

Submittal of Annual Reports and other Compliance Documents for Municipal Separate Storm Sewer System (MS4) Permits

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. After 120 days your draft is **deleted**.

Reporting Information

Submittal Type: Annual Report

Project Name: University of Wisconsin - Superior

County: Douglas

Municipality: University of Wisconsin
Superior

Facility Number: 37206

Reporting Year: 2017

Required Attachments and Supplemental Information

Please complete the contents of each tab to submit your MS4 permit compliance document. The information included in this checklist is necessary for a complete submittal. A complete and detailed submittal will help us review about your MS4 permit document. To help us make a decision in the shortest amount of time possible, the following information must be submitted:

Annual Report

- Review related web site and instructions for [Municipal storm water permit eReporting](#) [Exit Form]
- Attach the following items as appropriate using the attachments tab above
 - Construction Site Pollution Control Annual Report Summary
 - Illicit Discharge Detection and Elimination Annual Report Summary
 - Leaf and Yard Waste Management
 - Municipal Cooperation Attachment
 - Municipal Facility Inspections
 - Pollution Prevention Annual Report Summary
 - Post-Construction Storm Water Management Annual Report Summary
 - Public Education and Outreach Annual Report Summary
 - Public Involvement and Participation Annual Report Summary
 - Storm Water Consortium/Group Report
 - Storm Sewer Map Annual Report Attachment
 - Storm Water Quality Management Annual Report Attachment
 - TMDL Attachment
 - Winter Road Maintenance
 - Other Annual Report Attachment
- Complete all required forms and upload required attachments
- Sign and Submit form

Municipal Contact Information- Complete

Notice: Pursuant to s. NR 216.07(8), Wis. Adm. Code, an owner or operator of a Municipal Separate Storm Sewer System (MS4) is required to submit an annual report to the Department of Natural Resources (Department) by March 31 of each year to report on activities for the previous calendar year ("reporting year"). This form is being provided by the Department for the user's convenience for reporting on activities undertaken in each reporting year of the permit term. Personal information collected will be used for administrative purposes and may be provided to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

Note: Compliance items must be submitted using the Attachments tab.

Municipality Information

Name of Municipality University of Wisconsin Superior

Facility ID # or (FIN): 37206

Updated Information: ☐ Check to update mailing address information

Mailing Address: PO Box 2000

Mailing Address 2:

City: Superior

State: Wisconsin

Zip Code: 54880-2898 xxxxx or xxxxx-xxxx

Does the municipality rely on another government entity to satisfy some of the permit requirements?

☒ Yes ☐ No ☐ Unsure

Has there been any changes to the municipality's participation in group efforts towards permit compliances (i.e., the municipality has added or dropped consortium membership)?

☐ Yes ☒ No ☐ Unsure

Primary Municipal Contact Person (Authorized Representative for MS4 Permit)

☒ Select to **create new** primary contact

First Name: Georgette

Last Name: Koenig

☒ Select to **update** current contact information

Title: VC Admin & Fin

Mailing Address: PO Box 2000

Mailing Address 2:

City: Superior

State: WI

Zip Code: 54880-2898 xxxxx or xxxxx-xxxx

Phone Number: 715-394-8014 Ext: xxx-xxx-xxxx

Email: gkoenig1@uwsuper.edu

Additional Contacts Information (Optional)

**Individual with responsibility for:
(Check all that apply)**

- ☐ I&E Program
- ☐ IDDE Program
- ☐ IDDE Response Procedure Manual
- ☐ Municipal-wide Water Quality Plan
- ☐ Ordinances
- ☐ Pollution Prevention Program
- ☐ Post-Construction Program
- ☒ Winter roadway maintenance

First Name: Dustin

Last Name: Johnson

Title: Director FM

Mailing Address: 801 N 28th St

Mailing Address 2:

City: Superior

State: WI

Zip Code: 54880 xxxxx or xxxxx-xxxx

Phone Number: 715-394-8122 Ext: xxx-xxx-xxxx

Email: djohns75@uwsuper.edi

Minimum Control Measures- Section 1 : Complete

1. Public Education and Outreach

a. Complete the following information on Public Education and Outreach Activities related to storm water. Select the Mechanism that best describes how the topic message was conveyed to your population. Use the **Add Activity** to add multiple Mechanisms. For Quantity, choose the range for the number of Mechanisms chosen (i.e., number of workshops, events). Quantity and Estimated People Reached are both optional.

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
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Topic: Detection and elimination of illicit discharges

Website 1 - 9 ☒ Yes ☐ No

Topic: Management of materials that may cause storm water pollution from automobiles, pet waste, household hazardous waste and household practices

Did not focus on this topic this reporting year Select... ☐ Yes ☒ No

Topic: Beneficial onsite reuse of leaves and grass clippings/proper use of lawn and garden fertilizers and pesticides

Direct one-on-one communication 1 - 9 6 ☒ Yes ☐ No

Topic: Management of stream banks and shorelines by riparian landowners to minimize erosion and restore and enhance the ecological value of waterways

Educational activities (School presentations, summer camps, etc) 1 - 9 ☒ Yes ☐ No

Topic: Infiltration of residential storm water runoff from rooftop downspouts, driveways and sidewalks

Tours 1 - 9 50 ☒ Yes ☐ No

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
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Topic: Inform and where appropriate educate those responsible for the design, installation, and maintenance of construction site erosion control practices and storm water management facilities on how to design, install and maintain the practices

Targeted group training (contractors, consultants, etc.) 1 - 9 50 ☒ Yes ☐ No

Topic: Identify businesses and activities that may pose a storm water contamination concern, and where appropriate, educate specific audiences on methods of storm water pollution prevention

Did not focus on this topic this reporting year Select... ☐ Yes ☐ No

Topic: Promote environmentally sensitive land development designs by developers and designers, including green infrastructure and low impact development

Tours

1 - 9

50

☒ Yes ☐ No

Topic: Other (describe):

Select...

Select...

☐ Yes ☐ No

b. Any other Public Education and Outreach program information for inclusion in the Annual Report may be added here or attached on the attachments page.

Minimum Control Measures - Section 2 : Complete

2. Public Involvement and Participation

a. Describe how the municipality has kept the following local officials and municipal staff apprised of the municipal storm water discharge permit programs and its requirements.

Elected Officials

Email

Municipal Officials

Email

Appropriate Staff

Internal meetings

b. Complete the following information on Public Involvement Activities related to storm water. Select the mechanism that best describes how the topic message was conveyed to your population. Use the Add Activity to add multiple mechanisms. For Quantity, choose the range for number Mechanisms chosen (i.e., number of workshops, events). Quantity and Estimated People reached are both optional .

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
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Topic: Storm Water Management Plan and/or updates

Website

1 - 9

☒ Yes ☐ No

Topic: Storm water related ordinance and/or updates

Public Workshop

1 - 9

50

☒ Yes ☐ No

Topic: MS4 Annual Report

Website

Select...

☐ Yes ☐ No

Topic: Volunteer Opportunities

None

Select...

☐ Yes ☐ No

Topic: Other (describe) :

Select...

Select...

☐ Yes ☐ No

c. Any other Public Involvement and Participation program information for inclusion in the Annual Report may be added here or attached on the attachments page

Form 3400-224 (09/17)

Minimum Control Measures - Section 3 : Complete

3. Illicit Discharge Detection and Elimination

- a. How many total outfalls does the municipality have? ☐ Unsure
- b. How many outfalls did the municipality evaluate as part of their routine ongoing field screening program? ☐ Unsure
- c. How many were confirmed illicit discharges? ☐ Unsure
- d. How many illicit discharge complaints did the municipality receive? ☐ Unsure
- e. How many were confirmed illicit discharges? ☐ Unsure
- f. How many of the identified Illicit discharges did the municipality eliminate in the reporting year? ☐ Unsure
- g. How many of the following enforcement mechanisms did the municipality use to enforce its illicit discharge ordinance? ☐ Unsure
- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Verbal Warning | <input type="text" value="0"/> |
| <input type="checkbox"/> Written Warning (including email) | <input type="text" value="0"/> |
| <input type="checkbox"/> Notice of Violation | <input type="text" value="0"/> |
| <input type="checkbox"/> Civil Penalty/ Citation | <input type="text" value="0"/> |
- h. Any other Illicit Discharge Detection and Elimination program information for inclusion in the Annual Report may be added here or attached on the attachments page.

Form 3400-224 (09/17)

Minimum Control Measures - Section 4 : Complete

4. Construction Site Pollutant Control

- a. How many total construction sites were active at any point in the reporting year? ☐ Unsure
- b. How many construction sites did the municipality issue permits for in the reporting year? ☐ Unsure
- c. Do the above numbers include sites <1 acre? ☐ Yes ☒ No ☐ Unsure
- d. How many erosion control inspections did the municipality complete in the reporting year? ☐ Unsure

- e. What types of enforcement actions does the municipality have available to compel compliance with the regulatory mechanism? Check all that apply and enter the number of each used in the reporting year. ☐ Unsure

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Verbal Warning | <input type="text"/> |
| <input type="checkbox"/> Written Warning (including email) | <input type="text"/> |
| <input type="checkbox"/> Notice of Violation | <input type="text"/> |
| <input type="checkbox"/> Civil Penalty/ Citation | <input type="text"/> |
| <input type="checkbox"/> Stop Work Order | <input type="text"/> |
| <input type="checkbox"/> Forfeiture of Deposit | <input type="text"/> |
| <input type="checkbox"/> No Authority | <input type="text"/> |
| <input checked="" type="checkbox"/> Other - Describe below | <input type="text" value="0"/> |

Campus and UW System projects, authority over contractors

- f. Any other Construction Site Pollutant Control program information for inclusion in the Annual Report may be added here or attached on the attachments page.

Form 3400-224 (09/17)

Minimum Control Measures - Section 5 : Complete

5. Post-Construction Storm Water Management

- a. How many new construction sites with new structural storm water management practices have received local approvals? ☐ Unsure
- b. How many privately owned storm water facility inspections were completed in the reporting year? ☐ Unsure
- c. What types of enforcement actions does the municipality have available to compel compliance with the regulatory mechanism? Check all that apply and enter the number of each used in the reporting year. ☐ Unsure

- | | |
|--|----------------------|
| <input type="checkbox"/> Verbal Warning | <input type="text"/> |
| <input type="checkbox"/> Written Warning (including email) | <input type="text"/> |
| <input type="checkbox"/> Notice of Violation | <input type="text"/> |

- ☐ Civil Penalty/ Citation
- ☐ Forfeiture of Deposit
- ☐ Complete maintenance
- ☐ Bill responsible part
- ☒ No Authority
- ☐ Other - Describe below

0

d. Any other Post-Construction Storm Water Management program information for inclusion in the Annual Report may be added here or attached on the attachments page.

Form 3400-224 (09/17)

Minimum Control Measures - Section 6 : Complete

6. Pollution Prevention

Storm Water Management Facility Inspections (ponds, biofilters, etc.) ☐ Not Applicable

- a. Enter the total number of municipally owned or operated structural storm water facilities? ☐ Unsure
- b. How many new municipally owned storm water facilities were installed in the reporting year? ☐ Unsure
- c. How many municipally owned storm water devices were inspected in the reporting year? ☐ Unsure
- d. How many of these facilities required maintenance? ☐ Unsure
If so, attach report on attachments page.

Public Works Yards & Other Municipally Owned Properties (SWPPP Plan Review) ☒ Not Applicable

Collection Services - Street Sweeping / Cleaning Program ☐ Not Applicable

- g. Did the municipality conduct street sweeping/cleaning during the reporting year?
☒ Yes ☐ No ☐ Unsure
- h. If known, how many tons of material was removed? ☒ Unsure
- i. If street cleaning is identified as a storm water best management practice in the pollutant loading analysis, was street cleaning completed at the assumed frequency?
☐ Yes
☐ No - Explain _____
☒ Not Applicable
☐ Unsure

Collection Services - Catch Basin Sump Cleaning Program ☐ Not Applicable

- j. Did the municipality conduct catch basin sump cleaning during the reporting year?
☐ Yes ☒ No ☐ Unsure
- k. How many catch basin sumps were cleaned in the reporting year? ☐ Unsure
- l. If known, how many tons of material was removed? ☐ Unsure
- m. If catch basin sump cleaning is identified as a storm water best management practice in the pollutant loading analysis, was cleaning completed at the assumed frequency?
☐ Yes
☐ No - Explain

☐ Not Applicable
☐ Unsure

Collection Services - Leaf Collection Program ☒ Not Applicable

Winter Road Management ☐ Not Applicable

*Note: We are requesting information that goes beyond the reporting year, answer the best you can.

- r. How many lane-miles of roadway is the municipality responsible for doing snow and ice control? ☒ Unsure
- s. Provide amount of de-icing products used by month last winter season?
Solids (tons) (ex. sand, or salt-sand)
Oct Nov Dec Jan Feb March*
Liquids (gallons) (ex. brine)
Oct Nov Dec Jan Feb March*
- t. Was salt applying machinery calibrated in the reporting year? ☒ Yes ☐ No ☐ Unsure
- u. Have municipal personnel attended salt reduction strategy training in the reporting year? ☒ Yes ☐ No ☐ Unsure
If yes, describe what training was provided:

When: How many attended:

Internal (Staff) Education & Communication

- v. Have training or education on SWPPPs for municipal facilities been held for municipal or other personnel? ☒ Yes ☐ No ☐ Unsure
If yes, describe what training was provided:

When: How many attended:

Additional Pollution Prevention Information

w. Any other Pollution Prevention program information for inclusion in the Annual Report may be added here or attached on the attachments page.

Minimum Control Measures - Section 7 : Complete

7. Storm Sewer System Map

a. Did the municipality update their storm sewer map this year? ☐ Yes ☒ No ☐ Unsure

If yes, check the areas the map items that got updated or changed:

- ☐ Storm water treatment facilities
- ☐ Storm pipes
- ☐ Vegetated swales
- ☐ Outfalls
- ☐ Other - Describe below

b. Any other Storm Sewer System Map information for inclusion in the Annual Report may be added here or attached on the attachments page.

Final Evaluation - Complete**Fiscal Analysis**

Complete the fiscal analysis table provided below. For municipalities that do not break out funding into permit program elements, please enter the monetary amount to your best estimate of what funding may be going towards these programs.

Annual Expenditure Reporting Year	Budget Reporting Year	Budget Upcoming Year	Source of Funds
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Element: Public Education and Outreach

2000	2000	2000	<u>Other</u>
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Element: Public Involvement and Participation

200	200	200	<u>Other</u>
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Element: Illicit Discharge Detection and Elimination

6000	6000	6000	<u>General revenue fund</u>
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Element: Construction Site Pollutant Control

0	0	0	<u>Other</u>
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Element: Post-Construction Storm Water Management

0	0	0	<u>Other</u>
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Element: Pollution Prevention

2000	2000	2000	<u>Other</u>
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Element: Storm Water Quality Management

0	0	0	<u>Other</u>
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Element: Storm Sewer System Map

0	0	0	<u>Other</u>
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Other (describe)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<u>Select...</u>
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Water Quality

a: Were there any known water quality improvements or degradation in the receiving waters to which the municipality's storm sewer system directly discharges to?

☐ Yes ☒ No ☐ Unsure If Yes, explain below:

b: Have any of the receiving waters that the municipality discharges to been added to the impaired waters list during the reporting year?

☐ Yes ☒ No ☐ Unsure

c: Has the municipality evaluated their storm water practices to reduce the pollutants of concern?

☒ Yes ☐ No ☐ Unsure

Additional Information

Based on the municipality's storm water program evaluation in Part II, describe any proposed changes to the municipality's storm water program.

Requests for Assistance on Improving Permit Programs

Would municipality like the Department to contact them about providing more information on developing or improving any of the Municipal Separate Storm Sewer Permit programs?

Please select all that apply:

- ☐ Public Education and Outreach
- ☐ Public Involvement
- ☐ Illicit Discharge Detection and Elimination
- ☐ Post-Construction Storm Water Management
- ☐ Storm Water Quality Management
- ☐ Storm Sewer System Map
- ☐ Construction Site Pollutant Control
- ☐ Pollution Prevention
- ☐ Water Quality Concerns
- ☐ Compliance Schedule Items Due
- ☐ MS4 Program Evaluation

Required Attachments and Supplemental Information

Any other MS4 program information for inclusion in the Annual Report may be attached on here. Use the Add Additional Attachments to add multiple documents.

Upload Required Attachments (15 MB per file limit) - [Help reduce file size and trouble shoot file uploads](#)

* **Required Item**

Note: To replace an existing file, use the 'Click here to attach file ' link or press the to delete an item.

Attach Documents

 File Attachment

(To remove additional items, use your cursor to hover over the attachment section. When the drop down arrow appears, select remove item)

Sign and Submit Your Application

Steps to Complete the signature process

1. Read and Accept the Terms and Conditions
2. Press the Submit and Send to the DNR button

NOTE: For security purposes all email correspondence will be sent to the address you used when registering your WAMSID. This may be a different email than that provided in the application. For information on your WAMSaccount click [HERE](#).

Terms and Conditions

Certification: I hereby certify that I am an authorized representative of the municipality covered under University of Wisconsin Superior MS4 Permit for which this annual report or other compliance document is being submitted, and that the information contained in this submittal and all attachments were gathered and prepared under my direction or supervision. Based on my inquiry of the person or persons under my direction or supervision involved in the preparation of this document, to the best of my knowledge, the information is true, accurate, and complete. I further certify that the municipality's governing body or delegated representatives have reviewed or been apprised of the contents of this annual report. I understand that Wisconsin law provides severe penalties for submitting false information.

Signee (must check current role prior to accepting terms and conditions)

- ☐ Authorized municipal contact using WAMS ID.
- ☒ Delegation of Signature Authority (Form 3500-123) for agent signing on the behalf of the authorized municipal contact.
- ☐ Agent seeking to share this item with authorized municipal contact (authorized municipal contact must get WAMS id and complete signature).

Delegation of Signature Authority

 File Attachment

[DelegationofSignatureAuthorityforElectroni
cSubmittalofWPDESMS4PermitDocument.p
df](#)

Submission of this form constitutes notice by the authorized municipal contact that the person electronically signing the MS4 eReport is authorized to do so on behalf of the authorized municipal contact. [Please download form 3500-123](#) and sign and attach it above..

Authorized Signature.

- ☒ I accept the above terms and conditions.

Signed by : i:0#.f|wamsmembership|djohns75 on 2018-04-11T10:42:51

You have already signed and submitted this application to the DNR. Please [contact the Wisconsin DNR](#) for assistance.

After providing the final authorized signature, the system will send an email to the authorized party and any agents. This email will include a copy to the final read only version of this application.