



MS4 Annual Report for 2015

Reporting period: January 1, 2015 to December 31, 2015

Due: June 30, 2016

Instructions: Complete this annual report to provide a summary of your activities under the 2013 MS4 Permit (Permit) between January 1, 2015 and December 31, 2015. MPCA staff may also contact you for additional information.

Questions: Contact Cole Landgraf at 651-757-2880 or cole.landgraf@state.mn.us or Rachel Stangl at 651-757-2879 or rachel.stangl@state.mn.us.

MS4 General Contact Information

Full Name:	Rick Hass
Title:	Public Services Director
Mailing Address:	415 Central Avenue
City:	Osseo
State:	MN
Zip Code:	55369
Phone:	763-425-5741
Email:	rhass@ci.osseo.mn.us

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

Full Name:	Lani Leichty
Title:	MS4 Coordinator
Organization:	Bolton & Menk, Inc.
Mailing Address:	12224 Nicollet Avenue
City:	Burnsville
State:	MN
Zip Code:	55337
Phone:	952-890-0509
Email:	lanile@bolton-menk.com



MCM 1: Public Education and Outreach

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

Q2 Did you select a stormwater-related issue of high priority to be emphasized during this Permit term? [Part III.D.1.a.(1)]

Yes

Q3 If 'Yes' in Q2, what is your stormwater-related issue(s)? Check all that apply.

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

If 'Other', describe:

Q4 Have you distributed educational materials or equivalent outreach to the public focused on illicit discharge recognition and reporting? [Part III.D.1.a.(2)]

No

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

Yes

- Q6** How did you distribute education materials or equivalent outreach? [Part III.D.1.a.] *Check all that apply in the table below.*
- Q7** For the items checked in **Q6** below, what is the intended audience? *Check all that apply in the table below.*
- Q8** For the items checked in **Q6** below, enter the total circulation/audience in the table below. (if unknown, use best estimate)

Q6 How did you distribute educational materials? (Check all that apply):	Q7 Intended audience. (Check all that apply):						Q8 Total circulation /audience:
	Residents	Local businesses	Developers	Students	Employees	Other	
<input type="checkbox"/> Brochure							
<input checked="" type="checkbox"/> Newsletter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					1000
<input type="checkbox"/> Utility bill insert							
<input type="checkbox"/> Newspaper ad							
<input type="checkbox"/> Radio ad							
<input type="checkbox"/> Television ad							
<input type="checkbox"/> Cable access channel							
<input type="checkbox"/> Stormwater-related event							
<input type="checkbox"/> School project or presentation							
<input checked="" type="checkbox"/> Website	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					4500
<input type="checkbox"/> Other Describe:							
<input type="checkbox"/> Other Describe:							
<input type="checkbox"/> Other Describe:							

For **Q9** and **Q10** below, provide a brief description of each activity related to public education and outreach (e.g. rain garden workshop, school presentation, public works open house) held and the date each activity was held from January 1, 2015 to December 31, 2015. [Part III.D.1.c.(4)]

Q9 Date of Activity	Q10 Description of Activity

Q11 Between January 1, 2015 and December 31, 2015, did you modify your BMPs, measurable goals, or future plans for your public education and outreach program? [Part IV.B.]

If 'Yes,' describe those modifications:

No Yes



MCM 2: Public Participation/Involvement

The following questions refer to Part III.D.2.a. of the Permit.

Q12 You must provide a minimum of one opportunity each year for the public to provide input on the adequacy of your Stormwater Pollution Prevention Program (SWPPP). Did you provide this opportunity between January 1, 2015 and December 31, 2015? [Part III.D.2.a.(1)]

Yes No

Q13 If 'Yes' in **Q12**, what was the opportunity that you provided? Check all that apply.

Public meeting

Public event

Other

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

Stand-alone Combined

Enter the date of the public meeting:

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

Q15 If 'Public Event' in **Q13**, Describe:

Q15 Enter the date of the public meeting:
 Enter the number of citizens that attended and were informed about your SWPPP:

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

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

Q17 Between January 1, 2015 and December 31, 2015, did you receive any input regarding your SWPPP?

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

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

Q19 Between January 1, 2015 and December 31, 2015, did you modify your BMPs, measurable goals, or future plans for your public education and outreach program? [Part IV.B.]

If 'Yes,' describe those modifications:



MCM 3: Illicit Discharge Detection and Elimination

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

Q20 As of December 31, 2015, have you enacted a regulatory mechanism(s) which prohibits non-stormwater discharges to your MS4?

Q21 If 'Yes' in **Q20**, Provide either a website address to the above regulatory mechanism or upload a copy.
 How will you provide this regulatory mechanism?
 Website address:

Q22 If 'Website address' in **Q21**, provide the link here:

Q23 If 'Upload' in **Q21**, upload the appropriate document to the Annual Report form. Only files 10 MB or less will upload.
 Successful upload?

Q24 Did you identify any illicit discharges between January 1, 2015 and December 31, 2015? [Part III.D.3.h.(4)]

Q25 If 'Yes' in **Q24**, enter the number of illicit discharges detected:

Q26 If 'Yes' in **Q24**, how did you discover these illicit discharges? Check all that apply.
 Public complaint
 Staff

Q27 If 'Public complaint' in **Q26**, enter the number discovered by the public:

Q28 If 'Staff' in **Q26**, enter the number discovered by staff:

Q29 If 'Yes' in **Q24**, did any of the discovered illicit discharges result in an enforcement action (this includes verbal warnings)?

Q30 If 'Yes' in **Q29**, what type of enforcement action(s) was taken and how many of each action were issued between January 1, 2015 and December 31, 2015?
 Check all that apply.

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

If 'Other,' describe:

Q31 If 'Yes' in Q29, did the enforcement action(s) taken sufficiently address the illicit discharge(s)?

Q32 If 'No' in Q31, why was the enforcement not sufficient to address the illicit discharge(s)?

Q33 Do you have written Enforcement Response Procedures (ERPs) to compel compliance with your illicit discharge regulatory mechanism(s)? [Part III.B.]

Q34 If 'Yes' in Q33, provide either a website address to the above ERPs or upload a copy. How will you provide this regulatory mechanism?

Q35 If 'Website address' in Q34, provide the link here:

Q36 If 'Upload' in Q34, upload the appropriate document to the Annual Report form. Only files 10 MB or less will upload. Successful upload?

Q37 Did you train all field staff in illicit discharge recognition (including conditions which could cause illicit discharges) and reporting illicit discharges for further investigations? [Part III.D.3.e.]

Q38 If 'Yes' in Q37, how did you train your field staff? Check all that apply.

- Email
- Powerpoint
- Presentation
- Video
- Field Training
- Other

If 'Other,' describe:

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

Q39 Did you update your storm sewer system map between January 1, 2015 and December 31, 2015? [Part III.C.1.]

Q40 Does your storm sewer map include all pipes 12 inches or greater in diameter and the direction of stormwater flow in those pipes? [Part III.C.1.a.]

Q41 Does your storm sewer map include outfalls, including a unique identification (ID) number and an associated geographic coordinate? [Part III.C.1.b.]

Q42 Does your storm sewer map include all structural stormwater BMPs that are part of your MS4? [Part III.C.1.c.]

Q43 Does your storm sewer map include all receiving waters? [Part III.C.1.d.]

Q44 In what format is your storm sewer map available?

If 'Other,' describe:

Q45 Between January 1, 2015 and December 31, 2015, did you modify your BMPs, measurable goals, or future plans for your illicit discharge detection and elimination (IDDE) program? [Part IV.B.]

If 'Yes,' describe those modifications:



Minnesota Pollution Control Agency

MCM 4: Construction Site Stormwater Runoff Control

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

Q46 As of December 31, 2015, have you enacted a regulatory mechanism that is at least as stringent as the Agency's general permit to Discharge Stormwater Associated with Construction Activity (CSW Permit) No. MN R100001 (<http://www.pca.state.mn.us/index.php/view-document.html?gid=18984>) for erosion and sediment controls and waste controls? [Part III.D.4.a.]

Q47 Have you developed written procedures for site plan reviews as required by the Permit? [Part III.D.4.b.]

Q48 Have you documented each site plan review as required by the Permit? [Part III.D.4.f.]

Q49 Enter the number of site plan reviews conducted for sites an acre or greater between January 1, 2015 and December 31, 2015:

0

Q50 What types of enforcement actions do you have available to compel compliance with your regulatory mechanism? Check all that apply and enter the number of each used from January 1, 2015 to December 31, 2015.

	Number issued:
Verbal warning	0
X Notice of violation	0
Administrative order	0
Stop-work order	0
X Fine	0
Forfeit of security bond money	0
X Withholding of certificate of occupancy	0
X Criminal action	0
X Civil penalty	0
Other	0

If 'Other,' describe:

Q51 Do you have written Enforcement Response Procedures (ERPs) to compel compliance with your construction site stormwater runoff control regulatory mechanisms? [Part III.B.]

Yes

Q52 Enter the number of active construction sites an acre or greater that were in your jurisdiction between January 1, 2015 and December 31, 2015:

0

Q53 Do you have written procedures for identifying priority sites? [Part III.D.4.d.(1)]

Yes

Q54 If 'Yes' in Q53, how are sites prioritized? Check all that apply.

Site topography
Soil characteristics
X Types of receiving water(s)
Stage of construction
Compliance history
Weather conditions
Other

If 'Other,' describe:

Q55 Do you have a checklist or other written means to document site inspections when determining compliance? [Part III.D.4.d.(4)]

Yes

Q56 Enter the number of site inspections conducted for sites an acre or greater between January 1, 2015 and December 31, 2015:

0

Q57 Enter the frequency at which site inspections are conducted (e.g. daily, weekly, monthly): [Part III.D.4.d.(2)]

Weekly

Q58 Enter the number of trained inspectors that were available for construction site inspections between January 1, 2015 and December 31, 2015:

1

Q59 Provide the contact information for the inspector(s) and/or organization that conducts construction stormwater inspections for your MS4. List your primary construction stormwater contact first if you have multiple inspectors.

1 Inspector Name	Rick Hass
Organization	City of Osseo
Phone (Office)	763-425-2624
Phone (Work Cell)	763-238-8640
Email	rhass@osseo.ci.mn.us
Preferred contact method	phone
2 Inspector Name	
Organization	
Phone (Office)	
Phone (Work Cell)	
Email	
Preferred contact method	
3 Inspector Name	
Organization	
Phone (Office)	
Phone (Work Cell)	
Email	
Preferred contact method	

Q60 What training did inspectors receive? Check all that apply.

University of Minnesota Erosion and Stormwater Management Certification Program
Qualified Compliance Inspector of Stormwater (QCIS)
Minnesota Laborers Training Center Stormwater Pollution Prevention Plan Installer or Supervisor
Minnesota Utility Contractors Association Erosion Control Training
Certified Professional in Erosion and Sediment Control (CPESC)
Certified Professional in Stormwater Quality (CPSWQ)
Certified Erosion Sediment and Storm Water Inspector (CESSWI)
X Other

If 'Other,' describe: Over 29 years of experience as a public works superintendent, which included construction site erosion control inspection.

Q61 Between January 1, 2015 and December 31, 2015, did you modify your BMPs, measurable goals, or future plans for your construction site stormwater runoff control program? [Part IV.B.]

No

If 'Yes,' describe those modifications:



Minnesota Pollution Control Agency

MCM 5: Post-Construction Stormwater Management

The following questions refer to Part III.D.5. of the Permit.

Q62 As of December 31, 2015, have you enacted a regulatory mechanism to incorporate all requirements as specified in Part III.D.5.a of the Permit?

Yes

Q63 What approach are you using to meet the performance standard for Volume, Total Suspended Solids (TSS), and Total Phosphorus (TP) as required by the Permit? [Part III.D.5.a.(2)] Check all that apply.

[Refer to the link http://www.pca.state.mn.us/index.php/view-document.html?gid=17815 for guidance on stormwater management approaches.](http://www.pca.state.mn.us/index.php/view-document.html?gid=17815)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Retain a runoff volume equal to one inch times the area of the proposed increase of impervious surface on-site |
| <input type="checkbox"/> | Retain the post-construction runoff volume on site for the 95th percentile storm |
| <input checked="" type="checkbox"/> | Match the predevelopment runoff conditions |
| <input type="checkbox"/> | Adopt the Minimal Impact Design Standards (MIDS) |
| <input type="checkbox"/> | An approach has not been selected |
| <input type="checkbox"/> | Other method (Must be technically defensible - e.g., based on modeling, research and acceptable engineering practices) |

If 'Other,' describe:

Q64 Do you have written Enforcement Response Procedures (ERPs) to compel compliance with your post-construction stormwater management regulatory mechanism(s)? [Part III.B.]

Yes

Q65 Between January 1, 2015 and December 31, 2015, did you modify your BMPs, measurable goals, or future plans for your post-construction site stormwater management program? [Part IV.B.]

No

If 'Yes,' describe those modifications:



Minnesota Pollution Control Agency

MCM 6: Pollution Prevention/Good Housekeeping for Municipal Operations

The following questions refer to Part III.D.6. of the Permit.

Q66 Enter the total number of structural stormwater BMPs, outfalls (excluding underground outfalls), and ponds within your MS4 (exclude privately owned).

Structural stormwater BMPs	1
Outfalls	3
Ponds	0

Q67 Enter the number of structural stormwater BMPs, outfalls (excluding underground outfalls), and ponds that were inspected from January 1, 2015 to December 31, 2015 within your MS4 (exclude privately owned). [Part III.D.6.e.]

Structural stormwater BMPs	1
Outfalls	0
Ponds	0

Q68 Have you developed an alternative inspection frequency for any structural stormwater BMPs, as allowed in Part III.D.6.e.(1) of the Permit?

No

Q69 Based on inspection findings, did you conduct any maintenance on any structural stormwater BMPs? [Part III.D.6.e.(1)]

No

Q70 If 'Yes,' briefly describe the maintenance that was conducted:

Q71 Do you own or operate any stockpiles, and/or storage and material handling areas? [Part III.D.6.e.(3)]

Yes

Q72 If 'Yes' in Q71, did you inspect all stockpiles and storage and material handling areas quarterly? [Part III.D.6.e.(3)]

Yes

Q73 If 'Yes' in Q72, based on inspection findings, did you conduct maintenance at any of the stockpiles and/or storage and material handling areas?

No

Q74 If 'Yes' in Q73, briefly describe the maintenance that was conducted:

[Empty text box for Q74]

Q75 Between January 1, 2015 and December 31, 2015, did you modify your BMPs, measurable goals, or future plans for your pollution prevention/good housekeeping for municipal operations program? [Part IV.B.]

No

If 'Yes,' describe those modifications:

[Empty text box for Q75]



Minnesota Pollution Control Agency

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

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

Q77 Successfully uploaded file:

File successfully attached.



Minnesota Pollution Control Agency

Alum or Ferric Chloride Phosphorus Treatment Systems

The following questions refer to Part III.F.3.a. of the Permit. Provide the information below as it pertains to your alum or ferric chloride phosphorus treatment system.

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

Q78 Date(s) of operation (mm/dd/yyyy - mm/dd/yyyy)

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

	Q79 Chemical(s) used for treatment:	Q 80 Gallons of alum or ferric chloride treatment:	Q81 Gallons of water treated:	Q82 Calculated pounds of phosphorus removed:
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Q83 Any performance issues and corrective action(s), including the date(s) when corrective action(s) were taken, between January 1, 2015 and December 31, 2015:

[Empty text box for Q83]



Minnesota Pollution Control Agency

Partnerships

Q84 Did you rely on any other regulated MS4s to satisfy one or more Permit requirements?

Yes

Q85 If 'Yes' in Q84, describe the agreements you have with other regulated MS4s and which Permit requirements the other regulated MS4s help satisfy: [Part IV.B.6.]

Shingle Creek Watershed Management Commission: Osseo is a participating member city of the Shingle Creek WMC.



Minnesota Pollution Control Agency

Additional Information

If you would like to provide any additional files to accompany your annual report, use the space below to upload those files. For each space, you may attach one file. You may provide additional explanation and/or information in an email with the subject YourMS4NameHere_2015AR to ms4permitprogram.pca@state.mn.us.

Q86 Successfully uploaded file:

Q87 Successfully uploaded file:

Q88 Successfully uploaded file:

Q89 Optional, describe the file(s) uploaded:



Minnesota Pollution Control Agency

Owner of Operator Certification

The person with overall administrative responsibility for SWPPP implementation and Permit compliance must certify this MS4 Annual Report. This person must be duly authorized and should be either a principal executive (i.e., Director of Public Works, City Administrator) or ranking elected official (i.e., Mayor, Township Supervisor).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete (Minn. R. 7001.0070). I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment (Minn. R. 7001.0540).

X

By typing my name in the following box, I certify the above statements to be true and correct, to the best of my knowledge, and that information can be used for the purpose of processing my MS4 Annual Report.

Name:
Title:
Date: