

**2003 SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s) ANNUAL REPORT – Due March 10, 2004**

*By completing this annual report form, you are “providing the Minnesota Pollution Control Agency (MPCA) with a summary of your status of compliance with permit conditions, including an assessment of the appropriateness of your identified best management practices and progress towards achieving your identified measurable goals for each of the minimum control measures” as required by the MS4 Permit. Use of this form is not mandatory; however, you must address all the questions in similar format.*

Name of MS4: Coon Creek Watershed  
 District: \_\_\_\_\_

Contact Person: Tim Kelly \_\_\_\_\_

Telephone Number: (763) 755-0975 \_\_\_\_\_

Address: 12301 Central Avenue Suite  
100 \_\_\_\_\_

Blaine MN 55434  
 \_\_\_\_\_  
 (city) (state) (zip code)

Permit Conditions	Yes	No
1. <del>a.</del> Did you hold a public meeting on your Storm Water Pollution Prevention Program (SWPPP)? <del>[Permit part V.G.1.e]</del> <i>NOTE: You must hold your public meeting before March 10, 2004.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<del>a.b.1.b.</del> What was the date of the public meeting? <u>February 23, 2004</u>	<input type="checkbox"/>	<input type="checkbox"/>
<del>c. 1.e.</del> In what newspaper or publication of general interest did you publish the public notice of your meeting? <del>[Permit part V.G.1.e.2]</del> <u>Anoka County Union &amp; Shopper</u> _____ _____ _____?	<input type="checkbox"/>	<input type="checkbox"/>

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<del>e.d.1.d.</del> On what date was it published? _____ <u>2/13 &amp; 20/04</u>		Formatted: Bullets and Numbering
<i>NOTE: Please retain a copy of the public notice for your records.</i>		
<b>2.</b> <del>a. a.</del> During your public meeting, did you receive written and/or oral input on your SWPPP? <del>[Permit part V.G.2.b.1-3]</del>	<del>X</del>	Formatted: Bullets and Numbering
<i>NOTE: Input must be considered prior to submittal of your annual report.</i>		
<del>b. b.</del> Did you create a record of comments and your response to comments/record of decision (ROD)?	<del>X</del>	Formatted: Bullets and Numbering
<del>c. c.</del> Have you kept the <del>ROD record</del> in accordance with the permit? <del>[Permit part V.G.2.-b]</del>	<del>X</del>	Formatted: Bullets and Numbering

Permit Conditions	Yes	No
<p>d. <del>2.d.</del> <u>Did you plan to incorporate any comments into your next SWPPP?</u> <del>[Permit part V.G.2.c.]</del></p> <p>Did you create a record of comments and your response to comments (ROD) be sure to keep!</p> <p><del>2.d.</del> <u>Did you incorporate any comments into your SWPPP?</u> <del>Permit part V.G.2.c.</del></p>	X	
<p>3.</p> <p>a. <del>3.a.</del> <u>Did you identify and inspect all of your structural pollution control devices such as trap manholes, grit chambers, sumps, floatable skimmers and traps, separators, etc.?</u> <del>[Permit part V.G.6.b.2.]</del></p>	X 100%	
<p>b. <del>3.b.</del> <u>How many structural pollution control devices do you have in your MS4 system?</u></p> <p style="text-align: center;"><u>13</u>?</p>		
<p>c. <del>3.c.</del> <u>How many If you did not inspect 100% of your structural pollution control devices, how many did you inspect?</u></p> <p style="text-align: center;"><u>13</u></p> <p><i>NOTE: 100% of your structural pollution control devices must be inspected annually.</i>?</p>		
<p><u>How many structural pollution control devices do you have in your MS4 system</u></p> <p style="text-align: center;"><u>?</u></p> <p>d. <del>3.d.</del> <u>What percentage is this?</u> <u>100%</u></p> <p><i>NOTE: If less than were inspected, please explain why 100% of your structural pollution control devices must be inspected annually.</i></p> <p style="text-align: center;">?</p>		
<p>Permit Conditions</p>	T C M E M B E R	Yes No

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	X	
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4. a. Did you repair, replace, or maintain any structural pollution control devices?  
a. Did you repair, replace, or maintain any structural pollution control devices?

X
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b. Briefly, summarize any significant unscheduled (not routine) maintenance or improvement activities stemming from inspections of your structural pollution control devices. Attach a separate sheet if necessary.

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5. a. Did you identify and inspect at least 20% of your outfalls, sediment basins, and ponds? [Part V.G.6.b.3]  
a. Briefly, list the dates you completed any significant maintenance or improvement activities stemming from inspections of your structural pollution control devices.

X
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b. How many outfalls, basins and ponds do you have?  
1  
c. Indicate if this number known or estimated?  
Known  
d. How many of you outfalls, sediment basins, or ponds did you inspect?  
1  
e. What percentage is this? 100%  
Briefly, summarize the dates of completion of major additional protection measures triggered by your inspections. [Part V.G.6.b.4]. Attach a separate sheet if necessary.

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<b>6.</b>		<input checked="" type="checkbox"/>
a. <u>Did you make a change to any identified best management practices or measurable goals that were submitted with your permit application? [Part V.G.6.b.1] See note below.</u>		

<b>5.</b>		
a. <u>Did you identify and inspect at least 20% of your outfalls, sediment basins, and ponds? [Permit part V.G.6.b.3].</u>		
<u>5.b. How many outfalls, basins and ponds do you have? (</u>		
<u>Is this number known or estimated? Circle one: known or estimated)</u>		
<u>5.c. How many of your outfalls, sediment basins, or ponds did you inspect?</u>		
<u>?</u>		
<u>5.d. What percentage is this ?</u>		
<u>?</u>		
<u>5. e. Briefly, summarize the dates of completion of major additional protection measures triggered by your inspections. [(Permit part V.G.6.b.4).] Attach a separate sheet if necessary.</u>		

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<del>Permit Conditions</del>	<del>Yes</del>	<del>No</del>
<b>6.</b>		
<u>Did you make a change to any identified best management practices or measurable goals that were submitted with your permit application? [Part V.G.6.b.1] See note below.</u>		

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Note: [At this time, it is not necessary to revise your SWPPP to describe all operational and maintenance storm water activities you plan to undertake during the next reporting cycle. As you know, a May 2003 decision by the Minnesota Court of Appeals remanded portions of the MS4 general permit back to the MPCA for modification. MPCA has been](#)

[working on changes to the permit. The MPCA intends to modify the permit in the spring, 2004. After the modified permit is approved by the MPCA Citizens' Board, MPCA staff will send a letter to MS4 permittees that addresses the process for SWPPP approval and the MPCA state-wide public notice for each MS4 SWPPP. Your revised SWPPP will be due approximately 90 days after the modified permit is issued.](#)

<p><a href="#">b. Briefly list the best management practices using their unique identification numbers you used in your permit application or any measurable goals that were changed. Attach a separate sheet if necessary.</a></p>	<p><b>Formatted:</b> Bullets and Numbering</p>				
<p><a href="#">7. Did you rely on any other entities to satisfy any portion of your SWPPP?</a> Yes or <b>NO</b> (circle one).</p>	<p><b>Formatted</b></p>				
<p><a href="#">768. Do you discharge to waters with a restricted discharge?</a> <a href="#">See Permit, part a</a> Appendix C Part B Yes or <b>NO</b> (circle one).</p>	<p><b>Formatted</b></p>				
<p><a href="#">If your answer is no, skip ahead to the certification.</a> <a href="#">If your answer is "yes," please attach the following:-</a></p>					
<p><a href="#">a. <del>67.a. a</del> A map of the watersheds where your MS4 discharges to the waters with restricted discharge. (Use a USGS map or equivalent)</a></p>	<p><b>Formatted:</b> Bullets and Numbering</p>				
<p><a href="#">e-b. <del>67.b.</del> A narrative estimate of the impervious surfaces where your MS4 discharges to the waters with restricted discharge (estimated- total impervious from land use and zoning or; existing actual data measures can be used if available).</a></p>	<p><b>Formatted:</b> Bullets and Numbering</p>				
<p><a href="#">d-c. <del>67.c.</del> A narrative estimate of the <del>expected future / projected</del> impervious surfaces where your MS4 discharges to the waters with restricted <del>discharge</del> (discharge (-using available zoning or planning information that may affect your future discharges)).</a></p>	<p><b>Formatted:</b> Bullets and Numbering</p>				
<p><a href="#">e-d. <del>67.d.</del> A narrative estimate of how your SWPPP can be altered to eliminate <del>new or expanded</del> discharges to the waters with restricted discharge. This consists of your preliminary plan to avoid, divert, or eliminate discharges to restricted waters, whenever possible.</a></p>	<p><b>Formatted:</b> Bullets and Numbering</p>				
<p><a href="#">Due March 10, 2004.</a></p>					
<p><a href="#">7a. Did you make a change to any identified best management practices or measurable goals that were submitted with your permit application?</a> <b>Permit part V.G.6b.1.</b> also see <a href="#">See note below</a></p>	<table border="1"> <tr> <td style="width: 20px; height: 50px;"></td> <td style="width: 20px; height: 50px;"></td> <td style="width: 20px; height: 50px;"></td> <td style="width: 20px; height: 50px;"></td> </tr> </table>				
<p><a href="#">7 b. Briefly list the best management practices or measurable goals that were changed. Attach a separate sheet if necessary.</a></p>					

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**Owner or Operator Certification**

The person with overall ~~site or administrative~~ responsibility for area SWPPP implementation must sign the annual report. ~~responsibility must sign the annual report.~~ This person must be duly authorized and should be the person who signed the MS4 permit application or a successor to sign the annual report (mayor, designated public works director, president of the university, etc.).

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 (Minn. R. 7001.0070). I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment (Minn. R. 7001.0540).

Authorized Signature (This person must be duly authorized to sign the annual report for the MS4)		Date
<u>Kelly</u>	<u>Tim</u>	<u>District Administrator</u>
Last Name	First Name	Title
<u>12301 Central Avenue NE, suite 100</u>		
Mailing Address		
<u>Blaine</u>	MN	<u>55434</u>
City	State	Zip Code
<u>(763) 755-0975</u>		<u>tkelly@cooncreekwd.org</u>
Telephone (include area code)	E-Mail Address	

Please submit your annual report by March 10, 2004 to:

MS4 Storm Water Program  
Minnesota Pollution Control Agency  
520 Lafayette Road North  
St. Paul, Minnesota- 55155-4194