



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:	Shibani Bisson
Title:	City Engineer
Mailing Address:	505 Walnut Street, Suite 1
City:	Monticello
State:	MN
Zip Code:	55362
Phone:	(763) 271-3236
Email:	sbisson@wsbeng.com

Preparer Contact Information (if different from the MS4 General Contact)

Full Name:	Mark Redinger
Title:	Graduate Engineer/Construction Inspector
Organization:	City of Monticello
Mailing Address:	505 Walnut Street, Suite 1
City:	Monticello
State:	MN
Zip Code:	55362
Phone:	(763) 271-3227
Email:	mark.redinger@MonticelloMN.gov



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.

<input type="checkbox"/>	Total Maximum Daily Loads (TMDLs)
<input type="checkbox"/>	Local businesses
<input checked="" type="checkbox"/>	Residential best management practices (BMPs)
<input checked="" type="checkbox"/>	Pet waste
<input checked="" type="checkbox"/>	Yard waste
<input type="checkbox"/>	Deicing materials
<input type="checkbox"/>	Household chemicals
<input checked="" type="checkbox"/>	Construction activities
<input type="checkbox"/>	Post-construction activities
<input type="checkbox"/>	Other

If 'Other,' describe:

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)]

Yes

Q5 Do you have an implementation plan as required by the Permit? [Part III.D.1.b.]

Yes

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 How did you distribute educational materials or equivalent outreach? Check all that apply:	Q7 Intended audience? Check all that apply:						Q8 Total circulation/audience: (if unknown, best est.)
	Residents	Local businesses	Developers	Students	Employees	Other	
<input type="checkbox"/> Brochure							
<input checked="" type="checkbox"/> Newsletter	X	X		X			5000
<input type="checkbox"/> Utility bill insert							
<input type="checkbox"/> Newspaper ad							
<input type="checkbox"/> Radio ad							
<input type="checkbox"/> Television ad							
<input type="checkbox"/> Cable access channel							
<input type="checkbox"/> Stormwater-related event							
<input type="checkbox"/> School project or presentation							
<input checked="" type="checkbox"/> Website	X	X	X	X	X		6000
<input type="checkbox"/> Other (1) Describe:							
<input type="checkbox"/> Other (2) Describe:							
<input type="checkbox"/> Other (3) Describe:							

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
6/27/2016	Public Meeting on Storm Water Pollution Prevention Program (SWPPP) Annual Report
4/1/2016	Article on good residential housekeeping in Spring/Summer City Newsletter.

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:

No



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 **Q12**, what was the opportunity that you provided? Check all that apply.

<input checked="" type="checkbox"/>	Public meeting
<input type="checkbox"/>	Public event
<input type="checkbox"/>	Other

Q14 If 'Public meeting' in **Q13**, did you hold a stand-alone meeting or combine it with another event?

Enter the date of the public meeting:

Enter the number of citizens that attended and were informed about your SWPPP:

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:

Q16 If 'Other' in **Q13**,

Describe:

Enter the date of the 'other' event:

Enter the number of citizens that attended and were informed about your SWPPP:

Q17 Between January 1, 2016 and December 31, 2016, did you receive any input regarding your SWPPP?

If 'Yes,' enter the total number of individuals or organizations that provided comments on your SWPPP:

Q18 If 'Yes' in **Q17**, did you modify your SWPPP as a result of written input received? [Part III.D.2.b.(2)]

If 'Yes,' describe those modifications:

Q19 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:



Minnesota Pollution Control Agency

MCM 3: Illicit Discharge Detection and Elimination

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

Q20 Do you have a regulatory mechanism which prohibits non-stormwater discharges to your MS4?

Q21 Did you identify any illicit discharges between January 1, 2016 and December 31, 2016? [Part III.D.3.h.(4)]

Q22 If 'Yes' in **Q21**, enter the number of illicit discharges detected:

Q23 If 'Yes' in **Q21**, how did you discover these illicit discharges? Check all that apply.

<input type="checkbox"/>	Public complaint
<input checked="" type="checkbox"/>	Staff

Q24 If 'Public complaint' in **Q23**, enter the number discovered by the public:

Q25 If 'Staff' in **Q23**, enter the number discovered by staff:

Q26 If 'Yes' in Q21, 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.

		Number issued:
<input checked="" type="checkbox"/>	Verbal warning	1
<input type="checkbox"/>	Notice of violation	
<input type="checkbox"/>	Fine	
<input type="checkbox"/>	Criminal action	
<input type="checkbox"/>	Civil penalty	
<input type="checkbox"/>	Other	

If 'Other,' describe:

Q28 If 'Yes' in Q26, did the enforcement action(s) taken sufficiently address the illicit discharge(s)?

Q29 If 'No' in Q28, why was the enforcement not sufficient to address the illicit discharge(s)?

Q30 Do you have written Enforcement Response Procedures (ERPs) to compel compliance with your illicit discharge regulatory mechanism(s)? [Part III.B.]

Q31 Between January 1, 2016 and December 31, 2016, 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.]

Q32 If 'Yes' in Q31, how did you train your field staff? Check all that apply.

<input type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Powerpoint
<input checked="" type="checkbox"/>	Presentation
<input type="checkbox"/>	Video
<input type="checkbox"/>	Field Training
<input type="checkbox"/>	Other

If 'Other,' describe:

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

Q33 Did you update your storm sewer system map between January 1, 2016 and December 31, 2016? [Part III.C.1.]

Q34 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.]

Q35 Does your storm sewer map include outfalls, including a unique identification (ID) number and an associated geographic coordinate? [Part III.C.1.b.]

Q36 Does your storm sewer map include all structural stormwater BMPs that are part of your MS4? [Part III.C.1.c.]

Q37 Does your storm sewer map include all receiving waters? [Part III.C.1.d.]

Q38 In what format is your storm sewer map available?

If 'Other,' describe:

Q39 Between January 1, 2016 and December 31, 2016, did you modify your BMPs, measurable goals, or future plans for your illicit discharge detection and elimination (IDDE) program? [Part IV.B.]

If 'Yes,' describe those modifications:



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MCM 4: Construction Site Stormwater Runoff Control

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

Q40 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. MN R100001 (<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.]

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 conducted for sites an acre or greater between January 1, 2016 and December 31, 2016:

9

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:
<input checked="" type="checkbox"/>	Verbal warning	15
<input checked="" type="checkbox"/>	Notice of violation	1
<input type="checkbox"/>	Administrative order	0
<input checked="" type="checkbox"/>	Stop-work order	0
<input type="checkbox"/>	Fine	0
<input type="checkbox"/>	Forfeit of security bond money	0
<input type="checkbox"/>	Withholding of certificate of occupancy	0
<input type="checkbox"/>	Criminal action	0
<input type="checkbox"/>	Civil penalty	0
<input type="checkbox"/>	Other	0

If 'Other,' describe:

Q45 Do you have written Enforcement Response Procedures (ERPs) to compel compliance with your construction site stormwater runoff control regulatory mechanisms? [Part III.B.]

Yes

Q46 Enter the number of active construction sites an acre or greater that were in your jurisdiction between January 1, 2016 and December 31, 2016:

12

Q47 Do you have written procedures for identifying priority sites for inspections? [Part III.D.4.d.(1)]

Yes

Q48 If 'Yes' in Q47, how are sites prioritized for inspections? Check all that apply.

<input checked="" type="checkbox"/>	Site topography
<input type="checkbox"/>	Soil characteristics
<input checked="" type="checkbox"/>	Types of receiving water(s)
<input type="checkbox"/>	Stage of construction
<input type="checkbox"/>	Compliance history
<input type="checkbox"/>	Weather conditions
<input type="checkbox"/>	Citizen complaints
<input type="checkbox"/>	Project size
<input checked="" type="checkbox"/>	Other

If 'Other,' describe: Magnitude of construction sites and proximately to water bodies

Q49 Do you have a checklist or other written means to document site inspections when determining compliance? [Part III.D.4.d.(4)]

Yes

Q50 Enter the number of site inspections conducted for sites an acre or greater between January 1, 2016 and December 31, 2016:

106

Q51 Enter the frequency at which site inspections are conducted (e.g. daily, weekly, monthly): [Part III.D.4.d.(2)]

Weekly and after 1/2" rain events as workload allows. All sites were inspected at least once per month.

Q52 Enter the number of trained inspectors that were available for construction site inspections between January 1, 2016 and December 31, 2016:

1

Q53 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	Mark Redinger
Organization	City of Monticello
Phone (Office)	(763) 271-3227
Phone (Work Cell)	(651) 363-4500
Email	mark.redinger@MonticelloMN.gov
Preferred contact method	cell phone

2 Inspector Name	
Organization	
Phone (Office)	
Phone (Work Cell)	
Email	
Preferred contact method	

3 Inspector Name	
Organization	
Phone (Office)	
Phone (Work Cell)	
Email	
Preferred contact method	

Q54 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

If 'Other,' describe:

Q55 Between January 1, 2016 and December 31, 2016, did you modify your BMPs, measurable goals, or future plans for your construction site stormwater runoff control program? [Part IV.B.]

No

If 'Yes,' describe those modifications:



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MCM 5: Post-Construction Stormwater Management

The following 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?

Yes

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.](http://www.pca.state.mn.us/index.php/view-document.html?gid=17815)

- 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
- 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.]

No

If 'Yes,' describe those modifications:



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MCM 6: Pollution Prevention/Good Housekeeping for Municipal Operations

The following 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	52
Outfalls	29
Ponds	121

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	52
Outfalls	0
Ponds	0

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

Q63 Based on inspection findings, did you conduct any maintenance on any structural stormwater BMPs? [Part III.D.6.e.(1)]

Yes

Q64 If 'Yes,' briefly describe the maintenance that was conducted:

Structural BMP's were cleaned out. Sediment and any debris accumulation were removed.

Q65 Do you own or operate any stockpiles, and/or storage and material handling areas? [Part III.D.6.e.(3)]

Yes

Q66 If 'Yes' in Q65, did you inspect all stockpiles and storage and material handling areas quarterly? [Part III.D.6.e.(3)]

Yes

Q67 If 'Yes' in Q66, based on inspection findings, did you conduct maintenance at any of the stockpiles and/or storage and material handling areas?

No

Q68 If 'Yes' in Q67, briefly describe the maintenance that was conducted:

Q69 Between January 1, 2016 and December 31, 2016, did you modify your BMPs, measurable goals, or future plans for your pollution prevention/good housekeeping for municipal operations program? [Part IV.B.]

No

If 'Yes,' describe those modifications:



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Discharges to Impaired Waters with a USEPA-Approved TMDL that Includes an applicable WLA

If required, you must complete the **TMDL Annual Report Form**, available at: http://stormwater.pca.state.mn.us/index.php/Upload_page_with_TMDL_forms. Attach your completed TMDL Annual Report Form to this Annual Report as instructed below. [Part III.E]

Q71 Successfully uploaded file:

TMDL form not required for Monticello City MS4.



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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.

'Alum or Ferric Chloride Phosphorus Treatment Systems' section not required for Monticello City MS4.

Q72 Date(s) of operation (mm/dd/yyyy - mm/dd/yyyy)

January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

	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				

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:



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Partnerships

Q78 Did you rely on any other regulated MS4s to satisfy one or more Permit requirements?

No

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.]



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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. You may provide additional explanation and/or information in an email with the subject YourMS4NameHere_2016AR to ms4permitprogram.pca@state.mn.us.

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:



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Owner of 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).

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).

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:

Shibani Bisson

Title:

City Engineer

Date:

6/30/2017