

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

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**.

Form 3400-224(R8/2021)

## Reporting Information :

Will you be completing the Annual Report or other submittal type?  Annual Report  Other

**Project Name:** 2025 Annual Report

**County:** La Crosse

**Municipality:** La Crosse, City

**Permit Number:** S050075

**Facility Number:** 31065

**Reporting Year:** 2025

Is this submittal also satisfying an Urban Nonpoint Source Grant funded deliverable?  Yes  No

## 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]
- Complete all required fields on the annual report form and upload required attachments
- Attach the following other supporting documents as appropriate using the attachments tab above
  - Public Education and Outreach Annual Report Summary
  - Public Involvement and Participation Annual Report Summary
  - Illicit Discharge Detection and Elimination Annual Report Summary
  - Construction Site Pollution Control Annual Report Summary
  - Post-Construction Storm Water Management Annual Report Summary
  - Pollution Prevention Annual Report Summary
    - Leaf and Yard Waste Management
    - Municipal Facility (BMP) Inspection Report
    - Municipal Property SWPPP
    - Municipally Property Inspection Report
    - Winter Road Maintenance
  - Storm Sewer Map Annual Report Attachment
  - Storm Water Quality Management Annual Report Attachment
  - TMDL Attachment
  - Storm Water Consortium/Group Report

- Municipal Cooperation Attachment
- Other Annual Report Attachment
  
- Attach the following permit compliance documents as appropriate using the attachments tab above
  - Storm Water Management Program
    - Public Education and Outreach Program
    - Public Involvement and Participation Program
    - Illicit Discharge Detection and Elimination Program
    - Construction Site Pollutant Control Program
    - Post-Construction Storm Water Management Program
    - Pollution Prevention Program
      - Municipal Storm Water Management Facility (BMP) Inventory
      - Municipal Storm Water Management Facility (BMP) Inspection and Maintenance Plan
  - Total Maximum Daily Load documents (*\*if applicable, see permit for due dates.*)
    - TMDL Mapping\*
    - TMDL Modeling\*
    - TMDL Implementation Plan\*
    - Fecal Coliform Screening Parameter \*
    - Fecal Coliform Inventory and Map (*S050075-03 general permittees Appendix B B.5.2 – document due to the department by March 31, 2022*)
    - Fecal Coliform Source Elimination Plan (*S050075-03 general permittees Appendix B - document due to the department by October 31, 2023*)
  
- 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**

**Name of Municipality:** La Crosse, City

**Facility ID # or (FIN):** 31065

**Updated Information:**  Check to update mailing address information

**Mailing Address:** Stormwater Utility 905 Joseph Houska Dr.

**Mailing Address 2:**

**City:** La Crosse, City

**State:** WI

**Zip Code:** 54601      xxxxx or xxxxx-xxxx

**Primary Municipal Contact Person (Authorized Representative for MS4 Permit)**

The "Authorized Representative" or "Authorized Municipal Contact" includes the municipal official that was charged with compliance and oversight of the permit conditions, and has signature authority for submitting permit documents to the Department (i.e., Mayor, Municipal Administrator, Director of Public Works, City Engineer).

Select to **create new** primary contact

**First Name:** Tina

**Last Name:** Erickson

Select to **update** current contact information

**Title:** Utilities Manager

**Mailing Address:** 400 La Crosse St

**Mailing Address 2:**

**City:** La Crosse

**State:** WI

**Zip Code:** 54601      xxxxx or xxxxx-xxxx

**Phone Number:** 608-304-0507      Ext:      xxx-xxx-xxxx

**Email:** ericksont@cityoflacrosse.org

**Additional Contacts Information (Optional)**

- I&E Program
- IDDE Program
- IDDE Response Procedure Manual

**Individual with responsibility for:  
(Check all that apply)**

- Municipal-wide Water Quality Plan
- Ordinances
- Pollution Prevention Program
- Post-Construction Program
- Winter roadway maintenance

**First Name:** Claire

**Last Name:** Jablonski

**Title:**

**Mailing Address:** 905 Joseph Houska Dr

**Mailing Address 2:**

**City:** La Crosse

**State:** WI

**Zip Code:** 54601      xxxxx or xxxxx-xxxx

**Phone Number:** 608-799-4815      Ext:      xxx-xxx-xxxx

**Email:** jablonskic@cityoflacrosse.org

**Municipal Billing Contact Person (Authorized Representative for MS4 Permit)**

Select to **create new** Billing contact

**First Name:** Jared

**Last Name:** Greeno

Select to **update** current contact information

**Title:** WW Superintendent

**Mailing Address:** 905 Joseph Houska Dr

**Mailing Address 2:**

**City:** La Crosse

**State:** WI

**Zip Code:** 54601      xxxxx or xxxxx-xxxx

**Phone Number:** 608-789-7322      Ext:      xxx-xxx-xxxx

**Email:** greenoja@cityoflacrosse.org

1. Does the municipality rely on another entity to satisfy some of the permit requirements?

Yes     No

Public Education and Outreach    La Crosse Area Urban Stormwater Group

Public Involvement and Participation    La Crosse Area Urban Stormwater Group

Illicit Discharge Detection and Elimination

Construction Site Pollutant Control

Post-Construction Storm Water Management

---

Pollution Prevention

2. 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

**Minimum Control Measures- Section 1 : Complete****1. Public Education and Outreach**

- a. Does MS4 conduct any educational efforts or events independently (not with a group)  Yes  
 No
- b. How many total educational events were held during the reporting year:
- c. Were any of the public education and outreach delivery mechanisms conducted during the reporting year active or interactive?  Yes  No
- d. Please select all storm water topics, target audiences, and delivery mechanisms used in the reporting year

Public Education and Outreach Delivery Mechanisms (Active and Passive)	
Active/Interactive Mechanisms	Passive Mechanisms
<input checked="" type="checkbox"/> Education activities (school presentations, summer camps) <input checked="" type="checkbox"/> Information booth at event <input type="checkbox"/> Targeted group training (contractors, consultants, etc.) <input checked="" type="checkbox"/> Government event (public hearing, council meeting) <input checked="" type="checkbox"/> Workshops <input checked="" type="checkbox"/> Tours <input type="checkbox"/> Other: <input type="text"/>	<input checked="" type="checkbox"/> Passive print media (brochures at front desk, posters, etc.) <input checked="" type="checkbox"/> Distribution of print media (mailings, newsletters, etc.) via mail or email. <input checked="" type="checkbox"/> Media offerings (radio and TV ads, press release, etc.) <input checked="" type="checkbox"/> Social media posts <input checked="" type="checkbox"/> Signage <input checked="" type="checkbox"/> Website <input type="checkbox"/> Other: <input type="text"/>

Topics Covered	Target Audience
<input checked="" type="checkbox"/> Illicit discharge detection and elimination <input checked="" type="checkbox"/> Household hazardous waste disposal/pet waste management/vehicle washing <input checked="" type="checkbox"/> Yard waste management/pesticide and fertilizer application <input type="checkbox"/> Stream and shoreline management <input checked="" type="checkbox"/> Residential infiltration <input checked="" type="checkbox"/> Construction sites and post-construction storm water management <input checked="" type="checkbox"/> Pollution prevention <input checked="" type="checkbox"/> Green infrastructure/low impact development <input type="checkbox"/> Other: <input type="text"/>	<input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Public Employees <input checked="" type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input checked="" type="checkbox"/> Public Officials <input type="checkbox"/> Other: <input type="text"/>

- e. Will additional information/summary of these education events be attached to the annual report?  
 Yes  No

If no, please provide additional comment in the brief explanation box below. *Limit response to 250 characters and/or attach supplemental information on the attachments page.*

**Minimum Control Measures - Section 2 : Complete****2. Public Involvement and Participation**

a. Permit Activities. Select all of the following topics the Permittee did to engage public participation and involvement.

Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<input checked="" type="checkbox"/> MS4 Annual Report <input checked="" type="checkbox"/> Storm Water Management Program <input checked="" type="checkbox"/> Storm Water related ordinance <input type="checkbox"/> Other: <input type="text"/>	<input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Public Employees <input checked="" type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input checked="" type="checkbox"/> Public Officials <input type="checkbox"/> Other	101 +	<input checked="" type="radio"/> Yes <input type="radio"/> No

b. Volunteer Activities. Select all of the following audiences targeted for volunteer involvement and participation related to storm water.

NA (Individual Permittee)

Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
Volunteer Opportunity	<input checked="" type="checkbox"/> General Public <input type="checkbox"/> Public Employees <input checked="" type="checkbox"/> Residents <input checked="" type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Public Officials <input type="checkbox"/> Other	101 +	<input checked="" type="radio"/> Yes <input type="radio"/> No

c. Brief explanation on Public Involvement and Participation reporting. *Limit response to 250 characters and/or attach supplemental information 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?	<input type="text" value="318"/>
b. How many major outfalls does the municipality have?	<input type="text" value="74"/>
c. How many outfalls did the municipality evaluate as part of their	<input type="text" value="173"/>

routine ongoing field screening program?

- d. From the municipality's routine screening, how many were confirmed illicit discharges?
- e. How many illicit discharge complaints did the municipality receive?
- f. From the complaints received, how many were confirmed illicit discharges?
- g. How many of the identified illicit discharges did the municipality eliminate in the reporting year (from both routine screening and complaints)?

(If the sum of 3.c. and 3.e. does not equal 3.f., please explain below.)

- h. What types of regulatory mechanisms does the municipality have available to compel compliance with this program? Check all that are available and how many times each were used in the reporting year.

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

Additional Information: \_\_\_\_\_

- i. Brief explanation on Illicit Discharge Detection and Elimination reporting. *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.*

Form 3400-224 (R8/2021)

## Minimum Control Measures - Section 4 : Complete

### 4. Construction Site Pollutant Control

- a. How many total construction sites with one acre or more of land disturbing construction activity were active at any point in the reporting year?
- b. How many construction sites with one acre or more of land disturbing construction activity did the municipality issue permits for in the reporting year?
- c. How many erosion control inspections did the municipality complete in the reporting year (at sites with one acre or more of land disturbing construction activity)?
- d. What types of regulatory mechanisms does the municipality have available to compel compliance with this program? Check all that are available and how many times each were used in the reporting year.
- Verbal Warning
- Written Warning (including email)

<input checked="" type="checkbox"/> Notice of Violation	0
<input checked="" type="checkbox"/> Civil Penalty/ Citation	0
<input checked="" type="checkbox"/> Stop Work Order	0
<input checked="" type="checkbox"/> Forfeiture of Deposit	0
<input type="checkbox"/> Other - Describe below	

e. Brief explanation on Construction Site Pollutant Control reporting . *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.*

**Minimum Control Measures - Section 5 : Complete**

**5. Post-Construction Storm Water Management**

a. How many new structural storm water management Best Management Practice (BMP) have received local approval ? 30

\*Engineered and constructed systems that are designed to provide storm water quality control such as wet detention ponds, constructed wetlands, infiltration basins, grassed swales, permeable pavement,

b. Does the MS4 have procedures for inspecting and maintaining private storm water facilities?  Yes  No

c. If Yes, how many privately owned storm water management facilities were inspected in the reporting year ? 249  
Inspections completed by private landowners should be included in the reported number.

d. Does the municipality utilize privately owned storm water management BMP in its pollutant reduction analysis?  Yes  No

e. Does MS4 have maintenance authority on these privately owned BMPs?  
 Yes  No

f. 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.

<input checked="" type="checkbox"/> Verbal Warning	0
<input checked="" type="checkbox"/> Written Warning (including email)	0
<input checked="" type="checkbox"/> Notice of Violation	0
<input type="checkbox"/> Civil Penalty/ Citation	
<input type="checkbox"/> Forfeiture of Deposit	
<input checked="" type="checkbox"/> Complete Maintenance	0
<input checked="" type="checkbox"/> Bill Responsible Party	0

Other - Describe below

- g. Brief explanation on Post-Construction Storm Water Management reporting . *If marked 'Unsure' on any questions above, justify your reasoning. Limit your response to 250 characters and/or attach supplemental information on the attachments page.*

Form 3400-224 (R8/2021)

## Minimum Control Measures - Section 6 : Complete

### 6. Pollution Prevention

Storm Water Management Best Management Practice Inspections  Not Applicable

- a. Enter the total number of "municipally owned" (i.e., publicly owned BMPs) or operated (i. e., privately o wned BMPs) structural storm water management best management practices.
- b. How many new municipally owned storm water management best management practices were installed in the reporting year ?
- c. How many municipally owned (public) storm water management best management practices were inspected in the reporting year?
- d. What elements are looked at during inspections (250 character limit)?
- e. How many of these facilities required maintenance?
- f. Brief explanation on Storm Water Management Best Management Practice inspection reporting. *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.*

Public Works Yards & Other Municipally Owned Properties that require a stormwater pollution prevention plan (SWPPP)\*  Not Applicable

- g. How many municipal properties require a SWPPP?
- h. How many inspections of municipal properties have been conducted in the reporting year?
- i. Have amendments to the SWPPPs been made?  
 Yes  No
- j. If yes, describe what changes have been made. Limit response to 250 characters and/or attach supplemental information on the attachment page:
- k. Brief explanation on Storm Water Pollution Prevention Plan reporting. *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250*

characters and/or attach supplemental information on the attachments page.

\* Any municipally owned property that has the potential to generate stormwater pollution should have a SWPPP. For example, if a municipal property stores compost piles, material storage, yard wastes, etc., outside and can contaminate stormwater runoff—a SWPPP is required.

Collection Services - *Street Sweeping Program*  Not Applicable

- l. Did the municipality conduct street sweeping during the reporting year?  
 Yes  No
- m. If known, how many tons of material was removed?
- n. Does the municipality have a [low hazard exemption](#) for this material?  Yes  No
- o. If street sweeping is identified as a storm water best management practice in the pollutant loading analysis, was street cleaning completed at the assumed frequency?  
 Yes - Explain frequency Every two weeks when no snow on ground  
 No - Explain \_\_\_\_\_  
 Not Applicable

Collection Services - *Catch Basin Sump Cleaning Program*  Not Applicable

- p. Did the municipality conduct catch basin sump cleaning during the reporting year?  Yes  No
- q. How many catch basin sumps were cleaned in the reporting year?
- r. If known, how many tons of material was collected?
- s. Does the municipality have a low hazard exemption for this material?  Yes  No
- t. 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- Explain frequency \_\_\_\_\_  
 No - Explain Staff redirected to DOT highway planning study  
 Not Applicable

Collection Services - *Leaf Collection Program*  Not Applicable

- u. Does the municipality conduct curbside leaf collection?  Yes  No
- v. Does the municipality notify homeowners about pickup?  Yes  No
- w. Where are the residents directed to store the leaves for collection?  
 Pile on terrace  Pile in street  Bags on terrace  
 Other - Describe \_\_\_\_\_
- x. What is the frequency of collection?

2 passes through city in 2025 (early snow cut leaf collection short) Another pass is planned for spring this year to collect remaining leaves.

y. Is collection followed by street sweeping?  Yes  No

z. Brief explanation on Collection Services reporting. *Limit response to 250 characters and/or attach supplemental information on the attachments page*

Winter Road Management  Not Applicable

\*Note: We are requesting information that goes beyond the reporting year, answer the best you can.

aa. How many lane-miles of roadway is the municipality responsible for doing snow and ice control? (One mile of a two-way road equals two lane miles.)

ab. Provide amount of de-icing products used by month last winter season?  
Solids (tons) (ex. sand, or salt-sand)

Product	Oct	Nov	Dec	Jan	Feb	Mar
Salt	<input type="text" value="0"/>	<input type="text" value="241"/>	<input type="text" value="873"/>	<input type="text" value="204"/>	<input type="text" value="1128"/>	<input type="text" value="565"/>
Salt/sand mix	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="416"/>	<input type="text" value="47"/>	<input type="text" value="376"/>	<input type="text" value="0"/>

Liquids (gallons) (ex. brine)

	Oct	Nov	Dec	Jan	Feb	Mar
Brine	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5960"/>	<input type="text" value="3200"/>	<input type="text" value="4400"/>	<input type="text" value="0"/>

ac. Was salt applying machinery calibrated in the reporting year?  Yes  No

ad. Have municipal personnel attended salt reduction strategy training in the reporting year?  Yes  No

Training Date	Training Name	# Attendance
<input type="text"/>	<input type="text"/>	<input type="text"/>

ae. Brief explanation on Winter Road Management reporting. *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page*

Internal (Staff) Education & Communication

af. Has the municipality provided an opportunity for internal training or education to staff implementing the municipality's procedures for each of the pollution prevention program element?  Yes  No

If yes, describe what training was provided (250 character limit):

ag. Describe how the municipality has kept the following local officials and municipal staff aware of the municipal storm water discharge permit programs, procedures

and pollution prevention program requirements.

Elected Officials

Board of Public Works briefings and code

Municipal Officials

Board of Public Works briefings and code

Appropriate Staff ( such as operators, Department heads, and those that interact with public)

Direct meetings, on-the-job discussions, and trainings

- ah. Brief explanation on Internal Education reporting. *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.*

Form 3400-224 (R8/2021)

## Minimum Control Measures - Section 7 : Complete

### 7. Storm Sewer System Map

- a. Did the municipality update their storm sewer map this year?

Yes  No

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

Leaf collection sites and Industrial Stormwater Facilities

- b. Brief explanation on Storm Sewer System Map reporting. *If you marked Unsure for an question for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information 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.

<b>Annual Expenditure</b> Reporting Year	<b>Budget</b> Reporting Year	<b>Budget</b> Upcoming Year	<b>Source of Funds</b>
---	---------------------------------	--------------------------------	------------------------

**Element:** Public Education and Outreach

15549	17500	17600	<u>Storm water utility</u>
-------	-------	-------	----------------------------

**Element:** Public Involvement and Participation

86	100	100	<u>Storm water utility</u>
----	-----	-----	----------------------------

**Element:** Illicit Discharge Detection and Elimination

1188	1800	2100	<u>Storm water utility</u>
------	------	------	----------------------------

**Element:** Construction Site Pollutant Control

215	150	200	<u>Storm water utility</u>
-----	-----	-----	----------------------------

**Element:** Post-Construction Storm Water Management

7063	51350	52000	<u>Storm water utility</u>
------	-------	-------	----------------------------

**Element:** Pollution Prevention

246530	479400	349700	<u>Storm water utility</u>
--------	--------	--------	----------------------------

**Other (describe)**

General administration management		
-----------------------------------	--	--

194361	169657	271284	<u>Storm water utility</u>
--------	--------	--------	----------------------------

**Other (describe)**

Operation and management of stormwater lift stations		
--	--	--

101014	122425	132425	<u>Storm water utility</u>
--------	--------	--------	----------------------------

**Other (describe)**

Operation and management of collection system		
---	--	--

842438	1154695		<u>Storm water utility</u>
--------	---------	--	----------------------------

Please provide a justification for a "0" entered in the Fiscal Analysis. *Limit response to 250 characters.*

### Water Quality

**a:** Were there any known water quality improvements in the receiving waters to which the municipality's storm sewer system directly discharges to?

Yes  No  Unsure      If Yes, explain below:

**b:** Were there any known water quality degradation in the receiving waters to which the municipality's storm sewer system directly discharges to?

Yes  No  Unsure      If Yes, explain below:

**c:** 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

**d:** Has the municipality evaluated their storm water practices to reduce the pollutants of concern?

Yes  No  Unsure

### Storm Water Quality Management

**a.** Has the municipality completed or updated modeling in the reporting year (relating to developed urban area performance standards of s. NR 151.13(2)(b)1., Wis. Adm. Code)?  Yes  No

**b.** If yes, enter percent reduction in the annual average mass discharging from the entire MS4 to surface waters of the state as compared to implementing no storm water management controls:

Total suspended solids (TSS)

Total phosphorus (TP)

### Additional Information

Based on the municipality's storm water program evaluation, describe any proposed changes to the municipality's storm water program. *If your response exceeds the 250 character limit, attach supplemental information on the attachments page.*

**Requests for Assistance on Understanding Permit Programs**

Would the municipality like the Department to contact them about providing more information on understanding any of the Municipal Separate Storm Sewer Permit programs?

Please select all that apply:

- Public Education and Outreach
- Public Involvement and Participation
- Illicit Discharge Detection and Elimination
- Construction Site Pollutant Control
- Post-Construction Storm Water Management
- Pollution Prevention
- Storm Water Quality Management
- Storm Sewer System Map
- 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.

### Municipal Facility SWPPP

 File Attachment

[190115-MS-C-SWPPP Updated 2026.pdf](#)

### Storm Sewer System Map

 File Attachment

[Map Info.docx](#)

### Attach - Other Supporting Documents

#### AR SWGroupReport

 File Attachment

[2025 LAW Communication & Event Summary.docx](#)

#### AR IDDE

 File Attachment

[IDDE2025.png](#)

#### AR Other

 File Attachment

[SWPPP WWTP 2026.pdf](#)

#### AR Other

 File Attachment

[SWPPManualAirport.pdf](#)

#### AR SWQM

 File Attachment

[FullSWMP.pdf](#)

(To remove items, use your cursor to hover over the attachment section. When the drop down arrow appears, select remove item)

### Attach - Permit Compliance Documents

#### PP BMPInventory

 File Attachment

[StormID.xlsx](#)

(To remove 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 3400-220 ) 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).

**Name:** Claire Jablonski

**Title:** Stormwater Coordinator

Authorized Signature.

- I accept the above terms and conditions.

Signed by : i:05.t|mywisconsin id|jablonskic@cityoflacrosse.org on 2026-03-30T1...

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.