



# Minnesota Pollution Control Agency NPDES/SDS Small MS4 Report Form



Minnesota Pollution  
Control Agency

The purpose of this report is to contribute information to an evaluation of the NPDES small municipal separate storm sewer system (MS4) permit program. Consistent with 40 CFR §122.37 the U.S. Environmental Protection Agency is assessing the status of the program nation-wide. A “no” answer to a question does not necessarily mean noncompliance with your permit or with the federal regulations. In order to establish the range of variability in the program it is necessary to ask questions along a fairly broad performance continuum. Your permitting authority may use some of this information as one component of a compliance evaluation.

## 1. MS4 Information

Name of MS4

Name of Contact Person (First)

(Last)

(Title)

Telephone (including area code)

Email

Mailing Address

City

State

ZIP code

What size population does your MS4 serve? \_\_\_\_\_

What is the reporting period for this report? (mm/dd/yyyy) From \_\_\_\_\_ to \_\_\_\_\_

## 2. Water Quality Priorities

A. Does your MS4 discharge to waters listed as impaired on a state 303(d) list?  Yes  No

B. If yes, identify each impaired water, the impairment, whether a TMDL has been approved by EPA for each, and whether the TMDL assigns a wasteload allocation to your MS4. Use a new line for each impairment, and attach additional pages as necessary.

Impaired Water	Impairment	Approved TMDL		TMDL assigns WLA to MS4	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. What specific sources contributing to the impairment(s) are you targeting in your stormwater program?

D. Do you discharge to any high-quality waters (e.g., Tier 2, Tier 3, outstanding natural resource waters, or other state or federal designation)?  Yes  No

E. Are you implementing additional specific provisions to ensure their continued integrity?  Yes  No

**3. Public Education and Public Participation**

- A. Is your public education program targeting specific pollutants and sources of those pollutants?  Yes  No
- B. If yes, what are the specific sources and/or pollutants addressed by your public education program?  
\_\_\_\_\_
- C. Note specific successful outcome(s) (e.g., quantified reduction in fertilizer use; NOT tasks, events, publications) fully or partially attributable to your public education program during this reporting period.  
\_\_\_\_\_
- D. Do you have an advisory committee or other body comprised of the public and other stakeholders that provides regular input on your stormwater program?  Yes  No

**4. Construction**

- A. Do you have an ordinance or other regulatory mechanism stipulating:
  - Erosion and sediment control requirements?  Yes  No
  - Other construction waste control requirements?  Yes  No
  - Requirement to submit construction plans for review?  Yes  No
  - MS4 enforcement authority?  Yes  No
- B. Do you have written procedures for:
  - Reviewing construction plans?  Yes  No
  - Performing inspections?  Yes  No
  - Responding to violations?  Yes  No
- C. Identify the number of active construction sites  $\geq$  1 acre in operation in your jurisdiction at any time during the reporting period. \_\_\_\_\_
- D. How many of the sites identified in 4.C did you inspect during this reporting period? \_\_\_\_\_
- E. Describe, on average, the frequency with which your program conducts construction site inspections.  
\_\_\_\_\_
- F. Do you prioritize certain construction sites for more frequent inspections?  Yes  No  
If Yes, based on what criteria? \_\_\_\_\_
- G. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:
 

<input type="checkbox"/> Yes	Notice of violation	# _____	No Authority <input type="checkbox"/>
<input type="checkbox"/> Yes	Administrative fines	# _____	No Authority <input type="checkbox"/>
<input type="checkbox"/> Yes	Stop Work Orders	# _____	No Authority <input type="checkbox"/>
<input type="checkbox"/> Yes	Civil penalties	# _____	No Authority <input type="checkbox"/>
<input type="checkbox"/> Yes	Criminal actions	# _____	No Authority <input type="checkbox"/>
<input type="checkbox"/> Yes	Administrative orders	# _____	No Authority <input type="checkbox"/>
<input type="checkbox"/> Yes	Other _____	# _____	
- H. Do you use an electronic tool (e.g., GIS, data base, spreadsheet) to track the locations, inspection results, and enforcement actions of active construction sites in your jurisdiction?  Yes  No
- I. What are the 3 most common types of violations documented during this reporting period?  
\_\_\_\_\_
- J. How often do municipal employees receive training on the construction program? \_\_\_\_\_

**5. Illicit Discharge Elimination**

- A. Have you completed a map of all outfalls and receiving waters of your storm sewer system?  Yes  No
- B. Have you completed a map of all storm drain pipes and other conveyances in the storm sewer system?  Yes  No
- C. Identify the number of outfalls in your storm sewer system. \_\_\_\_\_
- D. Do you have documented procedures, including frequency, for screening outfalls?  Yes  No
- E. Of the outfalls identified in 5.C, how many were screened for dry weather discharges during this reporting period?  
\_\_\_\_\_
- F. Of the outfalls identified in 5.C, how many have been screened for dry weather discharges at any time since you obtained MS4 permit coverage? \_\_\_\_\_
- G. What is your frequency for screening outfalls for illicit discharges? Describe any variation based on size/type.  
\_\_\_\_\_
- H. Do you have an ordinance or other regulatory mechanism that effectively prohibits illicit discharges?  Yes  No
- I. Do you have an ordinance or other regulatory mechanism that provides authority for you to take enforcement action and/or recover costs for addressing illicit discharges?  Yes  No
- J. During this reporting period, how many illicit discharges/illegal connections have you discovered? \_\_\_\_\_
- K. Of those illicit discharges/illegal connections that have been discovered or reported, how many have been eliminated?  
\_\_\_\_\_
- L. How often do municipal employees receive training on the illicit discharge program? \_\_\_\_\_

**6. Stormwater Management for Municipal Operations**

- A. Have stormwater pollution prevention plans (or an equivalent plan) been developed for:
  - All public parks, ball fields, other recreational facilities and other open spaces  Yes  No
  - All municipal construction activities, including those disturbing less than 1 acre  Yes  No
  - All municipal turf grass/landscape management activities  Yes  No
  - All municipal vehicle fueling, operation and maintenance activities  Yes  No
  - All municipal maintenance yards  Yes  No
  - All municipal waste handling and disposal areas  Yes  No
  - Other \_\_\_\_\_
- B. Are stormwater inspections conducted at these facilities?  Yes  No
- C. If Yes, at what frequency are inspections conducted? \_\_\_\_\_
- D. List activities for which operating procedures or management practices specific to stormwater management have been developed (e.g., road repairs, catch basin cleaning).  
\_\_\_\_\_
- E. Do you prioritize certain municipal activities and/or facilities for more frequent inspection?  Yes  No
- F. If Yes, which activities and/or facilities receive most frequent inspections? \_\_\_\_\_
- G. Do all municipal employees and contractors overseeing planning and implementation of stormwater-related activities receive comprehensive training on stormwater management?  Yes  No
- H. If yes, do you also provide regular updates and refreshers?  Yes  No
- I. If so, how frequently and/or under what circumstances? \_\_\_\_\_

## 7. Long-term (Post-Construction) Stormwater Measures

- A. Do you have an ordinance or other regulatory mechanism to require:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Site plan reviews for stormwater/water quality of all new and re-development projects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Long-term operation and maintenance of stormwater management controls?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Retrofitting to incorporate long-term stormwater management controls?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- B. If you have retrofit requirements, what are the circumstances/criteria?  
\_\_\_\_\_
- C. What are your criteria for determining which new/re-development stormwater plans you will review (e.g., all projects, projects disturbing greater than one acre, etc.) \_\_\_\_\_
- D. Do you require water quality or quantity design standards or performance standards, either directly or by reference to a state or other standard, be met for new development and re-development?  Yes  No
- E. Do these performance or design standards require that pre-development hydrology be met for:
- |                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| Flow volumes         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Peak discharge rates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Discharge frequency  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Flow duration        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- F. Please provide the URL/reference where all post-construction stormwater management standards can be found, or e-mail to [MS4PermitProgram.PCA@state.mn.us](mailto:MS4PermitProgram.PCA@state.mn.us) an electronic copy of the ordinance or other regulatory mechanism as specified in Part V.G.5 of the permit.  
\_\_\_\_\_
- G. How many development and redevelopment project plans were reviewed during the reporting period to assess impacts to water quality and receiving stream protection? \_\_\_\_\_
- H. How many of the plans identified in 7.G were approved? \_\_\_\_\_
- I. How many privately owned permanent stormwater management practices/facilities were inspected during the reporting period? \_\_\_\_\_
- J. How many of the practices/facilities identified in I were found to have inadequate maintenance? \_\_\_\_\_
- K. How long do you give operators to remedy any operation and maintenance deficiencies identified during inspections?  
\_\_\_\_\_
- L. Do you have authority to take enforcement action for failure to properly operate and maintain stormwater practices/facilities?  Yes  No
- M. How many formal enforcement actions (i.e., more than a verbal or written warning) were taken for failure to adequately operate and/or maintain stormwater management practices? \_\_\_\_\_
- N. Do you use an electronic tool (e.g., GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?  Yes  No
- O. Do all municipal departments and/or staff (as relevant) have access to this tracking system?  Yes  No
- P. How often do municipal employees receive training on the post-construction program? \_\_\_\_\_

## 8. Program Resources

- A. What was the annual expenditure to implement MS4 permit requirements this reporting period? \_\_\_\_\_
- B. What is next year's budget for implementing the requirements of your MS4 NPDES permit? \_\_\_\_\_

C. This year what is/are your source(s) of funding for the stormwater program, and annual revenue (amount or percentage) derived from each?

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_ OR % \_\_\_\_\_

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_ OR % \_\_\_\_\_

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_ OR % \_\_\_\_\_

D. How many FTEs does your municipality devote to the stormwater program (specifically for implementing the stormwater program; not municipal employees with other primary responsibilities)? \_\_\_\_\_

E. Do you share program implementation responsibilities with any other entities?  Yes  No

Entity	Activity/Task/Responsibility	Your Oversight/Accountability Mechanism
_____	_____	_____
_____	_____	_____
_____	_____	_____

**9. Evaluating/Measuring Progress**

A. What indicators do you use to evaluate the overall effectiveness of your stormwater management program, how long have you been tracking them, and at what frequency? These are not measurable goals for individual management practices or tasks, but large-scale or long-term metrics for the overall program, such as macroinvertebrate community indices, measures of effective impervious cover in the watershed, indicators of in-stream hydrologic stability, etc.

Indicator	Began Tracking (year)	Frequency	Number of Locations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. What environmental quality trends have you documented over the duration of your stormwater program? Reports or summaries can be attached electronically, or provide the URL to where they may be found on the Web.

### 10. Additional Information

In the space below, please include any additional information on the performance of your MS4 program. If providing clarification to any of the questions on this form, please provide the question number (e.g., 2C) in your response.

### Certification Statement and Signature

I certify that all information provided in this report is, to the best of my knowledge and belief, true, accurate and complete.  Yes

Federal regulations require this application to be signed as follows: **For a municipal, State, Federal, or other public facility:** by either a principal executive or ranking elected official.

\_\_\_\_\_  
Name of Certifying Official, Title

\_\_\_\_\_  
Date (mm/dd/yyyy)