

**APPENDIX 3 – Annual Report Forms for Cities, Towns
and Counties Covered under the
Eastern Washington Phase II Municipal
stormwater Permit**

THIS PAGE LEFT INTENTIONALLY BLANK

First Year Annual Report

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"/> County <input type="checkbox"/> City or Town <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.**

--

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

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 (MS Word format or PDF, on CD ROM of this report by March 31, 2008 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

VI. Status Report For the First Year Annual Report

1. YES NO **Attached** annual written update of Permittee's Stormwater Management Program (SWMP), including applicable requirements under S5.A.3 and S9?

Comments:

2. YES NO **Attached** a copy of any annexations, incorporations or boundary changes resulting in an increase or decrease in the Permittee's geographic area of permit coverage during the reporting period, and implications for the SWMP as per S9.E.3?

Comments:

3. YES NO Have NPDES permit coverage for all applicable construction projects and industrial facilities? (S5.B.6.a.i)

Comments:

4. YES NO Provided information to construction site operators and design professionals about training available on how to comply with the MTRs in Appendix 1 and the BMPs in the SWMMEW, or an equivalent document? (S5.B.4.d)

Comments:

5. YES NO Gathered information about your storm drainage infrastructure? Attach estimated and verified numbers or miles (or feet) of open ditches, storm sewers, outfalls, catch basins, detention facilities, retention facilities, treatment facilities (and types), and regional facilities, if any. (S5.B.6.a.i)

Comments:

6. YES NO Conducted spot checks of stormwater facilities after major storms? (S5.B.6.a.ii)

Comments:

7. YES NO Provided adequate training for staff to carry out the SWMP? (S5.B.6.b)

Comments:

*Eastern Washington Phase II Municipal Stormwater Permit
First Year Annual Report*

8. 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 and S4.F)

Comments:

9. YES NO Notified Ecology immediately in cases where the Permittee becomes
NA aware of a discharge from the Permittees MS4 which may cause or
contribute to an eminent threat to human health or the environment? (G20
and S4.F)

Comments:

Second Year Annual Report

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"/> County <input type="checkbox"/> City or Town <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.**

--

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

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 (MS Word format or PDF, on CD ROM of this report by March 31, 2009 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

VI. Status Report For the Second Annual Report

-
1. YES NO **Attached** annual written update of Permittee's Stormwater Management Program (SWMP), including applicable requirements under S5.A.3 and S9?

Comments:

-
2. YES NO **Attached** a copy of any annexations, incorporations or boundary changes resulting in an increase or decrease in the Permittee's geographic area of permit coverage during the reporting period, and implications for the SWMP as per S9.E.3?

Comments:

-
3. YES NO Made the most current version of the SWMP available to the public? Attach a copy of the updated SWMP. If posted on website, list address. (S5.B.2.b)

Comments:

-
4. YES NO Provided information to construction site operators and design professionals about training available on how to comply with the MTRs in Appendix 1 and the BMPs in the SWMMEW, or an equivalent document? (S5.B.4.d)

Comments:

-
5. YES NO Adopted a program or policy directive to create opportunities for the public to participate in the decision making processes involving the development, implementation and updates of the Permittee's SWMP, including development and adoption of all required ordinances? (S5.B.2.a)

Comments:

-
6. YES NO Have NPDES permit coverage for all applicable construction projects and industrial facilities? (S5.B.6.a.i)

Comments:

7. YES NO Gathered information about your storm drainage infrastructure? Attach estimated and verified numbers or miles (or feet) of open ditches, storm sewers, outfalls, catch basins, detention facilities, retention facilities, treatment facilities (and types), and regional facilities, if any. (S5.B.6.a.i)

Comments:

8. YES NO Conducted spot checks of stormwater facilities after major storms? (S5.B.6.a.ii)

Comments:

9. YES NO Provided adequate training for staff to carry out the SWMP? (S5.B.6.b)

Comments:

10. 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 and S4.F)

Comments:

11. YES NO Notified Ecology immediately in cases where the Permittee becomes
NA aware of a discharge from the Permittees MS4 which may cause or contribute to an eminent threat to human health or the environment? (G20 and S4.F)

Comments:

Third Year Annual Report

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"/> County <input type="checkbox"/> City or Town <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.***

--

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

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 (MS Word format or PDF, on CD ROM of this report by March 31, 2010 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

VI. Status Report For the Third Annual Report

-
1. YES NO **Attached** annual written update of Permittee's Stormwater Management Program (SWMP), including applicable requirements under S5.A.3 and S9?

Comments:

-
2. YES NO **Attached** a copy of any annexations, incorporations or boundary changes resulting in an increase or decrease in the Permittee's geographic area of permit coverage during the reporting period, and implications for the SWMP as per S9.E.3?

Comments:

-
3. YES NO Made the most current version of the SWMP available to the public? Attach a copy of the updated SWMP. If posted on website, list address. (S5.B.2.b)

Comments:

-
4. YES NO Have NPDES permit coverage for all applicable construction projects and industrial facilities? (S5.B.6.a.i)

Comments:

-
5. YES NO Provided information to construction site operators and design professionals about training available on how to comply with the MTRs in Appendix 1 and the BMPs in the SWMMEW, or an equivalent document? (S5.B.4.d)

Comments:

-
6. YES NO Adopted an ordinance or other regulatory mechanism to prohibit illicit discharges and authorize enforcement actions, including on private property? Attach a copy of the ordinance. (S5.B.3.b.i)

Comments:

-
7. YES NO Implementing a program or policy with opportunities for the public to participate in the decision making processes involving the development, implementation and updates of the Permittee's SWMP? (S5.B.2.a)

Comments:

8. YES NO Publicized a hotline or other local telephone number for public reporting of spills and other illicit discharges? Attach a summary of all reports received and follow-up actions taken during the reporting period. (S5.B.3.d.ii)

Comments:

9. YES NO Adopted an ordinance or other regulatory mechanism to require post-construction stormwater controls at new development and redevelopment projects? Attach a copy of the ordinance. (S5.B.5.a)

Comments:

10. YES NO Conducted spot checks of stormwater facilities after major storms? (S5.B.6.ii)

Comments:

11. YES NO Began tracking and/or estimating the cost of development and implementation of the SWMP? (S5.A.4.a.ii)

Comments:

12. YES NO Began identifying sites in preparation for future, long-term monitoring? Attach a summary of the status of site identification for long-term stormwater monitoring and for BMP effectiveness monitoring; proposed questions for SWMP effectiveness monitoring; and status of developing the SWMP effectiveness monitoring plans. (S8.C.1)

Comments:

13. YES NO Provided adequate training for staff to carry out the SWMP? (S5.B.6.b)

Comments:

14. YES NO Notified Ecology of the failure to comply with the permit terms and conditions within 30 days of becoming aware of the non-compliance? (G20 and S4.F)
NA

Comments:

-
15. YES NO Notified Ecology immediately in cases where the Permittee becomes
NA aware of a discharge from the Permittees MS4 which may cause or
contribute to an eminent threat to human health or the environment? (G20
and S4.F)

Comments:

A. Information Collection complete sections A, B and C for the third and following annual reports (S8.A, S8.B and 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. SWMP Evaluation (S8.B & S9)

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 “N/A” if you are not yet implementing BMPs for a component of the SWMP.

-
1. YES NO Are the BMPs selected and implemented for Public Outreach appropriate
N/A to minimize pollutants in the MS4 to the MEP? (S8.B)

Comments:

-
2. YES NO Are the BMPs selected and implemented for Public Involvement
N/A appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)

Comments:

-
3. YES NO Are the BMPs selected and implemented for Illicit Discharge
N/A Detection and Elimination appropriate to minimize pollutants in the MS4
to the MEP? (S8.B)

Comments:

-
4. YES NO Are the BMPs selected and implemented for Construction
N/A Stormwater Pollution Prevention appropriate to minimize pollutants in the
MS4 to the MEP?

Comments:

-
5. YES NO Are the BMPs selected and implemented for Post-Construction
N/A Runoff Management appropriate to minimize pollutants in the MS4 to the
MEP? (S8.B)

Comments:

-
6. YES NO Are the BMPs selected and implemented for Good Housekeeping
N/A for Municipal Operations appropriate to minimize pollutants in the MS4 to
the MEP? (S8.B)

Comments:

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:	

*Eastern Washington Phase II Municipal Stormwater Permit
Third Year Annual Report*

THIS PAGE INTENTIONALLY LEFT BLANK

Fourth Year Annual Report

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"/> County <input type="checkbox"/> City or Town <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.***

--

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

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 (MS Word format or PDF, on CD ROM of this report by March 31, 2011 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

VI. Status Report For the Fourth Year Annual Report

-
1. YES NO **Attached** annual written update of Permittee's Stormwater Management Program (SWMP), including applicable requirements under S5.A.3 and S9?

Comments:

-
2. YES NO **Attached** a copy of any annexations, incorporations or boundary changes resulting in an increase or decrease in the Permittee's geographic area of permit coverage during the reporting period, and implications for the SWMP as per S9.E.3?

Comments:

-
3. YES NO Made the most current version of the SWMP available to the public? Attach a copy of the updated SWMP. If posted on website, list address. (S5.B.2.b)

Comments:

-
4. YES NO Have NPDES permit coverage for all applicable projects and facilities? (S5.B.6.a.i)

Comments:

-
5. YES NO Provided information to construction site operators and design professionals about training available on how to comply with the MTRs in Appendix 1 and the BMPs in the SWMMEW, or an equivalent document? (S5.B.4.d)

Comments:

-
6. YES NO Identified and characterized target audiences for public outreach efforts? Attach a description of the target audiences. (S5.B.1.a)

Comments:

-
7. YES NO Implementing a program or policy with opportunities for the public to participate in the decision making processes involving the development, implementation and updates of the Permittee's SWMP? (S5.B.2.a)

Comments:

8. YES NO Publicized a hotline or other local telephone number for public reporting of spills and other illicit discharges? Attach a summary of all reports received and follow-up actions taken during the reporting period. (S5.B.3.d.ii)

Comments:

9. YES NO Completed at least one-third of the map of your MS4? Attach a summary of the status of the mapping and updated storm drainage infrastructure information; include the map only if requested by Ecology. (S5.B.3.a.i)

Comments:

10. YES NO Prioritized receiving waters for visual inspection? (S5.B.3.c)

Comments:

11. YES NO Adopted an ordinance or other regulatory mechanism to require erosion and sediment controls at new development and redevelopment projects? Attach a copy of the ordinance. (S5.B.4.a)

Comments:

12. YES NO Inspected 95% of known stormwater treatment and flow control facilities owned or operated by the Permittee at least once?
Number of facilities inspected during the reporting period: ____
(S5.B.6.a)

Comments:

13. YES NO Applied the MTRs in Appendix 1 to all new public projects? (S5.B.4)

Comments:

14. YES NO Conducted spot checks of stormwater facilities after major storms?
(S5.B.6.a.ii)

Comments:

15. YES NO Developed and implemented an O&M plan for municipal operations?
(S5.B.6.a)

Comments:

16. YES NO Identified outfalls or conveyances for long-term stormwater monitoring?
N/A Attach site maps and descriptions. (S8.C.1.a)

Comments:

17. YES NO Identified at least two questions for SWMP effectiveness monitoring and
N/A developed monitoring plans? Attach the proposed questions and
monitoring plans for SWMP effectiveness monitoring. (S8.C.1.b.ii)

Comments:

18. YES NO Identified BMPs and sites for runoff treatment BMP effectiveness
N/A monitoring? Attach site maps and descriptions. (S8.C.2.a.iii)

Comments:

19. YES NO Provided adequate training for staff to carry out the SWMP? (S5.B.6.b)

Comments:

20. YES NO Tracked and/or estimated the cost of development and implementation of
the SWMP? (S5.A.4.a.ii)

Comments:

21. 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 and S4.F)

Comments:

22. YES NO Notified Ecology immediately in cases where the Permittee becomes
NA aware of a discharge from the Permittees MS4 which may cause or
contribute to an eminent threat to human health or the environment? (G20
and S4.F)

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)

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 “N/A” if you are not yet implementing BMPs for a component of the SWMP.

1. YES NO Are the BMPs selected and implemented for Public Outreach appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
N/A

Comments:

2. YES NO Are the BMPs selected and implemented for Public Involvement appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
N/A

Comments:

3. YES NO Are the BMPs selected and implemented for Illicit Discharge Detection and Elimination appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
N/A

Comments:

4. YES NO Are the BMPs selected and implemented for Construction
N/A Stormwater Pollution Prevention appropriate to minimize pollutants in the MS4 to the MEP?

Comments:

5. YES NO Are the BMPs selected and implemented for Post-Construction
N/A Runoff Management appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)

Comments:

6. YES NO Are the BMPs selected and implemented for Good Housekeeping
N/A for Municipal Operations appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)

Comments:

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:	

*Eastern Washington Phase II Municipal Stormwater Permit
Fourth Year Annual Report*

THIS PAGE INTENTIONALLY LEFT BLANK

*Eastern Washington Phase II Municipal Stormwater Permit
Fifth Year Annual Report*

Fifth Year Annual Report (and annually thereafter)

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"/> County <input type="checkbox"/> City or Town <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.**

--

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

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 (MS Word format or PDF, on CD ROM of this report by March 31, 2012 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

VI. Status Report For the Fifth Year Annual Report

-
1. YES NO **Attached** annual written update of Permittee's Stormwater Management Program (SWMP), including applicable requirements under S5.A.3 and S9?

Comments:

-
2. YES NO **Attached** a copy of any annexations, incorporations or boundary changes resulting in an increase or decrease in the Permittee's geographic area of permit coverage during the reporting period, and implications for the SWMP as per S9.E.3?

Comments:

-
3. YES NO Made the most current version of the SWMP available to the public? Attach a copy of the updated SWMP. If posted on website, list address. (S5.B.2.b)

Comments:

-
4. YES NO Have NPDES permit coverage for all applicable projects and facilities? (S5.B.6.a.i)

Comments:

-
5. YES NO Provided information to construction site operators and design professionals about training available on how to comply with the MTRs in Appendix 1 and the BMPs in the SWMMEW, or an equivalent document? (S5.B.4.d)

Comments:

-
6. YES NO Implementing a program or policy with opportunities for the public to participate in the decision making processes involving the development, implementation and updates of the Permittee's SWMP? (S5.B.2.a)

Comments:

-
7. YES NO Publicized a hotline or other local telephone number for public reporting of spills and other illicit discharges? Attach a summary of all reports received and follow-up actions taken during the reporting period. (S5.B.3.d.ii)

Comments:

-
8. YES NO Completed at least two-thirds of the map of your MS4? Attach a summary of the status of the mapping and updated storm drainage infrastructure information; include the map only if requested by Ecology. (S5.B.3.a)

Comments:

-
9. YES NO Field assessed at least three water bodies? Attach a summary of unknown outfalls and illicit discharges discovered, and actions taken to eliminate the illicit discharges. (S5.B.3.c.ii)

Comments:

-
10. YES NO Field assessed at least one water body? Attach a summary of unknown outfalls and illicit discharges discovered, and actions taken to eliminate the illicit discharges. (S5.B.3.c)

Comments:

-
11. YES NO Have you implemented procedures for IDDE program evaluation and assessment? Attach summary of numbers and types of spills or illicit discharges identified; inspections made; and any feedback received from public education efforts. (S5.B.3.e)

Comments:

-
12. YES NO Reviewed *Stormwater Site Plans*, including construction SWPPPs for new development and redevelopment projects?
Number of site plans reviewed during the reporting period: ____
Number of SWPPPs reviewed during the reporting period: ____
Number of site plans approved during the reporting period: ____
(S5.B.4.b)

Comments:

-
13. YES NO Inspected construction-phase stormwater controls at new development and redevelopment projects?
Number of sites inspected during the reporting period: ____
Number of enforcement actions taken during the reporting period: ____
(S5.B.4.c)

Comments:

-
14. YES NO Inspected post-construction stormwater controls, including structural BMPs, at new development and redevelopment projects?

Eastern Washington Phase II Municipal Stormwater Permit
Fifth Year Annual Report

Number of sites inspected during the reporting period: ____
Number of structural BMPs inspected during the reporting period: ____
Number of enforcement actions taken during the reporting period: ____
(S5.B.4.c)

Comments:

15. YES **NO** Inspected structural BMPs at least once during installation?
Number of BMPs inspected during the reporting period: ____
(S5.B.5.c.ii)

Comments:

16. YES **NO** Inspected stormwater treatment and flow control facilities owned or operated by the Permittee?
Number of facilities inspected during the reporting period: ____
(S5.B.6.a.ii)

Comments:

17. YES **NO** Applied the MTRs in Appendix 1 to all new public projects? (S5.B.4)

Comments:

18. YES **NO** Conducted spot checks of stormwater facilities after major storms?
(S5.B.6.a.ii)

Comments:

19. YES **NO** Implementing a fully developed O&M plan for municipal operations?
(S5.B.6)

Comments:

20. YES **NO** Provided adequate training for staff to carry out the SWMP? (S5.B.6.b)

Comments:

21. YES **NO** Tracked and/or estimated the cost of development and implementation of the SWMP? (S5.A.4.a.ii)

Comments:

22. 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 and S4.F)

Comments:

23. YES NO Notified Ecology immediately in cases where the Permittee becomes
NA aware of a discharge from the Permittees MS4 which may cause or
contribute to an eminent threat to human health or the environment? (G20
and S4.F)

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)

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 "N/A" if you are not yet implementing BMPs for a component of the SWMP.

1. YES NO Are the BMPs selected and implemented for Public Outreach appropriate
N/A to minimize pollutants in the MS4 to the MEP? (S8.B)

Comments:

2. YES NO Are the BMPs selected and implemented for Public Involvement
N/A appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)

Comments:

3. YES NO Are the BMPs selected and implemented for Illicit Discharge
N/A Detection and Elimination appropriate to minimize pollutants in the MS4
to the MEP? (S8.B)

Comments:

4. YES NO Are the BMPs selected and implemented for Construction
N/A Stormwater Pollution Prevention appropriate to minimize pollutants in the
MS4 to the MEP?

Comments:

5. YES NO Are the BMPs selected and implemented for Post-Construction
N/A Runoff Management appropriate to minimize pollutants in the MS4 to the
MEP? (S8.B)

Comments:

6. YES NO Are the BMPs selected and implemented for Good Housekeeping
N/A for Municipal Operations appropriate to minimize pollutants in the MS4 to
the MEP? (S8.B)

Comments:

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:	