| This certification statement is port of the Storm Nater Pollution Plan for the project described below in accordance with NPDES Permit No. [LR10 | | CONTRACTOR CERTIFIC | ATION STATEMENT | |
|---|------------|--|-----------------------------------|--|
| Route: FAP ROUTE 685 (IL 9/96) Marked: IL ROUTE 9/IL ROUTE 96 Section: (113)B-3 Project No.: | below in a | ccordance with NPDES Permit No. II | _R10, issued by the I | the project described llinois Environmental |
| County: HANCOCK Contract No.: 72919 I certify under penalty of law that I understand the terms of the general National Pollutant Discharge Elimination System (NPDES) permit that authorizes the storm water discharges associated with industrial activity from the construction site identified as part of this certif Signature Date Title Date Name of Firm City, State, Zip Phone Number Phone shall be filled out by the Contractor after the award of the | | | | 96 |
| I certify under penalty of law that I understand the terms of the general National Pollutant Discharge Elimination System (NPDES) permit that authorizes the storm water discharges associated with industrial activity from the construction site identified as part of this certif Signature Date Title Name of Firm Street Address City, State, Zip Phone Number Note: The above boxed in area shall be filled out by the Contractor after the award of the | | Section: (113)B-3 | Project No.: | |
| Discharge Elimination System (NPDES) permit that authorizes the storm water discharges associated with industrial activity from the construction site identified as part of this certif Signature Date Title Name of Firm Street Address City, State, Zip Phone Number Note: The above boxed in area shall be filled out by the Contractor after the award of the | | County: <u>HANCOCK</u> | Contract No.: <u>72919</u> | |
| Title Name of Firm Street Address City, State, Zip Phone Number Note: The above boxed in area shall be filled out by the Contractor after the award of the | Discharge | Elimination System (NPDES) permi- | t that authorizes the storm water | r discharges |
| Title Name of Firm Street Address City, State, Zip Phone Number Phone Number | | Signature | Date | |
| Street Address City, State, Zip Phone Number Note: The above boxed in area shall be filled out by the Contractor after the award of the | | Title | | |
| City, State, Zip Phone Number Note: The above boxed in area shall be filled out by the Contractor after the award of the | | Name of Firm | | |
| Phone Number Note: The above boxed in area shall be filled out by the Contractor after the award of the | | Street Address | | |
| Note: The above boxed in area shall be filled out by the Contractor after the award of the | | City, State, Zip | | |
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| | | Phone Number above boxed in area shall be fil | led out by the Contractor after · | |

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| | REVISIONS | | ILLINOIS DEPARTMENT OF TRANSPORTATION |
| | NAME | DATE | ILLINGTS DEFAILINENT OF TRANSFORTATION |
| | | | STORM WATER POLLUTION |
| | | | STORW WATER TOLLOTION |
| | | | PREVENTION PLAN |
| | | | IL ROUTE 96 & APPLE RIVER ROAD |
| | | | IL ROUTE 30 & AFFLE RIVER ROAD |
| | | | HANCOCK COUNTY |
| | | | |
| | | | SCALE: NONE DRAWN BY: SGL |
| | | | |
| | | | DATE: 07/2007 CHECKED BY: FML |
| STORM WATER POLLUTION PR | REVENTION | PLAN | N - IL 96 & APPLE RIVER ROAD |
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