APPENDIX D
MS4 – Summary Annual Report Form

ALASKA POLLUTANT DISCHARGE ELIMINATION SYSTEM
MS4 – Summary Annual Report Form
Permit Number: AKS-053406

1. MS4 Information

_____
Name of MS4

_____ _____ _____
Name of Contact Person (First) (Last) (Title)

_____ _____
Telephone (including area code) Email

_____
Mailing Address

_____ Alaska _____
City State Zip Code

What size population does your MS4 serve? _____

What is the reporting period for this report? (mm/dd/yyyy) From _____ to _____

2. Water Quality Priorities

A. Does your MS4 discharge to waters listed as impaired on a state 303(d) list? ☐ Yes ☐ No

B. If yes, identify each impaired water, the impairment, whether a TMDL has been approved by EPA for each, and whether the TMDL assigns a wasteload allocation to your MS4. Use a new line for each impairment, and attach additional pages as necessary.

Impaired Water	Impairment	Approved TMDL		TMDL assigns WLA to MS4	
		☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No

C. What specific sources contributing to the impairment(s) are you targeting in your storm water program?

_____

D. Do you discharge to any high-quality waters (e.g., Tier 2, Tier 3, outstanding natural resource waters, or other state or federal designation)? ☐ Yes ☐ No

E. Are you implementing additional specific provisions to ensure their continued integrity? ☐ Yes ☐ No

3. Public Education and Public Participation

A. Is your public education program targeting specific pollutants and sources of those pollutants? ☐ Yes ☐ No

B. If yes, what are the specific sources and/or pollutants addressed by your public education program?

_____

C. Note specific successful outcome(s) (e.g., quantified reduction in fertilizer use; NOT tasks, events, publications) fully or partially attributable to your public education program during this reporting period.

_____

D. Do you have an advisory committee or other body comprised of the public and other stakeholders that provides regular input on your storm water program? ☐ Yes ☐ No

4. Construction

A. Do you have an ordinance or other regulatory mechanism stipulating:

Erosion and sediment control requirements?	☐ Yes	☐ No
Other construction waste control requirements?	☐ Yes	☐ No
Requirement to submit construction plans for review?	☐ Yes	☐ No
MS4 enforcement authority?	☐ Yes	☐ No

B. Do you have written procedures for:

Reviewing construction plans?	☐ Yes	☐ No
Performing inspections?	☐ Yes	☐ No
Responding to violations?	☐ Yes	☐ No

C. Identify the total number of active construction sites ≥ 1 acre in operation in your jurisdiction during the reporting period. _____

D. How many of the sites identified in 4.C did you inspect during this reporting period? _____

E. Describe, on average, the frequency with which your program conducts construction site inspections.

_____

F. Do you prioritize certain construction sites for more frequent inspections? ☐ Yes ☐ No
If Yes, based on what criteria?

_____

G. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

☐ Yes	Notice Of Violation	# _____	No Authority	☐
☐ Yes	Administrative Fines	# _____	No Authority	☐
☐ Yes	Stop Work Orders	# _____	No Authority	☐
☐ Yes	Civil Penalties	# _____	No Authority	☐
☐ Yes	Criminal Actions	# _____	No Authority	☐
☐ Yes	Administrative Orders	# _____	No Authority	☐
☐ Yes	Other _____	# _____		

H. Do you use an electronic tool (e.g., GIS, data base, spreadsheet) to track the locations, inspection results, and enforcement actions of active construction sites in your jurisdiction? ☐ Yes ☐ No

I. What are the 3 most common types of violations documented during this reporting period?
a. b. c.

J. How often do municipal employees receive training on the construction program? _____

5. Illicit Discharge Elimination

A. Have you completed a map of all outfalls and receiving waters of your storm sewer system? ☐ Yes ☐ No

B. Have you completed a map of all storm drain pipes and other conveyances in the storm sewer system? ☐ Yes ☐ No

C. Identify the number of outfalls in your storm sewer system. _____

D. Do you have documented procedures, including frequency, for screening outfalls? ☐ Yes ☐ No

E. Of the outfalls identified in 5.C, how many were screened for dry weather discharges during this reporting period? _____

F. Of the outfalls identified in 5.C, how many have been screened for dry weather discharges at any time since you obtained MS4 permit coverage? _____

G. What is your frequency for screening outfalls for illicit discharges? Describe any variation based on size/type.

_____

H. Do you have an ordinance or other regulatory mechanism that effectively prohibits illicit discharges? ☐ Yes ☐ No

I. Do you have an ordinance or other regulatory mechanism that provides authority for you to take enforcement action and/or recover costs for addressing illicit discharges? ☐ Yes ☐ No

J. During this reporting period, how many illicit discharges/illegal connections have you discovered? _____

K. Of those illicit discharges/illegal connections that have been discovered or reported, how many have been eliminated? _____

L. How often do municipal employees receive training on the illicit discharge program? _____

6. Storm Water Management for Municipal Operations

A. Have storm water pollution prevention plans (or an equivalent plan) been developed for:

All public parks, ball fields, other recreational facilities and other open spaces ☐ Yes ☐ No

All municipal fleet and building maintenance activities ☐ Yes ☐ No

All municipal construction activities, including those disturbing greater than 1 acre ☐ Yes ☐ No

All municipal storm water system maintenance ☐ Yes ☐ No

All municipal snow disposal site operation and maintenance activities ☐ Yes ☐ No

Other _____

B. Are storm water inspections conducted at these facilities? ☐ Yes ☐ No

C. If Yes, at what frequency are inspections conducted? _____

D. List activities for which operating procedures or management practices specific to storm water management have been developed (e.g., road repairs, catch basin cleaning).

_____

E. Do you prioritize certain municipal activities and/or facilities for more frequent inspection? ☐ Yes ☐ No

F. If Yes, which activities and/or facilities receive most frequent inspections? _____

G. Do all municipal employees and contractors overseeing planning and implementation of storm water-related activities receive comprehensive training on storm water management? ☐ Yes ☐ No

H. If yes, do you also provide regular updates and refreshers? ☐ Yes ☐ No

I. If so, how frequently and/or under what circumstances? _____

7. Long-term (Post-Construction) Storm Water Measures

A. Do you have an ordinance or other regulatory mechanism to require:

Site plan reviews for storm water/water quality of all new and re-development projects?	☐ Yes	☐ No
Long-term operation and maintenance of storm water management controls?	☐ Yes	☐ No
Retrofitting to incorporate long-term storm water management controls?	☐ Yes	☐ No

B. If you have retrofit requirements, what are the circumstances/criteria?

_____

C. What are your criteria for determining which new/re-development storm water plans you will review (e.g., all projects, projects disturbing greater than one acre, etc.)

_____

D. Do you require water quality or quantity design standards or performance standards, either directly or by reference to a state or other standard, be met for new development and re-development? ☐ Yes ☐ No

E. Do these performance or design standards require that pre-development hydrology be met for:

Flow volumes	☐ Yes	☐ No
Peak discharge rates	☐ Yes	☐ No
Discharge frequency	☐ Yes	☐ No
Flow duration	☐ Yes	☐ No

F. Please provide the URL/reference where all post-construction storm water management standards can be found.

_____

G. How many development and redevelopment project plans were reviewed during the reporting period to assess impacts to water quality and receiving stream protection? _____

H. How many of the plans identified in 7.G were approved? _____

I. How many privately owned permanent storm water management practices/facilities were inspected during the reporting period? _____

J. How many of the practices/facilities identified in 7.I were found to have inadequate maintenance? _____

K. How long do you give operators to remedy any operation and maintenance deficiencies identified during inspections? _____

L. Do you have authority to take enforcement action for failure to properly operate and maintain storm water practices/facilities? ☐ Yes ☐ No

M. How many formal enforcement actions (i.e., more than a verbal or written warning) were taken for failure to adequately operate and/or maintain storm water management practices? _____

N. Do you use an electronic tool (e.g., GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? _____

O. Do all municipal departments and/or staff (as relevant) have access to this tracking system? ☐ Yes ☐ No

P. How often do municipal employees receive training on the post-construction program? _____

8. Additional Information

Please include any additional information on the performance of your MS4 program. If providing clarification to any of the questions on this form, please provide the question number (e.g., 2C) in your response.

Certification Statement and Signature

☐ 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 gather and evaluate 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Per Appendix A, Part 1.12.2 This report to be signed as follows: **For a municipal, State, Federal, or other public facility**: by either a principal executive or ranking elected official; **for a corporation**, a responsible corporate officer.

Signature | Date

Name of Certifying Official, Title

Signature | Date

Name of Certifying Official, Title

Signature | Date

Name of Certifying Official, Title

Signature | Date

Name of Certifying Official, Title