



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. The MPCA enforcement policy is to provide the opportunity to respond to any alleged violations before any enforcement action is taken.

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. To obtain an electronic copy of the 2010 MS4 Annual Report form, please visit the MPCA website at: <http://www.pca.state.mn.us/water/stormwater/stormwater-ms4.html>.

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

- Joyce Cieluch 218-846-7387
- Scott Fox 651-757-2368
- Amy Garcia 651-757-2377

General Contact Information (*Required fields)

*Name of MS4: _____ *Contact name: _____

*Mailing address: _____

*City: _____ *State: _____ *Zip code: _____

*Phone (including area code): _____ *E-mail: _____

Check here if this contact information is different than the contact indicated on the mailing label.

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 during the 2010 calendar year. 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
<i>Example: Brochures:</i>	<i>3 different brochures</i>	<i>published 5 times</i>	<i>about 10,000</i>
Brochures:			
Newsletter:			
Posters:			
Newspaper articles:			
Utility bill inserts:			
Radio ads:			
Television ads:			
Cable Access Channel:			
Other:			
Other:			
Other:			

B. *Do you use a website as a tool to distribute stormwater educational materials? Yes No

What is the URL: _____

C. If you answered yes in question B. above, do you track hits to the site? Yes No

How many hits to the stormwater page during 2010: _____

D. *Did you hold stormwater related events, presentations to schools or other such activities? Yes No

If yes, please describe:

E. *Have specific messages been developed and distributed during the 2010 calendar year for Minimum Control Measure (MCM):

MCM 1: Yes No MCM 4: Yes No

MCM 2: Yes No MCM 5: Yes No

MCM 3: Yes No MCM 6: Yes No

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 during the 2010 calendar year 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? Yes No

If yes, please describe:

Minimum Control Measure 2: Public Participation/Involvement [V.G.2] (*Required fields)

A. *Did you hold a public meeting to present accomplishments for calendar year 2010 and to discuss your Stormwater Pollution Prevention Program (SWPPP)? [Part V.G.1.e] Yes No

If no, explain:

B. What was the date of the public meeting: _____

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:

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

The permit requires permittees to develop, implement, and enforce a program to detect and eliminate illicit discharges as defined in 40 CFR 122.26(b)(2). You must also select and implement a program of appropriate BMPs and measurable goals for this minimum control measure.

A. *Did you update your storm sewer system map in 2010? Yes No

If yes, please explain which components (ponds, pipes, outfalls, waterbodies, etc.) were updated/added:

Note: The storm sewer system map was to be completed by June 30, 2008. [Part V.G.3.a]

B. *Have you modified the format in which the map is available? Yes No

C. If yes, indicate the new format:

Hardcopy only GIS system CAD Other system: _____

D. *Have you established an ordinance or other regulatory mechanism to prohibit illicit discharges and/or non-stormwater discharges from entering the MS4? Yes No

Note: The Permit requires the ordinance or other regulatory mechanism to be established by June 30, 2010 [Part V.G.3.b]

If yes, indicate whether you've established an: Ordinance or Regulatory mechanism

E. If you answered yes in question D. above, provide the date the ordinance or other regulatory mechanism was adopted: _____

F. If you answered yes in question D. above, a complete copy of your illicit discharge prohibition ordinance or other regulatory mechanism addressing the requirements of Part V.G.3.b. of the Permit must be submitted with this MS4 Annual Report. Please provide the URL/reference where your illicit discharge ordinance or other regulatory mechanism may be found. Include specific code numbers if available:

The ordinance may alternately be submitted as a separate electronic file attached to the e-mail submittal of this annual report. Are you submitting an electronic copy? Yes No

Minimum Control Measure 4: Construction Site Stormwater Runoff [V.G.4] (*Required fields)

The permit requires that each permittee **develop, implement, and enforce a program** to reduce pollutants in any stormwater runoff to your small MS4 from construction activities within your jurisdiction that result in a land disturbance of equal to or greater than one acre, including the disturbance of less than one acre of total land area that is part of a larger common plan of development or sale if the larger common plan will ultimately disturb one or more acres. [Part V.G.4.]

A. The permit requires an erosion and sediment control ordinance or regulatory mechanism that must include sanctions to ensure compliance and contains enforcement mechanisms [Part V.G.4.a]. Indicate which of the following enforcement mechanisms are contained in your ordinance or regulatory mechanism and the number of actions taken for each mechanism used during the reporting period (enter "0" if the method was not used or "NA" if the data does not exist). **Check all that apply.**

Enforcement mechanism	Number of actions
<input type="checkbox"/> Verbal warnings	#
<input type="checkbox"/> Notice of violation	#
<input type="checkbox"/> Administrative orders	#
<input type="checkbox"/> Stop-work orders	#
<input type="checkbox"/> Fines	#
<input type="checkbox"/> Forfeit of security of bond money	#
<input type="checkbox"/> Withholding of certificate of occupancy	#
<input type="checkbox"/> Criminal actions	#
<input type="checkbox"/> Civil penalties	#
<input type="checkbox"/> Other:	#

B. *Have you developed written procedures for site inspections? Yes No

- C. *Have you developed written procedures for site enforcement? Yes No
- D. *Identify the number of active construction sites greater than an acre in your jurisdiction during the 2010 calendar year: _____
- E. *On average, how frequently are construction sites inspected (e.g., weekly, monthly, etc.)? _____
- F. *How many inspectors, at any time, did you have available to verify erosion and sediment control compliance at construction sites during the 2010 calendar year: _____

Minimum Control Measure 5: Post-construction Stormwater Management in New Development and Redevelopment [V.G.5] (*Required fields)

The permit requires each permittee to develop, implement, and enforce a program to address stormwater runoff from new development and redevelopment projects within your jurisdiction that disturb an area greater than or equal to one acre, including projects less than one acre that are part of a larger common plan of development or sale that discharge into your small MS4. Your program must ensure that controls are in place that would prevent or reduce water quality impacts. You must also select and implement a program of appropriate BMPs and measurable goals for this minimum control measure.

Note: The MS4 permit requirements associated with this minimum control measure were required to be fully developed and implemented by June 30, 2008.

- A. *Have you established design standards for stormwater treatment BMPs installed as a result of post-construction requirements? Yes No
- B. *Have you developed procedures for site plan review which incorporate consideration of water quality impacts? Yes No
- C. *How many projects have you reviewed during the 2010 calendar year to ensure adequate long-term operation and maintenance of permanent stormwater treatment BMPs installed as a result of post-construction requirements? [Part V.G.5.b. and Part V.G.5.c.] _____
- D. *Do plan reviewers use a checklist when reviewing plans? Yes No
- E. *How are you funding the long-term operation and maintenance of your stormwater management system? (Check all that apply)
 - Grants Stormwater utility fee Taxes
 - Other: _____

Minimum Control Measure 6: Pollution Prevention/Good Housekeeping for Municipal Operations [V.G.6] (*Required fields)

The permit requires each MS4 to develop and implement an operation and maintenance program that includes a training component and has the ultimate goal of preventing or reducing pollutant runoff from municipal operations. Your program must include employee training to prevent and reduce stormwater pollution from activities, such as park and open space maintenance, fleet and building maintenance, new construction and land disturbances, and stormwater system maintenance.

- A. *Indicate the total number of structural pollution control devices (for example-grit chambers, sumps, floatable skimmers, etc.) within your MS4, the total number that were inspected in 2010, and calculate the percent inspected. Enter "0" if your MS4 does not contain structural pollution control devices or none were inspected in 2010. Enter "NA" if the data does not exist:

	*Total number	*Number inspected	*Percentage
*Structural pollution control devices:			

- B. *Did you repair, replace, or maintain any structural pollution control devices? 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 in 2010. Enter "0" if your MS4 does not contain BMPs or none were inspected in 2010. Enter "NA" if the data does not exist:

Structure/Facility type	*Total number	*Number inspected	*Percentage
*Outfalls to receiving waters:			
*Sediment basins/ponds:			
*Total			

D. Of the BMPs inspected in C. above, did you include any privately owned BMPs in that number? Yes No

E. If yes in D. above, how many? _____

Section 7: Impaired Waters Review (*Required fields)

The permit requires any MS4 that discharges to a Water of the State, which appears on the current U. S. Environmental Protection Agency (EPA) approved list of impaired waters under Section 303(d) of the Clean Water Act, review whether changes to the SWPPP 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: _____

Section 8: Additional SWPPP Issues (*Required fields)

A. *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:

Owner or Operator Certification (*Required fields)

The person with overall administrative responsibility for SWPPP implementation and Permit compliance must certify this MS4 Annual Report. This person must be duly authorized and should be either a principal executive (i.e., Director of Public Works, City Administrator) or ranking elected official (i.e., Mayor, Township Supervisor).

*Yes - 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 (Minn. R. 7001.0070). I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment (Minn. R. 7001.0540).

*Name of certifying official: _____

*Title: _____ *Date: _____
(mm/dd/yyyy)