



# 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:<br><small>A unique identifier assigned to a single business entity. See SAM.gov for more information.</small>  |
| 4.  | Borrower Mailing Address including Zip+4:   |
| 5.  | Borrower Census Population:   |
| 6.  | Borrower Congressional District(s):   |
| SECTION 2: PROJECT & FACILITY INFORMATION |   |
| 1.  | Is this a multi-phased project? <input type="checkbox"/> YES or <input type="checkbox"/> NO<br>If you answered YES, include the previous loan number(s): L17  |
| 2.  | Percentage of total project cost that is being funded by IEPA loan: _____%<br><small>Total includes all engineering, legal, administration, restoration, testing, etc.</small>  |
| 3.  | 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 _____%  |
|   | <b>TOTAL (should equal 100 %)</b> _____%  |
| 4.  | Project Congressional District(s):<br><small>This may be different from the borrower's district. Construction may occur in multiple districts.</small>  |
| 5.  | Project Population:<br><small>The population directly served by the project. While a new treatment plant may serve the entire Village, a new water main may only serve 25 homes.</small>  |
| 6.  | Population Served by the System:<br><small>The number of people connected to the collection system. May be different from census population.</small>  |
| 7.  | County or counties served by this Project:  |

|  |  |     |
|--|--|-----|
| 8.   | Facility Name(s) where construction is occurring:<br><br>Examples are South Treatment Plant, 6 <sup>th</sup> St. Pump Station, Aurora Interceptor, Jerome Collection System, Main St. Forcemain, Auburn Combined Sewers, 2 <sup>nd</sup> St. Sanitary Sewer, etc.                          |     |
| 9.   | *Wastewater Volume for the Project (DAF)<br>This information may not be available for all projects   | MGD |
| 10.  | *Wastewater Volume for the System (DAF)<br>This information may not be available for all projects  | MGD |
| 11.  | Does this project affect the system's discharge in any way? <input type="checkbox"/> YES or <input type="checkbox"/> NO<br>If YES, briefly explain:  |     |
| 12.  | *Wastewater Volume Eliminated/Conserved by this Project (if applicable)  | MGD |
| 13.  | Type of Discharge for Facility (select one):<br><input type="checkbox"/> A. Surface water<br><input type="checkbox"/> B. Land Application<br><input type="checkbox"/> C. Another Facility.<br>Please provide name:<br><input type="checkbox"/> D. Other, including Reuse. Please describe: |     |
| 14.  | 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:   |     |
| 15.  | NPDES Permit Number:<br>Only applicable if entity has a treatment plant. If no NPDES Permit or plant, write N/A.   |     |
| 16.  | Project Address including Zip+4:<br><br>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.   |     |
| 17.  | Is this a compliance related project? <input type="checkbox"/> YES or <input type="checkbox"/> NO<br>If YES, briefly explain:  |     |
| 18.  | Project Purpose:   |     |
| 14.  | Does this project allow a system to address any of the following (may not apply):<br><input type="checkbox"/> Existing TMDL <input type="checkbox"/> Projected TMDL <input type="checkbox"/> Watershed Management Plan <input type="checkbox"/> N/A  |     |
| <b>SECTION 3: CONTACT INFORMATION</b>        |  |     |
| Name of Contact Person if we have questions: |  |     |
| Phone Number:                                |  |     |
| E-mail Address:                              |  |     |
| Signature:                                   |  |     |
| Date:  |  |     |