ANNUAL REPORT for 2006

MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)

For Calendar Year 2006 Due June 30, 2007

USE OF THIS FORM IS MANDATORY 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 (BMPs) and progress towards achieving your identified measurable goals for each of the minimum control measures" as required by the MS4 Permit.

Submit your annual report by June 30, 2007 to:

Minnesota Pollution Control Agency Municipal Division 520 Lafayette Road North St. Paul, MN 55155-4194

If you would like to obtain an electronic copy of the MS4 Annual Report for 2006 form, please visit: www.pca.state.mn.us/water/stormwater/stormwater-ms4.html

If you have further questions, please contact one of these MPCA staff members (call toll-free 800-657-3864):

- Keith Cherryholmes 651-296-6945
- Joyce Cieluch 218-846-7387
- Scott Fox 651-296-9433
- Anna Kerr 651-297-5219

_	G 1 W . 1 1 D'			
	on Creek Watershed District			
	ne of MS4			
Tin	Kelly			
Nar	ne of Contact Person			
763	-755-0975			
Tel	ephone (including area code)			
123	01 Central ave NE			
Ma	ling Address			
Blaine		MN	55434	
City	1	State	ZIP code	
Mir	imum Control Measure 1: Public E	ducation and Outreach [V.G.1]	
Α.	What is the current population of your M	AS4? <u>158920</u>		
B. Did you hold a public meeting for calendar year 2006 and discuss your Stormwater Pollution Prevention Program (SWPPP)? [Part V.G.1.e]			⊠ Yes □ No	
C.	What was the date of the public meeting	? <u>5/14/07</u>		
D.). How many citizens attended specifically for stormwater (excluding board/council members and staff)? $\underline{2}$			aff)? <u>2</u>
Е.	Was the public meeting a stand-alone me function such as a City Council meeting	•	it combined with some other	☐ Stand-alone☐ Combined
F.	If you did not hold a public meeting on y	our SWPPP in 2006, explain	why:	

community or conduct equivalent outreach activities about the impacts of stormwater discharges on water bodies and the steps that the public can take to reduce pollutants in stormwater runoff. [Part V.G.1.a] Please indicate which of the following distribution methods you used. Indicate the number distributed in the spaces provided: Number Number **Utility bill inserts Brochures** 5 0 **Newsletter** Radio ads <u>11</u> 0 **Television ads Posters** 0 0 Newspaper articles 1 Other: Web site* Other: *If you use your Web site as a tool to distribute stormwater educational materials, indicate the number of hits to the stormwater page in the space above (if available) and provide the URL reference here: http://www.anokanaturalresources.com/ccwd/index.htm **H.** At what stage of development do you believe your stormwater education program currently is in? (Check the **one** that most accurately reflects the current status of your education program as a whole.) Not started Research Development Implementation Program fully in place Yes No **I.** Have you developed partnerships with other MS4s, watershed districts, local or state governments, educational institutions, etc. to assist you in fulfilling the requirements for Minimum Control Measure 1? If yes, list those entities with which you have an agreement and describe the nature of the agreement(s): Cities of Andover, Blaine, Coon Rapids & Ham Lake, Collaborative working relationship Minimum Control Measure 2: Public Participation/Involvement [V.G.2] ☐ Yes ⊠ No A. During your public meeting, did you receive written and/or oral input on your SWPPP? [Part V.G.2.b.1-3] Input must be considered prior to submittal of your annual report. **B.** Did you create a record of comments and your response to comments/record of decision (ROD)? **∑** Yes **□** No C. Have you kept the ROD in accordance with the permit? [Part V.G.2.b] Yes No Yes No **D.** Do you plan to incorporate any comments into your next SWPPP update? [Part V.G.2.c] If yes, list items: Our ROD are our minutes and we did not receive any comments Minimum Control Measure 3: Illicit Discharge Detection and Elimination [V.G.3] The permit requires each MS4 to develop, implement and enforce a program to detect and eliminate illicit discharges as defined at 40 CFR 122.26(b)(2) into your SWPPP. You must also select and implement a program of appropriate BMPs and measurable goals for this minimum control measure. **A.** Have you completed the storm sewer system map in accordance with the requirements of the permit? **∑** Yes **□**No If *no*, by what date do you expect to have it completed? The complete storm sewer system map must be finished by June 30, 2008. [Part V.G.3.a] **B.** Has an ordinance or other regulatory mechanism been adopted to prohibit illicit discharges or other Yes No non-stormwater discharges from entering your system? If yes, provide the date the regulatory mechanism was adopted: 1987. If no, provide an estimated date of adoption: Dec, 2007. ⊠ Yes ☐ No C. Have you developed a program for illicit discharge detection and elimination? **D.** If yes, when do you expect that your program will be implemented? Has been in existence since 1990 **E.** If *no*, by what date do you expect to have a program developed?

G. The permit requires each MS4 to implement a public education program to distribute educational materials to the

rur tha	The permit requires that each MS4 develop, implement, and enforce a program to reduce pollutants in any stormwater runoff to your small MS4 from construction activities within your jurisdiction that result in a land disturbance of greater than or equal to one acre or less than one acre but is part of a common plan of development that will be one acre or greater. [Part V.G.4.]			
A.	Have you adopted an ordinance or other regulatory mechanism that regulates stormwater runoff from construction activities that result in land disturbance of greater than or equal to one acre or less than one acre which are a part of a common plan of development or sale that will ultimately disturb one acre or more?	⊠ Yes □ No		
В.	Does your regulatory mechanism require appropriate BMPs and pollution prevention management measures? If yes, which of the following are included? (check all that apply):	⊠ Yes □ No		
	☐ Temporary erosion controls			
	Record keeping for rainfall and inspections			
	Permanent erosion controls			
	Waste controls for hazardous waste			
	☐ Waste controls for solid waste			
	□ Dewatering and basin draining			
	Regular inspections by site operators			
	Site plan submittal including erosion and sediment control BMPs			
	⊠ BMP maintenance			
	Site plan review and approval prior to activity on site			
	Permanent stormwater management facility approval			
	Other:			
c.	Does your regulatory mechanism have sanctions included to ensure compliance, including an enforcement component? If <i>yes</i> , which of the following actions does your MS4 use? (Check all that apply):	⊠ Yes □ No		
	✓ Verbal warnings			
	⊠ Written warnings			
	⊠ Stop-work orders			
	Fines			
	☐ Forfeit of security bond money			
	Withholding of certificate of occupancy			
	○ Other: <u>Cease and Desist Orders</u>			
	nimum Control Measure 5: Post-construction Stormwater Management in New Develop development [V.G.5]	ment and		
dev pro MS als	e permit requires each MS4 to develop, implement, and enforce a program to address stormwater runof velopment and redevelopment projects within your jurisdiction that disturb greater than or equal to one vijects less than one acre that are part of a larger common plan of development or sale that discharge into S4. Your program must ensure that controls are in place that would prevent or reduce water quality imposselect and implement a program of appropriate BMPs and measurable goals for this minimum control. Have you developed and implemented strategies which include requirements for a combination of structural and/or non-structural BMP appropriate for your community?	acre, including your small acts. You must		

Minimum Control Measure 4: Construction Site Stormwater Runoff Control [V.G.4]

В.	Is an ordinance or other regulatory mechanism currently in place to address post-construction runoff from new development and redevelopment projects to the extent allowable under law? If <i>yes</i> , provide the date the regulatory mechanism was adopted: <u>1987</u> . If <i>no</i> , provide an estimated date of adoption:				⊠ Yes	∐ No
C.	Is a plan in place to ensure adequate long-term operation and maintenance of BMP installed as a result of these requirements?				⊠ Yes	☐ No
D.	•				⊠ Yes	□ No
	nimum Control Measure 6: Pollutior G.6]	n Prevention/God	od Housekeeping fo	or Municipal Ope	erations	
cor mu ma	e permit requires each MS4 to develop and apponent and has the ultimate goal of prevent include employee training to prevent an intenance, fleet and building maintenance intenance.	enting or reducing paid reduce stormwater	pollutant runoff from mer pollution from activi	nunicipal operation ties such as park a	ns. Your prond open sp	ogram
A.	Do you have an operation and maintenant	ce program current	tly in place?		∑ Yes	□ No
B.	Does your program contain an employee training component?			⊠ Yes	□ No	
C.	Indicate the total number of structural poetc) within your MS4, how many were in		`	ambers, sumps, flo	atable skin	nmers,
		Total Number	Number Inspected	Percentage		
	Structural Pollution Control Devices	1	1	100		
D.	As a result of your inspections, did you r devices?	epair, replace, or m	aintain any structural p	ollution control	☐ Yes	⊠ No
Ε.	For each BMP below, indicate the total number within your MS4, how many of each BMP type were inspected, and calculate the percentage:					
	BMP Type	Total Number	Number Inspected	Percentage		
	Outfalls	0				
	Sediment Basins	0				
	Ponds	1	1			
	TOTAL	1	1			
Ad	ditional SWPPP Issues					
U.S	e permit requires that any MS4 with a disc S. EPA approved list of impaired waters un anges to your SWPPP may be warranted to	nder Section 303(d)) of the Clean Water A	ct review whether		
A.	• Have you identified all impaired waters within your jurisdiction, based on the most recent 303(d) listing, which receive stormwater discharge from your MS4?			t recent 303(d)	⊠ Yes	□ No
	Check here if your MS4 has no impaired waters:					
В.	Do you have a process in place to identify and update the list of impaired waters which receive discharges from your MS4 as new waters are added to the 303(d) list?				⊠ Yes	□ No
C.	Have you determined that any stormwater discharges from your MS4 are negatively impacting any impaired water(s); therefore, warranting that a revision to your SWPPP to address this issue?				☐ Yes	⊠ No
	Check here if your MS4 has no impaired waters:					

D.		ride the following information of the individual responsible for conducting the review of marges to impaired waters and any associated BMP modifications:			
	Name: <u>Tim Kelly</u>				
	Title: District Administrator				
	Phone: <u>763-755-0975</u>				
	Email: tkelly@cooncreekwd.org				
Е.	Did you make a change to any identified BM permit application? [Part V.G.6.b.1] If yes,		le goals that were submitted with your	☐ Yes ⊠ No	
F.	Briefly list the BMPs using their unique identification numbers you used in your SWPPP or any measurable goals that will be changed in your updated SWPPP, and why they have changed: (Attach a separate sheet if necessary)				
G.	Did you rely on any other entities (MS4s, co SWPPP? If <i>yes</i> , please identify below the er Rapids			⊠ Yes □ No	
Ov	vner or Operator Certification				
	e person with overall administrative responsit st be duly authorized and should be the person				
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).					
	thorized Signature (This person must be duly sign the annual report for the MS4)	authorized	Date		
Ke	lly Timot	hy	District Administrator		
Las 123	st Name First N 801 Central Ave NE	Name	Title		
	illing Address	MNI	55447		
Cit	vine	MN State	55447 ZIP code		
	y 3-755-0975		oncreekwd.org		
	ephone (include area code)	E-mail Add			