Division of Water Pollution Control

Construction Site Storm Water Discharge Incidence of Non-Compliance (ION)

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. You may email this completed form to: epa.swnoncomp@illinois.gov

Permittee Information:

Name: ____________________________________________

Street Address: ____________________________________________ P.O. Box: ____________

City: ______________________ State: IL Zip Code: ____________ County: ____________

Phone: ______________________ Email: ______________________

Construction Site Information:

Site Name: ____________________________________________

Street Address: ____________________________________________

City: ______________________ State: IL Zip Code: ____________

Latitude: [____] (Deg) [____] (Min) [____] (Sec) Longitude: [____] (Deg) [____] (Min) [____] (Sec)

Section Township Range

Cause of Non-Compliance

________________________________________________________

________________________________________________________

Actions Taken to Prevent Any Further Non-Compliance

________________________________________________________

________________________________________________________

Environmental Impact Resulting From the Non-Compliance

________________________________________________________

________________________________________________________

Actions Taken to Reduce the Environmental Impact Resulting From the Non-Compliance

________________________________________________________

________________________________________________________

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: __________________________ __________________________ __________________________

Date: __________________________ Printed Name: __________________________ Title: __________________________

IL 532 2105 WPC
624 Rev. 10/2011

This Agency is authorized to require this information under Section 4 and Title X of the Environmental Protection Act (415 ILCS 5/4, 5/39). Failure to disclose this information may result in: a civil penalty of not to exceed $50,000 for the violation and an additional civil penalty of not to exceed $10,000 for each day during which the violation continues (415 ILCS 5/42) and may also prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.
GUIDELINES FOR COMPLETION OF INCIDENCE OF NON-COMPLIANCE (ION) FORM

Complete and submit this form for any violation of the Storm Water Pollution Prevention Plan observed during any inspection conducted, including those not required by the SWPPP. Please adhere to the following guidelines:

Initial submission within 24 hours by email, telephone or fax (see region fax numbers) of any incidence of non-compliance for any violation. Submit email copy to: epa.swnoncomp@illinois.gov. After 24 hours notification, submit signed original ION within 5 days to the following address:

Illinois Environmental Protection Agency
Division of Water Pollution Control
Compliance Assurance #19
Post Office Box 19276
Springfield, Illinois 62794-9276

FIELD OPERATIONS HEADQUARTERS
Bruce Yurdin, Manager
Phone: 217/782-3362 Fax: 217/785-1225
EMAIL: epa.swnoncomp@illinois.gov

Region 1 - ROCKFORD
Chuck Corley, Manager
Phone: 815/987-7760 Fax: 815/987-7005

Region 2 - DESPLAINES
Jay Patel, Manager
Phone: 847/294-4000 Fax: 847/294-4058

Region 3 - PEORIA
Jim Kammueler, Manager
Phone: 309/693-5463 Fax: 309/693-5467

Region 4 - CHAMPAIGN
Joe Koronkowski, Manager
Phone: 217/278-5800 Fax: 217/278-5808

Region 5 - SPRINGFIELD
Bruce Yurdin, FOS Manager
Phone: 217/782-3362 Fax: 217/785-1225

Region 6 - COLLINSVILLE
Bruce Yurdin, FOS Manager
Phone: 217/782-3362 Fax: 217/785-1225

Region 7- MARION
Byron Marks, Manager
Phone: 618/993-7200 Fax: 618/997-5467