



1. Agency Name: _____
 Address: _____ County: _____
 City: _____ Zip: _____ Website: _____
 Telephone Number: _____ Fax Number: _____
 Chief Executive Officer Name: _____ Title: _____

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

NPDES Permit Number: _____	NPDES Permit Number: _____
Facility Discharges to: _____	Facility Discharges to: _____
Design Average Flow: _____	Design Average Flow: _____
NPDES Permit Number: _____	NPDES Permit Number: _____
Facility Discharges to: _____	Facility Discharges to: _____
Design Average Flow: _____	Design Average Flow: _____

3. If your Agency has received an NPDES Phase II permit for municipal separate storm sewer discharges, please provide the areas within your municipality that are tributary to each watershed:

East Branch DuPage River	_____	acres
West Branch DuPage River	_____	acres
Salt Creek	_____	acres
Total	_____	acres

4. Are there any combined sewer service areas within your Agency?
 ___ Yes ___ No (If yes, the DRSCW may request additional information)

5. DESIGNATED REPRESENTATIVE:	ALTERNATE REPRESENTATIVE:
Name: _____	Name: _____
Title: _____	Title: _____
Direct Line: _____	Direct Line: _____
Email Address: _____	Email Address: _____

The Designated Representative is authorized to vote at Workgroup meetings on the agency's behalf and the Alternate Representative is authorized to vote in the absence of the Designated Representative.

Signature _____ Title _____ Date _____

Questions may be directed to Tara Neff, Water Resource Assistant, at 630-428-4500 X23. Please complete this Agency Membership Profile and mail it with your check made payable to the DRSCW:

DuPage River Salt Creek Workgroup
 10S404 Knoch Knolls Rd.
 Naperville, Illinois 60565