



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

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WATER POLLUTION CONTROL LOAN PROGRAM FEDERAL REPORTING REQUIREMENTS



SECTION 1: BORROWER INFORMATION		
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. Force main, 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:	