

MS4 Annual Report for 2016

Reporting period: January 1, 2016 to December 31, 2016

Due: June 30, 2017

Instructions: Complete this annual report to provide a summary of your activities under the 2013 MS4 Permit (Permit) between January 1, 2016 and December 31, 2016. MPCA staff may also contact you for additional information.

Questions: Contact Cole Landgraf (cole.landgraf@state.mn.us, 651-757-2880) or Megan Handt (megan.handt@state.mn.us, 651-757-2843)

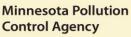
MS4 General Contact Information

Full Name:	Patricia Spence
Title:	Clerk
Mailing Address:	8900 Lakewood Shore Rd NW
City:	Rice
State:	MN
Zip Code:	56367
Phone:	320-255-8916
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Preparer Contact Information (if different from the MS4 General Contact)

Full Name:	
Title:	
Organization:	
Mailing Address:	
City:	
State:	
Zip Code: Phone:	
Phone:	
Email:	





MCM 1: Public Education and Outreach

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

Q2 Did you select a stormwater-related issue of high priority to be emphasized during this Permit term? [Part III.D.1.a.(1)]
Yes

Q3	If 'Yes' in Q2, what is your stormwater-related issue(s)? Check all that apply.		
		Total Maximum Daily Loads (TMDLs)	
		Local businesses	
	Х	Residential best management practices (BMPs)	
	Х	Pet waste	
	Х	Yard waste	
		Deicing materials	
	Х	Household chemicals	
	Х	Construction activities	
	Х	Post-construction activities	
	Х	Other	
	If 'Other ,'	Simple tips for your home, car, yard and pets as described at H2YouMN.com	
	describe:	Simple tips for your nome, car, yard and pets as described at H2T00000.com	

- Q4 Have you distributed educational materials or equivalent outreach to the public focused on illicit discharge recognition and reporting? [Part III.D.1.a.(2)]
- Q5 Do you have an implementation plan as required by the Permit? [Part III.D.1.b.]

- Q6 How did you distribute educational materials or equivalent outreach? [Part III.D.1.a.] Check all that apply in the table below.
- Q7 For the items checked in Q6 below, who is the intended audience? Check all that apply in the table below.
- Q8 For the items checked in Q6 below, enter the total circulation/audience in the table below (if unknown, use best estimate).

	Q6	Q7 Intended audience? Check all that apply:					Q8	
How did yo	ou distribute educational							Total
	or equivalent outreach?		Local					circulation/audience: (if
Check all t		Residents	businesses	Developers	Students	Employees	Other	unknown, best est.)
х	Brochure	Х	Х		Х			376
х	Newsletter	Х	Х	Х				1374
	Utility bill insert							
	Newspaper ad							
	Radio ad							
	Television ad							
	Cable access channel							
х	Stormwater-related event	Х	Х	Х	Х	х	х	70000
х	School project or presentation				х			1500
Х	Website	Х	Х	Х	х	Х		42130
Х	Other (1)							
	Describe:							
	Facebook ads							
		х	х		х	х		70865
		~	~		~	~		10005
х	Other (2)							
	Describe:							
	Cleanwater Pledges							
		х	х		х	х		33
		~	X		A	~		55
Х	Other (3)							
	Describe:							
	Movie theater ad							
		х	х	х	х	х		1 month
		^	^	^	^	^		1 monut

For Q9 and Q10 below, 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, 2016 to December 31, 2016. [Part III.D.1.c.(4)]

Q9 Date of Activity

Q10 Description of Activity

Sur	nmertime by George Photo Booth for four Wednesday evenings from 5 - 10 p.m. with interaction on Clean Water for
yar	d, and pets
Ber	nton County Fair Photo Booth for each day of the five-day fair with interaction on Clean Water for home, car, yard, a
Tak	e a Day Off at Mississippi River Park - Photo Booth with attendees from Benton and Stearns County
Litt	le Rock Lake Association Annual Meeting and Picnic - CMWEA display and interaction with Pat Spence on Clean Wate
ove	er 80 attendees
Anı	nual Presentation on MS4 to Watab Township Residents with education component on Land Disturbance Permits, wi
car	n do to improve water quality, and reporting spills and leaks
Anı	nual Newsletter sent to all township residents containing articles on Adopt a Highway, Clean Up Day, BMP's, Land Dis
Per	mits, How to Report Pollution, & Buffers

Q11

Between January 1, 2016 and December 31, 2016, did you modify your BMPs, measurable goals, or future plans for your public education and outreach program? [Part IV.B.] If 'Yes,' describe those modifications:

Yes

CMWEA implemented Facebook as a primary tactic to provide public education and outreach; Watab shared some of these posts on its Facebook page



3/12/2016 6/15/2016 8/5/2016 7/31/2016 8/13/2016 3/1/2016

MCM 2: Public Participation/Involvement

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

Q12 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, 2016 and December 31, 2016? [Part III.D.2.a.(1)] Yes

	Q13	If 'Yes' in X	Q12, what was the opportunity that you provided? Check all that apply. Public meeting Public event Other
		Q14	If 'Public meeting' in Q13, did you hold a stand-alone meeting or combine it with another event? Combined Enter the date of the public meeting: Enter the number of citizens that attended and
			were informed about your SWPPP: 17
		Q15	If 'Public Event' in Q13, Describe:
		Q15	Enter the date of the public event: Enter the number of citizens that attended and were informed about your SWPPP: 0
		Q16	If 'Other' in Q13 ,
			Describe:
			Enter the date of the 'other' event:
Q17	Between	January 1, 2	016 and December 31, 2016, did you receive any input regarding your SWPPP?
	Yes	If 'Yes ,' ei	nter the total number of individuals or
		organizati SWPPP:	ons that provided comments on your
	Q18	If 'Yes' in	Q17, did you modify your SWPPP as a result of written input received? [Part III.D.2.b.(2)]
		No	If 'Yes,' describe those modifications:
Q19	Between	January 1, 2	016 and December 31, 2016, did you modify your BMPs, measurable goals, or future plans for your public education and outreach program? [Part IV.B.] If 'Yes ,' describe those modifications:
	No		
6	💽 м	linnes	ota Pollution
	<u> </u>	ontrol	Agency
MCN	13: Illici	t Disch	arge Detection and Elimination
The follo	wing question	ons refer to	Part III.D.3. of the Permit.
Q20	Do you ha Yes	ave a regula	tory mechanism which prohibits non-stormwater discharges to your MS4?
Q21	Yes		llicit discharges between January 1, 2016 and December 31, 2016? [Part III.D.3.h.(4)]
	Q22	If 'Yes' in 6	Q21, enter the number of illicit discharges detected:
	Q23	If 'Yes' in X	Q21, how did you discover these illicit discharges? Check all that apply. Public complaint Staff
		Q24	If 'Public complaint' in Q23 , enter the number discovered by the public:
		Q25	If ' <i>Staff</i> ' in Q23 , enter the number discovered by staff:

	Q26	If 'Yes' in Q Yes	21, did any of the discovered illicit discharges result in an enforcement action (this includes verbal warnings)?
		Q27	If 'Yes' in Q26, what type of enforcement action(s) was taken and how many of each action were issued between January 1, 2016 and December 31, 2016? Check all that apply.
		I	Number issued: Verbal warning
			X Notice of violation 6 Fine Fine
			Criminal action Civil penalty
			Other describe:
			If 'Yes' in Q26 , did the enforcement action(s) taken sufficiently address the illicit discharge(s)? Yes
			Q29 If 'No' in Q28, why was the enforcement not sufficient to address the illicit discharge(s)?
Q30	Do you hav Yes	ve written Er	forcement Response Procedures (ERPs) to compel compliance with your illicit discharge regulatory mechanism(s)? [Part III.B.]
Q31			16 and December 31, 2016, did you train all field staff in illicit discharge recognition (including conditions which could cause illicit discharges) charges for further investigations? [Part III.D.3.e.]
	Q32		31, how did you train your field staff? Check all that apply.
		Х	Email Powerpoint Presentation
			Video Field Training
		If 'Other ,'	Other
		describe:	
The follow	ving questior	ns refer to Pa	art III.C.1. of the Permit.
Q33	Did you up No	date your st	orm sewer system map between January 1, 2016 and December 31, 2016? [Part III.C.1.]
Q34	Does your Yes	storm sewei	r map include all pipes 12 inches or greater in diameter and the direction of stormwater flow in those pipes? [Part III.C.1.a.]
Q35	Does your Yes	storm sewei	r map include outfalls, including a unique identification (ID) number and an associated geographic coordinate? [Part III.C.1.b.]
Q36	Does your Yes	storm sewer	r map include all structural stormwater BMPs that are part of your MS4? [Part III.C.1.c.]
Q37	Does your Yes	storm sewei	map include all receiving waters? [Part III.C.1.d.]
Q38		mat is your iIS	storm sewer map available?
	If 'Other ,' describe:		
Q39	Between Ja [Part IV.B.]		16 and December 31, 2016, did you modify your BMPs, measurable goals, or future plans for your illicit discharge detection and elimination (IDDE) program?
	No] [If 'Yes,' describe those modifications:
		-	
		ontrol	ota Pollution Agency
мсм	4: Cons	tructio	n Site Stormwater Runoff Control
The follow	ving question	ns refer to Pa	art III.D.4. of the Permit.
Q40	Constructio	on Activity (nry mechanism that is at least as stringent as the Agency's general permit to Discharge Stormwater Associated with LSW Permit) No. MN R100001 (http://www.pca.state.mn.us/index.php/view-document.html?gid=18984) for controls and waste controls? [Part III.D.4.a.]
	Yes		

Q41	Have you developed written procedures for site plan reviews as required by the Permit? [Part III.D.4.b.] Yes					
Q42	Have you documented each site plan review as required by the Permit? [Part III.D.4.f.] Yes					
Q43	Enter the number of site plan reviews conduct 2	Enter the number of site plan reviews conducted for sites an acre or greater between January 1, 2016 and December 31, 2016:				
Q44		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, 2016 to December 31, 2016. Number issued:				
	X Verbal warning X Notice of violation Administrative order X X Stop-work order X Fine Forfeit of security bond money X X Withholding of certificate of occ	2 0 0 0 0 0				
	Criminal action X Civil penalty					
	Other If 'Other,'					
Q45 Q46	[Part III.B.] Yes	Procedures (ERPs) to compel compliance with your construction site stormwater runoff control regulatory mechanisms? s an acre or greater that were in your jurisdiction between January 1, 2016 and December 31, 2016:				
4.0	2					
Q47	Do you have written procedures for identify	ing priority sites for inspections? [Part III.D.4.d.(1)]				
	Q48 If 'Yes' in Q47, how are sites prioritized for inspections? Check all that apply. Site topography Site topography Soil characteristics Types of receiving water(s) Stage of construction Compliance history Weather conditions Citizen complaints Project size Other					
	lf 'Other ,' describe:					
Q49	Do you have a checklist or other written me	ans to document site inspections when determining compliance? [Part III.D.4.d.(4)]				
Q50	Enter the number of site inspections conductions	ted for sites an acre or greater between January 1, 2016 and December 31, 2016:				
Q51	Enter the frequency at which site inspection	s are conducted (e.g. daily, weekly, monthly): [Part III.D.4.d.(2)]				
		weekly and after each 1/2 inch rainfall				
Q52	Enter the number of trained inspectors that	were available for construction site inspections between January 1, 2016 and December 31, 2016:				
Q53	Provide the contact information for the insp construction stormwater contact first if you	ector(s) and/or organization that conducts construction stormwater inspections for your MS4. List your primary have multiple inspectors.				
	1 Inspector Name Organization Phone (Office) Phone (Work Cell) Email Preferred contact method	Craig Gondeck Watab Township 320-393-3120 320-492-6814 watabgondeck@qwestoffice.net cell phone				
	2 Inspector Name Organization Phone (Office) Phone (Work Cell) Email Preferred contact method	Wayne Cymbaluk WC Environmental Services, LLC 320-241-4742 wcymbaluk@yahoo.com cell phone				
	3 Inspector Name					

Q54 Q55	What training did inspectors receive? Check all that apply. X 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 Laborers Training Center Stormwater Pollution Prevention Plan Installer or Supervisor Minnesota Utility Contractors Assocation Erosion Control Training Certified Professional in Erosion and Sediment Control (CPESKU) Certified Professional in Stormwater Quality (CPSWQ) X Certified Frosion Sediment and Storm Water Inspector (CESSWI) X Other If 'Other,' Certified wetland delineator in State of MN; Craig Gondeck and Pat Spence are certified through Mn Erosion Control for Minimum Control Measures and Illicit Discharge; Craig Gondeck passed the certification examination for Voluntary Environmental Snow and Ice Control Best Between January 1, 2016 and December 31, 2016, did your BMPs, measurable goals, or future plans for your construction site stormwater runoff control program? [Part IV.8.] Yes If 'Yes ,' describe those modifications: Yes We moved to more written documentation on inspections instead of verbal warnings; took more photographs at every site before, during, and after construction			
мсм	Minnesota Pollution Control Agency 5: Post-Construction Stormwater Management			
The follow	ing questions refer to Part III.D.5. of the Permit.			
Q56	Do you have a regulatory mechanism which meets all requirements as specified in Part III.D.5.a of the Permit?			
Q57	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 link http://www.pca.state.mn.us/index.php/view-document.html?gid=17815 for guidance on stormwater management approaches.			
	Retain a runoff volume equal to one inch times the area of the proposed increase of impervious surface on-site Retain the post-construction runoff volume on site for the 95th percentile storm Match the predevelopment runoff conditions X Adopt the Minimal Impact Design Standards (MIDS) An approach has not been selected Other method (Must be technically defensible - e.g., based on modeling, research and acceptable engineering practices) If 'Other,' describe:			
Q58	Do you have written Enforcement Response Procedures (ERPs) to compel compliance with your post-construction stormwater management regulatory mechanism(s)? [Part III.B.] Yes			
Q59	Between January 1, 2016 and December 31, 2016, did you modify your BMPs, measurable goals, or future plans for your post-construction site stormwater management program? [Part IV.B.] If Yes,' describe those modifications:			
	Minnesota Pollution Control Agency			
мсм	6: Pollution Prevention/Good Housekeeping for Municipal Operations			
The follow	ing questions refer to Part III.D.6. of the Permit.			
Q60	Enter the total number of structural stormwater BMPs, outfalls (excluding underground outfalls), and ponds within your MS4 (exclude privately owned). Structural stormwater BMPs Outfalls 15 Ponds 1			
Q61	Enter the number of structural stormwater BMPs, outfalls (excluding underground outfalls), and ponds that were inspected from January 1, 2016 to December 31, 2016 within your MS4 (exclude privately owned). [Part III.D.6.e.] Structural stormwater BMPs 0 Outfalls 15 Ponds 1			
Q62	Have you developed an alternative inspection frequency for any structural stormwater BMPs, as allowed in Part III.D.6.e.(1) of the Permit?			

No

n alternative inspection frequency for any structural stormwater BMPs, as allowed in Part III.D.6.e.(1) of the

Q63		inspection findings, di	d you conduct any maintenance on any structural stormwater BMPs? [Part III.D.6.e.(1)]	
	No	J		
	Q64	If 'Yes ,' briefly desc	ibe the maintenance that was conducted:	
Q65	Do you ow	n or operate any sto	kpiles, and/or storage and material handling areas? [Part III.D.6.e.(3)]	
	No]		
	Q66	If 'Yes' in Q65 , did y	ou inspect all stockpiles and storage and material handling areas quarterly? [Part III.D.6.e.(3)]	
	Q67	If 'Yes' in Q66, base	d on inspection findings, did you conduct maintenance at any of the stockpiles and/or storage and material handling areas?	
		Q68 <u>If 'Yes' i</u>	Q67, briefly describe the maintenance that was conducted:	
Q69	Retween I	anuary 1 2016 and D	ecember 31, 2016, did you modify your BMPs, measurable goals, or future plans for your pollution prevention/good	
400		ping for municipal ope	rations program? [Part IV.B.]	
	No	If 'Yes ,'	describe those modifications:	
		-		
			- United and	
		innesota P		
		ontrol Age	ncy	
Discha	arges to	Impaired W	aters with a USEPA-Approved TMDL that Includes an applicable WLA	
If require	d. vou must	complete the TMDL A	nnual Report Form, available at: http://stormwater.pca.state.mn.us/index.php/Upload_page_with_TMDL_forms.	
			t Form to this Annual Report as instructed below. [Part III.E]	
Q71	Successful	ly uploaded file:	File successfully attached.	
-				
	S			
		innesota P		
		ontrol Agei	ncy	
A		a Chlavida Di	and a way Transferrant Contained	
Alum	or Ferri	ic Chioride Pr	osphorus Treatment Systems	
The follow	ving questio	ns 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.	
		'Alum or Fei	ric Chloride Phosphorus Treatment Systems' section not required for Watab Township MS4.	
Q72	Date(s) of	operation (mm/dd/y	γγγ - mm/dd/γγγγy)	
Q72	January	operation (mm/dd/y	yyy - mm/dd/yyyy)	
Q72	January February	operation (mm/dd/y	yyy - mm/dd/yyyyy)	
Q72	January February March April	operation (mm/dd/y	yyy - mm/dd/yyyy)	
Q72	January February March April May	operation (mm/dd/y	yyy - mm/dd/yyyy)	
Q72	January February March April	operation (mm/dd/y	yyy - mm/dd/yyyy)	
Q72	January February March April May June July August		yyy - mm/dd/yyyy)	
Q72	January February March April May June July		yyy - mm/dd/yyyy)	
Q72	January February March April May June July August Septembe	r	yyy - mm/dd/yyyy)	

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

Q77	Any performance issues and corrective action(s), including the date(s) when corrective action(s) were taken, between January 1, 2016 and December 31, 2016:
	Minnesota Pollution Control Agency
Partne	erships
Q78	Did you rely on any other regulated MS4s to satisfy one or more Permit requirements?
	Q79 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.]
lf you wou	Minnesota Pollution Control Agency onal Information
Q80	Successfully uploaded file: No file attached.
Q81	Successfully uploaded file: No file attached.
Q82	Successfully uploaded file: No file attached.
Q83	Optional, describe the file(s) uploaded:
	Minnesota Pollution Control Agency
Owne	r of Operator Certification
	n with overall administrative responsibility for SWPPP implementation and Permit compliance must certify this MS4 Annual Report. This person must be duly I and should be either a principal executive (i.e., Director of Public Works, City Administrator) or ranking elected official (i.e., Mayor, Township Supervisor).
	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. 7001.0570). I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment (Minn. R. 7001.0540). X Yes

By typing my name in the following box, 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:	Patricia Spence
Title:	Clerk
Date:	6/2/2017