



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 North Grand Avenue East • P.O. Box 19276 • Springfield, Illinois 62794-9276 • (217)782-2027

WATER POLLUTION CONTROL LOAN PROGRAM FEDERAL REPORTING REQUIREMENTS



| SECTION 1: BORROWER INFORMATION | | |
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| 1. | Borrower Name: | |
| 2. | IEPA Loan Project Number: L17 | |
| 3. | Unique Entity ID Number: A unique identifier assigned to a single business entity. See SAM.gov for more information. | |
| 4. | Borrower Mailing Address including Zip+4: | |
| 5. | Borrower Census Population: | |
| 6. | Borrower Congressional District(s): | |
| SECTION 2: PROJECT & FACILITY INFORMATION | | |
| 1. | Project Congressional District(s): This may be different from the borrower's district. Construction may occur in multiple districts. | |
| 2. | County or Counties Served by this Project: | |
| 3. | Project Population: The population directly served by the project. While a new treatment plant may serve the entire community, a new force main may only serve 25 homes. | |
| 4. | Population Served by the System: The number of people connected to the collection system. May be different from census population. | |
| 5. | Select the categories that apply to this project and input the corresponding percentage of total cost for each. | |
| | <input type="checkbox"/> Category I - Secondary Treatment (Treatment designed to remove most of the organic matter in wastewater using biological treatment and secondary clarifiers) | % |
| | <input type="checkbox"/> Category II - Advanced Treatment (Includes costs necessary to attain a level of treatment that is more stringent than secondary treatment or produces a significant reduction in toxins present in the wastewater. A facility is considered to have Advanced Wastewater Treatment if its permit includes one or more of the following: Biochemical Oxygen Demand (BOD) less than 20mg/l; Nitrogen Removal; Metal Removal; Phosphorous Removal; Ammonia Removal; Synthetic Organic Removal.) | % |
| | <input type="checkbox"/> Category IIIA - Infiltration/inflow correction | % |
| | <input type="checkbox"/> Category IIIB - Sewer Rehabilitation or Replacement of Existing Systems | % |
| | <input type="checkbox"/> Category IVA - New Collector Sewers and appurtenances | % |
| | <input type="checkbox"/> Category IVB - New Interceptor Sewer Systems and appurtenances | % |
| | <input type="checkbox"/> Category V - CSO Correction of Combined Sewer Overflows | % |
| | <input type="checkbox"/> Category VI - Stormwater Related Project | % |
| | TOTAL (should equal 100 %) | % |

| | |
|--|--|
| 6. | Is this a multi-phased project? <input type="checkbox"/> YES or <input type="checkbox"/> NO If you answered YES, include the previous loan number(s): L17 |
| 7. | NPDES Permit Number: Only applicable if entity has a treatment plant. If no NPDES Permit or plant, write N/A. |
| 8. | Facility Name(s) where construction is occurring: Examples are South Treatment Plant, 6 th St. Pump Station, Aurora Interceptor, Jerome Collection System, Main St. Forcemain, Auburn Combined Sewers, 2 nd St. Sanitary Sewer, etc. |
| 9. | Project Address including Zip+4: Project Address is the street address for the project. If the project spans a large area, enter a street address that best represents the central location of the project. |
| 10. | Does this project affect the system's discharge in any way? <input type="checkbox"/> YES or <input type="checkbox"/> NO If YES, briefly explain: |
| 11. | Is this a compliance related project? <input type="checkbox"/> YES or <input type="checkbox"/> NO If YES, briefly explain: |
| 12. | Type of Discharge for Facility (select one): <input type="checkbox"/> A. Surface Water <input type="checkbox"/> B. Land Application <input type="checkbox"/> C. Another Facility. Please provide name: <input type="checkbox"/> D. Other, including Reuse. Please describe: |
| 13. | If the above Discharge Type is surface water, name the waterbody where effluent is discharged. This is usually listed on the NPDES permit. For land application, provide an address: |
| 14. | Does this project allow a system to address any of the following (check all that apply): <input type="checkbox"/> Existing TMDL <input type="checkbox"/> Projected TMDL <input type="checkbox"/> Watershed Management Plan <input type="checkbox"/> N/A |
| 15. | Does the project contribute to any of the following (check all that apply): <input type="checkbox"/> Regionalization/ Consolidation <input type="checkbox"/> Nutrient Loadings of Nitrogen and/or Phosphorus <input type="checkbox"/> Disaster Resilience <input type="checkbox"/> Public Health |
| 16. | Percentage of total project cost that is being funded by IEPA loan: _____% Total includes all engineering, legal, administration, restoration, testing, etc. |
| SECTION 3: CONTACT INFORMATION | |
| Name of Contact Person Completing this Form: | |
| Phone Number: | |
| E-mail Address: | |
| Signature: | |
| Date: | |