

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

18-0627

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:** Annual Report under MS4 General Permit # WI-S050075-2

**County:** La Crosse

**Municipality:** La Crosse, City

**Facility Number:** 31065

**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**

<b>Name of Municipality</b>	La Crosse, City
<b>Facility ID # or (FIN):</b>	31065
<b>Updated Information:</b>	<input checked="" type="checkbox"/> Check to update mailing address information
<b>Mailing Address:</b>	Storm Water Utility
<b>Mailing Address 2:</b>	400 La Crosse Street
<b>City:</b>	La Crosse
<b>State:</b>	Wisconsin
<b>Zip Code:</b>	54601 <input type="text"/> 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)**

	<input checked="" type="checkbox"/> Select to <b>create new</b> primary contact
<b>First Name:</b>	Bernard
<b>Last Name:</b>	Lenz
	<input checked="" type="checkbox"/> Select to <b>update</b> current contact information
<b>Title:</b>	Utilities Manager
<b>Mailing Address:</b>	400 La Crosse Street
<b>Mailing Address 2:</b>	
<b>City:</b>	La Crosse
<b>State:</b>	WI
<b>Zip Code:</b>	54601 <input type="text"/> xxxxx or xxxxx-xxxx
<b>Phone Number:</b>	608-789-7536 <input type="text"/> Ext: <input type="text"/> xxx-xxx-xxxx
<b>Email:</b>	lenzb@cityoflacrosse.org

**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:**

**Last Name:**

**Title:**

**Mailing Address:**

**Mailing Address 2:**

**City:**

**State:**

**Zip Code:**  xxxxx or xxxxx-xxxx

**Phone Number:**  Ext:  xxx-xxx-xxxx

**Email:**

**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

<u>Website</u>	<u>1 - 9</u>	<input type="text"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<u>Direct one-on-one communication</u>	<u>20 - 49</u>	<input type="text"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

<u>Website</u>	<u>1 - 9</u>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<u>Informational booth at event</u>	<u>1 - 9</u>	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<u>Signage</u>	<u>20 - 49</u>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

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

<u>Website</u>	<u>1 - 9</u>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
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**Topic:** Management of stream banks and shorelines by riparian landowners to minimize erosion and restore and enhance the ecological value of waterways

<u>Did not focus on this topic this reporting year</u>	<u>Select...</u>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
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**Topic:** Infiltration of residential storm water runoff from rooftop downspouts, driveways and sidewalks

<u>Passive print media (brochures at front desk, posters, etc.)</u>	<u>20 - 49</u>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<u>Website</u>	<u>1 - 9</u>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<u>Direct one-on-one communication</u>	<u>50 - 99</u>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<u>Informational booth at event</u>	<u>1 - 9</u>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<u>Government event (public hearing, council meeting, etc.)</u>	<u>1 - 9</u>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Mechanism	Quantity	Est. People Reached	Regional Effort?
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(optional)

(optional)

(optional)

**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

Direct one-on-one communication      20 - 49             Yes     No

Other      1 - 9             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

Direct one-on-one communication      10 - 19             Yes     No

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

Direct one-on-one communication      10 - 19             Yes     No

**Topic:** Other (describe):

Direct one-on-one communication      10 - 19             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.

Form 3400-224 (09/17)

**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

Municipal Officials

Appropriate Staff

**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 Select...   Yes  No

Presentation of Storm Water Information Select...   Yes  No

**Topic:** Storm water related ordinance and/or updates

None Select...   Yes  No

**Topic:** MS4 Annual Report

Government Event (Public Hearing, Council Meeting, etc) Select...   Yes  No

**Topic:** Volunteer Opportunities

None Select...   Yes  No

**Topic:** Other (describe):

None 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

**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   Unsure

municipality eliminate in the reporting year?

g. How many of the following enforcement mechanisms did the municipality  Unsure use to enforce its illicit discharge ordinance?

- Verbal Warning
- Written Warning (including email)
- Notice of Violation
- Civil Penalty/ Citation

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   Unsure in the reporting year?
- b. How many construction sites did the municipality issue   Unsure permits for in the reporting year?
- c. Do the above numbers include sites <1 acre?  Yes  No  Unsure
- d. How many erosion control inspections did the municipality   Unsure complete in the reporting year?

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

- Verbal Warning
- Written Warning (including email)
- Notice of Violation
- Civil Penalty/ Citation
- Stop Work Order
- Forfeiture of Deposit
- No Authority
- Other - Describe below

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.

**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 checked="" type="checkbox"/> Verbal Warning                    | <input type="text" value="0"/> |
| <input checked="" type="checkbox"/> Written Warning (including email) | <input type="text" value="0"/> |
| <input type="checkbox"/> Notice of Violation                          | <input type="text"/>           |
| <input checked="" type="checkbox"/> Civil Penalty/ Citation           | <input type="text" value="0"/> |
| <input type="checkbox"/> Forfeiture of Deposit                        | <input type="text"/>           |
| <input checked="" type="checkbox"/> Complete maintenance              | <input type="text" value="0"/> |
| <input checked="" type="checkbox"/> Bill responsible part             | <input type="text" value="0"/> |
| <input type="checkbox"/> No Authority                                 | <input type="text"/>           |
| <input type="checkbox"/> Other - Describe below                       | <input type="text"/>           |

- 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.

Site Review list

**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

- e. How many inspections of municipal properties been conducted in   Unsure the reporting year?
- f. Have amendments to the SWPPPs been made?  Yes  No  Unsure

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

- n. Does the municipality conduct curbside leaf collection?  Yes  No  Unsure
- o. Does the municipality notify homeowners about pickup?  Yes  No  Unsure

Where are the residents directed to store the leaves for collection?

- Pile on terrace  Pile in street  Bags on terrace  Unsure
- Other - Describe \_\_\_\_\_

p. What is the frequency of collection?

4 to 6 times during fall, or until it snows

q. Is collection followed by street sweeping/cleaning?

Yes  No  Unsure

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

19600	27200	43200	<u>Storm water utility</u>
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**Element:** Public Involvement and Participation

19600	27200	22200	<u>Storm water utility</u>
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**Element:** Illicit Discharge Detection and Elimination

3900	4400	4400	<u>Storm water utility</u>
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**Element:** Construction Site Pollutant Control

0	0	0	<u>Storm water utility</u>
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**Element:** Post-Construction Storm Water Management

0	0	0	<u>Storm water utility</u>
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**Element:** Pollution Prevention

29400	28700	33300	<u>Storm water utility</u>
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**Element:** Storm Water Quality Management

103458	95600	106370	<u>Storm water utility</u>
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**Element:** Storm Sewer System Map

0	0	0	<u>Storm water utility</u>
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**Other (describe)**

	563940		<u>Storm water utility</u>

### 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.

I don't know what Part II refers to?

**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

#### AR\_EOFIN

 File Attachment

[2017PublicEducationoutreachreportfinal002.pdf](#)

#### AR\_WintRdMainFIN

 File Attachment

[StreetDepartmentdata2017.pdf](#)

#### AR\_PCSSWFIN

 File Attachment

[StromwaterSiteReview.pdf](#)

#### AR\_PPFIN

 File Attachment

[BMPlistasofjan12018.pdf](#)

(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 WAMS ID. This may be a different email than that provided in the application. For information on your WAMS account click [HERE](#).

### Terms and Conditions

**Certification:** I hereby certify that I am an authorized representative of the municipality covered under La Crosse, City 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).

Authorized Signature.

I accept the above terms and conditions.

Signed by : i:0#.f|wamsmembership|lenzb on 2018-03-30T15:19:18

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.