

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**.

Reporting Information

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

Project Name: MS4 Annual Report

County: Jefferson

Municipality: Fort Atkinson City

Permit Number: S050075

Facility Number: 31422

Reporting Year: 2020

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 *(S050075-03 General Permit and S058416-04 Madison Area Group Permit shall have a written storm water management program that describes in detail how the permittee intends to comply with the permit requirements for each minimum control measure. Updated programs are due to the department by March 31, 2021.)*
 - 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 *(S050075-03 General Permit and S058416-04 Madison Area Group Permit 2.6.1 - inventory due to the department by March 31, 2021.)*
 - Municipal Storm Water Management Facility (BMP) Inspection and Maintenance Plan *(S050075-03 General Permit and S058416-04 Madison Area Group Permit 2.6.2 – document due to the department by March 31, 2021.)*
 - 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- Has Missing Items

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** Fort Atkinson City**Facility ID # or (FIN):** 31422**Updated Information:** ☐ Check to update mailing address information**Mailing Address:** 101 N Main St**Mailing Address 2:****City:** Fort Atkinson**State:** Wisconsin**Zip Code:** 53538 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:** Andy**Last Name:** Selle☐ Select to **update** current contact information**Title:** City Engineer**Mailing Address:** 101 N Main St**Mailing Address 2:****City:** Fort Atkinson**State:** WI**Zip Code:** 53538-1861 xxxxx or xxxxx-xxxx**Phone Number:** 920-563-7760 Ext: xxx-xxx-xxxx**Email:** aselle@fortatkinsonwi.net**Additional Contacts Information (Optional)**☒ I&E Program

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

- ☒ 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:

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

☒ Yes ☐ No

☒ Public Education and Outreach

☒ Public Involvement and Participation

☐ 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

Missing Information

Last Name is a required field , First Name is a required field , Address is a required field , City is a required field , State is a required field , Email is a required field , Phone Number xxx-xxx-xxxx is a required field , Postal Code is a required field ,

Do not close your work until you **SAVE**.

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7.

Form 3400-224 (08/19)

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 Delivery Mechanism that best describes how the topics were conveyed to your population. Use the Add Event to add additional entries.

Event Start Date	1/1/2020		
Project/Event Name	Various - see attached report		
Delivery Mechanism	<u>Other</u> *Active		
Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<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 type="checkbox"/> Public Employees <input type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Other	Select...	<input checked="" type="radio"/> Yes <input type="radio"/> No

b. Brief explanation on Public Education and Outreach reporting. *Limit response to 250 characters and/or attach supplemental information on the attachments page.*

The City is a member of the Rock River Stormwater Group. The group shares financial responsibility for public education and outreach, which is contracted through Creative Marketing Unlimited. A report of the year's activities are attached.

Missing Information

Do not close your work until you **SAVE**.

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

Form 3400-224 (09/20)

Minimum Control Measures - Section 2 : Has Missing Items

2. Public Involvement and Participation

a. Permit Activities. Complete the following information on Public Involvement and Participation Activities related to storm water. Select the Delivery Mechanism that best describes how the permit activities were conveyed to your population. Use the Add Event to add additional entries.

Event Start Date	1/1/2020		
Project/Event Name	Various		
Delivery Mechanism	Other		
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 checked="" type="checkbox"/> Businesses <input checked="" type="checkbox"/> Contractors <input checked="" type="checkbox"/> Developers <input checked="" type="checkbox"/> Industries <input type="checkbox"/> Other	Select...	<input checked="" type="radio"/> Yes <input type="radio"/> No

b. Volunteer Activities. Complete the following information on Public Involvement and Participation Activities related to storm water. Select the Delivery Mechanism that best describes how volunteer activities were conveyed to your population. Use the Add Event to add additional entries.

Event Start Date	1/1/2020		
Project/Event Name			
Delivery Mechanism	Select...		
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 type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Other	Select...	<input 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.*

Missing Information

Delivery Mechanism is required, Event Name is required,

Do not close your work until you **SAVE**.

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

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

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

- g. How many of the following enforcement mechanisms did the municipality use to enforce its illicit discharge ordinance? Check all that apply and enter the number of each used in the reporting year. ☐ Unsure

☒ Verbal Warning

☒ Written Warning (including email)

☐ Notice of Violation

☐ Civil Penalty/ Citation

Additional Information: _____

- h. 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.*

Limited to grass in the street mainly and a single situation of dumping top soil in the street.

Missing Information

Do not close your work until you **SAVE**.

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

Form 3400-224 (09/20)

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? ☐ Unsure
- b. How many construction sites with one acre or more of land disturbing construction activity did the municipality ☐ Unsure

issue permits for in the reporting year?

- c. How many erosion control inspections did the municipality ☒ Unsure complete in the reporting year?

- d. 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

☐ No Authority

☒ Verbal Warning

☒ Written Warning (including email)

☐ Notice of Violation

☐ Civil Penalty/ Citation

☐ Stop Work Order

☐ Forfeiture of Deposit

☐ 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.*

There were no large scale construction sites this year. Only small residential construction work.

Missing Information

Do not close your work until you **SAVE**.

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

Form 3400-224 (09/20)

Minimum Control Measures - Section 5 : Complete

5. Post-Construction Storm Water Management

- a. How many sites with new structural storm water management facilities* have received local approval ? ☐ Unsure

*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, catch basin sumps, etc.

- b. Does the municipality utilize privately owned storm water management facilities in its pollutant reduction analysis? ☒ Yes ☐ No ☐ Unsure

- c. If Yes, How many privately owned storm water management facilities were inspected in the reporting year ? ☐ Unsure

Inspections completed by private land owners should be included in the reported number.

- d. 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 type="checkbox"/> No Authority	
<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 checked="" type="checkbox"/> Civil Penalty/ Citation	0
<input checked="" type="checkbox"/> Forfeiture of Deposit	0
<input checked="" type="checkbox"/> Complete Maintenance	0
<input checked="" type="checkbox"/> Bill Responsible Party	0
<input type="checkbox"/> Other - Describe below	

- e. 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.*

Missing Information

Do not close your work until you **SAVE**.

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

Form 3400-224 (09/20)

Minimum Control Measures - Section 6 : Has Missing Items

6. Pollution Prevention

Storm Water Management Facility Inspections ☐ Not Applicable

- a. Enter the total number of municipally owned or operated structural storm water management facilities ? ☐ Unsure
- b. How many new municipally owned storm water management facilities were installed in the reporting year ? ☐ Unsure
- c. How many municipally owned storm water management facilities were inspected in the reporting year? ☐ Unsure
- d. What elements are looked at during inspections (250 character limit)?

Hydraulics, Structural Elements, Vegetation, Deposited Materials

- e. How many of these facilities required maintenance? ☐ Unsure
- f. Brief explanation on Storm Water Management Facility 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 (SWPPP Plan Review) ☐ Not Applicable

- g. How many municipal properties require a SWPPP? ☐ Unsure
- h. How many inspections of municipal properties have been conducted in the reporting year? ☐ Unsure

i. Have amendments to the SWPPPs been made?

☐ Yes ☒ No ☐ Unsure

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.*

The City has 3 SWPPPs - compost site, snow dump area, and the DPW campus.

Collection Services - *Street Sweeping / Cleaning Program* ☐ Not Applicable

- l. Did the municipality conduct street sweeping/cleaning during the reporting year?
☒ Yes ☐ No ☐ Unsure
- m. If known, how many tons of material was removed? ☒ Unsure
- n. Does the municipality have a low hazard exemption for this material? ☐ Yes ☒ No
- o. 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 - Explain frequency _____
☒ No - Explain Reach 59 requires sweeping 1x/week and it was not _____
☐ Not Applicable

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

Collection Services - *Leaf Collection Program* ☐ Not Applicable

- u. Does the municipality conduct curbside leaf collection? ☒ Yes ☐ No ☐ Unsure
- v. Does the municipality notify homeowners about pickup? ☒ Yes ☐ No ☐ Unsure
- w. Where are the residents directed to store the leaves for collection?
☒ Pile on terrace ☐ Pile in street ☐ Bags on terrace ☐ Unsure
☐ Other - Describe _____
- x. What is the frequency of collection?
3x season Nov 1- Dec 15
- y. Is collection followed by street sweeping/cleaning? ☒ Yes ☐ No ☐ Unsure
- z. Brief explanation on Collection Services 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

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? ☐ Unsure

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
<u>Salt</u>	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="95"/>	<input type="text" value="250"/>	<input type="text" value="198"/>	<input type="text" value="0"/>

Liquids (gallons) (ex. brine)

	Oct	Nov	Dec	Jan	Feb	Mar
<u>Other</u>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="110"/>	<input type="text" value="485"/>	<input type="text" value="1155"/>	<input type="text" value="0"/>

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

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

Training Date	Training Name	# Attendance
<input type="text" value="12/8/2020"/>	<input type="text" value="Saltwise"/>	<input type="text" value="9"/>

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 training or education been held for municipal or other personnel involved in implementing each of the pollution prevention program elements ? ☐ Yes ☒ No ☐ Unsure

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

When:

How many attended:

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

Elected Officials

Municipal Officials

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

- 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.*

Missing Information

Please enter municipal officials for question 6ab., Please enter appropriate staff for question 6ab., Describe road maintenance training given,

Do not close your work until you **SAVE**.

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

Form 3400-224 (09/20)

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. 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.*

Missing Information

Do not close your work until you SAVE.

Form 3400-224 (09/20)

Final Evaluation - Has Missing Items

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

2500	2500	2500	<u>Storm water utility</u>
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Element: Public Involvement and Participation

2500	2500	2500	<u>Storm water utility</u>
------	------	------	----------------------------

Element: Illicit Discharge Detection and Elimination

5000	5000	5000	<u>Storm water utility</u>
------	------	------	----------------------------

Element: Construction Site Pollutant Control

10000	10000	10000	<u>Storm water utility</u>
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Element: Post-Construction Storm Water Management

0	0	0	<u>Select...</u>
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Element: Pollution Prevention

95893	95893	98487	<u>Storm water utility</u>
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Other (describe)

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			<u>Select...</u>
--	--	--	------------------

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

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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)

Status of Total Maximum Daily Loads (TMDLs) Implementation

The permittee Fort Atkinson City is subject to the following approved TMDLs: Rock River Basin and/or and/or Beaver Dam Lake

The permittee intends to comply with the following permit requirements to show progress towards meeting the TMDL:

[A.3.1] The Permittee is following the TMDL Compliance Plan, which received Department concurrence prior to April 30, 2019.

The permittee is confirming that all planned efforts are on schedule.

☒ Agree ☐ Disagree

[A.6.3] Final Documentation.

The permittee is confirming that all planned efforts are on schedule to submit the final documentation materials [updates to mapping, modeling, tabular summary, and Implementation Plan] under section A.6.3 by October 31, 2023.

☒ Agree ☐ Disagree

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.*

Missing Information

Please justify a zero in the Fiscal Analysis, Please enter funding source,

Do not close your work until you SAVE.

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Form 3400-224 (09/20)

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

Do not close your work until you **SAVE**.

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 - Other Supporting Documents

(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

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

Missing Information

Draft and Share PDF Report with the permittee's governing body or delegated representatives.

Press the button below to create a PDF. The PDF will be sent to the email address associated with the WAMS ID that is signed in. After the annual report has been reviewed by the governing body or delegated representative, return to the MS4 eReporting System to submit the final report to the DNR.

[Draft and Share PDF Report](#)

Complete and Submit Your Application

You have not completed all areas of the application. Please return to the application and complete all missing items.

Contact Information: [Has Missing Items](#)

Minimum Control Measures Section 1: [Complete](#)

Minimum Control Measures Section 2: [Has Missing Items](#)

Minimum Control Measures Section 3: [Complete](#)

Minimum Control Measures Section 4: [Complete](#)

Minimum Control Measures Section 5: [Complete](#)

Minimum Control Measures Section 6: [Has Missing Items](#)

Minimum Control Measures Section 7: [Complete](#)

Attachments: [Complete](#)

Final Evaluation: [Has Missing Items](#)