

Water & Sewer Division
555 Lincoln Street
Evanston, Illinois 60201
Telephone (847) 866-2942

February 6, 2008

Melissa A. Parrott
Permit Section, Division of Pollution Control
Illinois Environmental Protection Agency
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

Re: City of Evanston
Renewal of NPDES Permit No. ILM580002

Dear Ms. Parrott:

We are herein providing our application to renew the City of Evanston NPDES Permit No. ILM580002. The following forms and supporting documents are enclosed:

Form 1, General Information
Form 2, Part A, Basic Application Information
Form 2, Part G Supplemental Application Information – Combined Sewer Systems
(one form for each of the thirteen (13) outfalls owned by the City of Evanston)
Outfall location map, with specific map for each outfall

We trust that the enclosed information and applications are appropriate. If you need any further information or have questions, please don't hesitate to contact us.

Sincerely,

EVANSTON WATER & SEWER DIVISION

David D. Stoneback, Superintendent

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER S F 1 2 13 14 15
LABEL ITEMS		36536 City of Evanston 2100 Ridge Avenue Evanston, IL 60201 Combined sewer system within municipal limits	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	X		X	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

c	1	SKIP	C I T Y O F E V A N S T O N	15	16 - 29	30	69
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)						
c	2	D A V I D S T O N E B A C K S U P T.	15	16	45	48	49	51	52	55
										8 4 7 8 6 6 2 9 4 2

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX														
c	3	5 5 5 L I N C O L N S T.									15	16	45	
B. CITY OR TOWN				C. STATE	D. ZIP CODE									
c	4	E V A N S T O N				15	16	40	41	42	47	51	52	54

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER														
c	5	E V A N S T O N C I T Y L I M I T S									15	16	45	
B. COUNTY NAME														
c	6	C O O K									15	16	46	70
C. CITY OR TOWN				D. STATE	E. ZIP CODE			F. COUNTY CODE (if known)						
c	6	E V A N S T O N				15	16	40	41	42	47	51	52	54

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
C	(specify)	C	(specify)
7	SEWAGE CONVEYANCE SYSTEM	7	
15	16	15	16
C. THIRD		D. FOURTH	
C	(specify)	C	(specify)
7		7	
15	16	15	16

VIII. OPERATOR INFORMATION										
A. NAME									B. Is the name listed in Item VIII-A also the owner?	
C	CITY OF EVANSTON									<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
8										55 65

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)							D. PHONE (area code & no.)				
F = FEDERAL	M = PUBLIC (other than federal or state)	M	(specify)				8 4 7 8 6 6 2 9 4 2				
S = STATE	O = OTHER (specify)										
P = PRIVATE											
							55 65				

E. STREET OR P.O. BOX									
2 1 0 0 R I D G E A V E N U E									
26									

F. CITY OR TOWN					G. STATE	H. ZIP CODE	IX. INDIAN LAND		
E V A N S T O N					I L	6 0 2 0 1	Is the facility located on Indian lands?		
								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
								52	

X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
C	T	I			C	T	I		
9	N	I	L	M	5	8	0	0	0
15	16	17	18	30	15	16	17	18	30
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)				
C	T	I			C	T	I		
9	U				9			I L R 4 0 0 3 3 5	
15	16	17	18	30	15	16	17	18	30
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
C	T	I			C	T	I		
9	R				9				
15	16	17	18	30	15	16	17	18	30

XI. MAP
 Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)
 The City owns and maintains a combined sewer water collection system that conveys sewage via interceptor sewers to the Metropolitan Water Reclamation District North Side Treatment Plant located at Howard Street and McCormick Boulevard. When the interceptor sewers are charged, the first flush flow is diverted to the MWRDGC's Tunnel and Reservoir Plan (TARP) System. In the event of a storm event resulting in a CSO, there are thirteen (13) diversion structures that can divert the City's overflow to the North Shore Channel. The diversion structures are owned and operated by the Metropolitan Water Reclamation District of Greater Chicago. The overflow structures are owned and operated by the City of Evanston.

XIII. CERTIFICATION (see Instructions)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Julia A. Carroll, City Manager	<i>Julia A. Carroll</i>	2-5-08

COMMENTS FOR OFFICIAL USE ONLY									
C									
15	16								

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name City of Evanston

Mailing Address 2100 Ridge Avenue
Evanston, IL 60201

Contact person David Stoneback

Title Superintendent, Water & Sewer Division

Telephone number (847) 866-2942

Facility Address Evanston Water Utility, 555 Lincoln St.
(not P.O. Box) Evanston, IL 60201

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name _____

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

_____ owner _____ operator COLLECTION SYSTEM ONLY

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility _____ applicant COLLECTION SYSTEM ONLY

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES ILM580002 PSD _____

UIC _____ Other MS-4 ILR400335

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>City of Evanston</u>	<u>74,360</u>	<u>Combined storm & sanitary</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>74,360</u>			

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
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A.5. Indian Country.

a. Is the treatment works located in Indian Country?

Yes No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

Yes No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 333.00 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>234.00</u>	<u>244.00</u>	<u>250.00</u> mgd
c. Maximum daily flow rate	<u>495.00</u>	<u>494.00</u>	<u>494.00</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

- Separate sanitary sewer 10.00 %
- Combined storm and sanitary sewer 90.00 %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? Yes No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent 1
- ii. Discharges of untreated or partially treated effluent _____
- iii. Combined sewer overflow points _____
- iv. Constructed emergency overflows (prior to the headworks) 5
- v. Other Evanston (3) and Wilmette (2) 5

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? N/A Yes No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge continuous or intermittent?

c. Does the treatment works land-apply treated wastewater? N/A Yes No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application continuous or intermittent? N/A

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? Yes No

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: Metropolitan Water Reclamation District of Greater Chicago

Mailing Address: 100 Erie Street
Chicago, IL 60611

Contact person: Debra Shore

Title: Commissioner

Telephone number: (312) 751-5690

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

CITY OF EVANSTON ILM586002

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- a. Outfall number 003 at Asbury & Lincoln
- b. Location Evanston, IL 60201
(City or town, if applicable) (Zip Code)
Cook IL
(County) (State)
42 03' 42" 87 41' 22"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 0.00 ft.
- d. Depth below surface (if applicable) 0.00 ft.
- e. Which of the following were monitored during the last year for this CSO?
 Rainfall CSO pollutant concentrations CSO frequency
 CSO flow volume Receiving water quality
- f. How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
22.00 events (actual or approx.)
- b. Give the average duration per CSO event.
20.00 hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

CITY OF EVANSTON ILM 580002

Form Approved 1/14/99
OMB Number 2040-0086

- c. Give the average volume per CSO event.
UNKNOWN million gallons (____ actual or ____ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.
0.64 inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: North Shore Channel
- b. Name of watershed/river/stream system: North Shore Channel and Chicago River

United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: North Shore Channel and Chicago River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

Advisory to not swim, canoe or any activity with an immersion potential.

**END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.**

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 004A at Green Bay Road

b. Location Evanston, IL 60201
(City or town, if applicable) (Zip Code)

Cook IL
(County) (State)

42 03' 31" 87 41' 45"
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

Rainfall CSO pollutant concentrations CSO frequency

CSO flow volume Receiving water quality

f. How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

a. Give the number of CSO events in the last year.

22.00 events (actual or approx.)

b. Give the average duration per CSO event.

20.00 hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

c. Give the average volume per CSO event.

UNKNOWN million gallons (____ actual or ____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

0.64 inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: North Shore Channel

b. Name of watershed/river/stream system: North Shore Channel and Chicago River

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: North Shore Channel and Chicago River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

Advisory to not swim, canoe or any activity with an immersion potential.

END OF PART G.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

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- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- a. Outfall number 005 at Bridge Street
- b. Location Evanston, IL 60201
(City or town, if applicable) (Zip Code)
Cook IL
(County) (State)
42 03' 22" 87 42' 03"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 15.00 ft.
- d. Depth below surface (if applicable) 0.00 ft.
- e. Which of the following were monitored during the last year for this CSO?
 Rainfall CSO pollutant concentrations CSO frequency
 CSO flow volume Receiving water quality
- f. How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
22.00 events (actual or approx.)
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20.00 hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

c. Give the average volume per CSO event.

UNKNOWN million gallons (____ actual or ____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

0.64 inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: North Shore Channel

b. Name of watershed/river/stream system: North Shore Channel and Chicago River

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: North Shore Channel and Chicago River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

Advisory to not swim, canoe or any activity with an immersion potential.

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REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

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- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- a. Outfall number 006 at Elgin Road, west side
- b. Location Evanston, IL 60201
(City or town, if applicable) (Zip Code)
- Cook IL
(County) (State)
- 42 03' 8" 87 42' 30"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 0.00 ft.
- d. Depth below surface (if applicable) 0.00 ft.
- e. Which of the following were monitored during the last year for this CSO?
- Rainfall CSO pollutant concentrations CSO frequency
- CSO flow volume Receiving water quality
- f. How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
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c. Give the average volume per CSO event.

UNKNOWN million gallons (____ actual or ____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

0.64 inches of rainfall

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a. Name of receiving water: North Shore Channel

b. Name of watershed/river/stream system: North Shore Channel and Chicago River

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: North Shore Channel and Chicago River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 006A at Elgin Road, west side

b. Location Evanston, IL 60201
(City or town, if applicable) (Zip Code)

Cook IL
(County) (State)

42 03' 08" 87 42' 30"
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

Rainfall CSO pollutant concentrations CSO frequency

CSO flow volume Receiving water quality

f. How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

a. Give the number of CSO events in the last year.
22.00 events (actual or approx.)

b. Give the average duration per CSO event.
20.00 hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

c. Give the average volume per CSO event.

UNKNOWN million gallons (____ actual or ____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

0.64 inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: North Shore Channel

b. Name of watershed/river/stream system: North Shore Channel and Chicago River

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: North Shore Channel and Chicago River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

Advisory to not swim, canoe or any activity with an immersion potential.

**END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.**

FACILITY NAME AND PERMIT NUMBER:
City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- Locations of major sewer trunk lines, both combined and separate sanitary.
- Locations of points where separate sanitary sewers feed into the combined sewer system.
- Locations of in-line and off-line storage structures.
- Locations of flow-regulating devices.
- Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- Outfall number 007A at Emerson Street, east side
- Location Evanston, IL 60201
(City or town, if applicable) (Zip Code)
Cook IL
(County) (State)
42 03' 07" 87 42' 29"
(Latitude) (Longitude)
- Distance from shore (if applicable) 0.00 ft.
- Depth below surface (if applicable) 0.00 ft.
- Which of the following were monitored during the last year for this CSO?
 Rainfall CSO pollutant concentrations CSO frequency
 CSO flow volume Receiving water quality
- How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

- Give the number of CSO events in the last year.
22.00 events (actual or approx.)
- Give the average duration per CSO event.
20.00 hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

c. Give the average volume per CSO event.

UNKNOWN million gallons (____ actual or ____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

0.64 inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: North Shore Channel

b. Name of watershed/river/stream system: North Shore Channel and Chicago River

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: North Shore Channel and Chicago River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

Advisory to not swim, canoe or any activity with an immersion potential.

**END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
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FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- a. Outfall number 008A at Lake Street, east side
- b. Location Evanston, IL 60201
(City or town, if applicable) (Zip Code)
Cook IL
(County) (State)
42 02' 38" 87 42' 35"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 0.00 ft.
- d. Depth below surface (if applicable) 0.00 ft.
- e. Which of the following were monitored during the last year for this CSO?
 Rainfall CSO pollutant concentrations CSO frequency
 CSO flow volume Receiving water quality
- f. How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
22.00 events (actual or approx.)
- b. Give the average duration per CSO event.
20.00 hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/89
OMB Number 2040-0086

- c. Give the average volume per CSO event.
UNKNOWN million gallons (____ actual or ____ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.
0.64 inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: North Shore Channel
- b. Name of watershed/river/stream system: North Shore Channel and Chicago River
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: North Shore Channel and Chicago River
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

Advisory to not swim, canoe or any activity with an immersion potential.

**END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.**

FACILITY NAME AND PERMIT NUMBER:
City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- Locations of major sewer trunk lines, both combined and separate sanitary.
- Locations of points where separate sanitary sewers feed into the combined sewer system.
- Locations of in-line and off-line storage structures.
- Locations of flow-regulating devices.
- Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- Outfall number 009 at Greenleaf Street, east side
- Location Evanston, IL 60201
(City or town, if applicable) (Zip Code)
Cook IL
(County) (State)
42 02' 14" 87 42' 35"
(Latitude) (Longitude)
- Distance from shore (if applicable) 0.00 ft.
- Depth below surface (if applicable) 0.00 ft.
- Which of the following were monitored during the last year for this CSO?
 Rainfall CSO pollutant concentrations CSO frequency
 CSO flow volume Receiving water quality
- How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

- Give the number of CSO events in the last year.
22.00 events (actual or approx.)
- Give the average duration per CSO event.
20.00 hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

- c. Give the average volume per CSO event.
UNKNOWN million gallons (____ actual or ____ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.
0.64 inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: North Shore Channel
- b. Name of watershed/river/stream system: North Shore Channel and Chicago River

United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: North Shore Channel and Chicago River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

Advisory to not swim, canoe or any activity with an immersion potential.

**END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
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FACILITY NAME AND PERMIT NUMBER:
City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- a. Outfall number 010 at Main Street, east side
- b. Location
Evanston, IL 60201
(City or town, if applicable) (Zip Code)
Cook IL
(County) (State)
42 02' 01" 87 42' 36"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 0.00 ft.
- d. Depth below surface (if applicable) 2.00 ft.
- e. Which of the following were monitored during the last year for this CSO?
 Rainfall CSO pollutant concentrations CSO frequency
 CSO flow volume Receiving water quality
- f. How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
22.00 events (actual or approx.)
- b. Give the average duration per CSO event.
20.00 hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

c. Give the average volume per CSO event.

UNKNOWN million gallons (____ actual or ____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

0.64 inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: North Shore Channel

b. Name of watershed/river/stream system: North Shore Channel and Chicago River

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: North Shore Channel and Chicago River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

Advisory to not swim, canoe or any activity with an immersion potential.

**END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.**

FACILITY NAME AND PERMIT NUMBER:
City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- Locations of major sewer trunk lines, both combined and separate sanitary.
- Locations of points where separate sanitary sewers feed into the combined sewer system.
- Locations of in-line and off-line storage structures.
- Locations of flow-regulating devices.
- Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- Outfall number 010A at Main Street, east side
- Location Evanston, IL 60201
(City or town, if applicable) (Zip Code)
Cook IL
(County) (State)
42 02' 01" 87 42' 36"
(Latitude) (Longitude)
- Distance from shore (if applicable) 0.00 ft.
- Depth below surface (if applicable) 0.00 ft.
- Which of the following were monitored during the last year for this CSO?
 Rainfall CSO pollutant concentrations CSO frequency
 CSO flow volume Receiving water quality
- How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

- Give the number of CSO events in the last year.
22.00 events (actual or approx.)
- Give the average duration per CSO event.
20.00 hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

- c. Give the average volume per CSO event.
UNKNOWN million gallons (____ actual or ____ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.
0.64 inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: North Shore Channel
- b. Name of watershed/river/stream system: North Shore Channel and Chicago River

United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: North Shore Channel and Chicago River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

Advisory to not swim, canoe or any activity with an immersion potential.

**END OF PART G.
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FACILITY NAME AND PERMIT NUMBER:
City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- Locations of major sewer trunk lines, both combined and separate sanitary.
- Locations of points where separate sanitary sewers feed into the combined sewer system.
- Locations of in-line and off-line storage structures.
- Locations of flow-regulating devices.
- Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- Outfall number 011 at Cleveland Street, east side
- Location Evanston, IL 60201
(City or town, if applicable) (Zip Code)
Cook IL
(County) (State)
42 01' 48" 87 42' 36"
(Latitude) (Longitude)
- Distance from shore (if applicable) 0.00 ft.
- Depth below surface (if applicable) 0.00 ft.
- Which of the following were monitored during the last year for this CSO?
 Rainfall CSO pollutant concentrations CSO frequency
 CSO flow volume Receiving water quality
- How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

- Give the number of CSO events in the last year.
22.00 events (actual or approx.)
- Give the average duration per CSO event.
20.00 hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

- c. Give the average volume per CSO event.
UNKNOWN million gallons (____ actual or ____ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.
0.64 inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: North Shore Channel
- b. Name of watershed/river/stream system: North Shore Channel and Chicago River

United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: North Shore Channel and Chicago River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

Advisory to not swim, canoe or any activity with an immersion potential.

**END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
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FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- a. Outfall number 013 at Mulford Street, east side
- b. Location Evanston, IL 60201
(City or town, if applicable) (Zip Code)
Cook IL
(County) (State)
42 01' 22" 87 42' 36"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 0.00 ft.
- d. Depth below surface (if applicable) 3.00 ft.
- e. Which of the following were monitored during the last year for this CSO?
 Rainfall CSO pollutant concentrations CSO frequency
 CSO flow volume Receiving water quality
- f. How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
22.00 events (actual or approx.)
- b. Give the average duration per CSO event.
20.00 hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

c. Give the average volume per CSO event.

UNKNOWN million gallons (____ actual or ____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

0.64 inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: North Shore Channel

b. Name of watershed/river/stream system: North Shore Channel and Chicago River

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: North Shore Channel and Chicago River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

Advisory to not swim, canoe or any activity with an immersion potential.

**END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.**

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- a. Outfall number 013A at Mulford Street, east side
- b. Location Evanston, IL 60201
(City or town, if applicable) (Zip Code)
Cook IL
(County) (State)
42 01' 22" 87 42' 36"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 0.00 ft.
- d. Depth below surface (if applicable) 3.00 ft.
- e. Which of the following were monitored during the last year for this CSO?
 Rainfall ___ CSO pollutant concentrations CSO frequency
 CSO flow volume ___ Receiving water quality
- f. How many storm events were monitored during the last year? 77.00

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
22.00 events (actual or ___ approx.)
- b. Give the average duration per CSO event.
20.00 hours (___ actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

City of Evanston ILM580002

Form Approved 1/14/99
OMB Number 2040-0086

- c. Give the average volume per CSO event.
UNKNOWN million gallons (____ actual or ____ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.
0.64 inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: North Shore Channel
- b. Name of watershed/river/stream system: North Shore Channel and Chicago River

United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: North Shore Channel and Chicago River

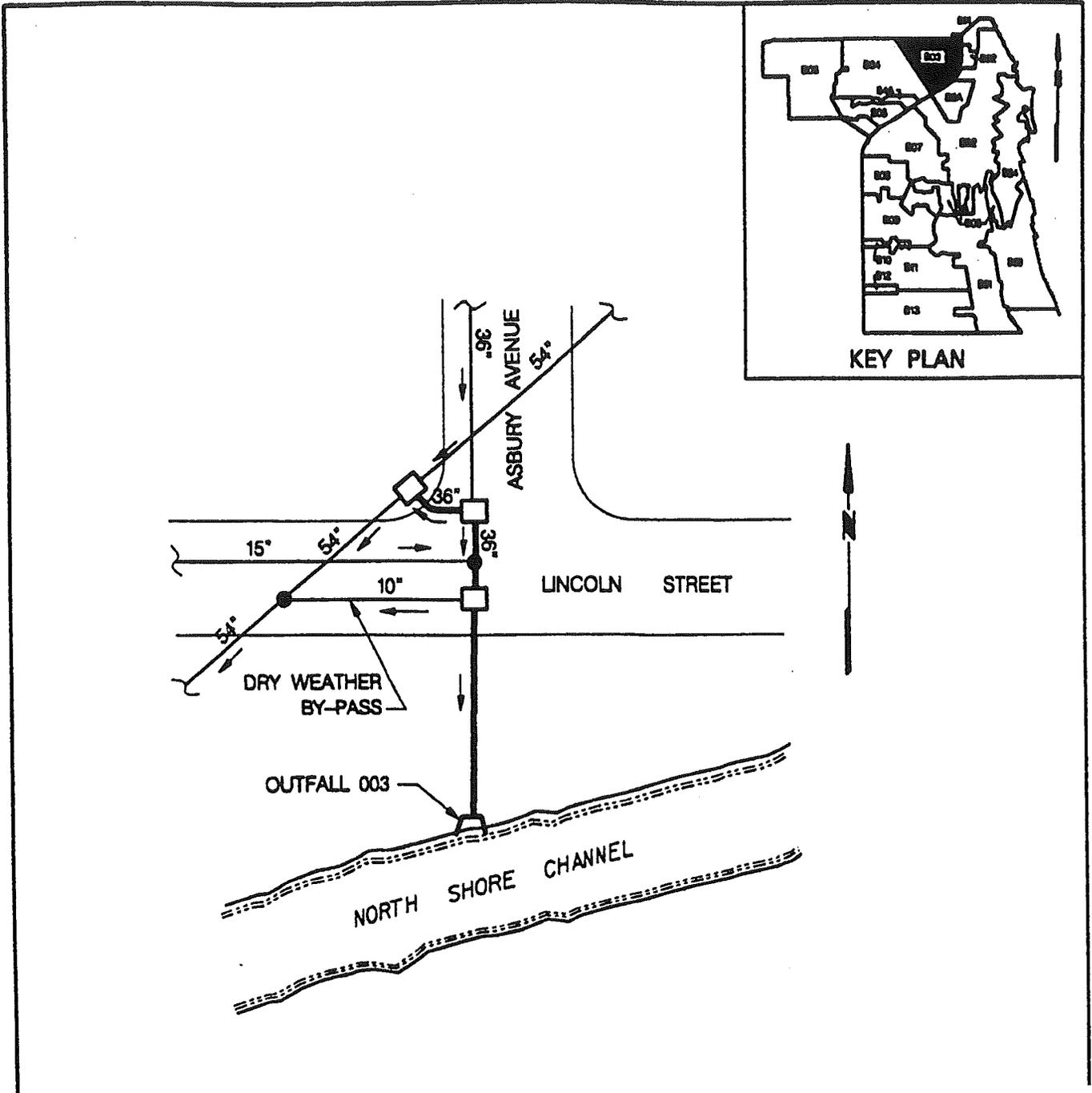
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

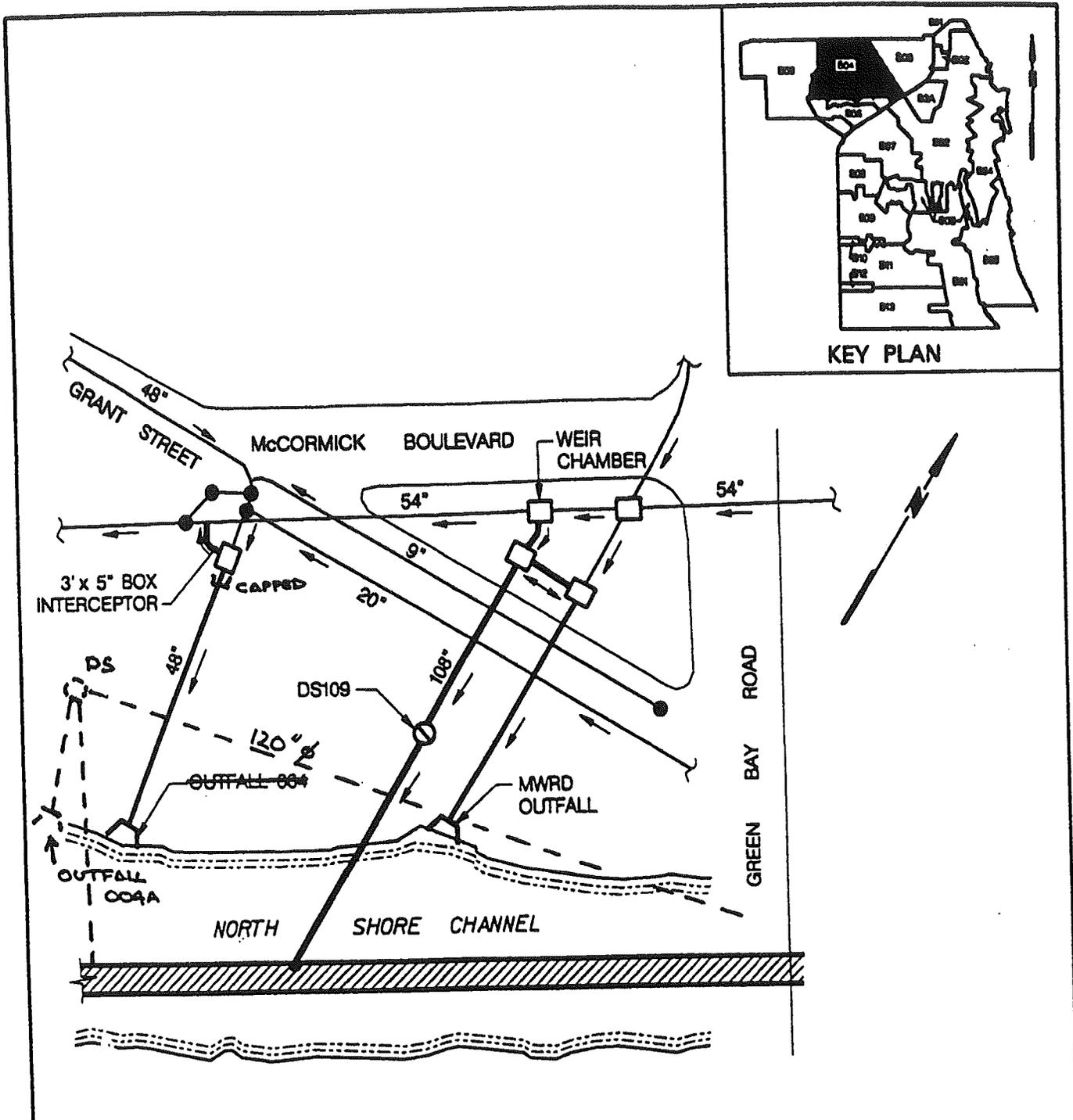
Advisory to not swim, canoe or any activity with an immersion potential.

**END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.**



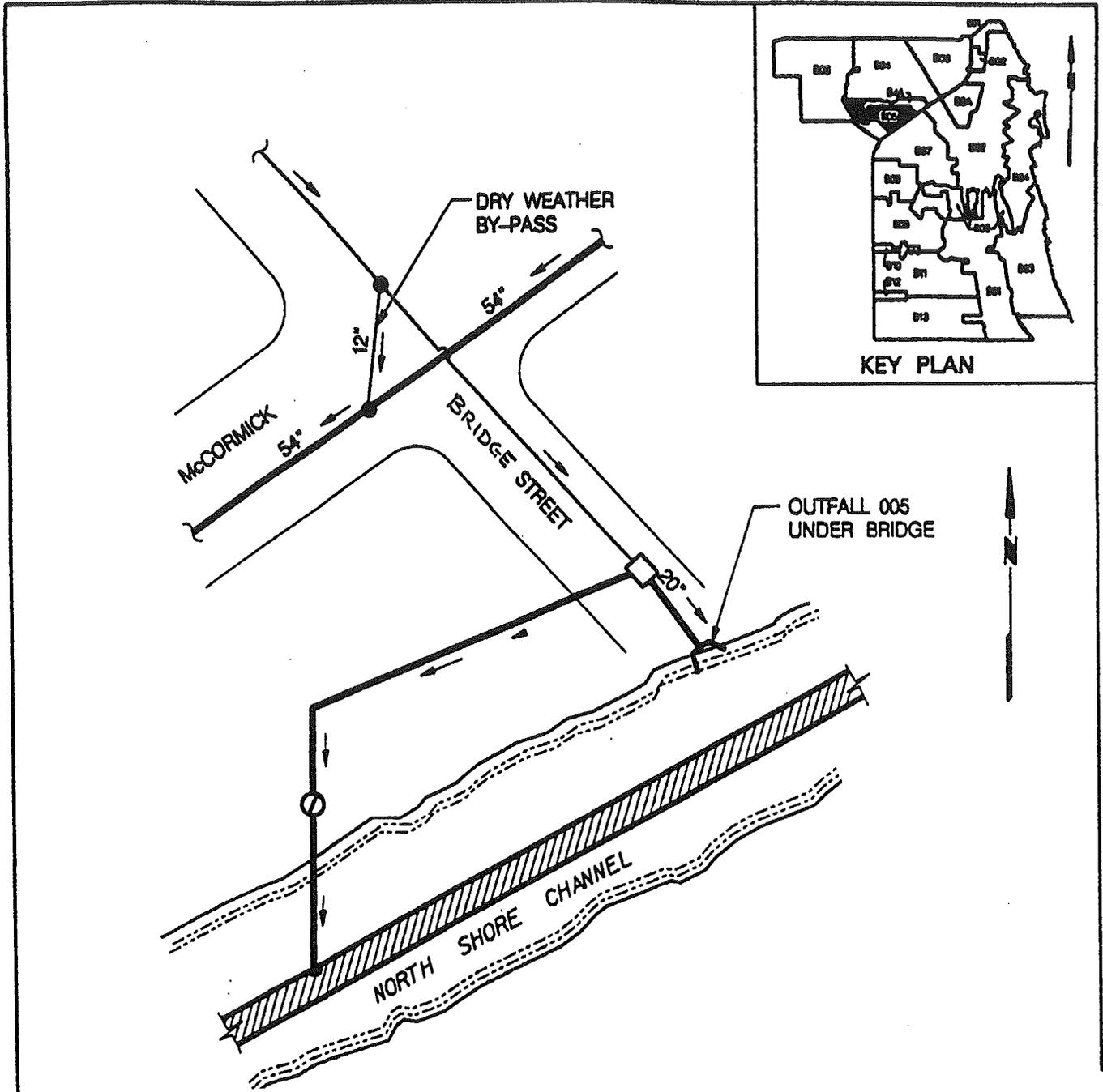
CITY OF EVANSTON
 National Pollutant Discharge Elimination System
 Application for re-issuance of permit
 December 2007

OUTFALL NUMBER 003
 At Lincoln Street & Asbury Avenue



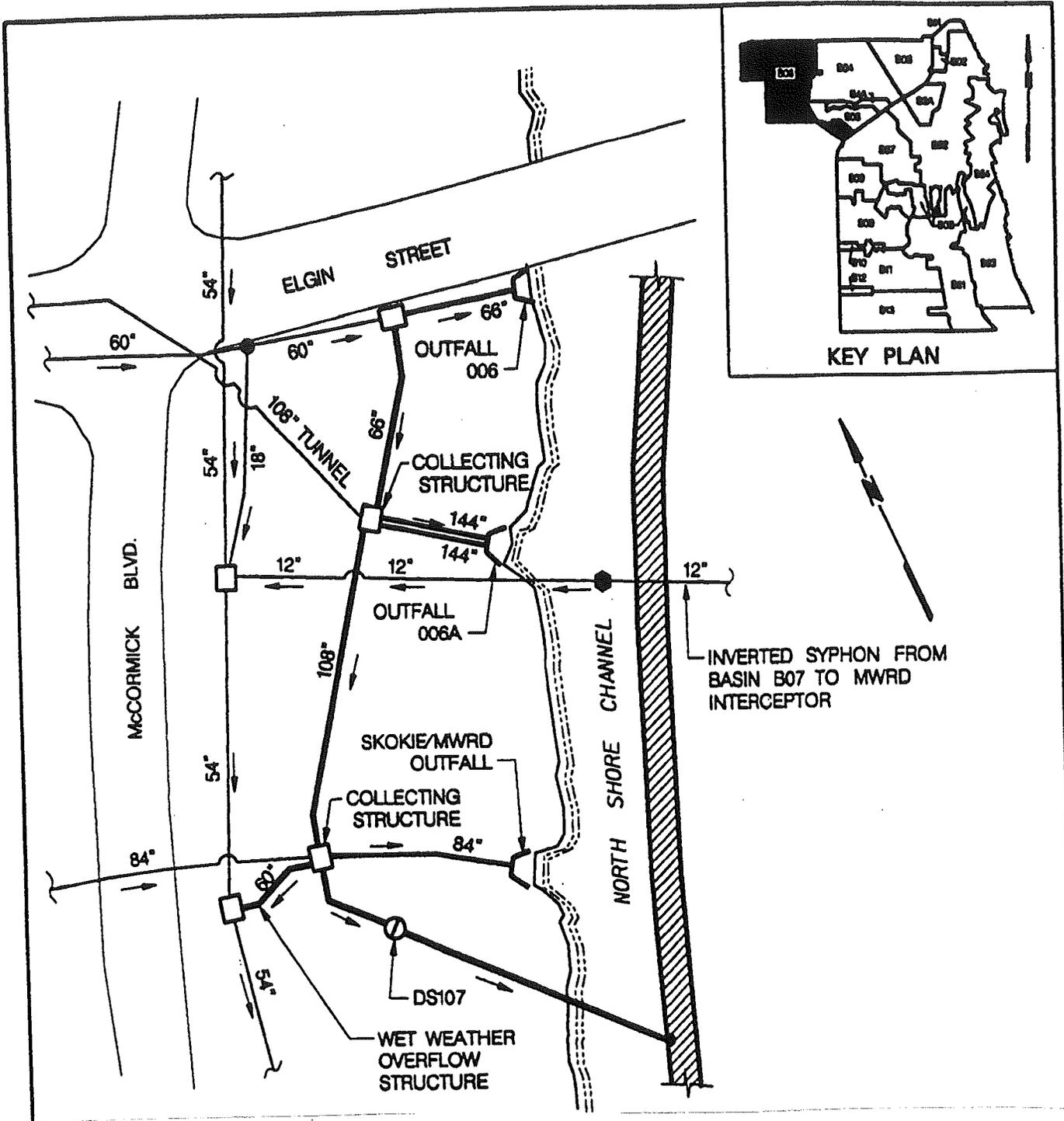
CITY OF EVANSTON
 National Pollutant Discharge Elimination System
 Application for re-issuance of permit
 December 2007

OUTFALL NUMBER 004A
 At Green Bay Road



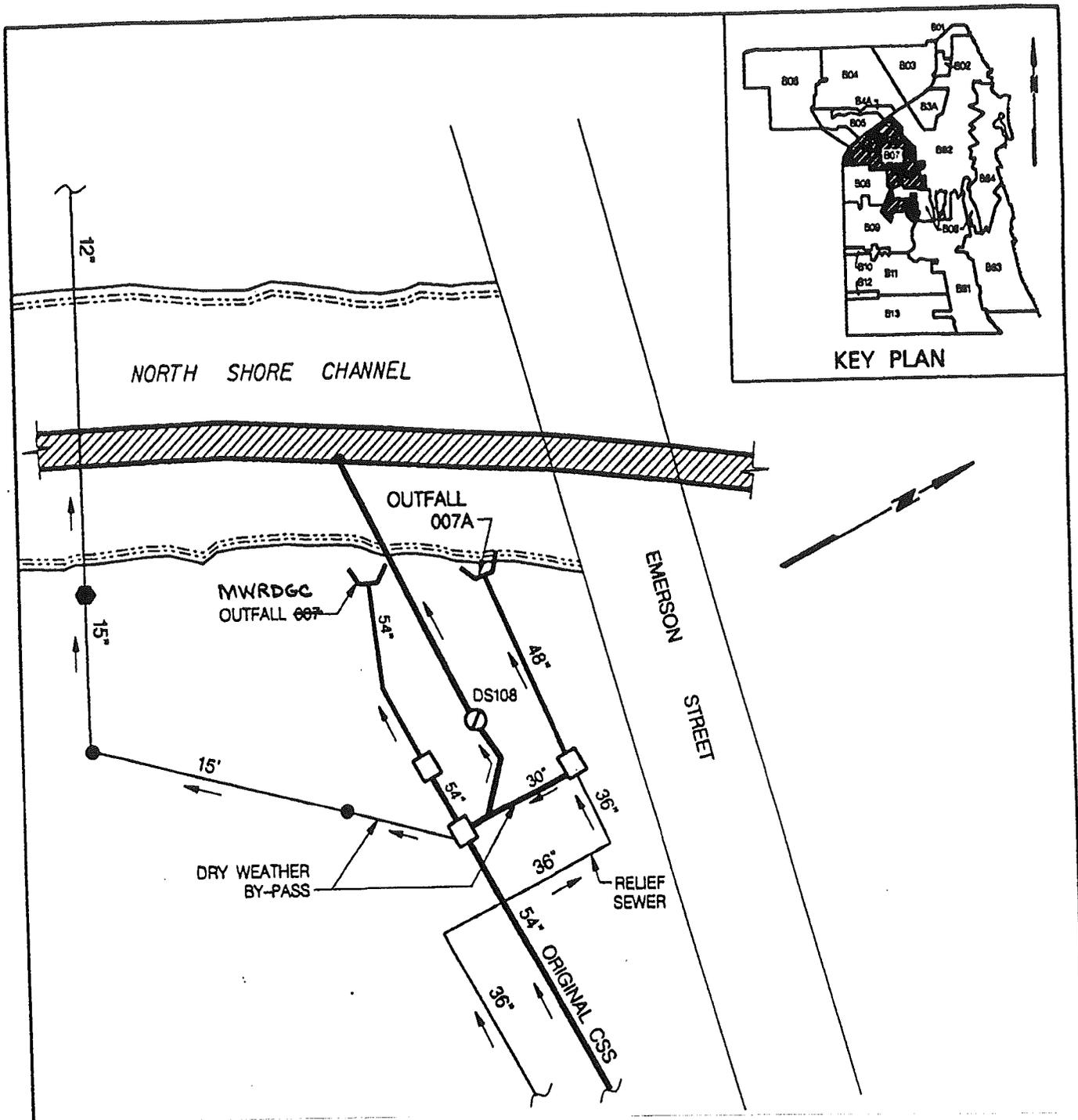
CITY OF EVANSTON
 National Pollutant Discharge Elimination System
 Application for re-issuance of permit
 December 2007

OUTFALL NUMBER 005
 At Bridge Street



CITY OF EVANSTON
 National Pollutant Discharge Elimination System
 Application for re-issuance of permit
 December 2007

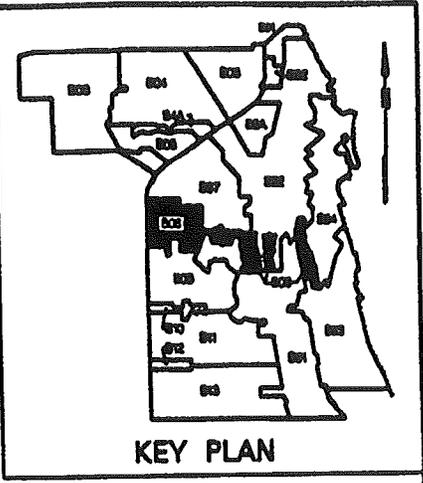
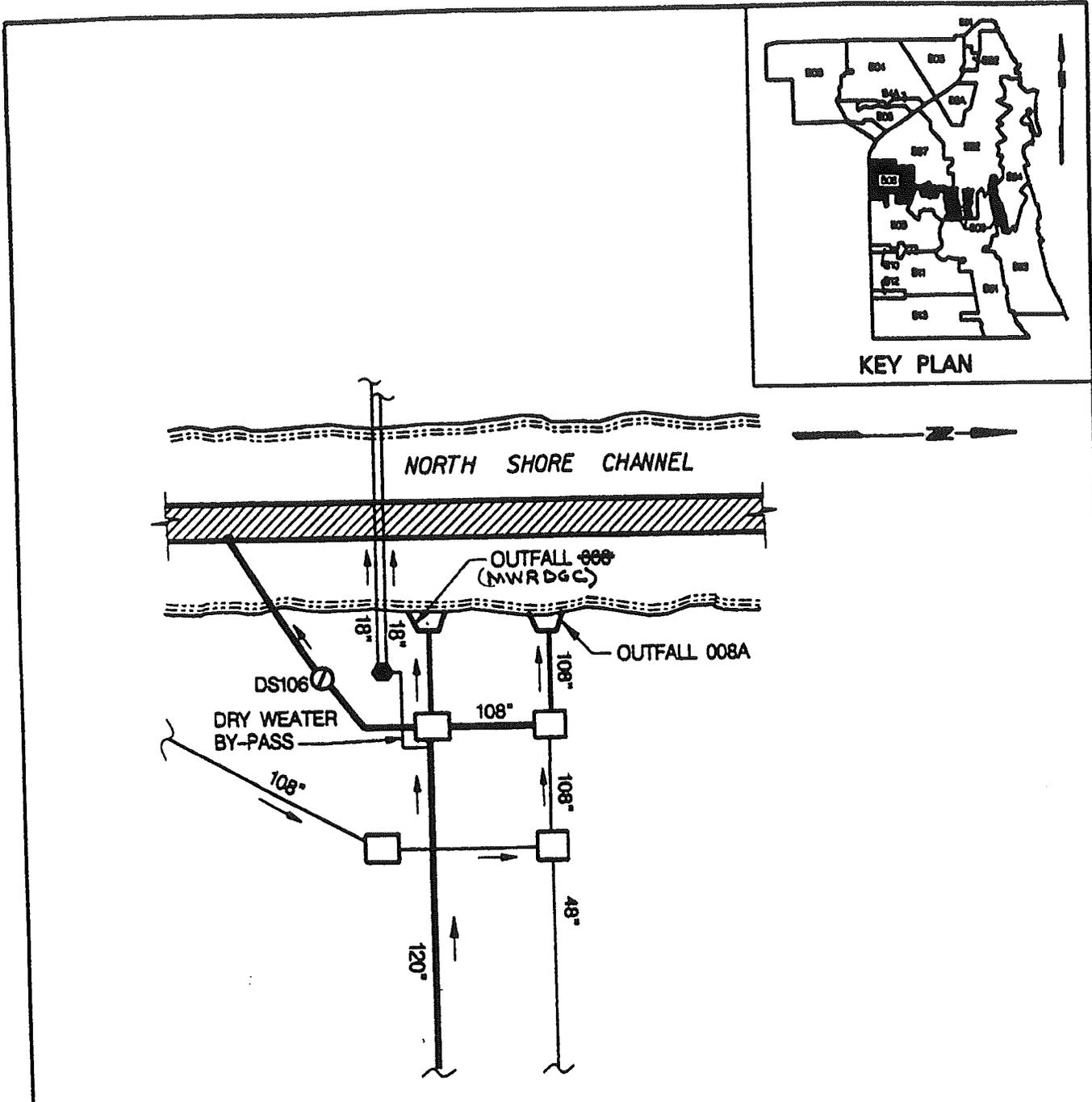
OUTFALL NUMBER 006
 and
 OUTFALL NUMBER 006A
 At Elgin Road (west side)



CITY OF EVANSTON
 National Pollutant Discharge Elimination System
 Application for re-issuance of permit
 December 2007

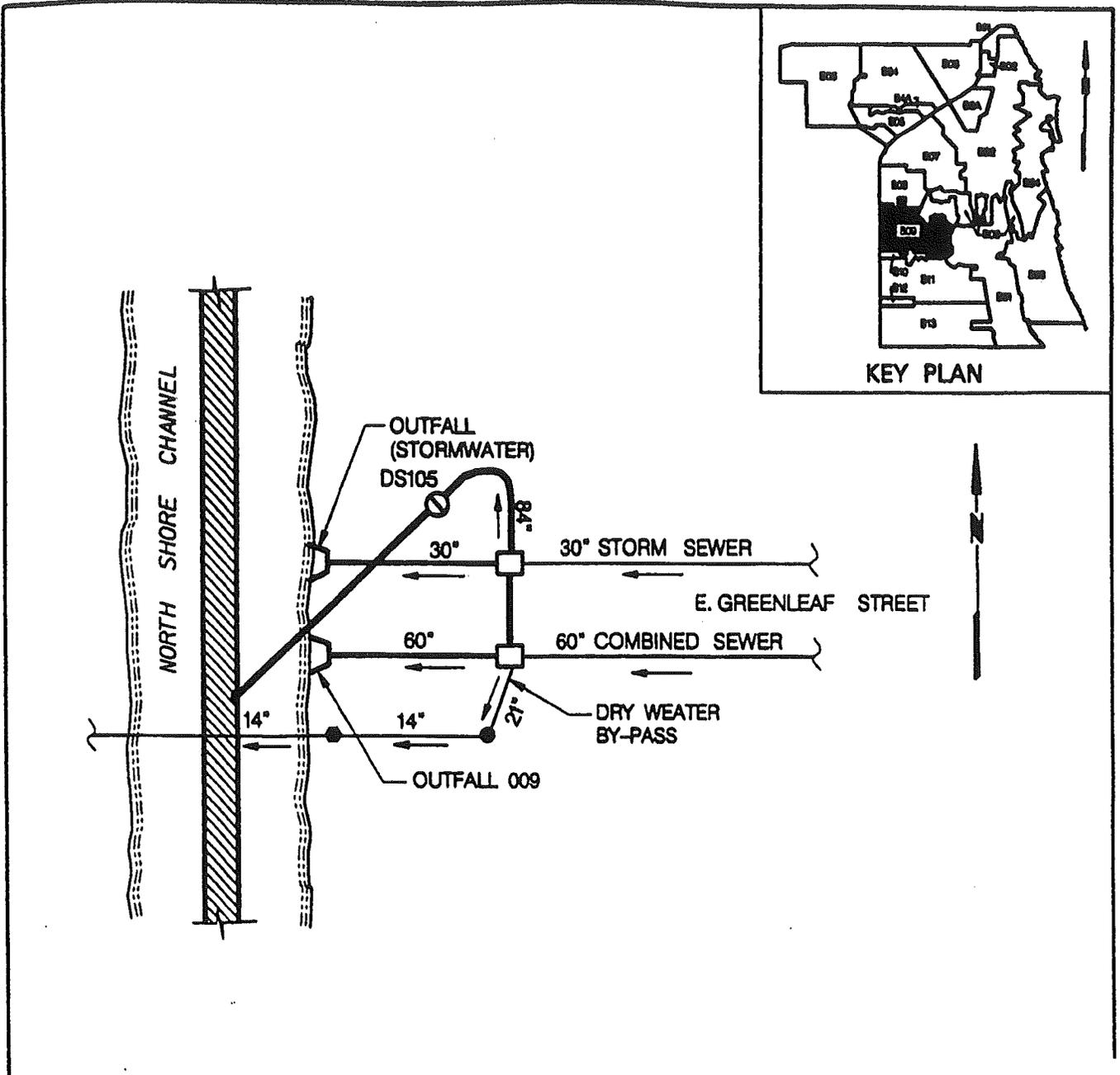
OUTFALL NUMBER 007A
 At Emerson Street (east side)

OUTFALL LOCATION MAP
 Page 6 of 11



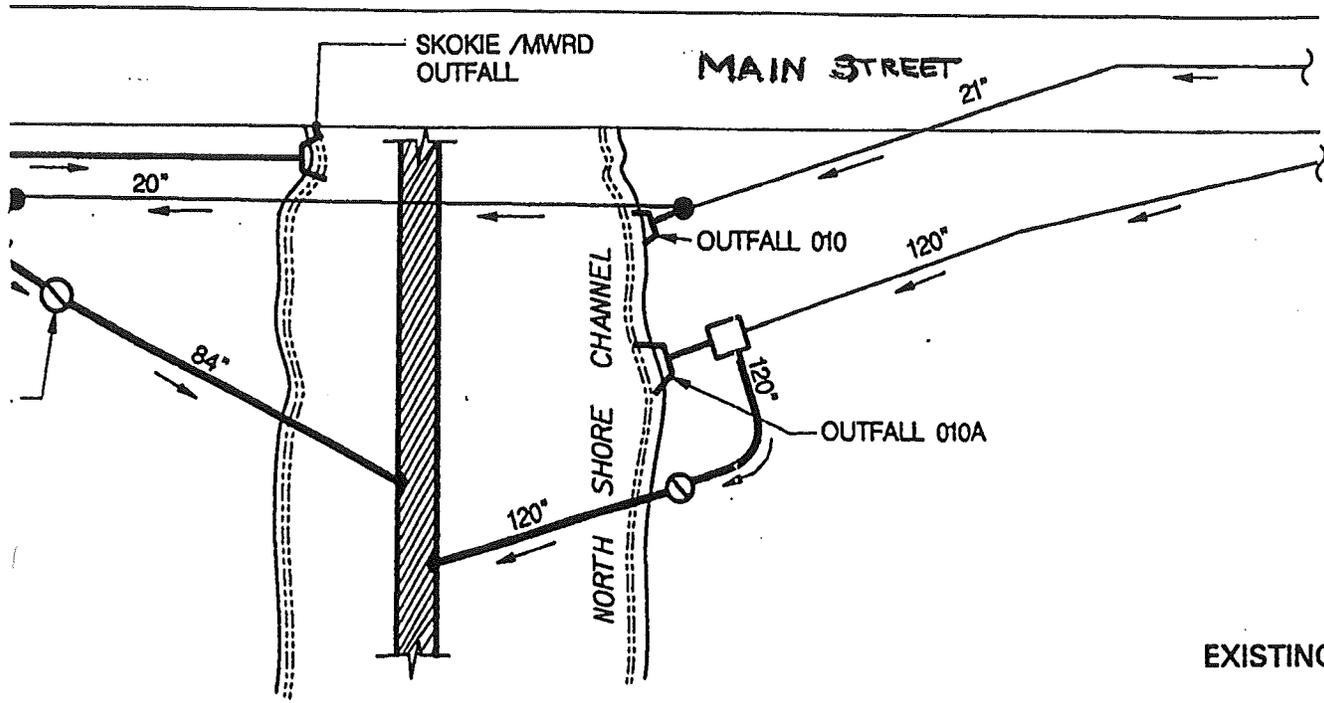
CITY OF EVANSTON
 National Pollutant Discharge Elimination System
 Application for re-issuance of permit
 December 2007

OUTFALL NUMBER 008A
 At Lake Street



CITY OF EVANSTON
 National Pollutant Discharge Elimination System
 Application for re-issuance of permit
 December 2007

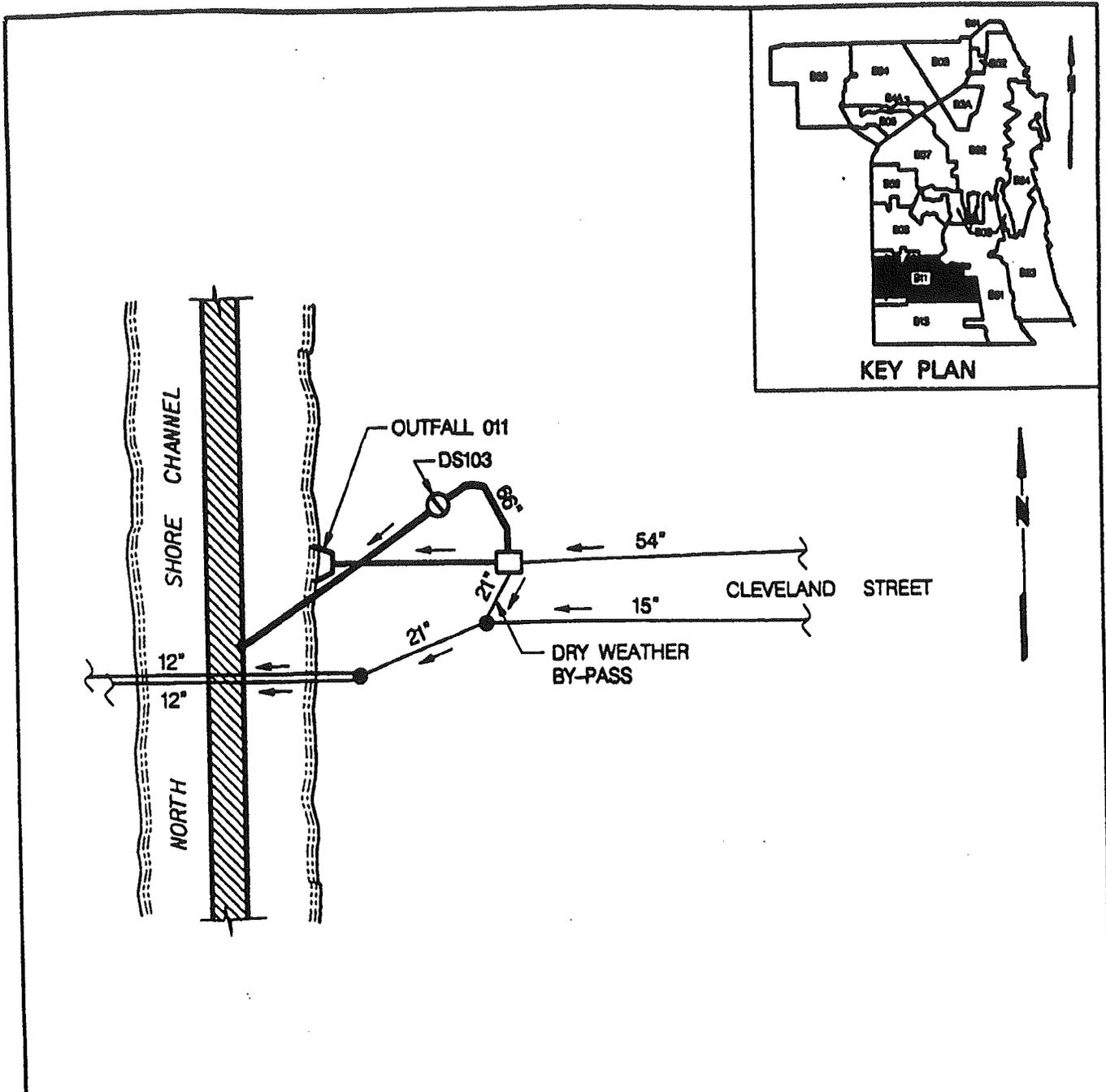
OUTFALL NUMBER 009
 At Greenleaf Street



EXISTING COMBINED

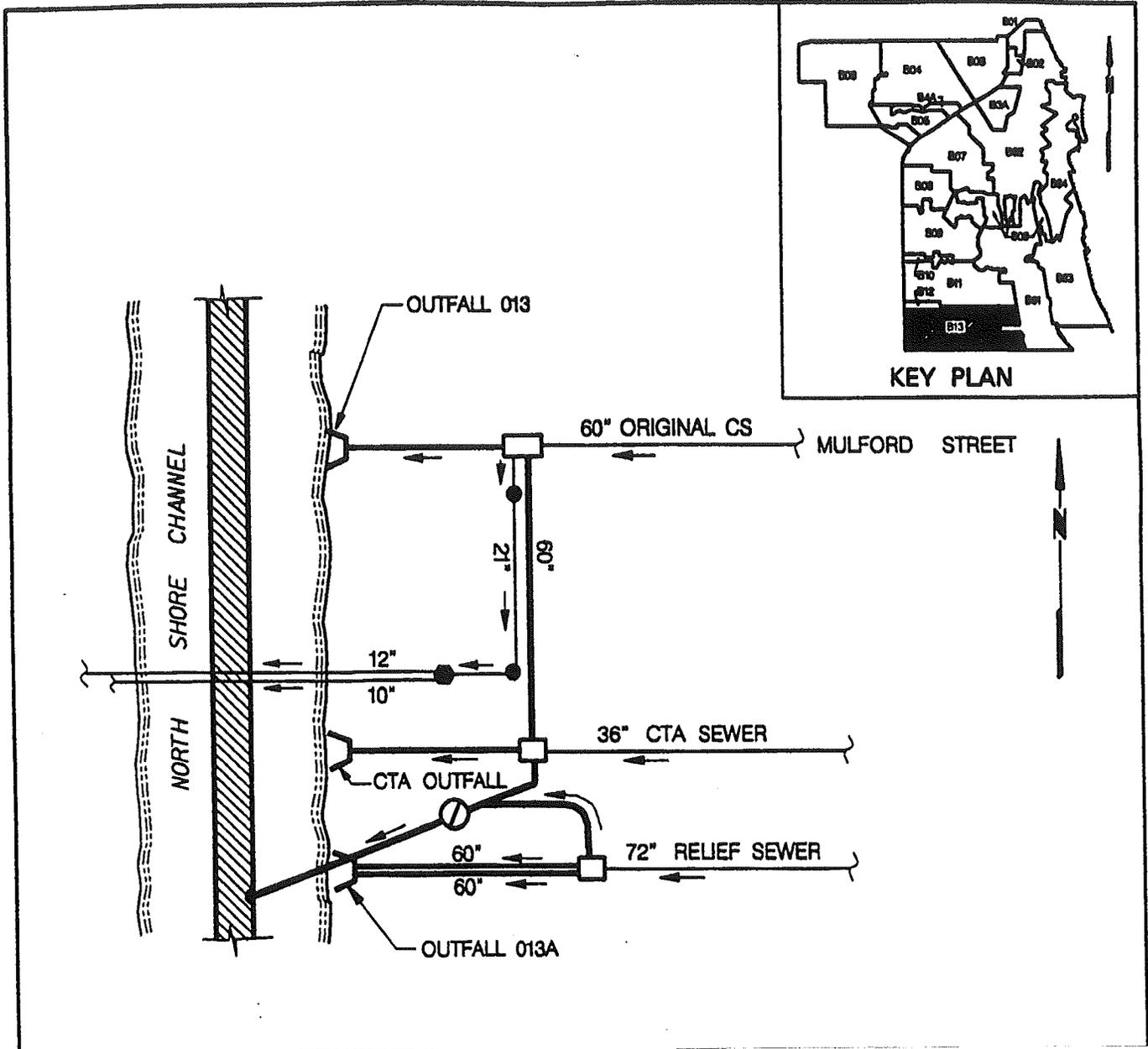
CITY OF EVANSTON
National Pollutant Discharge Elimination System
Application for re-issuance of permit
December 2007

OUTFALL NUMBER 010
and
OUTFALL NUMBER 010A
At Main Street (east side)



CITY OF EVANSTON
 National Pollutant Discharge Elimination System
 Application for re-issuance of permit
 December 2007

OUTFALL NUMBER 011
 At Cleveland Street



CITY OF EVANSTON
 National Pollutant Discharge Elimination System
 Application for re-issuance of permit
 December 2007

OUTFALL NUMBER 013
 and
 OUTFALL NUMBER 013A
 At Mulford Street