



# Will County Department of Highways

16841 W. LARAWAY ROAD  
JOLIET, ILLINOIS 60433  
(815) 727-8476  
FAX (815) 727-9806

**BRUCE D. GOULD, PE**  
COUNTY ENGINEER

September 16, 2013

Illinois Environmental Protection Agency  
Division of Water Pollution Control  
Compliance Assurance Section  
Municipal Annual Inspection Report  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

**RE: NPDES Phase II Notice of Intent**  
**Will County, Illinois**  
**Will County Department of Highways**

To Whom It May Concern:

Enclosed is the completed NPDES Phase II Annual Report for Will County. The Will County Department of Highways is the primary operator of MS4s owned by the County of Will. We have prepared and submitted all information requested on the Annual Facility Inspection Report. In addition to this report, we have also prepared a 2012/2013 NPDES Phase II Report Appendix which contains supporting documentation for the progress we have made in the implementation of the NPDES Phase II program. The 2012/2013 Report Appendix is not included in this submittal, but a copy will be provided upon request.

If you have any questions regarding the information provided, please don't hesitate to contact me at (815) 727-8476.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce D. Gould", is written over a large, faint circular stamp.

Bruce D. Gould, P.E.  
County Engineer

Enclosure

**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: Will County Department of Highways	TELEPHONE NUMBER: 815-727-8476	
MAILING ADDRESS: 16841 West Laraway Road		
CITY: Joliet	STATE: IL	ZIP: 60433
CONTACT PERSON: (Person responsible for Annual Report) Bruce Gould, P.E.		

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

Will County	

**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.)** No Changes

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"/>

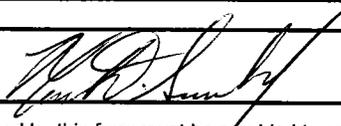
**B.**  
Attach the status of compliance with permit conditions, an assessment of the appropriateness of your identified best management practices and progress towards achieving the statutory goal of reducing the discharge of pollutants to the MEP, and your identified measurable goals for each of the minimum control measures.

**C. NOT APPLICABLE**  
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. NOT APPLICABLE**  
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: 9/17/13
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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.