



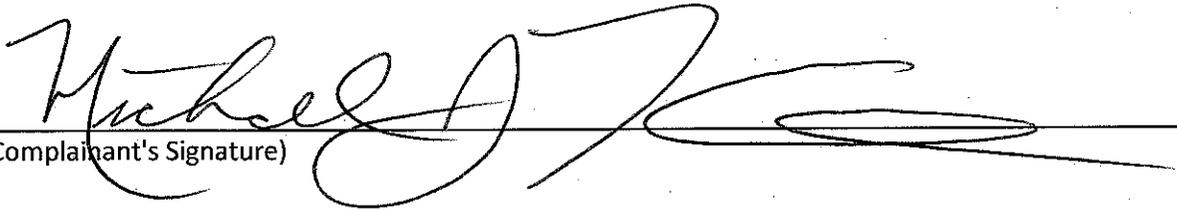
- 4 Describe the type of business or activity that you allege is causing or allowing pollution (e.g., manufacturing company, home repair shop) and give the address of the pollution source if different than the address above.  
Address on the Notice of Intent for ILR10AZ90 is: Medline Distribution Center Alleghany Road Grayslake, IL. 60093.  
Medline is the largest privately held manufacturer and distributor of medical supplies uniquely positioned to provide products, education and support across the continuum of care.  
Construction of the Medline Distribution Facility is part of a 641 acre development in Grayslake, IL.
- 5 List the specific sections of the Environmental Protection Act, Board regulations, Board order, or permit that you allege have been or are being violated.  
1) Complainant requested to review SWPPP, inspection forms and reports in accordance with IEPA NPDES Permit # ILR10AZ90 Part IV B.6. While the respondent may keep the SWPPP confidential they may not prevent the public from 'inspection forms/reports' at any time reasonable time upon request. Complainant sent a letter to Respondent seeking access IAW Part IV B.6 and respondent refused. I am asking the IPCB to compel respondent to allow complainant access to forms IAW Part IV B.6. If they respondent continues to refuse to allow public access I ask that the Board consider revoking the currently approved IEPA NPDES Permit IAW.  
2) Because Complainant is unable to review SWPPP/Reports/Forms I am unable to ascertain if Respondent is compliant for the approved NPDES permit as follows:  
2a) Page 3: Responsible Party Information incomplete (Part VI G.2.b)  
2b) Page 15: Owner's Certification Incomplete (Part VI G.1.a)  
2c) Page 17: Contractor's Certification Incomplete (Part VI G.2.d)  
2d) Construction Drawings missing P.E. Stamp and signature (Part IV, Good Engineering Practices)  
2e) Contractor Information Missing on the IEPA posted Notice of Intent (Part I C & Part II C.9) Exhibit A  
2f) Incorrect Lat/Long listed on Notice of Intent. Exhibit A  
2g) Incorrect Township and Incorrect Facility Range  
2h) Runoff coefficient missing (Part IV D 1.d)  
2i) Plans are missing BMPs for Post-Construction Storm Water Management entirely (Part IV D.2.h)  
2j) Duty to Comply, permittee must comply with all conditions of this permit (Part VI A)
- 6 Describe the type of pollution that you allege (e.g., air, odor, noise, water, sewer back-ups, hazardous waste) and the location of the alleged pollution. Be as specific as you reasonably can in describing the alleged pollution.  
Due to the lack of attention to detail as noted in No. 5 above, Complainant is concerned that Stormwater pollution is occurring due to a general lack of awareness to US EPA, IEPA and Lake County (IL) Stormwater regulations per the 2018 NPDES permit update in Illinois.
- 7 Describe the duration and frequency of the alleged pollution. Be as specific as you reasonably can about when you first noticed the alleged pollution, how frequently it occurs, and whether it is still continuing (include seasons of the year, dates, and times of day if known.)  
Due to the lack of attention to detail as noted in No. 5 above, Complainant is concerned that Stormwater pollution is occurring due to a general lack of awareness to US EPA, IEPA and Lake County (IL) Stormwater regulations per the 2018 NPDES permit update in Illinois. If Respondent is not taking care to manage the project site with care it is inevitable that the Des Plaines River Watershed and the residents of Illinois will be harmed due to potential flooding and pollution.

- 8 Describe any bad effects that you believe the alleged pollution has or has had on human health, on plant or animal life, on the environment, on the enjoyment of life or property, or on any lawful business or activity. The Village of Grayslake is a member of the Des Plaines River Watershed Workgroup which works together to improve water quality in the Des Plaines River & Tributaries. Storm water runoff pollution is a leading cause of water quality problems. Nonpoint Source Pollution (NPS) is the primary reason many of our waters are still considered unfit for swimming. If Respondent is not maximizing the opportunities to prevent stormwater pollution then the entire Des Plaines River Watershed is negatively impacted. Stormwater pollution is caused by rainfall and snowmelt moving across and through the ground picking up pollutants along the way and depositing them into lakes, rivers, wetlands, and our underground source of drinking water.
- 9 Describe the relief that you seek from the Board (e.g., an order requiring that the respondent stop polluting, take pollution abatement measures, perform a cleanup, reimburse cleanup costs, change in operation, or pay a civil penalty (note that the Board cannot order the respondent to pay your attorney fees or any out-of-pocket expenses that you incur by pursuing an enforcement action)). Complainant is seeking a change in operation for the site covered under NPDES Permit # ILR10AZ90. Specifically, I am seeking the board to compel respondent to share their SWPPP, Forms and Reports for review immediately and continuing throughout the filing of the Notice of Termination. If the IPCB rules in my favor, I would ask that the Board consider requiring Respondent to pay a civil penalty in the amount of \$5,000 to the Des Plaines River Watershed Workgroup.
- 10 Identify any identical or substantially similar case you know of brought before the Board or in another forum against this respondent for the same alleged pollution (note that you need not include any complaints made to the Illinois Environmental Protection Agency or any unit of local government). None that Complainant is aware of.

11 State whether you are representing (a) yourself as an individual or (b) your unincorporated sole proprietorship. Also, state whether you are an attorney and, if so, whether you are licensed and registered to practice law in Illinois. (Under Illinois law, an association, citizens group, unit of local government, or corporation must be represented before the Board by an attorney. Also, an individual who is not an attorney cannot represent another individual or other individuals before the Board. However, an individual who is not an attorney is allowed to represent (a) himself or herself as an individual or (b) his or her unincorporated sole proprietorship, though the individual may prefer having attorney representation.)

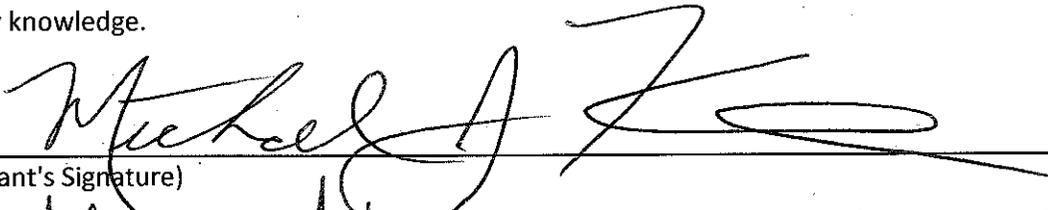
Complainant is representing himself and is not an Attorney in any state or Nation.

12

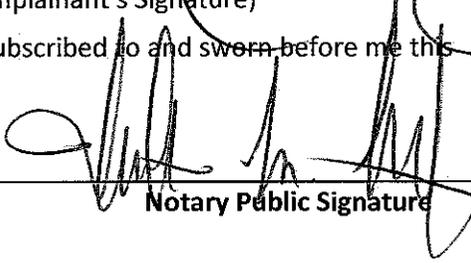
  
(Complainant's Signature)

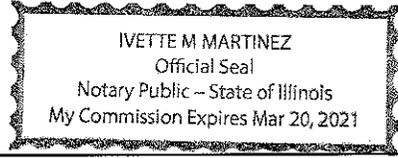
**CERTIFICATION**

I, Michael J. Korman, on oath or affirmation,, state that I have read the foregoing and that it is accurate to the best of my knowledge.

  
(Complainant's Signature)

Subscribed to and sworn before me this 9th day of September 2020

  
Notary Public Signature



Notary Stamp

**NOTICE OF FILING**

Please take notice that today I, **Michael J. Korman**, filed with the Clerk of the Illinois Pollution Control Board (Board) a Formal Complaint, a copy of which is served on you along with this Notice of Filing. You may be required to attend a hearing on a date set by the Board.

  
Complainant's Signature

Street: 2306 Sundrop Drive  
C,s,z: Glenview, IL. 60026-8006  
Date: 9/9/2020

### Affidavit of Service

I, the undersigned, on oath or affirmation, state that on the date shown below, I served copies of the attached Formal Complaint and Notice of Filing on the respondent at the address listed below by one of the following methods:

A.   X   U.S. Mail or third-party commercial carrier with the recipient's signature recorded by the U.S. Postal Service or the third-party commercial carrier upon delivery. Attached is the delivery confirmation from the U.S. Postal Service or the third-party commercial carrier containing the recipient's signature and showing the date of delivery as   September   2020.  
[Attach the signed delivery confirmation showing the date of delivery.]

USPS Tracking #   9410811899564886632709  

RESPONDENT'S ADDRESS:

Name:   Medline Industries, Inc.  

Street:   3 Lakes Drive  

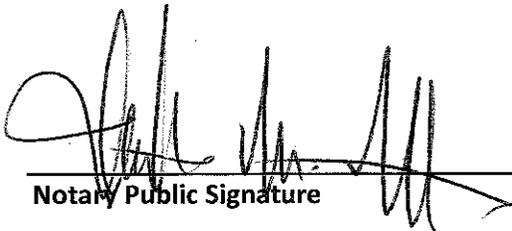
City, state, zip code:   Nortfield, IL. 60093  

(list each respondent's name and address if multiple respondents)

  
Complainant's Signature

Street:   2306 Sundrop Drive    
C,s,z:   Glenview, IL. 60026-8006    
Date:   9/9/2020  

Subscribed to and sworn before me this   9th   day of   September   2020

  
Notary Public Signature



Notary Stamp



September 10, 2020

Dear MICHAEL KORMAN:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**9410 8118 9956 4886 6327 09.**

### Item Details

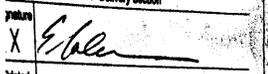
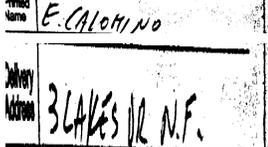
**Status:** Delivered  
**Status Date / Time:** September 10, 2020, 8:21 am  
**Location:** GLENVIEW, IL 60026  
**Postal Product:** Priority Mail®  
**Extra Services:** Signature Confirmation™  
Up to \$50 insurance included  
**Recipient Name:** Medline Industries Inc  
**Actual Recipient Name:** E CALOMINO

Note: Actual Recipient Name may vary if the intended recipient is not available at the time of delivery.

### Shipment Details

**Weight:** 1.0oz

### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



Medline Industries, Inc.  
Three Lakes Drive, Northfield, IL 60093

September 8, 2020

Mr. Michael Korman  
SWPPPAudit.com  
13 N. Genesee Street  
Waukegan, IL 60085

Dear Mr. Korman,

Medline is in receipt of your letter dated August 24, 2020. Please be assured that the construction of our new facility at Alleghany Road in Grayslake is being conducted with the full compliance of our storm water management obligations, particularly as they relate to our NPDES Permit under ILR10.

As some of the information you are seeking may be deemed confidential in accordance with 40 CFR Part 2 (as you mention in your letter), Medline will not forward any reports to you directly. Should you wish, I encourage you to reach out to the IEPA directly where you can submit the necessary FOIA requests for the information you are seeking, as that is the proper procedure for your review of any public information.

Additionally, Medline will not permit a visit to our construction site. The procedures for making such site visits are explicitly defined and limited to the "IEPA or authorized representative upon presentation of credentials and other documents," with whom we coordinate regularly.

Regards,

*Kate Slattery*

**Kate Slattery**  
R. Vice President  
Design and Construction  
Medline Industries, Inc.  
Three Lakes Drive | Northfield, IL 60093  
kslattery@medline.com  
[www.medline.com](http://www.medline.com)

\*Screen Tip: NPDES Permit Number is assigned by the Agency. If the value is empty then it has not been assigned yet. The data represented on this page is displayed as it was entered. Some values may be missing if they were not entered properly on the original NOI form. Contact the Agency using the Contact Us link for questions and how to get your information updated.

NPDES Number	ILR10AZ90
Owner Name	MEDLINE INDUSTRIES INC
Owner Address	THREE LAKES DR
Owner Address 2	
Owner City	NORTHFIELD
Owner State	IL
Owner Zip	60093
Owner Title	Representative/Owner
Contact Person	KATE SLATTERY
Owner Area Code	847
Owner Phone Number	643-4397
Contractor Name	
Contractor Address	
Contractor Address 2	
Contractor Email Address	
Contractor City	
Contractor State	
Contractor Zip	
Contractor Area Code	
Contractor Phone Number	
Contractor Extension	
Facility Name	MEDLINE DISTRIBUTION CENTER
Facility Address	ALLEGHANY RD
Facility Address 2	
Facility City	GRAYSLAKE
Facility State	IL
Facility Zip	60093
Permit Status	Approved
SWPPP Complete	
Historic Preservation	
Endangered Species	
Approved Date	
Permit Issue Date	
NOI Submitted Date	08-15-2019
Permit Coverage Date	09-17-2019
Permit Termination Date	
Stabilization Date	
Revision Letter Date	
NOI Received Date	08-14-2019
Water Discharge Name	Storm Sewer
Storm Sewer Owner	GRAYSLAKE
Closest Receiving Water	MILL CREEK
Brief Description	CONSTRUCT BUILDING
Owner Type	Private
Construction Site Size	82.9200
Latitude Degrees	41.529167
Longitude Degrees	-88.068333
Sic	
Section	9
Township	43N
Facility Range	12E
Pips	097
County	LAKE
Region	DesPlaines
Construction Start Date	11-01-2019
Construction End Date	02-28-2021
CONTACT Us	

2e

2f

2g

\*use browser print option to print

Contact Information

Site/Compliance/Misc. Information

Owner Name: MEDLINE INDUSTRIES  
INC

Facility Name: MEDLINE DISTRIBUTION  
CENTER

Mailing Address: THREE LAKES DR

Facility Location: ALLEGHANY RD

City: NORTHFIELD  
State: IL  
Zip: 60093  
Contact Person: KATE SLATTERY  
Owner Type: Private  
Area Code: 847  
Phone #: 643-4397  
Extension

City: GRAYSLAKE  
State: IL  
Zip: 60093  
Latitude Degrees: 41.529167  
Longitude Degrees: -88.068333  
County: LAKE  
Section: 9  
Township: 43N  
Range: 12E  
Construction Type: Commercial  
SIC:  
Constr. Start Date: 11/01/2019  
Constr. End Date: 02/28/2021

Contractor Name: TO BE DETERMINED  
LATER

Project Brief Description: CONSTRUCT BUILDING

Area Code:  
Phone #:  
Ext.

Mailing Address:

City:

State:

Zip:

Historic Preservation: Yes  
Endangered Species: Yes

Location of SWPPP: 1001 WARRENVILLE RD

Impaired Water:  
Discharge Type: Storm Sewer  
Storm Sewer Owner: GRAYSLAKE  
Closest Receiving Water: MILL CREEK

Location City: LISLE  
Contact First Name: LESLEY  
Contact Last Name: NETZER  
Contact Phone #: 630-487-5555-  
Contact FAX #: -

NPDES Permit Number: ILR10AZ90  
Permit Id: 37532  
Received Date: 08/14/2019  
NOI Submitted Date: 08/15/2019

Contact Inspector Qualifications P.E.

Approved Date:  
Permit Issue Date  
Permit Coverage Date: 09/17/2019

Other Description

Inspector First Name:

Termination Date:  
Stabilization Date  
Expiration Date: 07/31/2023

Inspector Last Name:

Inspector Phone #: --

Modification Date:

Inspector FAX #: --

Inspector Qualifications: NONE

Other Description

Exhibit D



**1. STORMWATER POLLUTION PREVENTION PLAN**

The responsible party for the implementation, maintenance and inspection of all measures described in this Storm Water Pollution Prevention Plan is:

\_\_\_\_\_  
(Contractor Operator and/or Responsible Authority) (Date)

\_\_\_\_\_  
(Contractor Company Name)

\_\_\_\_\_  
(Contractors Address) (Telephone)

<b>Project Name and location information:</b>	<p>Medline Distribution Center          Northeast corner of Peterson Road and          Alleghany Road          Grayslake, IL 60030</p>
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Exhibit F



**Owner's Certification**

*(to be duplicated and signed by the owner)*

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone Number: \_\_\_\_\_



**Contractor's Certification**

**(to be duplicated and signed by each contractor or subcontractor)**

This SWPPP must clearly identify, for each measure identified within the SWPPP, the contractor(s) or subcontractor(s) that will implement each measure. All contractor(s) and subcontractor(s) identified in the SWPPP must sign the following certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Signature Date

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone Number: \_\_\_\_\_