

# Utah Pollutant Discharge Elimination System Storm Water Program

## Small MS4 Report Form

The purpose of this report is to contribute information to an evaluation of the UPDES small municipal separate storm sewer system (MS4) permit program. Consistent with 40 CFR §122.37 the Utah Department of Environmental Quality is assessing the status of the storm water program. A “no” answer to a question does not necessarily mean noncompliance with your permit or with the federal regulations. In order to establish the range of variability in the program it is necessary to ask questions along a fairly broad performance continuum.

### 1. MS4 Information

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Name of MS4 \_\_\_\_\_

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Name of Contact Person (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Title) \_\_\_\_\_

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Telephone (including area code) \_\_\_\_\_ Email \_\_\_\_\_

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Mailing Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

What size population does your MS4 serve? \_\_\_\_\_ UPDES number \_\_\_\_\_

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	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
- E. Do you belong to a storm water coalition or other advisory committee? If yes, describe:  Yes  No  
 \_\_\_\_\_

### 4. Construction

- A. Do you have an ordinance or other regulatory mechanism stipulating:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Erosion and sediment control requirements?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other construction waste control requirements?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Requirement to submit construction plans for review? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| MS4 enforcement authority?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- B. Do you have written procedures for:
- |                               |                              |                             |
|-------------------------------|------------------------------|-----------------------------|
| Reviewing construction plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Performing inspections?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Responding to violations?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- C. What is the threshold for construction storm water plan review (e.g., all projects, projects disturbing greater than one acre, etc.)? \_\_\_\_\_
- D. Identify the number of active construction sites  $\geq$  1 acre in operation in your jurisdiction at any time during the reporting period. \_\_\_\_\_
- E. How many of the sites identified in 4.D did you inspect during this reporting period? \_\_\_\_\_
- F. Identify the number of active construction sites  $<$  1 acre in operation in your jurisdiction at any time during the reporting period. \_\_\_\_\_
- G. How many of the sites identified in 4.F did you inspect during this reporting period? \_\_\_\_\_
- H. Describe, on average, the frequency with which your program conducts construction site inspections.  
 \_\_\_\_\_
- I. Do you prioritize certain construction sites for more frequent inspections?  Yes  No  
 If Yes, based on what criteria? \_\_\_\_\_
- J. 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:
- |                              |                       |         |                                       |
|------------------------------|-----------------------|---------|---------------------------------------|
| <input type="checkbox"/> Yes | Notice of violation   | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Administrative fines  | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Stop Work Orders      | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Civil penalties       | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Criminal actions      | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Administrative orders | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Other _____           | # _____ |                                       |

- K. 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
- L. What are the 3 most common types of violations documented during this reporting period?  
\_\_\_\_\_

M. 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. Identify the number of Class V injection wells in your jurisdiction. \_\_\_\_\_

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

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

G. 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? \_\_\_\_\_

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

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

J. Do you have documented procedures for tracing and removing an illegal discharge?  Yes  No

K. 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

L. During this reporting period, how many illicit discharges/illegal connections have you discovered? \_\_\_\_\_

M. Of those illicit discharges/illegal connections that have been discovered or reported, how many have been eliminated?  
\_\_\_\_\_

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

- |                              |                       |         |                                       |
|------------------------------|-----------------------|---------|---------------------------------------|
| <input type="checkbox"/> Yes | Notice of violation   | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Administrative fines  | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Stop Work Orders      | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Civil penalties       | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Criminal actions      | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Administrative orders | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Other _____           | # _____ |                                       |

O. 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All municipal construction activities, including those disturbing less than 1 acre | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All municipal turf grass/landscape management activities                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All municipal vehicle fueling, operation and maintenance activities                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All municipal maintenance yards  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All municipal waste handling and disposal areas                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. How are you disposing of catch basin decant water and solid material?  
\_\_\_\_\_
- H. Are municipal vehicles washed into an approved wastewater disposal system?  Yes  No
- I. Do all municipal employees and contractors overseeing planning and implementation of storm water-related activities receive comprehensive training on storm water management?  Yes  No
- J. If yes, do you also provide regular updates and refreshers?  Yes  No
- K. 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Long-term operation and maintenance of storm water management controls?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Retrofitting to incorporate long-term storm water management controls?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Peak discharge rates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Discharge frequency  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Flow duration        | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 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?  Yes  No
- 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. Program Resources**

- A. What was the annual expenditure to implement MS4 permit requirements this reporting period? \_\_\_\_\_
- B. What is next year's budget for implementing the requirements of your MS4 NPDES permit? \_\_\_\_\_
- C. This year what is/are your source(s) of funding for the storm water program, and annual revenue (amount or percentage) derived from each?
- |               |                 |            |
|---------------|-----------------|------------|
| Source: _____ | Amount \$ _____ | OR % _____ |
| Source: _____ | Amount \$ _____ | OR % _____ |
| Source: _____ | Amount \$ _____ | OR % _____ |
- D. How many FTEs does your municipality devote to the storm water program (specifically for implementing the storm water program; not municipal employees with other primary responsibilities)? \_\_\_\_\_
- E. Do you share program implementation responsibilities with any other entities?  Yes  No
- | Entity | Activity/Task/Responsibility | Your Oversight/Accountability Mechanism |
|--------|------------------------------|---|
| _____  | _____                        | _____                                   |
| _____  | _____                        | _____                                   |
| _____  | _____                        | _____                                   |

**9. Evaluating/Measuring Progress**

A. What indicators do you use to evaluate the overall effectiveness of your storm water management program, how long have you been tracking them, and at what frequency? These are not measurable goals for individual management practices or tasks, but large-scale or long-term metrics for the overall program, such as macroinvertebrate community indices, measures of effective impervious cover in the watershed, indicators of in-stream hydrologic stability, etc.

Indicator	Began Tracking (year)	Frequency	Number of Locations

B. What environmental quality trends have you documented over the duration of your storm water program? Reports or summaries can be attached electronically, or provide the URL to where they may be found on the Web.

### 10. Additional Information

In the space below, 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

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

Yes

\_\_\_\_\_  
Name of Certifying Official, Title

\_\_\_\_\_  
Date (mm/dd/yyyy)