

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
ANNUAL FACILITY INSPECTION REPORT
NPDES PERMIT FOR STORM WATER DISCHARGES
FROM MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4)**

Complete each section of this report.

REPORT PERIOD:	FROM: MARCH 2012	TO: MARCH 2013
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MS4 OPERATOR INFORMATION: (As it appears on the current permit)

NAME: CITY OF EAST PEORIA	TELEPHONE NUMBER: (309) 698-4716	
MAILING ADDRESS: 2232 EAST WASHINGTON STREET		
CITY: EAST PEORIA	STATE: IL	ZIP: 61611
CONTACT PERSON: RIC SEMONSKI, SUPERVISOR OF STREETS (Person responsible for Annual Report)		

NAME(S) OF GOVERNMENTAL ENTITY(IES) IN WHICH MS4 IS LOCATED: (As it appears on the current permit)

COUNTY OF TAZEWELL	
STATE OF ILLINOIS	

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.

SIGNATURE: 	DATE: 3/10/13
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Information required by this form must be provided to comply with 415 ILCS 5/39 (1996). Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.