



**Minnesota Pollution  
Control Agency**

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

# MS4 SWPPP Application for Reauthorization

for the NPDES/SDS General Small Municipal Separate  
Storm Sewer System (MS4) Permit MNR040000  
reissued with an effective date of August 1, 2013  
Stormwater Pollution Prevention Program (SWPPP) Document

Doc Type: Permit Application

**Instructions:** This application is for authorization to discharge stormwater associated with Municipal Separate Storm Sewer Systems (MS4s) under the National Pollutant Discharge Elimination System/State Disposal System (NPDES/SDS) Permit Program. **No fee** is required with the submittal of this application. Please refer to "Example" for detailed instructions found on the Minnesota Pollution Control Agency (MPCA) MS4 website at <http://www.pca.state.mn.us/ms4>.

**Submittal:** This *MS4 SWPPP Application for Reauthorization* form must be submitted electronically via e-mail to the MPCA at [ms4permitprogram.pca@state.mn.us](mailto:ms4permitprogram.pca@state.mn.us) from the person that is duly authorized to certify this form. All questions with an asterisk (\*) are required fields. All applications will be returned if required fields are not completed.

**Questions:** Contact Claudia Hochstein at 651-757-2881 or [claudia.hochstein@state.mn.us](mailto:claudia.hochstein@state.mn.us), Dan Miller at 651-757-2246 or [daniel.miller@state.mn.us](mailto:daniel.miller@state.mn.us), or call toll-free at 800-657-3864.

## General Contact Information (\*Required fields)

### MS4 Owner (with ownership or operational responsibility, or control of the MS4)

\*MS4 permittee name: \_\_\_\_\_ \*County: \_\_\_\_\_  
(city, county, municipality, government agency or other entity)

\*Mailing address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip code: \_\_\_\_\_

\*Phone (including area code): \_\_\_\_\_ \*E-mail: \_\_\_\_\_

### MS4 General contact (with Stormwater Pollution Prevention Program [SWPPP] implementation responsibility)

\*Last name: \_\_\_\_\_ \*First name: \_\_\_\_\_  
(department head, MS4 coordinator, consultant, etc.)

\*Title: \_\_\_\_\_

\*Mailing address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip code: \_\_\_\_\_

\*Phone (including area code): \_\_\_\_\_ \*E-mail: \_\_\_\_\_

### Preparer information (complete if SWPPP application is prepared by a party other than MS4 General contact)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
(department head, MS4 coordinator, consultant, etc.)

Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone (including area code): \_\_\_\_\_ E-mail: \_\_\_\_\_

## Verification

1. I seek to continue discharging stormwater associated with a small MS4 after the effective date of this Permit, and shall submit this *MS4 SWPPP Application for Reauthorization* form, in accordance with the schedule in Appendix A, Table 1, with the SWPPP document completed in accordance with the Permit (Part II.D.). ☐ Yes
2. I have read and understand the NPDES/SDS MS4 General Permit and certify that we intend to comply with all requirements of the Permit. ☐ Yes

## Certification (All fields are required)

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- ☐ 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.

*I certify that 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.*

*I am aware that there are significant penalties for submitting false information, including the possibility of civil and criminal penalties.*

This certification is required by Minn. Stat. §§ 7001.0070 and 7001.0540. The authorized person with overall, MS4 legal responsibility must certify the application (principal executive officer or a ranking elected official).

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 this information can be used for the purpose of processing my application.

Name: \_\_\_\_\_  
(This document has been electronically signed)

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone (including area code): \_\_\_\_\_ E-mail: \_\_\_\_\_

**Note:** The application will not be  
processed without certification.

# Stormwater Pollution Prevention Program Document

## I. Partnerships: (Part II.D.1)

- A. List the **regulated small MS4(s)** with which you have established a partnership in order to satisfy one or more requirements of this Permit. Indicate which Minimum Control Measure (MCM) requirements or other program components that each partnership helps to accomplish (List all that apply). Check the box below if you currently have no established partnerships with other regulated MS4s. If you have more than five partnerships, hit the tab key after the last line to generate a new row.

☐ No partnerships with regulated small MS4s

Name and description of partnership	MCM/Other permit requirements involved

- B. If you have additional information that you would like to communicate about your partnerships with other regulated small MS4(s), provide it in the space below, or include an attachment to the SWPPP Document, with the following file naming convention: *MS4NameHere\_Partnerships*.

## II. Description of Regulatory Mechanisms: (Part II.D.2)

### Illicit discharges

- A. Do you have a regulatory mechanism(s) that effectively prohibits non-stormwater discharges into your small MS4, except those non-stormwater discharges authorized under the Permit (Part III.D.3.b.)? ☐ Yes ☐ No

1. If **yes**:

- a. Check which *type* of regulatory mechanism(s) your organization has (check all that apply):

☐ Ordinance ☐ Contract language  
☐ Policy/Standards ☐ Permits  
☐ Rules  
☐ Other, explain: \_\_\_\_\_

- b. Provide either a direct link to the mechanism selected above or attach it as an electronic document to this form; or if your regulatory mechanism is either an Ordinance or a Rule, you may provide a citation:

Citation:

Direct link:

☐ Check here if attaching an electronic copy of your regulatory mechanism, with the following file naming convention: *MS4NameHere\_IDDEreg*.

2. If **no**:

Describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, this permit requirement is met:

## Construction site stormwater runoff control

- A. Do you have a regulatory mechanism(s) that establishes requirements for erosion and sediment controls and waste controls? ☐ Yes ☐ No

1. If **yes**:

- a. Check which *type* of regulatory mechanism(s) your organization has (check all that apply):

- ☐ Ordinance ☐ Contract language  
☐ Policy/Standards ☐ Permits  
☐ Rules  
☐ Other, explain: \_\_\_\_\_

- b. Provide either a direct link to the mechanism selected above or attach it as an electronic document to this form; or if your regulatory mechanism is either an Ordinance or a Rule, you may provide a citation:

Citation:

Direct link:

- ☐ Check here if attaching an electronic copy of your regulatory mechanism, with the following file naming convention: *MS4NameHere\_CSWreg*.

- B. Is your regulatory mechanism at least as stringent as the MPCA general permit to Discharge Stormwater Associated with Construction Activity (as of the effective date of the MS4 Permit)? ☐ Yes ☐ No

If you answered **yes** to the above question, proceed to C.

If you answered **no** to either of the above permit requirements listed in A. or B., describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, these permit requirements are met:

- C. Answer **yes** or **no** to indicate whether your regulatory mechanism(s) requires owners and operators of construction activity to develop site plans that incorporate the following erosion and sediment controls and waste controls as described in the Permit (Part III.D.4.a.(1)-(8)), and as listed below:

- |  |  |
|--|--|
| 1. Best Management Practices (BMPs) to minimize erosion.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. BMPs to minimize the discharge of sediment and other pollutants.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. BMPs for dewatering activities.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Site inspections and records of rainfall events   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. BMP maintenance   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Management of solid and hazardous wastes on each project site.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Final stabilization upon the completion of construction activity, including the use of perennial vegetative cover on all exposed soils or other equivalent means. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Criteria for the use of temporary sediment basins.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered **no** to any of the above permit requirements, describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, these permit requirements are met:

## Post-construction stormwater management

- A. Do you have a regulatory mechanism(s) to address post-construction stormwater management activities? ☐ Yes ☐ No

1. If **yes**:

- a. Check which *type* of regulatory mechanism(s) your organization has (check all that apply):

- ☐ Ordinance ☐ Contract language  
☐ Policy/Standards ☐ Permits  
☐ Rules  
☐ Other, explain: \_\_\_\_\_

- b. Provide either a direct link to the mechanism selected above or attach it as an electronic document to this form; or if your regulatory mechanism is either an Ordinance or a Rule, you may provide a citation:

Citation:

Direct link:

☐ Check here if attaching an electronic copy of your regulatory mechanism, with the following file naming convention: *MS4NameHere\_PostCSWreg*.

- B. Answer **yes** or **no** below to indicate whether you have a regulatory mechanism(s) in place that meets the following requirements as described in the Permit (Part III.D.5.a.):

1. **Site plan review:** Requirements that owners and/or operators of construction activity submit site plans with post-construction stormwater management BMPs to the permittee for review and approval, prior to start of construction activity. ☐ Yes ☐ No
2. **Conditions for post construction stormwater management:** Requires the use of any combination of BMPs, with highest preference given to Green Infrastructure techniques and practices (e.g., infiltration, evapotranspiration, reuse/harvesting, conservation design, urban forestry, green roofs, etc.), necessary to meet the following conditions on the site of a construction activity to the Maximum Extent Practicable (MEP):
  - a. For new development projects – no net increase from pre-project conditions (on an annual average basis) of: ☐ Yes ☐ No
    - 1) Stormwater discharge volume, unless precluded by the stormwater management limitations in the Permit (Part III.D.5.a(3)(a)).
    - 2) Stormwater discharges of Total Suspended Solids (TSS).
    - 3) Stormwater discharges of Total Phosphorus (TP).
  - b. For redevelopment projects – a net reduction from pre-project conditions (on an annual average basis) of: ☐ Yes ☐ No
    - 1) Stormwater discharge volume, unless precluded by the stormwater management limitations in the Permit (Part III.D.5.a(3)(a)).
    - 2) Stormwater discharges of TSS.
    - 3) Stormwater discharges of TP.
3. **Stormwater management limitations and exceptions:**
  - a. Limitations ☐ Yes ☐ No
    - 1) Prohibit the use of infiltration techniques to achieve the conditions for post-construction stormwater management in the Permit (Part III.D.5.a(2)) when the infiltration structural stormwater BMP will receive discharges from, or be constructed in areas: ☐ Yes ☐ No
      - a) Where industrial facilities are not authorized to infiltrate industrial stormwater under an NPDES/SDS Industrial Stormwater Permit issued by the MPCA.
      - b) Where vehicle fueling and maintenance occur.
      - c) With less than three (3) feet of separation distance from the bottom of the infiltration system to the elevation of the seasonally saturated soils or the top of bedrock.
      - d) Where high levels of contaminants in soil or groundwater will be mobilized by the infiltrating stormwater.
    - 2) Restrict the use of infiltration techniques to achieve the conditions for post-construction stormwater management in the Permit (Part III.D.5.a(2)), without higher engineering review, sufficient to provide a functioning treatment system and prevent adverse impacts to groundwater, when the infiltration device will be constructed in areas: ☐ Yes ☐ No
      - a) With predominately Hydrologic Soil Group D (clay) soils.
      - b) Within 1,000 feet up-gradient, or 100 feet down-gradient of active karst features.
      - c) Within a Drinking Water Supply Management Area (DWSMA) as defined in Minn. R. 4720.5100, subp. 13.
      - d) Where soil infiltration rates are more than 8.3 inches per hour.
    - 3) For linear projects where the lack of right-of-way precludes the installation of volume control practices that meet the conditions for post-construction stormwater management in the Permit (Part III.D.5.a(2)), the permittee's regulatory mechanism(s) may allow exceptions as described in the Permit (Part III.D.5.a(3)(b)). The permittee's regulatory mechanism(s) shall ensure that a reasonable attempt be made to obtain right-of-way during the project planning process. ☐ Yes ☐ No

4. **Mitigation provisions:** The permittee's regulatory mechanism(s) shall ensure that any stormwater discharges of TSS and/or TP not addressed on the site of the original construction activity are addressed through mitigation and, at a minimum, shall ensure the following requirements are met:
- a. Mitigation project areas are selected in the following order of preference: ☐ Yes ☐ No
    - 1) Locations that yield benefits to the same receiving water that receives runoff from the original construction activity.
    - 2) Locations within the same Minnesota Department of Natural Resource (DNR) catchment area as the original construction activity.
    - 3) Locations in the next adjacent DNR catchment area up-stream
    - 4) Locations anywhere within the permittee's jurisdiction.
  - b. Mitigation projects must involve the creation of new structural stormwater BMPs or the retrofit of existing structural stormwater BMPs, or the use of a properly designed regional structural stormwater BMP. ☐ Yes ☐ No
  - c. Routine maintenance of structural stormwater BMPs already required by this permit cannot be used to meet mitigation requirements of this part. ☐ Yes ☐ No
  - d. Mitigation projects shall be completed within 24 months after the start of the original construction activity. ☐ Yes ☐ No
  - e. The permittee shall determine, and document, who will be responsible for long-term maintenance on all mitigation projects of this part. ☐ Yes ☐ No
  - f. If the permittee receives payment from the owner and/or operator of a construction activity for mitigation purposes in lieu of the owner or operator of that construction activity meeting the conditions for post-construction stormwater management in Part III.D.5.a(2), the permittee shall apply any such payment received to a public stormwater project, and all projects must be in compliance with Part III.D.5.a(4)(a)-(e). ☐ Yes ☐ No
5. **Long-term maintenance of structural stormwater BMPs:** The permittee's regulatory mechanism(s) shall provide for the establishment of legal mechanisms between the permittee and owners or operators responsible for the long-term maintenance of structural stormwater BMPs not owned or operated by the permittee, that have been implemented to meet the conditions for post-construction stormwater management in the Permit (Part III.D.5.a(2)). This only includes structural stormwater BMPs constructed after the effective date of this permit and that are directly connected to the permittee's MS4, and that are in the permittee's jurisdiction. The legal mechanism shall include provisions that, at a minimum:
- a. Allow the permittee to conduct inspections of structural stormwater BMPs not owned or operated by the permittee, perform necessary maintenance, and assess costs for those structural stormwater BMPs when the permittee determines that the owner and/or operator of that structural stormwater BMP has not conducted maintenance. ☐ Yes ☐ No
  - b. Include conditions that are designed to preserve the permittee's right to ensure maintenance responsibility, for structural stormwater BMPs not owned or operated by the permittee, when those responsibilities are legally transferred to another party. ☐ Yes ☐ No
  - c. Include conditions that are designed to protect/preserve structural stormwater BMPs and site features that are implemented to comply with the Permit (Part III.D.5.a(2)). If site configurations or structural stormwater BMPs change, causing decreased structural stormwater BMP effectiveness, new or improved structural stormwater BMPs must be implemented to ensure the conditions for post-construction stormwater management in the Permit (Part III.D.5.a(2)) continue to be met. ☐ Yes ☐ No

If you answered **no** to any of the above permit requirements, describe the tasks and corresponding schedules that will be taken to assure that, within twelve (12) months of the date permit coverage is extended, these permit requirements are met:

### III. Enforcement Response Procedures (ERPs): (Part II.D.3)

- A. Do you have existing ERPs that satisfy the requirements of the Permit (Part III.B.)? ☐ Yes ☐ No
- 1. If **yes**, attach them to this form as an electronic document, with the following file naming convention: *MS4NameHere\_ERPs*.
  - 2. If **no**, describe the tasks and corresponding schedules that will be taken to assure that, with twelve (12) months of the date permit coverage is extended, these permit requirements are met:

- B. Describe your ERPs:

#### IV. Storm Sewer System Map and Inventory: (Part II.D.4.)

- A. Describe how you manage your storm sewer system map and inventory:

- B. Answer **yes** or **no** to indicate whether your storm sewer system map addresses the following requirements from the Permit (Part III.C.1.a-d), as listed below:

1. The permittee's entire small MS4 as a goal, but at a minimum, all pipes 12 inches or greater in diameter, including stormwater flow direction in those pipes. ☐ Yes ☐ No
2. Outfalls, including a unique identification (ID) number assigned by the permittee, and an associated geographic coordinate. ☐ Yes ☐ No
3. Structural stormwater BMPs that are part of the permittee's small MS4. ☐ Yes ☐ No
4. All receiving waters. ☐ Yes ☐ No

If you answered **no** to any of the above permit requirements, describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, these permit requirements are met:

- C. Answer **yes** or **no** to indicate whether you have completed the requirements of 2009 Minnesota Session Law, Ch. 172. Sec. 28: with the following inventories, according to the specifications of the Permit (Part III.C.2.a.-b.), including:

1. All ponds within the permittee's jurisdiction that are constructed and operated for purposes of water quality treatment, stormwater detention, and flood control, and that are used for the collection of stormwater via constructed conveyances. ☐ Yes ☐ No
2. All wetlands and lakes, within the permittee's jurisdiction, that collect stormwater via constructed conveyances. ☐ Yes ☐ No

- D. Answer **yes** or **no** to indicate whether you have completed the following information for each feature inventoried.

1. A unique identification (ID) number assigned by the permittee. ☐ Yes ☐ No
2. A geographic coordinate. ☐ Yes ☐ No
3. Type of feature (e.g., pond, wetland, or lake). This may be determined by using best professional judgment. ☐ Yes ☐ No

If you have answered **yes** to all above requirements, and you have already submitted the Pond Inventory Form to the MPCA, then you do not need to resubmit the inventory form below.

If you answered **no** to any of the above permit requirements, describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, these permit requirements are met:

- E. Answer **yes** or **no** to indicate if you are attaching your pond, wetland and lake inventory to the MPCA on the form provided on the MPCA website at: <http://www.pca.state.mn.us/ms4>, according to the specifications of Permit (Part III.C.2.b.(1)-(3)). Attach with the following file naming convention: *MS4NameHere\_inventory*. ☐ Yes ☐ No

If you answered **no**, the inventory form must be submitted to the MPCA MS4 Permit Program within 12 months of the date permit coverage is extended.

#### V. Minimum Control Measures (MCMs) (Part II.D.5)

##### A. MCM1: Public education and outreach

1. The Permit requires that, within 12 months of the date permit coverage is extended, existing permittees revise their education and outreach program that focuses on illicit discharge recognition and reporting, as well as other specifically selected stormwater-related issue(s) of high priority to the permittee during this permit term. Describe your **current** educational program, including **any high-priority topics included**:

- List the categories of BMPs that address your public education and outreach program, including the distribution of educational materials and a program implementation plan. Use the first table for categories of BMPs that you have established and the second table for categories of BMPs that you plan to implement over the course of the permit term.

Include the measurable goals with appropriate timeframes that each BMP category will be implemented and completed. In addition, provide interim milestones and the frequency of action in which the permittee will implement and/or maintain the BMPs. Refer to the U.S. Environmental Protection Agency's (EPA) *Measurable Goals Guidance for Phase II Small MS4s* (<http://www.epa.gov/npdes/pubs/measurablegoals.pdf>).

**If you have more than five categories**, hit the tab key after the last line to generate a new row.

Established BMP categories	Measurable goals and timeframes

  

BMP categories to be implemented	Measurable goals and timeframes

- Provide the name or the position title of the individual(s) who is responsible for implementing and/or coordinating this MCM:

## B. MCM2: Public participation and involvement

- The Permit (Part III.D.2.a.) requires that, within 12 months of the date permit coverage is extended, existing permittees shall revise their current program, as necessary, and continue to implement a public participation/involvement program to solicit public input on the SWPPP. Describe your current program:

- List the categories of BMPs that address your public participation/involvement program, including solicitation and documentation of public input on the SWPPP. Use the first table for categories of BMPs that you have established and the second table for categories of BMPs that you plan to implement over the course of the permit term.

Include the measurable goals with appropriate timeframes that each BMP category will be implemented and completed. In addition, provide interim milestones and the frequency of action in which the permittee will implement and/or maintain the BMPs. Refer to the EPA's *Measurable Goals Guidance for Phase II Small MS4s* (<http://www.epa.gov/npdes/pubs/measurablegoals.pdf>).

**If you have more than five categories**, hit the tab key after the last line to generate a new row.

Established BMP categories	Measurable goals and timeframes

  

BMP categories to be implemented	Measurable goals and timeframes



3. Do you have a process for receiving and documenting citizen input? ☐ Yes ☐ No

If you answered **no** to the above permit requirement, describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, this permit requirement is met:

4. Provide the name or the position title of the individual(s) who is responsible for implementing and/or coordinating this MCM:

### C. MCM 3: Illicit discharge detection and elimination

1. The Permit (Part III.D.3.) requires that, within 12 months of the date permit coverage is extended, existing permittees revise their current program as necessary, and continue to implement and enforce a program to detect and eliminate illicit discharges into the small MS4. Describe your current program:
2. Does your Illicit Discharge Detection and Elimination Program meet the following requirements, as found in the Permit (Part III.D.3.c.-g.)?
- a. Incorporation of illicit discharge detection into all inspection and maintenance activities conducted under the Permit (Part III.D.6.e.-f.) Where feasible, illicit discharge inspections shall be conducted during dry-weather conditions (e.g., periods of 72 or more hours of no precipitation). ☐ Yes ☐ No
  - b. Detecting and tracking the source of illicit discharges using visual inspections. The permittee may also include use of mobile cameras, collecting and analyzing water samples, and/or other detailed procedures that may be effective investigative tools. ☐ Yes ☐ No
  - c. Training of all field staff, in accordance with the requirements of the Permit (Part III.D.6.g.(2)), in illicit discharge recognition (including conditions which could cause illicit discharges), and reporting illicit discharges for further investigation. ☐ Yes ☐ No
  - d. Identification of priority areas likely to have illicit discharges, including at a minimum, evaluating land use associated with business/industrial activities, areas where illicit discharges have been identified in the past, and areas with storage of large quantities of significant materials that could result in an illicit discharge. ☐ Yes ☐ No
  - e. Procedures for the timely response to known, suspected, and reported illicit discharges. ☐ Yes ☐ No
  - f. Procedures for investigating, locating, and eliminating the source of illicit discharges. ☐ Yes ☐ No
  - g. Procedures for responding to spills, including emergency response procedures to prevent spills from entering the small MS4. The procedures shall also include the immediate notification of the Minnesota Department of Public Safety Duty Officer, if the source of the illicit discharge is a spill or leak as defined in Minn. Stat. § 115.061. ☐ Yes ☐ No
  - h. When the source of the illicit discharge is found, the permittee shall use the ERPs required by the Permit (Part III.B.) to eliminate the illicit discharge and require any needed corrective action(s). ☐ Yes ☐ No

If you answered **no** to any of the above permit requirements, describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, these permit requirements are met:

3. List the categories of BMPs that address your illicit discharge, detection and elimination program. Use the first table for categories of BMPs that you have established and the second table for categories of BMPs that you plan to implement over the course of the permit term.

Include the measurable goals with appropriate timeframes that each BMP category will be implemented and completed. In addition, provide interim milestones and the frequency of action in which the permittee will implement and/or maintain the BMPs. Refer to the EPA's *Measurable Goals Guidance for Phase II Small MS4s* (<http://www.epa.gov/npdes/pubs/measurablegoals.pdf>).

If you have more than five categories, hit the tab key after the last line to generate a new row.

Established BMP categories	Measurable goals and timeframes

BMP categories to be implemented	Measurable goals and timeframes

4. Do you have procedures for record-keeping within your Illicit Discharge Detection and Elimination (IDDE) program as specified within the Permit (Part III.D.3.h.)? ☐ Yes ☐ No
- If you answered **no**, indicate how you will develop procedures for record-keeping of your Illicit Discharge, Detection and Elimination Program, within 12 months of the date permit coverage is extended:
5. Provide the name or the position title of the individual(s) who is responsible for implementing and/or coordinating this MCM:

#### D. MCM 4: Construction site stormwater runoff control

1. The Permit (Part III.D.4) requires that, within 12 months of the date permit coverage is extended, existing permittees shall revise their current program, as necessary, and continue to implement and enforce a construction site stormwater runoff control program. Describe your current program:
2. Does your program address the following BMPs for construction stormwater erosion and sediment control as required in the Permit (Part III.D.4.b.):
- Have you established written procedures for site plan reviews that you conduct prior to the start of construction activity? ☐ Yes ☐ No
  - Does the site plan review procedure include notification to owners and operators proposing construction activity that they need to apply for and obtain coverage under the MPCA's general permit to *Discharge Stormwater Associated with Construction Activity No. MN R100001*? ☐ Yes ☐ No
  - Does your program include written procedures for receipt and consideration of reports of noncompliance or other stormwater related information on construction activity submitted by the public to the permittee? ☐ Yes ☐ No
  - Have you included written procedures for the following aspects of site inspections to determine compliance with your regulatory mechanism(s):
    - Does your program include procedures for identifying priority sites for inspection? ☐ Yes ☐ No
    - Does your program identify a frequency at which you will conduct construction site inspections? ☐ Yes ☐ No
    - Does your program identify the names of individual(s) or position titles of those responsible for conducting construction site inspections? ☐ Yes ☐ No
    - Does your program include a checklist or other written means to document construction site inspections when determining compliance? ☐ Yes ☐ No
  - Does your program document and retain construction project name, location, total acreage to be disturbed, and owner/operator information? ☐ Yes ☐ No
  - Does your program document stormwater-related comments and/or supporting information used to determine project approval or denial? ☐ Yes ☐ No
  - Does your program retain construction site inspection checklists or other written materials used to document site inspections? ☐ Yes ☐ No

If you answered **no** to any of the above permit requirements, describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, these permit requirements are met.

3. List the categories of BMPs that address your construction site stormwater runoff control program. Use the first table for categories of BMPs that you have established and the second table for categories of BMPs that you plan to implement over the course of the permit term.

Include the measurable goals with appropriate timeframes that each BMP category will be implemented and completed. In addition, provide interim milestones and the frequency of action in which the permittee will implement and/or maintain the BMPs. Refer to the EPA's *Measurable Goals Guidance for Phase II Small MS4s* (<http://www.epa.gov/npdes/pubs/measurablegoals.pdf>). If you have more than five categories, hit the tab key after the last line to generate a new row.

Established BMP categories	Measurable goals and timeframes

  

BMP categories to be implemented	Measurable goals and timeframes

4. Provide the name or the position title of the individual(s) who is responsible for implementing and/or coordinating this MCM:

#### E. MCM 5: Post-construction stormwater management

- The Permit (Part III.D.5.) requires that, within 12 months of the date permit coverage is extended, existing permittees shall revise their current program, as necessary, and continue to implement and enforce a post-construction stormwater management program. Describe your current program:
- Have you established written procedures for site plan reviews that you will conduct prior to the start of construction activity? ☐ Yes ☐ No
- Answer **yes** or **no** to indicate whether you have the following listed procedures for documentation of post-construction stormwater management according to the specifications of Permit (Part III.D.5.c.):
  - Any supporting documentation that you use to determine compliance with the Permit (Part III.D.5.a), including the project name, location, owner and operator of the construction activity, any checklists used for conducting site plan reviews, and any calculations used to determine compliance? ☐ Yes ☐ No
  - All supporting documentation associated with mitigation projects that you authorize? ☐ Yes ☐ No
  - Payments received and used in accordance with Permit (Part III.D.5.a.(4)(f))? ☐ Yes ☐ No
  - All legal mechanisms drafted in accordance with the Permit (Part III.D.5.a.(5)), including date(s) of the agreement(s) and names of all responsible parties involved? ☐ Yes ☐ No

If you answered **no** to any of the above permit requirements, describe the steps that will be taken to assure that, within 12 months of the date permit coverage is extended, these permit requirements are met.

4. List the categories of BMPs that address your post-construction stormwater management program. Use the first table for categories of BMPs that you have established and the second table for categories of BMPs that you plan to implement over the course of the permit term.

Include the measurable goals with appropriate timeframes that each BMP category will be implemented and completed. In addition, provide interim milestones and the frequency of action in which the permittee will implement and/or maintain the BMPs. Refer to the EPA's *Measurable Goals Guidance for Phase II Small MS4s* (<http://www.epa.gov/npdes/pubs/measurablegoals.pdf>). If you have more than five categories, hit the tab key after the last line to generate a new row.

Established BMP categories	Measurable goals and timeframes

BMP categories to be implemented	Measurable goals and timeframes

5. Provide the name or the position title of the individual(s) who is responsible for implementing and/or coordinating this MCM:

**F. MCM 6: Pollution prevention/good housekeeping for municipal operations**

1. The Permit (Part III.D.6.) requires that, within 12 months of the date permit coverage is extended, existing permittees shall revise their current program, as necessary, and continue to implement an operations and maintenance program that prevents or reduces the discharge of pollutants from the permittee owned/operated facilities and operations to the small MS4. Describe your current program:

2. Do you have a facilities inventory as outlined in the Permit (Part III.D.6.a.)? ☐ Yes ☐ No
3. If you answered **no** to the above permit requirement in question 2, describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, this permit requirement is met:

4. List the categories of BMPs that address your pollution prevention/good housekeeping for municipal operations program. Use the first table for categories of BMPs that you have established and the second table for categories of BMPs that you plan to implement over the course of the permit term.

Include the measurable goals with appropriate timeframes that each BMP category will be implemented and completed. In addition, provide interim milestones and the frequency of action in which the permittee will implement and/or maintain the BMPs. For an explanation of measurable goals, refer to the EPA's *Measurable Goals Guidance for Phase II Small MS4s* (<http://www.epa.gov/npdes/pubs/measurablegoals.pdf>).

If you have more than five categories, hit the tab key after the last line to generate a new row.

Established BMP categories	Measurable goals and timeframes
BMP categories to be implemented	Measurable goals and timeframes

5. Does discharge from your MS4 affect a Source Water Protection Area (Permit Part III.D.6.c.)? ☐ Yes ☐ No
- a. If **no**, continue to 6.
- b. If **yes**, the Minnesota Department of Health (MDH) is in the process of mapping the following items. Maps are available at <http://www.health.state.mn.us/divs/eh/water/swp/maps/index.htm>. Is a map including the following items available for your MS4:

- 1) Wells and source waters for drinking water supply management areas identified as vulnerable under Minn. R. 4720.5205, 4720.5210, and 4720.5330? ☐ Yes ☐ No
- 2) Source water protection areas for surface intakes identified in the source water assessments conducted by or for the Minnesota Department of Health under the federal Safe Drinking Water Act, U.S.C. §§ 300j – 13? ☐ Yes ☐ No
- C. Have you developed and implemented BMPs to protect any of the above drinking water sources? ☐ Yes ☐ No
6. Have you developed procedures and a schedule for the purpose of determining the TSS and TP treatment effectiveness of all permittee owned/operated ponds constructed and used for the collection and treatment of stormwater, according to the Permit (Part III.D.6.d.)? ☐ Yes ☐ No
7. Do you have inspection procedures that meet the requirements of the Permit (Part III.D.6.e.(1)-(3)) for structural stormwater BMPs, ponds and outfalls, and stockpile, storage and material handling areas? ☐ Yes ☐ No
8. Have you developed and implemented a stormwater management training program commensurate with each employee's job duties that:
- a. Addresses the importance of protecting water quality? ☐ Yes ☐ No
- b. Covers the requirements of the permit relevant to the duties of the employee? ☐ Yes ☐ No
- c. Includes a schedule that establishes initial training for new and/or seasonal employees and recurring training intervals for existing employees to address changes in procedures, practices, techniques, or requirements? ☐ Yes ☐ No
9. Do you keep documentation of inspections, maintenance, and training as required by the Permit (Part III.D.6.h.(1)-(5))? ☐ Yes ☐ No
- If you answered **no** to any of the above permit requirements listed in **Questions 5 – 9**, then describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, these permit requirements are met:
10. Provide the name or the position title of the individual(s) who is responsible for implementing and/or coordinating this MCM:

## VI. Compliance Schedule for an Approved Total Maximum Daily Load (TMDL) with an Applicable Waste Load Allocation (WLA) (Part II.D.6.)

- A. Do you have an approved TMDL with a Waste Load Allocation (WLA) prior to the effective date of the Permit? ☐ Yes ☐ No
1. If **no**, continue to section VII.
2. If **yes**, fill out and attach the MS4 Permit TMDL Attachment Spreadsheet with the following naming convention: *MS4NameHere\_TMDL*.
- This form is found on the MPCA MS4 website: <http://www.pca.state.mn.us/ms4>.

## VII. Alum or Ferric Chloride Phosphorus Treatment Systems (Part II.D.7.)

- A. Do you own and/or operate any Alum or Ferric Chloride Phosphorus Treatment Systems which are regulated by this Permit (Part III.F.)? ☐ Yes ☐ No
1. If **no**, this section requires no further information.
2. If **yes**, you own and/or operate an Alum or Ferric Chloride Phosphorus Treatment System within your small MS4, then you must submit the Alum or Ferric Chloride Phosphorus Treatment Systems Form supplement to this document, with the following naming convention: *MS4NameHere\_TreatmentSystem*.
- This form is found on the MPCA MS4 website: <http://www.pca.state.mn.us/ms4>.

## VIII. Add any Additional Comments to Describe Your Program