

APPENDIX 4 – Annual Report Form for Secondary Permittees

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Annual Report for Calendar Year _____

Two printed copies and one electronic copy of this report are due to Ecology by March 31 following the reporting period (*S9 Reporting Requirements*). The reporting period is the previous calendar year. Complete sections I through VI. Do not leave any questions blank.

I. Permittee Information

| | | | |
|------------------------|--------------|-------------------------------|--|
| <i>Permittee Name</i> | | <i>Permit Coverage Number</i> | |
| <i>Contact Name</i> | | <i>Phone Number</i> | |
| <i>Mailing Address</i> | | | |
| <i>City</i> | <i>State</i> | <i>Zip + 4</i> | |
| <i>Email Address:</i> | | | |

II. Regulated Small MS4 Location

| | | | |
|---|--|--|--|
| <i>Jurisdiction</i> | | | |
| <i>Entity Type:</i> <input type="checkbox"/> Port <input type="checkbox"/> Diking/drainage district <input type="checkbox"/> Flood control district <input type="checkbox"/> College/University <input type="checkbox"/> Public school district <input type="checkbox"/> Park district <input type="checkbox"/> State agency _____ <input type="checkbox"/> Other _____ | | | |
| <i>Major receiving water(s):</i> | | | |

III. Relying on another Governmental Entity

If you are relying on another governmental entity to satisfy one or more of the permit obligations, list the entity and the permit obligation they are implementing on your behalf below. **Attach a copy of your agreement with the other entity (unless previously submitted).**

| |
|--|
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IV. Certification

Must be signed by the responsible official(s) of permittee

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 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 fine and imprisonment for willful violations.

Name_____Title_____Date_____

Name_____Title_____Date_____

Name_____Title_____Date_____

V. Submittal

Deliver two printed and signed copies and one electronic copy (e-mail the report in Excel format from Ecology website or send CD ROM in MS Word format or PDF) of this report by March 31 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits

P.O. Box 47696
Olympia, WA 98504-7696

VI. Status Report Covering Calendar Year _____

Answer all the questions. If a requirement is not yet due based on your permit coverage date, answer “No” and note in *Comments* that the requirement is not yet due. The deadlines for specific requirements may vary from those shown as established by Ecology for individual permittees. For questions that allow for a NA (not applicable) answer, if the requirement does not apply to you, answer “NA.” Please label any attachments with corresponding question numbers.

S6.D Stormwater Management Program

1. YES NO **Attached** a copy of the Permittee’s Stormwater Management Program (SWMP) as per S6.A.5 (*Required* annually).

Comments:

-
2. YES NO
NA **Attached** a notification of any jurisdictional boundary changes resulting in an increase or decrease in the Permittee’s geographic area of coverage during the reporting period, and implications for the SWMP. (*Required* annually, S9.F.2)

Comments:

S6.D.1 Public Education and Outreach

3. YES NO Labeled at least 50% of all storm drain inlets owned or operated by the Permittee that are located in maintenance yards, in parking lots, along sidewalks, and at pedestrian access points? (*Required* by 3 years from permit coverage date, S6.D.1.a)
Number of inlets labeled: _____

Comments:

-
4. YES NO
NA (Public ports, colleges, and universities) Distributed educational information to tenants and residents about the impact of stormwater discharges on receiving waters and steps that can be taken to reduce pollutants in stormwater runoff? (*Required* by 3 years from permit coverage date, S6.D.1.b)

Comments:

-
5. YES NO Labeled all storm drain inlets owned or operated by the Permittee that are located in maintenance yards, in parking lots, along sidewalks, and at

pedestrian access points. (*Required by August 15, 2011 or date established by Ecology, S6.D.1.a.ii*)

Number of inlets labeled: _____

Comments:

-
6. YES NO Re-labeled all storm drain inlets with labels when no longer clearly visible and/or easily readable within 90 days. (*Required after deadline for S6.D.1.a.iii*)

Number of inlets labeled: _____

Comments:

S6.D2 Public Involvement and Participation

7. YES NO Published a public notice or posted SWMP on website and solicited public review of the SWMP. (*Required by August 15, 2011 or date established by Ecology, S6.D.2.a*)

Comments:

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8. YES NO Made the latest version of the SWMP available to the public. If posted on website, list address. (*Required by August 15, 2011 or date established by Ecology, S5.D.2.b*)

Comments:

S6.D.3 Illicit Discharge Detection and Elimination

9. YES NO Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern non-stormwater discharges. (*Required after permit coverage date, S6.D.3.a*)

Comments:

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10. YES NO Developed and adopted policies to prohibit illicit discharges and identified enforcement mechanisms. (*Required by 1 year from permit coverage date, S6.D.3.b*)

Comments:

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11. YES NO Implemented policies to prohibit illicit discharges, including an enforcement plan. (*Required 1 year from permit coverage date, S6.D.3.b*)

Draft Eastern Washington Phase II Municipal Stormwater Permit

Comments:

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12. YES NO Developed a map of the storm sewer system showing all known storm drain outfalls, receiving waters, and areas contributing runoff to each outfall. Made map available on request to Ecology or others, if requested. (*Required by August 15, 2011 or date established by Ecology, S6.D.3.c*)

Comments:

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13. YES NO Conducted field inspections and visually inspected for illicit discharges at approximately one third of all known outfalls. (*Required to begin by 2 years from permit coverage date, S6.D.3.d*)
Number of outfalls inspected: _____

Comments:

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14. YES NO Developed and implemented procedures to identify and remove illicit discharges. (*Required by 2 years from permit coverage date, S6.D.3.d*)

Comments:

-
15. YES NO **Attached** summary of illicit discharges discovered and actions taken to eliminate the discharges. (*Required annually, S9*)

Comments:

-
16. YES NO Developed and implementing a spill response plan that includes coordination with a qualified spill responder. (*Required by August 15, 2011 or date established by Ecology, S6.D.3.e*)

Comments:

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17. YES NO Provided staff training or coordinated with existing training to educate relevant staff on proper BMPs for preventing illicit discharges, including spills. (*Required by 2 years from permit coverage date, S6.D.3.f*)

Comments:

S6.D.4 Construction Site Stormwater Control

18. YES NO
NA Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern construction phase stormwater pollution prevention measures, if applicable. (*Required* after permit coverage date, S6.D.4.a)

Comments:

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19. YES NO
NA Obtained NPDES permit coverage for all applicable construction projects under the control of the Permittee. (*Required* after permit coverage date, S6.D.4.b)

Comments:

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20. YES NO
NA Coordinated with local jurisdictions on construction projects owned or operated by other entities that discharge into Permittee's MS4. (*Required* after permit coverage date, S6.D.4.c)

Comments:

-
21. YES NO
NA Provided training for relevant staff in erosion and sediment control BMPs and requirements, or hired trained contractors to perform the work for all construction projects owned and operated by the Permittee. (*Required* S6.D.4.d)

Comments:

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22. YES NO
NA Provided access, as requested, for inspection of construction sites under the control of the Permittee during the active grading and/or construction period. (*Required* after permit coverage date, S6.D.4.e)

Comments:

S6D.5 Post-Construction Stormwater Management for New Development and Redevelopment

23. YES NO Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern post-construction stormwater pollution prevention measures, including proper operation and maintenance of the MS4. (*Required* after permit coverage date, S6.D.5.a)

Comments:

-
24. YES NO
NA Coordinated with local jurisdiction regarding projects owned and operated by other entities which discharge into the Permittee's MS4. (Required after permit coverage date, S6.D.5.b)

Comments:

S6.D.6 Pollution Prevention and Good Housekeeping for Municipal Operations

25. YES NO
Developed and implemented an Operation and Maintenance program. (Required by 3 years from permit coverage date, S6.D.6.a)

Comments:

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26. YES NO
Conducted spot checks of stormwater facilities after major storms. (Required to begin by 3 years from permit coverage date, S6.D.6.a.i)

Comments:

-
27. YES NO
NA Have NPDES permit coverage for *Stormwater Discharges Associated with Industrial Activities* for all applicable industrial facilities operated by the Permittee. (S6.D.6.b)

Comments:

-
28. YES NO
Provided adequate training for staff to carry out the Operations and Maintenance plan to minimize impacts to water quality. (Required to begin by 3 years from permit coverage date, S6.D.6.d)

Comments:

S7. Compliance with Total Maximum Daily Load Requirements

29. YES NO
Is there an approved Total Maximum Daily Load (TMDL) applicable to stormwater discharges from a MS4 owned or operated by the Permittee? (S7)

Comments:

-
30. YES NO
NA Complied with the specific requirements identified in Appendix 2. (S7.A)

Comments:

-
31. YES NO Attached status report of TMDL implementation. (S7.A)
NA

Comments:

-
32. YES NO Where monitoring was required in Appendix 2, conducted
NA the monitoring according to a Quality Assurance Project Plan. (S7.A)

Comments:

General Conditions

33. YES NO Notified Ecology of the failure to comply with the permit terms
NA and conditions within 30 days of becoming aware of the non-compliance.
(G20)

Comments:

-
34. YES NO Notified Ecology immediately in cases where the Permittee becomes
NA aware of a discharge into or from the Permittee's MS4 which may
constitute a threat to human health, welfare, or the environment. (G3)

Comments:

-
35. YES NO Took appropriate action to correct or minimize discharges into or from the
MS4 which could constitute a threat to human health, welfare, or the
environment. (G3.A)

Comments:

S4 Compliance with Standards

36. YES NO If applicable, attached a summary of the status of implementation of any
NA actions taken pursuant to S4.F, and the status of any monitoring,
assessment, or evaluation efforts conducted during the reporting period.
(S4.F.3.d)

Comments:

A. Information Collection (S8.A, S8.B & S9)

List below either the results of information collected and analyzed during the reporting period, including monitoring data (if any) and how to contact for additional information OR summarize the results of information collected and indicate how more complete information can be obtained.

B. Evaluation of your SWMP (S8.B & S9) Complete for the third and following annual reports.

You are required to assess the appropriateness of the BMPs you have selected to implement your SWMP. This evaluation is necessary to evaluate whether the MEP standard set by the permit is protective of water quality in your receiving water bodies. This assessment may be entirely qualitative. Select "NA" if you are not yet fully implementing the entire program of BMPs for a component of the SWMP.

- | | |
|---|--|
| 1. YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> | Are the BMPs selected and implemented for Public Outreach appropriate to minimize pollutants in the MS4 to the MEP? <i>Comments:</i> |
| 2. YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> | Are the BMPs selected and implemented for Public Involvement appropriate to minimize pollutants in the MS4 to the MEP? <i>Comments:</i> |
| 3. YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> | Are the BMPs selected and implemented for Illicit Discharge Detection and Elimination appropriate to minimize pollutants in the MS4 to the MEP? <i>Comments:</i> |
| 4. YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> | Are the BMPs selected and implemented for Construction Stormwater Pollution Prevention appropriate to minimize pollutants in the MS4 to the MEP? <i>Comments:</i> |

| | |
|---|--|
| 5. YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> | Are the BMPs selected and implemented for Post-Construction Runoff Management appropriate to minimize pollutants in the MS4 to the MEP? <i>Comments:</i> |
| 6. YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> | Are the BMPs selected and implemented for Good Housekeeping for Municipal Operations appropriate to minimize pollutants in the MS4 to the MEP? <i>Comments:</i> |

C. Changes in BMPs or objectives (S8.B)

| | |
|---|----------------|
| If any of the BMPs or objectives is being changed, list the old BMP and objective, the new BMP and objective, and a justification for the change below. | |
| 1. Old BMP: | Old Objective: |
| 2. New BMP: | New Objective: |
| Justification for change: | |
| 1. Old BMP: | Old Objective: |
| 2. New BMP: | New Objective: |
| Justification for change: | |