

LOWER DES PLAINES WATERSHED GROUP

lowerdesplainswatershed.org



Membership Application

Agency Name: _____

Address: _____

City, Zip: _____

Phone Number: _____

Chief Executive Officer Name: _____

County: _____

Website: _____

Fax Number: _____

Title: _____

If your Agency operates a wastewater treatment facility, please provide the following information for each facility:

NPDES Permit Number: _____

Facility Discharges to: _____

Design Average Flow: _____

Expiration Date: _____

NPDES Permit Number: _____

Facility Discharges to: _____

Design Average Flow: _____

Expiration Date: _____

NPDES Permit Number: _____

Facility Discharges to: _____

Design Average Flow: _____

Expiration Date: _____

NPDES Permit Number: _____

Facility Discharges to: _____

Design Average Flow: _____

Expiration Date: _____

If your agency has an Industrial NPDES permit, please provide the following information:

NPDES Permit Number: _____

Facility Discharges to: _____

Expiration Date: _____

NPDES Permit Number: _____

Facility Discharges to: _____

Expiration Date: _____

Agency Contacts for Trainings & Outreach:

Public Works Director: _____

WWTP Superintendent: _____

Roads/Deicing Supervisor: _____

MS4 Coordinator/Contact: _____

Community Relations: _____

Email: _____

Email: _____

Email: _____

Email: _____

Email: _____

The Designated Representative is authorized to vote on the agency's behalf; the Alternate Representative is authorized in the absence of the Designated Representative.

DESIGNATED REPRESENTATIVE:

Name: _____

Title: _____

Direct Line: _____

Email Address: _____

ALTERNATE REPRESENTATIVE:

Name: _____

Title: _____

Direct Line: _____

Email Address: _____

Signature _____ Title _____ Date _____

Please complete this Membership Application and return it along with a check made payable to the Lower Des Plaines Watershed Group. Contact Jennifer Hammer, Watershed Manager, jhammer@theconservationfoundation.org or 630-428-4500 x114 with questions.