

520 Lafayette Road North St. Paul, MN 55155-4194

## MS4 question worksheet for 2021 annual report

## **Municipal Separate Storm Sewer Systems (MS4s)**

Reporting period January 1, 2021 to December 31, 2021

Due June 30, 2022

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, 2021, and December 31, 2021. The online annual report and additional information can be found on the Minnesota Pollution Control Agency's (MPCA) website at: <a href="https://stormwater.pca.state.mn.us/index.php?title=MS4\_Annual\_Report">https://stormwater.pca.state.mn.us/index.php?title=MS4\_Annual\_Report</a>.

**Note:** The annual report questions remain unchanged from the previous annual report because MS4 permittees were covered under the 2013 MS4 Permit for the majority of 2021. In the next annual report (due June 30, 2023), you will be required to report on activities completed to meet requirements under the 2020 MS4 Permit.

**Questions:** Contact Cole Landgraf (<a href="mailto:cole.landgraf@state.mn.us">cole.landgraf@state.mn.us</a> or 651-757-2880) or your assigned MPCA staff member listed at <a href="https://stormwater.pca.state.mn.us/index.php?title=MS4\_staff\_contact\_information\_and\_staff\_assignments">https://stormwater.pca.state.mn.us/index.php?title=MS4\_staff\_contact\_information\_and\_staff\_assignments</a>.

Contact information			
MS4 General contact information			
Full name: Kayla Westerlund	Title: Permitting Progr	ram Coordinator	
Mailing address: 15320 Minnetonka Blvd			
City: Minnetonka	State: MN	Zip code: <u>55345</u>	
Phone: 952-473-2855	Email: kwesterlund@minneh	ahacreek.org	
Preparer contact information (if different from th	e MS4 General contact)		
Full name: Abigail Ernst	Title: Permitting Tech	nician	
Mailing address: 15320 Minnetonka Blvd			
City: Minnetonka	State: MN	Zip code: <u>55345</u>	
Phone: 952-641-4504	Email: aernst@minnehahacr	eek.org	
Minimum Control Measure (MCM) 1:  The following questions refer to Part III.D.1. o  2. Did you select a stormwater-related issue of	f the Permit.		⊠ Yes □ No
[Part III.D.1.a.(1)]			
3. If ' <b>Yes</b> ' in <b>Q2</b> , what is your stormwater-relate	ed issue(s)? Check all that apply.		
<ul><li>☑ Total Maximum Daily Loads (TMDLs)</li><li>☐ Local businesses</li></ul>			
Residential best management practice	es (BMPs)		
☐ Pet waste			
☐ Yard waste			
☐ Deicing materials			
Household chemicals			
Other (describe):			_

	4.	Have you distributed e			alent outreach	n to the public	focused on illic	cit discharge	⊠ Yes	□No
	5.	recognition and reporting? [Part III.D.1.a.(2)]  5. Do you have an implementation plan as required by the Permit? [Part III.D.1.b.]						⊠ Yes	□No	
	6.							_		
	7.	For the items checked		•		-	-		rabio boic	,
	8.	For the items checked							et octimato	١
	ο.	FOI the items checked					e below (ii urikii	own, use bes		).
	Q6	6. How did you distribute							Q8. Total	
		educational materials?	Danidanta	Local	Davidanasa	Cturlanta		045	circulation	
-		(Check all that apply): Brochure	Residents	businesses	<b>Developers</b>	Students	<b>Employees</b>	Other	/audienc	e:
-	Н	Newsletter								
-	జ						$+$ $\vdash$	17	I	<del></del>
-		Utility bill insert								
-	닏	Newspaper ad Radio ad	<u> </u>				片			
=	<u> </u>								4	
-	님	Television ad Cable access								
	ш	channel								
-	П	Stormwater-related								
		event								
		School presentation								
-	_	or project	<u> </u>							
-	$\boxtimes$	Website	$\boxtimes$						260,617	
	Ш	Other (1): describe								
-	П	Other (2): describe					<u>′   Ш</u>			
	ш	Other (2). describe								
-		Other (3): describe								
_										
scho [Par	ool <sub>I</sub>	and <b>Q10</b> , provide a brief presentation, public work .D.1.c.(4)]  Date of activity <i>in table</i> Description of activity	s open house) e below							021.
				ation of postivity	4					
		Q9. Date of activity	Q10. Descrip	otion of activity	ty					
		Jan. 1, 2021 - Dec. 31, 2021	Adopt-a	ı-drain progran	n promotion vi	a website				
	11.	Between January 1, 2 future plans for your p					s, measurable (	goals, or [	☐ Yes 🗵	No
		If 'Yes,' describe these				•				
M	CIV	l 2: Public partici	pation/inv	olvement	t					
The	e fo	llowing questions re	efer to Part III	I.D.2.a. of the	e Permit.					
	12.	You must provide a m adequacy of your Stor							⊠ Yes [	] No

	between January 1, 2021, and December 31, 2021? [Part III.D.2.a.(1)]	
13.	If 'Yes' in Q12, what was the opportunity that you provided? Check all that apply.	⊠ Yes □ No
	<ul><li>☐ Public meeting</li><li>☐ Public event</li><li>☐ Other</li></ul>	
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:	4/8/2021
	Enter the number of citizens that attended and were informed about your SWPPP:	0
15.	If 'Public event' in Q13, describe:	0
	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, 2021, and December 31, 2021, did you receive any input regarding your SWPPP?	☐ Yes ⊠ No
	If ' <b>Yes</b> ,' 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, 2021, and December 31, 2021, 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 fol	lowing 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? [Part III.D.3.b.]	⊠ Yes □ No
21.	Did you identify any illicit discharges between January 1, 2021, and December 31, 2021? [Part III.D.3.h.(4)]	⊠ Yes □ No
22.	If 'Yes' in Q21, enter the number of illicit discharges detected.	3
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.	
	<ul><li>☑ Public complaint</li><li>☐ Staff</li></ul>	
24.	If 'Public complaint' in Q23, enter the number discovered by the public:	3

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 issued between January 1, 2021, and December 31, 2021? Check all that apply. For each of the below checked, enter the number that were issued.	⊠ Yes	☐ No
	Verbal warning: 1   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)?		□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, 2021 and December 31, 2021, 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 fol	lowing questions refer to Part III.C.1. of the Permit.		
33.	Did you update your storm sewer system map between January 1, 2021, and December 31, 2021? [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, 2021, and December 31, 2021, 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.		
мсм	4: Construction site stormwater runoff control		
The fol	lowing 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 ( <a href="http://www.pca.state.mn.us/index.php/view-document.html?gid=18984">http://www.pca.state.mn.us/index.php/view-document.html?gid=18984</a> ) for erosion and sediment controls and waste controls? [Part III.D.4.a.] (Permit can be found on the MPCA website at <a href="https://www.pca.state.mn.us/water/construction-stormwater">https://www.pca.state.mn.us/water/construction-stormwater</a> (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.]		☐ No
42.	Have you documented each site plan review as required by the Permit? [Part III.D.4.f.]		☐ No
43.	Enter the number of site plan reviews conducted for sites an acre or greater between January 1, 2021, and December 31, 2021.	199	
44. 45.	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, 2021, to December 31, 2021.  Verbal warning, Number that were issued: 15  Notice of violation, Number that were issued: 1  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:	⊠ Yes	□No
45. 46.	regulatory mechanism(s)? [Part III.B.]  Enter the number of active construction sites an acre or greater that were in your jurisdiction between	⊠ Yes	∐ NO
40.	January 1, 2021, and December 31, 2021:	155	
47.	Do you have written procedures for identifying priority sites? [Part III.D.4.d.(1)]		☐ 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, 2021, and December 31, 2021.	38	

51.		e frequency at which site inspections are conducted (e.g., daily, weekly, monthly). D.4.d.(2)]	bi-weekly
52.		e number of trained inspectors that were available for construction site inspections between 1, 2021, and December 31, 2021.	5
53.	stormwa	the contact information for the inspector(s) and/or organization that conducts construction ater inspections for your MS4. List your primary construction stormwater contact first if you have inspectors.	
	(1)	Inspector name:	
		Organization: Cole Thompson - MCWD	
		Phone (office):	
		Phone (work cell):	
		Email: cthompson@minnehahacreek.org	
		Preferred contact method: _email	
	(2)	Inspector name:	
		Organization: Erin Manlick - MCWD	
		Phone (office):	
		Phone (work cell):	
		Email: emanlick@minnehahacreek.org	
		Preferred contact method: email	
	(3)	Inspector name:	
		Organization: Will Roach - MCWD	
		Phone (office):	
		Phone (work cell):	
		Email: wroach@minnnehahacreek.org	
		Preferred contact method: email	
54.		aining did inspectors receive? Check all that apply.	
		ersity of Minnesota Erosion and Stormwater Management Certification Program ified Compliance Inspector of Stormwater (QCIS)	
	☐ Minn	esota Laborers Training Center Stormwater Pollution Prevention Plan Installer or Supervisor	
	☐ Certi	esota Utility Contractors Association Erosion Control Training fied Professional in Erosion and Sediment Control (CPESC)	
	Certi	fied Professional in Stormwater Quality (CPSWQ) fied Erosion Sediment and Storm Water Inspector (CESSWI)	
		r: describe	
55.		1 January 1, 2021, and December 31, 2021, did you modify your BMPs, measurable goals, or	☐ Yes ⊠ No
		ans for your construction site stormwater runoff control program? [Part IV.B.]	
	If 'Yes,'	describe those modifications:	
MCM	5: Post	-construction stormwater management in new development and redeve	elopment
The fol	llowing	questions refer to Part III.D.5. of the Permit.	
	_	nave a regulatory mechanism which meets all requirements as specified in Part III.D.5.a. of the	⊠ 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 <a href="http://www.pca.state.mn.us/index.php/view-document.html?gid=17815">http://www.pca.state.mn.us/index.php/view-document.html?gid=17815</a> for guidance on stormwater management approaches. The TSD can be found on the MPCA website at <a href="https://www.pca.state.mn.us/water/municipal-stormwater-ms4">https://www.pca.state.mn.us/water/municipal-stormwater-ms4</a> (refer to the Post Construction Stormwater Management section under the 'Guidance and BMPs' tab).  Image: Retain a runoff volume equal to one inch times the area of the proposed increase of impervious surfaces on-site">https://www.pca.state.mn.us/water/municipal-stormwater-ms4 (refer to the Post Construction Stormwater Management section under the 'Guidance and BMPs' tab).		
	<ul> <li>□ Retain the post-construction runoff volume on site for the 95th percentile storm</li> <li>□ Match the pre-development runoff conditions</li> <li>□ Adopt the Minimal Impact Design Standards</li> <li>□ An approach has not been selected</li> <li>□ Other method (Must be technically defensible - e.g., based on modeling, research and acceptable</li> </ul>		
	engineering practices)		
	If 'Other method,' describe:	U	
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, 2021, and December 31, 2021, 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.		
	6: Pollution prevention/good housekeeping for municipal operations		
	Illowing questions refer to Part III.D.6. of the Permit.		
60.	Enter the total number of <b>structural stormwater BMPs</b> , <b>outfalls</b> (excluding underground outfalls), and <b>ponds</b> within your MS4 (exclude privately owned). Enter the number for each category below:		
	Structural stormwater BMPs: 1		
	Outfalls: 2		
	Ponds: <u>2</u>		
61.	Enter the total number of <b>structural stormwater BMPs</b> , <b>outfalls</b> (excluding underground outfalls), and <b>ponds</b> that were inspected from January 1, 2021 to December 31, 2021 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: <u>2</u>		
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

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68. If	f ' <b>Yes</b> ' in <b>Q67</b> , bri	efly describe the maintena	ance that was conducted:		
fu				ur BMPs, measurable goal sipal operations program? [	
If	f ' <b>Yes</b> ,' describe t	hose modifications:			
Dischar	ges to impai	red waters with a E	PA-approved TMDL	. that includes an ap	plicable WLA
(EPA) pric	or to August 1, 20	13, and were not meeting V	VLA(s) at the time of your pe		mental Protection Agency complete the TMDL Annual ad page with TMDL forms.
Attach you	ur completed TME	L Annual Report Form to the	he actual Annual Report as	instructed within that docum	nent. [Part III.E.]
71. [a	uestion left blank	for you to attach a file]		<b>♦</b> , <b>₹</b>	
	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Alum c	or Ferric Chl	oride Phosphorus	<b>Treatment System</b>	ns	
	ving questions real		Permit. Provide the informa	ation below as it pertains to	your alum or ferric
72.	Date(s) of opera	tion:			
	Month	Date(s) of operation (if	nm/dd/yyyy – mm/dd/yyyy)		
	January February				
	March				
	April			<u>*</u>	
	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				

<ol> <li>Any performance issues and corrective action(s), includi January 1, 2021, and December 31, 2021:</li> </ol>	ng date(s) when corrective action(s) were take	en, between
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 oth requirements the other regulated MS4s help satisfy: [Part Additional information		
If you would like to provide any additional files to accompany your 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:	Annual Report, use the space below to upload	I those files. For
Owner or Operator Certification		
The person with overall administrative responsibility for SWPPP in Annual Report. This person must be duly authorized and should be City Administrator) or ranking elected official (i.e., Mayor, Townsh	be either a principal executive (i.e., Director of	
Yes - I certify under penalty of law that this document and supervision in accordance with a system designed to ass information submitted. Based on my inquiry of the person responsible for gathering the information, the information accurate, and complete (Minn. R. 7001.0070). I am aware information, including the possibility of fine and imprisonn	ure that qualified personnel properly gathered or persons who manage the system, or those submitted is, to the best of my knowledge and e that there are significant penalties for submit	and evaluated the persons directly delief, true,
By typing my name in the following space, I certify the abknowledge, and that information can be used for the purp		pest of my
Name of certifying official: The certifying official must el	ectronically sign the online Annual Report form	n.
Title:	Date:	
Note: In the online form, you will be prompted to provide the email Report for 2021 submittal confirmation email from the MPCA. After receive this confirmation email.  Email (1)  Email (2)	(mm/dd/y l(s) of the individual(s) you would like to receiv you submit the form, please allow up to three	ve the MS4 Annual business days to
Email (3)		

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