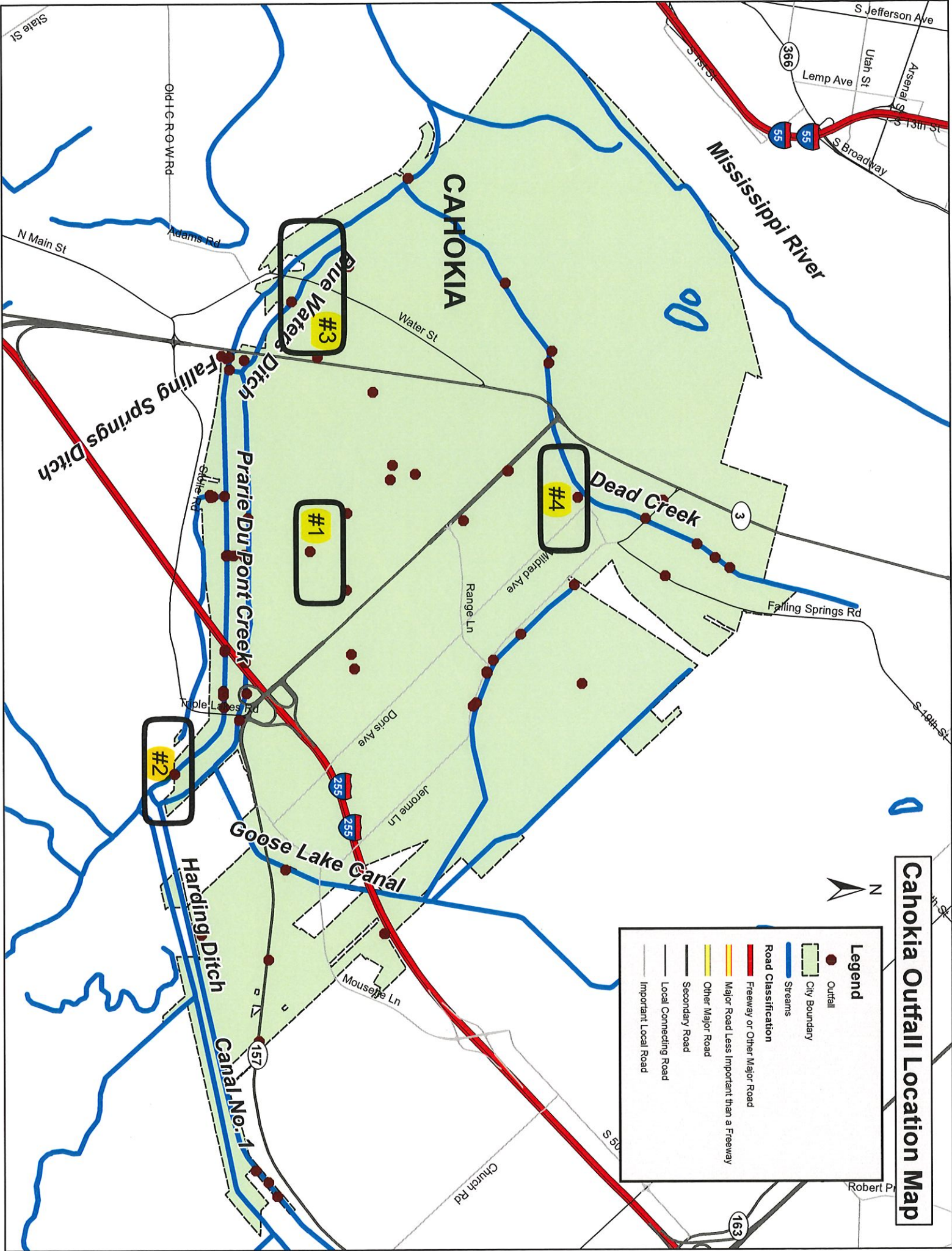
#2.) Dead end of Delano Dr.

#3.) St. Gregory @ St. Ambrose

#4.) Mildred @ Falling Springs

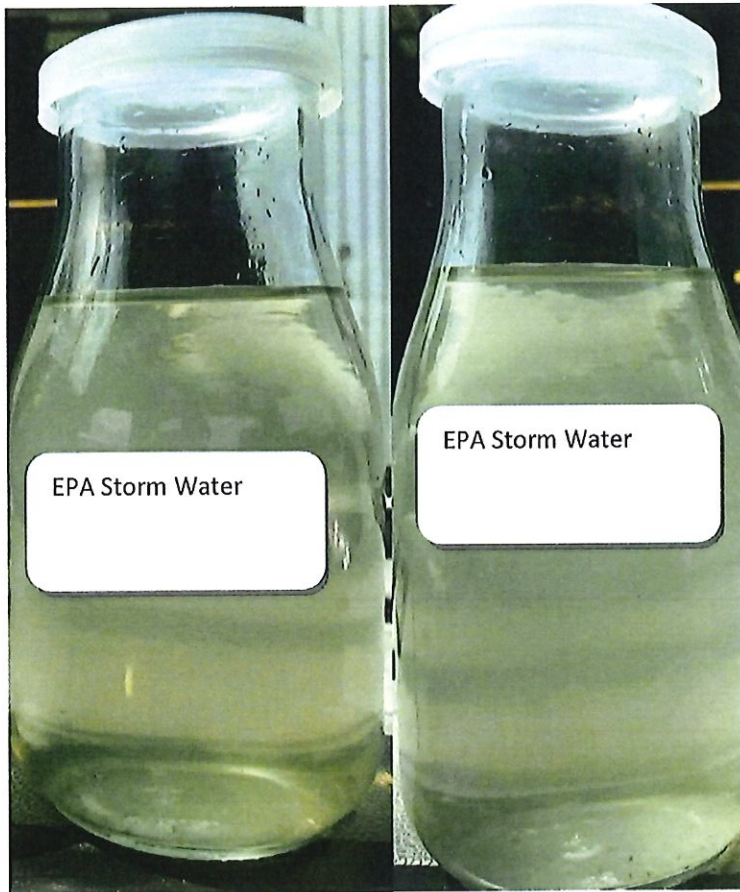
This is a list of our outfall map points of location for  
Storm Water Sampling.

# Cahokia Outfall Location Map











# Village of Cahokia

In Conjunction With



## Aspen Waste Systems

Will Host a Large Item Pick-Up

Thursday, October 18, 2018

### Precinct 9

- All residents are required to maintain trash service with Aspen Waste Systems.
- All Aspen customers are encouraged to participate in the free bulk pick up days.
- All items must be at the curb by 6:00 a.m. or items will not be picked up. No Exceptions!
- Pick up **INCLUDES**: But not limited to, mattresses, furniture, toys, bikes, clothes, bagged extra trash.
- Pick up **EXCLUDES**: appliances, electronics, tires, batteries, paint, chemical, hazardous and medical waste, and yard waste (leaves, brushes and trees).
- If you are not a customer with Aspen Waste System, **DO NOT PLACE ITEMS OUT!** Please call (618) 277- 9100 to order service. Violators will be fined by the Code Enforcement Department.



Mayor Curtis McCall Jr



Clerk Richard Duncan

#### Trustees

Phyllis Pearson

Jeff Radford

Rhonda Wofford

Kim Combs

Gloria Ware

Fallon Nolden

# *VILLAGE OF CAHOKIA*

WEDNESDAY, MAY 01, 2019

To whom this may concern:

Village of Cahokia, Public Works Department will be hosting an informational meeting concerning our MS4 NPDES Permit and additional information on our procedures in dealing with storm water. This meeting is an EPA requirement and will be held for the public annually. Time and location for this meeting are as follows:

Village Hall, 103 Main St. Cahokia, Illinois

Tuesday, April 23, 2019, 10:00 a.m.

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Village OF Cahokia  
Director of Public Works