

MS4 question worksheet for 2020 annual report

Municipal Separate Storm Sewer Systems (MS4s)

Reporting period January 1, 2020 to December 31, 2020

Due June 30, 2021

Copy of questions – **Not for submittal**

Instructions: This form is for your personal use only. Complete the online Annual Report to provide a summary of your activities under the 2013 MS4 Permit (Permit) between January 1, 2020, and December 31, 2020. The online Annual Report and additional information can be found on the Minnesota Pollution Control Agency's (MPCA) website at: https://stormwater.pca.state.mn.us/index.php?title=MS4_Annual_Report.

Questions: Contact Cole Landgraf (cole.landgraf@state.mn.us, 651-757-2880)

Contact information

MS4 General contact information

Full name: Tom Dietrich Title: Permitting Program Manager
Mailing address: 15320 Minnetonka Blvd
City: Minnetonka State: MN Zip code: 55345
Phone: 952-473-2855 Email: tdietrich@minnehahacreek.org

Preparer contact information (if different from the MS4 General contact)

Full name: _____ Title: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Email: _____

Minimum Control Measure (MCM) 1: Public education and outreach

The following questions refer to Part III.D.1. of the Permit.

2. Did you select a stormwater-related issue of high priority to be emphasized during this Permit term? Yes No
[Part III.D.1.a.(1)]
3. If 'Yes' in Q2, what is your stormwater-related issue(s)? *Check all that apply.*
 - Total Maximum Daily Loads (TMDLs)
 - Local businesses
 - Residential best management practices (BMPs)
 - Pet waste
 - Yard waste
 - Deicing materials
 - Household chemicals
 - Construction activities
 - Post-construction activities
 - Other (describe): _____
4. Have you distributed educational materials or equivalent outreach to the public focused on illicit discharge recognition and reporting? [Part III.D.1.a.(2)] Yes No
5. Do you have an implementation plan as required by the Permit? [Part III.D.1.b.] Yes No
6. How did you distribute educational materials or equivalent outreach? [Part III.D.1.a.] *Check all that apply in table below.*

7. For the items checked in **Q6** below, who is the intended audience? *Check all that apply in table below.*
8. For the items checked in **Q6** below, enter the total circulation/audience in table below (if unknown, use best estimate).

Q6. How did you distribute educational materials? (Check all that apply):	Q7. Intended audience? (Check all that apply.)						Q8. Total circulation/audience:
	Residents	Local businesses	Developers	Students	Employees	Other	
<input checked="" type="checkbox"/> Brochure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	156
<input checked="" type="checkbox"/> Newsletter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1062
<input type="checkbox"/> Utility bill insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Newspaper ad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Radio ad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Television ad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Cable access channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Stormwater-related event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> School presentation or project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Website	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	260,617
<input type="checkbox"/> Other (1): describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other (2): describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other (3): describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For **Q9** and **Q10**, provide a brief description of each activity related to public education and outreach (e.g., rain garden workshop, school presentation, public works open house) held and the date each activity was held from January 1, 2020, to December 31, 2020. [Part III.D.1.c.(4)]

9. Date of activity *in table below*
10. Description of activity *in table below*

Q9. Date of activity	Q10. Description of activity
Jan. 1, 2020 - Dec. 31, 2020	Adopt-a-drain program promotion via website, social media

11. Between January 1, 2020, and December 31, 2020, did you modify your BMPs, measurable goals, or future plans for your public education and outreach program? [Part IV.B.] Yes No
- If 'Yes,' describe these modifications:

MCM 2: Public participation/involvement

The following questions refer to Part III.D.2.a. of the Permit.

12. You must provide a minimum of one opportunity each year for the public to provide input on the adequacy of your Stormwater Pollution Prevention Program (SWPPP). Did you provide this opportunity between January 1, 2020, and December 31, 2020? [Part III.D.2.a.(1)] Yes No
13. If 'Yes' in **Q12**, what was the opportunity that you provided? *Check all that apply.* Yes No
- Public meeting
 - Public event
 - Other

14. If **'Public meeting'** in **Q13**, did you hold a stand-alone meeting or combine it with another event?
- Stand-alone
 Combined
- Enter the date of the public meeting: 10-22-2020
- Enter the number of citizens that attended and were informed about your SWPPP: 0
15. If **'Public event'** in **Q13**, describe:
- Enter the date (mm/dd/yyyy) of the public meeting: _____
- Enter the number of citizens that attended and were informed about your SWPPP: _____
16. If **'Other'** in **Q13**, describe:
- Enter the date (mm/dd/yyyy) of the public meeting: _____
- Enter the number of citizens that attended and were informed about your SWPPP: _____
17. Between January 1, 2020, and December 31, 2020, did you receive any input regarding your SWPPP? Yes No
- If **'Yes,'** enter the total number of individuals or organizations that provided comments on your SWPPP. _____
18. If **'Yes'** in **Q17**, did you modify your SWPPP as a result of written input received? [Part III.D.2.b.(2)] Yes No
- If **'Yes,'** describe those modifications. _____
19. Between January 1, 2020, and December 31, 2020, did you modify your BMPs, measurable goals, or future plans for your public participation/involvement program? [Part IV.B.] Yes No
- If **'Yes,'** describe those modifications. _____

MCM 3: Illicit discharge detection and elimination

The following questions refer to Part III.D.3. of the Permit.

20. Do you have a regulatory mechanism which prohibits non-stormwater discharges to your MS4? Yes No
 [Part III.D.3.b.]
21. Did you identify any illicit discharges between January 1, 2020, and December 31, 2020? Yes No
 [Part III.D.3.h.(4)]
22. If **'Yes'** in **Q21**, enter the number of illicit discharges detected. _____
23. If **'Yes'** in **Q21**, how did you discover these illicit discharges? Check all that apply and enter the number of illicit discharges discovered by each category.
- Public complaint
 Staff
24. If **'Public complaint'** in **Q23**, enter the number discovered by the public: _____
25. If **'Staff'** in **Q23**, enter the number discovered by staff: _____
26. If **'Yes'** in **Q21**, did any of the discovered illicit discharges result in an enforcement action (this includes verbal warnings)? Yes No
27. If **'Yes'** in **Q26**, what type of enforcement action(s) was taken and how many of each action were Yes No

issued between January 1, 2020, and December 31, 2020? **Check all that apply.** For each of the below checked, enter the number that were issued.

- Verbal warning: _____
- Notice of violation: _____
- Fine: _____
- Criminal action: _____
- Civil penalty: _____
- Other: describe

28. If 'Yes' in Q26, did the enforcement action(s) taken sufficiently address the illicit discharge(s)? Yes No
29. If 'No' in Q28, why was the enforcement not sufficient to address the illicit discharge(s)?
30. Do you have written Enforcement Response Procedures (ERPs) to compel compliance with your illicit discharge regulatory mechanism(s)? [Part III.B.] Yes No
31. Between January 1, 2020 and December 31, 2020, did you train all field staff in illicit discharge recognition (including conditions which could cause illicit discharges) and reporting illicit discharges for further investigations? [Part III.D.3.e.] Yes No
32. If 'Yes' in Q31, how did you train your field staff? **Check all that apply.**
- Email
 - PowerPoint
 - Presentation
 - Video
 - Field training
 - Other: describe

The following questions refer to Part III.C.1. of the Permit.

33. Did you update your storm sewer system map between January 1, 2020, and December 31, 2020? [Part III.C.1.] Yes No
34. Does your storm sewer map include all pipes 12 inches or greater in diameter and the direction of stormwater flow in those pipes? [Part III.C.1.a.] Yes No
35. Does your storm sewer map include outfalls, including a unique identification (ID) number and an associated geographic coordinate? [Part III.C.1.b.] Yes No
36. Does your storm sewer map include all structural stormwater BMPs that are part of your MS4? [Part III.C.1.c.] Yes No
37. Does your storm sewer map include all receiving waters? [Part III.C.1.d.] Yes No
38. In what format is your storm sewer map available:
- Hardcopy only
 - GIS
 - CAD
 - Other: describe
39. Between January 1, 2020, and December 31, 2020, did you modify your BMPs, measurable goals, or future plans for your illicit discharge detection and elimination program? [Part IV.B.] Yes No
- If 'Yes,' describe those modifications.

MCM 4: Construction site stormwater runoff control

The following questions refer to Part III.D.4. of the Permit

40. Do you have a regulatory mechanism that is at least as stringent as the Agency's general permit to Discharge Stormwater Associated with Construction Activity (CSW Permit) No. Minn. R. 100001 (<http://www.pca.state.mn.us/index.php/view-document.html?gid=18984>) for erosion and sediment controls and waste controls? [Part III.D.4.a.]
(Permit can be found on the MPCA website at <https://www.pca.state.mn.us/water/construction-stormwater> (titled 'Minnesota NPDES/SDS Construction Stormwater General Permit')). Yes No
41. Have you developed written procedures for site plan reviews as required by the Permit? [Part III.D.4.b.] Yes No
42. Have you documented each site plan review as required by the Permit? [Part III.D.4.f.] Yes No
43. Enter the number of site plan reviews conducted for sites an acre or greater between January 1, 2020, and December 31, 2020. 38
44. What types of enforcement actions do you have available to compel compliance with your regulatory mechanism? Check all that apply and enter the number of each used from January 1, 2020, to December 31, 2020.
- Verbal warning, Number that were issued: _____
 - Notice of violation, Number that were issued: 5
 - Administrative order, Number that were issued: _____
 - Stop-work order, Number that were issued: _____
 - Fine, Number that were issued: _____
 - Forfeit of security of bond money: _____
 - Withholding of certificate of occupancy _____
 - Criminal action, Number that were issued: _____
 - Civil penalty, Number that were issued: _____
 - Other: describe. _____, Number that were issued: _____
45. Do you have written ERPs to compel compliance with your construction site stormwater runoff control regulatory mechanism(s)? [Part III.B.] Yes No
46. Enter the number of active construction sites an acre or greater that were in your jurisdiction between January 1, 2020, and December 31, 2020: 38
47. Do you have written procedures for identifying priority sites? [Part III.D.4.d.(1)] Yes No
48. If 'Yes,' in Q47, How are sites prioritized? *Check all that apply.*
- Site topography
 - Soil characteristics
 - Types of receiving water(s)
 - Stage of construction
 - Compliance history
 - Weather conditions
 - Citizen complaints
 - Project size
 - Other: describe
49. Do you have a checklist or other written means to document site inspections when determining compliance? [Part III.D.4.d.(4)] Yes No
50. Enter the number of site inspections conducted for sites an acre or greater between January 1, 2020, and December 31, 2020. 70
51. Enter the frequency at which site inspections are conducted (e.g., daily, weekly, monthly). [Part III.D.4.d.(2)] bi-weekly
52. Enter the number of trained inspectors that were available for construction site inspections between January 1, 2020, and December 31, 2020. 5
53. Provide the contact information for the inspector(s) and/or organization that conducts construction stormwater inspections for your MS4. List your primary construction stormwater contact first if you have multiple inspectors.

(1) Inspector name:

Organization: Cole Thompson - MCWD
 Phone (office): 952-641-4521

Phone (work cell): _____
Email: cthompson@minnehahacreek.org
Preferred contact method: email

(2) Inspector name:

Organization: Erin Manlick - MCWD
Phone (office): 952-641-4586
Phone (work cell): _____
Email: emanlick@minnehahacreek.org
Preferred contact method: email

(3) Inspector name:

Organization: Will Roach - MCWD
Phone (office): 952-641-4580
Phone (work cell): _____
Email: wroach@minnehahacreek.org
Preferred contact method: email

54. What training did inspectors receive? **Check all that apply.**

- University of Minnesota Erosion and Stormwater Management Certification Program
- Qualified Compliance Inspector of Stormwater (QCIS)
- Minnesota Laborers Training Center Stormwater Pollution Prevention Plan Installer or Supervisor
- Minnesota Utility Contractors Association Erosion Control Training
- Certified Professional in Erosion and Sediment Control (CPESC)
- Certified Professional in Stormwater Quality (CPSWQ)
- Certified Erosion Sediment and Storm Water Inspector (CESSWI)
- Other: describe

55. Between January 1, 2020, and December 31, 2020, did you modify your BMPs, measurable goals, or future plans for your construction site stormwater runoff control program? [Part IV.B.] Yes No

If 'Yes,' describe those modifications:

MCM 5: Post-construction stormwater management in new development and redevelopment

The following questions refer to Part III.D.5. of the Permit.

56. Do you have a regulatory mechanism which meets all requirements as specified in Part III.D.5.a. of the Permit? Yes No

57. What approach are you using to meet the performance standard for Volume, Total Suspended Solids (TSS), and Total Phosphorus (TP) as required by the permit? [Part III.D.5.a.(2)] *Check all that apply.* Refer to the Technical Support Document at <http://www.pca.state.mn.us/index.php/view-document.html?gid=17815> for guidance on stormwater management approaches. *The TSD can be found on the MPCA website at <https://www.pca.state.mn.us/water/municipal-stormwater-ms4> (refer to the Post Construction Stormwater Management section under the 'Guidance and BMPs' tab).*

- Retain a runoff volume equal to one inch times the area of the proposed increase of impervious surfaces on-site
- Retain the post-construction runoff volume on site for the 95th percentile storm
- Match the pre-development runoff conditions
- Adopt the Minimal Impact Design Standards
- An approach has not been selected
- Other method (Must be technically defensible - e.g., based on modeling, research and acceptable engineering practices)

If 'Other method,' describe:

58. Do you have written ERPs to compel compliance with your post-construction stormwater management regulatory mechanism(s)? [Part III.B.] Yes No
59. Between January 1, 2020, and December 31, 2020, did you modify your BMPs, measurable goals, or future plans for your post-construction stormwater management program? [Part IV.B.] Yes No

If 'Yes,' describe those modifications.

MCM 6: Pollution prevention/good housekeeping for municipal operations

The following questions refer to Part III.D.6. of the Permit.

60. Enter the total number of **structural stormwater BMPs, outfalls** (excluding underground outfalls), and **ponds** within your MS4 (exclude privately owned). Enter the number for each category below:
- Structural stormwater BMPs: 1
- Outfalls: 2
- Ponds: 2
61. Enter the total number of **structural stormwater BMPs, outfalls** (excluding underground outfalls), and **ponds** that were inspected from January 1, 2020 to December 31, 2020 within your MS4 (exclude privately owned) [Part III.D.6.e.]. Enter the number for each category below:
- Structural stormwater BMPs: 1
- Outfalls: 2
- Ponds: 2
62. Have you developed an alternative inspection frequency for any structural stormwater BMPs, as allowed in Part III.D.6.e.(1) of the Permit? Yes No
63. Based on inspection findings, did you conduct any maintenance on any structural stormwater BMPs? [Part III.D.6.e.(1)] Yes No
64. If 'Yes' in **Q63**, briefly describe the maintenance that was conducted:
65. Do you own or operate any stockpiles, and/or storage and material handling areas? [Part III.D.6.e.(3)] Yes No
66. If 'Yes' in **Q65**, did you inspect all stockpiles and storage and material handling areas quarterly? [Part III.D.6.e.(3)] Yes No
67. If 'Yes' in **Q66**, based on inspection findings, did you conduct maintenance at any of the stockpiles and/or storage and material handling areas? Yes No
68. If 'Yes' in **Q67**, briefly describe the maintenance that was conducted:
69. Between January 1, 2020, and December 31, 2020, did you modify your BMPs, measurable goals, or future plans for your pollution prevention/good housekeeping for municipal operations program? [Part IV.B.] Yes No
- If 'Yes,' describe those modifications:

Discharges to impaired waters with a EPA-approved TMDL that includes an applicable WLA

If you have been assigned a Waste Load Allocation (WLA) in a TMDL that was approved by the U.S. Environmental Protection Agency (EPA) prior to August 1, 2013, and were not meeting WLA(s) at the time of your permit application, you must complete the **TMDL Annual Report Form**, available on the MPCA website at: https://stormwater.pca.state.mn.us/index.php?title=Download_page_with_TMDL_forms.

Attach your completed TMDL Annual Report Form to the actual Annual Report as instructed within that document. [Part III.E.]

71. [question left blank for you to attach a file]

Alum or Ferric Chloride Phosphorus Treatment Systems

The following questions refer to Part III.F.3.a. of the Permit. Provide the information below as it pertains to your alum or ferric chloride phosphorus treatment system.

72. Date(s) of operation:

Month	Date(s) of operation (mm/dd/yyyy – mm/dd/yyyy)
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Month	Q73 Chemical(s) used for treatment	Q74 Gallons of alum or ferric chloride treatment	Q75 Gallons of water treated	Q76 Calculated pounds of phosphorus removed
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

77. Any performance issues and corrective action(s), including date(s) when corrective action(s) were taken, between January 1, 2020, and December 31, 2020:

Partnerships

78. Did you rely on any other regulated MS4s to satisfy one or more permit requirements?

Yes No

79. If 'Yes' in Q78, describe the agreements you have with other regulated MS4s and which permit requirements the other regulated MS4s help satisfy: [Part IV.B.6.]

Additional information

If you would like to provide any additional files to accompany your Annual Report, use the space below to upload those files. For each space, you may attach one file.

- 80. [Optional space for you to attach a file]
- 81. [Optional space for you to attach a file]
- 82. [Optional space for you to attach a file]
- 83. Optional, describe the file(s) uploaded:

Owner or Operator Certification

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).*

By typing my name in the following space, I certify the above statements to be true and correct, to the best of my knowledge, and that information can be used for the purpose of processing my MS4 Annual Report.

Name of certifying official: The certifying official must electronically sign the online Annual Report form.

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

Note: In the online form, you will be prompted to provide the email(s) of the individual(s) you would like to receive the MS4 Annual Report for 2020 submittal confirmation email from the MPCA. After you submit the form, please allow up to three business days to receive this confirmation email.

Email (1) _____
Email (2) _____
Email (3) _____