

St. Paul, MN 55155-4194

MS4 Annual Report for 2011

Municipal Separate Storm Sewer Systems (MS4s)

Reporting period January 1, 2011 to December 31, 2011

Due June 30, 2012

Doc Type: Permitting Annual Report

Instructions: By completing this mandatory MS4 Annual Report form, you are providing the Minnesota Pollution Control Agency (MPCA) with a summary of your status of compliance with permit conditions, including an assessment of the appropriateness of your identified best management practices (BMPs) and progress towards achieving your identified measurable goals for each of the minimum control measures as required by the MS4 Permit. If a permittee determines that program status or compliance with the permit can not be adequately reflected within the structure of this form additional explanation and/or information may be referenced in an attachment. This form has significant limitations and provides only a snap shot of MS4 compliance with the conditions in the permit. After reviewing the information, MPCA staff may need to contact the permittee to clarify or seek additional information.

Submittal: This MS4 Annual Report must be submitted electronically to the MPCA using the submit button at the end of the form, from the person that is duly authorized to certify this form. All questions with an asterisk (*) are required fields (these fields also have a red border), and must be completed before the form will send. A confirmation e-mail will be sent in response to electronic submissions.

If you have further questions, please contact one of these MPCA staff members (toll-free 800-657-3864):

Joyce Cieluch 218-846-8126
 Scott Fox 651-757-2368
 Amy Garcia 651-757-2377

General Contact Information (*Required fie	lds)	į
--	------	---

Name of MS4:	*Conta	ct name:
Mailing address:		
City:	*State:	*Zip code:
Phone (including area code):	*E-mail:	

Minimum Control Measure 1: Public Education and Outreach [V.G.1] (*Required fields)

A. The permit requires each permittee to implement a public education program to distribute educational materials to the community or conduct equivalent outreach activities about the impacts of stormwater discharges on water bodies and steps that the public can take to reduce pollutants in stormwater runoff. [Part V.G.1.a]

Note: Please indicate which of the following distribution methods you used. Indicate the number distributed in the spaces provided (enter "0" if the method was not used or "NA" if the data does not exist):

Media type	Number of media	Number of times published	Circulation/ Audience
Example: Brochures:	3 different brochures	published 5 times	about 10,000
Brochures:			
Newsletter:			
Posters:			
Newspaper articles:			
Utility bill inserts:			
Radio ads:			
Television ads:			
Cable Access Channel:			
Other:			
Other:			
Other:			

www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • TTY 651-282-5332 or 800-657-3864 • Available in alternative formats wq-strm4-06 • 3/9/12 Page 1 of 5

B.	*Do you use a website as a tool to distribute stormwater educational materials? What is the URL:	∐ Yes ∐ No
C.	If you answered yes in question B. above, do you track hits to the website? How many hits were to the stormwater webpage:	☐ Yes ☐ No
D.	*Did you hold stormwater related events, presentations to schools or other such activities? If yes, please describe:	☐ Yes ☐ No
E.	*Have specific messages been developed and distributed during this reporting year for Minimum Control M MCM 1: Yes No MCM 4: Yes No MCM 2: Yes No MCM 5: Yes No MCM 3: Yes No MCM 6: Yes No	easure (MCM):
F.	*Have you developed partnerships with other MS4s, watershed districts, local or state governments, educational institutions, etc., to assist you in fulfilling the requirements for MCM 1?	☐ Yes ☐ No
G.	List those entities with which you have partnered to meet the requirements of this MCM and describe the nature of the agreement(s): (Attach a separate sheet if necessary.)	
H.	*Have you developed methods to assess the effectiveness of your public education/outreach program? If yes, please describe: mum Control Measure 2: Public Participation/Involvement [V.G.2] (*Require	☐ Yes ☐ No
A.	*Did you hold a public meeting to present accomplishments and to discuss your Stormwater Pollution Prevention Program (SWPPP)? [Part V.G.1.e] If no, explain:	☐ Yes ☐ No
В.	What was the date of the public meeting (mm/dd/yyyy):	
C.	How many citizens attended specifically for stormwater (excluding board/council members and staff/hired consultants)?	
D.	Was the public meeting a stand-alone meeting for stormwater or was it combined with some other function (City Council meeting, other public event, etc.)?	☐ Stand-alone ☐ Combined
E.	*Each permittee must solicit and consider input from the public prior to submittal of the annual report. Did you receive written and/or oral input on your SWPPP? [Part V.G.2.b.1-3]	☐ Yes ☐ No
F.	*Have you revised your SWPPP in response to written or oral comments received from the public since the last annual reporting cycle? [Part V.G.2.c]	☐ Yes ☐ No
	If yes, describe: (Attach a separate sheet if necessary.)	

www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • TTY 651-282-5332 or 800-657-3864 • Available in alternative formats wq-strm4-06 • 3/9/12

Minimum Control Measure 3: Illicit Discharge Detection and Elimination [V.G.3] (*Required fields)

in 40 C	rmit requires permittees to develop, implement, and enforce FR 122.26(b)(2). You must also select and implement a promotion measure.			
A.	*Did you update your storm sewer system map? If yes, please explain which components (ponds, pipes, or updated/added:	utfalls, waterbodies, etc.) were	☐ Yes ☐ No	
	Note: The storm sewer system map was to be completed	d by June 30, 2008. [Part V.G.3.a]		
B.	*Have you modified the format in which the map is available	ole?	☐ Yes ☐ No	
C.	If yes, indicate the new format: ☐ Hardcopy only ☐ GIS system ☐ CAD ☐ Other system	tem:		
D.	*Have you established an ordinance or other regulatory m and/or non-stormwater discharges from entering the MS4 Note: The permit required the ordinance or other regulato 30, 2010 [Part V.G.3.b].	☐ Yes ☐ No		
E.	If yes, indicate which mechanism you have established:	☐ Ordinance ☐ Regulatory		
F.	If you answered yes in question D above, provide the date mechanism was adopted (mm/dd/yyyy):	e the ordinance or other regulatory	_	
G.	*Did you inspect for illicit discharges during the reporting y		☐ Yes ☐ No	
Н.	If you answered yes in question G above, did you identify	any illicit discharges?	☐ Yes ☐ No	
I.				
J.	J. If you answered yes in question I above, did the illicit discharge result in an enforcement action? If yes, what type of enforcement action(s) was taken (check all that apply): Urbal warning Notice of violation Fines Criminal action Civil penalties Other (describe):			
Minin	num Control Measure 4: Construction Site	Stormwater Runoff [V.G.4] (*	Required fields)	
runoff t	rmit requires that each permittee develop , implement , and by your small MS4 from construction activities within your jute acre, including the disturbance of less than one acre of the toment or sale if the larger common plan will ultimately disturbance.	risdiction that result in a land disturbance of the control of the	of equal to or greater	
A.	The permit requires an erosion and sediment control ording ensure compliance and contains enforcement mechanism mechanisms are contained in your ordinance or regulators mechanism used during the reporting period (enter "0" if the Check all that apply.	is [Part V.G.4.a]. Indicate which of the follow with mechanism and the number of actions ta	owing enforcement ken for each	
	Enforcement mechanism	Number of actions		
-	☐ Verbal warnings	#		
-	☐ Notice of violation	#		
·=	Administrative orders	#		
	Stop-work orders	#		
-	Fines	#		
-	Forfeit of security of bond money	#		
-	Withholding of certificate of occupancy	#		
·=	Criminal actions	#		
-	Civil penalties	#		
	Other:	#		

www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • TTY 651-282-5332 or 800-657-3864 • Available in alternative formats wq-strm4-06 • 3/9/12 Page 3 of 5

B.	*Have you developed written procedure	es for site inspection	ns?		☐ Yes	□ No
C.	*Have you developed written procedures for site enforcement?			□ No		
D.	*Identify the number of active construction sites greater than an acre in your jurisdiction during the reporting period year:					
E. F.	*On average, how frequently are cons *How many inspectors, at any time, di- compliance at construction sites during	d you have available	e to verify erosion and se	•		
	num Control Measure 5: Pos Redevelopment [V.G.5] (*Red		stormwater Man	agement in	New D	evelopment
develor projects prograr	rmit requires each permittee to develop oment and redevelopment projects with s less than one acre that are part of a la m must ensure that controls are in place ent a program of appropriate BMPs and	in your jurisdiction t arger common plan e that would prevent	hat disturb an area great of development or sale the or reduce water quality	er than or equal nat discharge int impacts. You mu	to one ac o your sm	re, including nall MS4. Your
	The MS4 permit requirements associate ented by June 30, 2008.	ed with this minimur	m control measure were	required to be fu	lly develo	ped and
A.	*Have you established design standar post-construction requirements?	ds for stormwater tr	eatment BMPs installed	as a result of	☐ Yes	□ No
B.	*Have you developed procedures for squality impacts?	site plan review which	ch incorporate considera	tion of water	☐ Yes	□ No
C.	*How many projects have you reviewe operation and maintenance of perma post-construction requirements? [Par	nent stormwater tre	atment BMPs installed a			
D.	*Do plan reviewers use a checklist wh	en reviewing plans?	•		☐ Yes	☐ No
E.	*How are you funding the long-term op system? (Check all that apply) Grants Stormwater utility fee		·	r management	-	
	num Control Measure 6: Pollations [V.G.6] (*Required fields		ion/Good Housek	eeping for N	/lunicip	al
compoi include	rmit requires each MS4 to develop and nent and has the ultimate goal of prevel employee training to prevent and redu and building maintenance, new construction	nting or reducing po ce stormwater pollu	llutant runoff from munic tion from activities, such	ipal operations. as park and ope	Your prog n space r	ram must
A.	*Indicate the total number of structural floatable skimmers, etc.) within your M reporting period, and calculate the per structural pollution control devices or r	pollution control dev IS4, the total numbe cent inspected. Ente	ices (for example-grit cha r that were inspected dur er "0" if your MS4 does no	mbers, sumps, ing the ot contain		
=		*Total number	*Number inspected	*Percentage		
-	*Structural pollution control devices:					
B.	*Did you repair, replace, or maintain a	,			☐ Yes	☐ No
C. *For each BMP below, indicate the total number within your MS4, how many of each BMP type were inspected and the percent inspected during the reporting period. Enter "0" if your MS4 does not contain BMPs or none were inspected. Enter "NA" if the data does not exist:						
- -	*Outfalls to receiving waters: *Sediment basins/ponds:	*Total number	*Number inspected	*Percentage		
=	*Total					
D. E.	Of the BMPs inspected in C. above, di	id you include any p	rivately owned BMPs in	that number?	☐ Yes	□ No

www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • TTY 651-282-5332 or 800-657-3864 • Available in alternative formats Page 4 of 5

Section 7: Impaired Waters Review (*Required fields)

Agency	rmit requires any MS4 that discharges to a Water of the State, which appears on the current U. Solve (EPA) approved list of impaired waters under Section 303(d) of the Clean Water Act, review when may be warranted to reduce the impact of your discharge [Part IV.D].	
A.	*Does your MS4 discharge to any waters listed as impaired on the state 303 (d) list?	☐ Yes ☐ No
B.	*Have you modified your SWPPP in response to an approved Total Maximum Daily Load (TMDL)?	☐ Yes ☐ No
	If yes, indicate for which TMDL:	<u> </u>
Section	on 8: Additional SWPPP Issues (*Required fields)	
Α.	*Did you make a change to any BMPs or measurable goals in your SWPPP since your last report? [Part V.H.]	☐ Yes ☐ No
B.	If yes, briefly list the BMPs or any measurable goals using their unique SWPPP identification numbers that were modified in your SWPPP, and why they were modified: (Attach a separate sheet if necessary.)	
C.	*Did you rely on any other entities (MS4s, consultants, or contractors) to implement any portion of your SWPPP?	☐ Yes ☐ No
	If yes, please identify them and list activities they assisted with:	
Owne	er or Operator Certification (*Required fields)	
Annual	rson with overall administrative responsibility for SWPPP implementation and Permit compliance Report. This person must be duly authorized and should be either a principal executive (i.e., Direstrator) or ranking elected official (i.e., Mayor, Township Supervisor).	
	*Yes - I certify under penalty of law that this document and all attachments were prepared unde supervision in accordance with a system designed to assure that qualified personnel properly ginformation submitted. Based on my inquiry of the person or persons who manage the system, responsible for gathering the information, the information submitted is, to the best of my knowled accurate, and complete (Minn. R. 7001.0070). I am aware that there are significant penalties for information, including the possibility of fine and imprisonment (Minn. R. 7001.0540).	pathered and evaluated the or those persons directly edge and belief, true,
	*Name of certifying official:	
		mm/dd/yyyy)
	(I	mm/dd/yyyy)

www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • TTY 651-282-5332 or 800-657-3864 • Available in alternative formats wq-strm4-06 • 3/9/12