

ANNUAL REPORT for 2008

MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)

Reporting period January 1, 2008 to December 31, 2008
Due June 30, 2009

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. If an MS4 determines that program status or compliance with the permit can not be adequately reflected within the structure of this form additional explanation and/or information may be referenced in an attachment. This form has significant limitations and provides only a snap shot of MS4 compliance with the conditions in the Permit. After reviewing the information MPCA staff may need to contact the MS4 to clarify or seek additional information. MPCA enforcement policy is to provide the opportunity to respond to any alleged violations before any enforcement action is taken.

Submit your annual report by June 30, 2009 to:

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

This Annual Report may be submitted electronically via email to the MPCA MS4 Program mailbox: ms4permit@pca.state.mn.us. If submitting electronically, this form must be sent via email from the person that is duly authorized to sign this form under the Owner/Operator Certification section. A confirmation email will be sent in response to electronic submissions. If you would like to obtain an electronic copy of the MS4 Annual Report for 2008 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). Note new numbers effective November 2008:

- Keith Cherryholmes 651-757-2270
- Joyce Cieluch 218-846-7387
- Scott Fox 651-757-2368
- Amy Garcia 651-757-2377

Minimum Control Measure 1: Public Education and Outreach [V.G.1]

Coon Creek Watershed District

Name of MS4

Tim Kelly

Name of Contact Person

763-755-0975

tkelly@cooncreekwd.org

Telephone (including area code)

Email Address

17405 6th Avenue N, Suite 100

Mailing Address

Blaine

MN

55434

City

State

ZIP code

A. The permit requires each MS4 to implement a public education program to distribute educational materials to the community or conduct equivalent outreach activities about the impacts of stormwater discharges on water bodies and steps that the public can take to reduce pollutants in stormwater runoff. [Part V.G.1.a] **NOTE:** Please indicate which of the following distribution methods you used during the 2008 calendar year. Indicate the number distributed in the spaces provided (enter "0" if the method was not used or "NA" if the data does not exist)::

Media type	Number of media	Number of times published	Circulation/Audience
<i>Example: Brochures:</i>	<i>3 different brochures</i>	<i>published 5 times</i>	<i>about 10,000</i>
Brochures:	3	1	300
Newsletter:	20	7	60,000
Posters:			
Newspaper articles:			
Utility bill inserts:			
Radio ads:			
Television ads:			
Cable Access Channel:			
Other:			

If you use a stormwater Web site as a tool to distribute stormwater educational materials:

What is the URL: www.cooncreekwd.org

How many hits to the stormwater page during 2008:36,000

Did you hold stormwater related events, presentations to schools or other such activities Yes No

If yes, please describe: Presentations included workshops for the Comprehensive Plan for Crooked Lake to meetings with neighborhood groups

B. What stage of development would you assign to each area of your stormwater education program? (If there are multiple components for a Minimum Control Measure (MCM) check the one box that most accurately reflects the overall stage for that MCM). You may include an attachment if further explanation is desired.

MCM 1: Not started Research Development Early Implementation Program in place

MCM 2: Not started Research Development Early Implementation Program in place

MCM 3: Not started Research Development Early Implementation Program in place

MCM 4: Not started Research Development Early Implementation Program in place

MCM 5: Not started Research Development Early Implementation Program in place

MCM 6: Not started Research Development Early Implementation Program in place

C. 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? Yes No

D. List those entities with which you have a partnership to meet the requirements of this MCM and describe the nature of the agreement(s) (list if level of effort exceeded 10 hours): Andover, Blaine, Ham Lake, Anoka conservation District, Coon Rapids. All working relationships are close but informal

Minimum Control Measure 2: Public Participation/Involvement [V.G.2]

A. Did you hold a public meeting to present accomplishments for calendar year 2008 and to discuss your Stormwater Pollution Prevention Program (SWPPP)? [Part V.G.1.e] If no, explain: _____ Yes No

B. What was the date of the public meeting? 5/11/09

C. How many citizens attended specifically for stormwater (excluding board/council members and staff/hired consultants)? 0

D. Was the public meeting a stand-alone meeting for stormwater or was it combined with some other function such as a City Council meeting? Stand-alone Combined

E. Each MS4 must receive and consider input from the public prior to submittal of your annual report. Yes No

Did you receive written and/or oral input on your SWPPP? [Part V.G.2.b.1-3].	
F. Have you revised your SWPPP in response to comments received from the public in calendar year 2008 or early 2009 (if meeting held in 2009)? [Part V.G.2.c] If <i>yes</i> , describe. Attach a separate sheet if necessary: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minimum Control Measure 3: Illicit Discharge Detection and Elimination [V.G.3]	
The permit requires MS4s to develop, implement and enforce a program to detect and eliminate illicit discharges as defined in 40 CFR 122.26(b)(2) in 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 a storm sewer system map in accordance with the requirements of the permit? (MPCA assumes that completed maps will still need updates and corrections as changes occur). If <i>yes</i> , describe the form in which the map is available: <input type="checkbox"/> Hardcopy only <input checked="" type="checkbox"/> GIS system <input type="checkbox"/> CAD <input type="checkbox"/> Other system: _____ If <i>no</i> , please explain: _____ NOTE: The storm sewer system map was to be completed by June 30, 2008. [Part V.G.3.a]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Has an ordinance or other regulatory mechanism been adopted to prohibit illicit discharges or other non-stormwater discharges from entering your system? Provide the date for the most relevant part of the regulatory mechanism that was adopted or estimated date of adoption: <u>3/9/09</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you completed the tasks associated with the schedule listed on BMP Summary Sheet 3c-1 in your program for illicit discharge detection and elimination? (attach additional information if needed) Indicate the status of development for tasks associated with BMP Summary Sheet 3c-1: <input type="checkbox"/> Not started <input type="checkbox"/> Research <input type="checkbox"/> Development <input type="checkbox"/> Implementation <input checked="" type="checkbox"/> Program in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. Have you completed the tasks associated with the schedule listed on BMP Summary Sheet 3d-1 for your Public and Employee Illicit Discharge Information Program? Indicate the status of development for tasks associated with BMP Summary Sheet 3d-1: <input checked="" type="checkbox"/> Not started <input type="checkbox"/> Research <input type="checkbox"/> Development <input type="checkbox"/> Implementation <input type="checkbox"/> Program in place	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minimum Control Measure 4: Construction Site Stormwater Runoff Control [V.G.4]	
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 equal to or greater than one acre, including the disturbance of less than one acre of total land area that is part of a larger common plan of development or sale if the larger common plan will ultimately disturb one or more acres (include if your MS4 established a smaller site size). [Part V.G.4.]	
A. Have you adopted an ordinance or other regulatory mechanism that regulates stormwater runoff from construction activities that results in a land disturbance of greater than or equal to one acre and/or less than one acre that is part of a common plan of development or sale that will ultimately disturb one acre or more? NOTE: Your regulatory mechanism must be fully developed and implemented within six months from the extension of permit coverage.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

B. A complete copy of your erosion and sediment control ordinance or other regulatory mechanism addressing the requirements of Part V.G.4 of the Permit must be submitted with this Annual Report. This documentation may be submitted in hard copy, as a separate electronic file, or electronically attached to this Annual Report. Have you submitted a copy of your erosion and sediment control ordinance or other regulatory mechanism? **Yes** **No**

Check here if you have **No Regulatory Authority**

C. The following are among the criteria used to evaluate the effectiveness of this program. Which of the following BMP components and pollution prevention management measures have been incorporated into your regulatory mechanism? Check all that apply and include a citation for each checked measure outlining specifically where it can be located in the documents submitted with this Annual Report. If you are utilizing the "Other Regulatory Mechanism" option, please respond in the same manner and follow the above submittal procedures.

BMP Component/P2 Measure	Citation (Ordinance, Rule, Statute, Code, MOU, or other official agreement, page #, paragraph, line item, or other reference)
<input checked="" type="checkbox"/> Temporary erosion controls	<u>9.4</u>
<input checked="" type="checkbox"/> Record keeping for rainfall and inspections	<u>11.0</u>
<input checked="" type="checkbox"/> Permanent erosion controls	<u>9.4</u>
<input type="checkbox"/> Waste controls for hazardous waste	_____
<input type="checkbox"/> Waste controls for solid waste	_____
<input checked="" type="checkbox"/> Dewatering and basin draining	<u>9.3</u>
<input checked="" type="checkbox"/> Regular inspections by site operators	<u>11.1</u>
<input checked="" type="checkbox"/> Site plan submittal including erosion and sediment control BMPs	<u>9.4</u>
<input checked="" type="checkbox"/> BMP maintenance	<u>10.7</u>
<input checked="" type="checkbox"/> Site plan review and approval prior to activity on site	<u>4.1</u>
<input checked="" type="checkbox"/> Permanent stormwater management facility approval	<u>4.2</u>
<input type="checkbox"/> Other: _____	_____

D. Your ordinance or regulatory mechanism must include sanctions to ensure compliance and contain enforcement mechanisms. Which of the following enforcement mechanisms are contained in your ordinance or regulatory mechanism? Check all existing and added sanctions for 2008. Include with each checked measure a citation outlining where each mechanism can be located in the documents submitted with this Annual Report.

Enforcement Mechanism	Citation (Ordinance, Rule, Statute, Code, MOU, or other official agreement, page #, paragraph, line item, or other reference)
<input checked="" type="checkbox"/> Verbal warnings	<u>3.2</u>
<input checked="" type="checkbox"/> Written warnings	<u>15.2</u>
<input checked="" type="checkbox"/> Stop-work orders	<u>15.5</u>
<input type="checkbox"/> Fines	_____
<input checked="" type="checkbox"/> Forfeit of security bond money	<u>6.2</u>
<input type="checkbox"/> Withholding of certificate of occupancy	_____
<input checked="" type="checkbox"/> Other: <u>Restoration Orders</u>	<u>15.6</u>

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

	Number of actions	
<input checked="" type="checkbox"/> Yes Notice of violation	# <u>24</u>	No Authority <input type="checkbox"/>
<input type="checkbox"/> Yes Administrative fines	# <u> </u>	No Authority <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Yes Stop Work Orders	# <u>0</u>	No Authority <input type="checkbox"/>
<input type="checkbox"/> Yes Civil penalties	# <u> </u>	No Authority <input checked="" type="checkbox"/>
<input type="checkbox"/> Yes Criminal actions	# <u> </u>	No Authority <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Yes Administrative orders	# <u>0</u>	No Authority <input type="checkbox"/>

F. Does your regulatory mechanism address the regulation of construction sites which disturb less than one acre?
 Yes **No**
 If yes please cite where this is addressed in the documents submitted with the Annual Report 4.0

G. How many construction sites were inspected for compliance with your erosion and sediment control regulatory mechanism during the 2008 calendar year 125

H. On average, how many times each, or with what frequency, are construction sites inspected (e.g., weekly, monthly, etc.)?
Installation of BMPs, Following severe storms, Prior to seeding deadline in fall, prior to return of escrows, On report of issue, Monthly

I. Do you prioritize certain construction sites for more frequent inspections?
 Yes **No**
 If yes, based on what criteria? Compliance

Minimum Control Measure 5: Post-construction Stormwater Management in New Development and Redevelopment [V.G.5]

The permit requires each MS4 to develop, implement, and enforce a program to address stormwater runoff from new development and redevelopment projects within your jurisdiction that disturb an area greater than or equal to one acre,

including projects less than one acre that are part of a larger common plan of development or sale that discharge into your small MS4. Your program must ensure that controls are in place that would prevent or reduce water quality impacts. You must also select and implement a program of appropriate BMPs and measurable goals for this minimum control measure. **NOTE:** The MS4 permit requirements associated with this minimum control measure were required to be fully developed and implemented by June 30, 2008.

A. Have you developed and implemented strategies which include requirements for a combination of structural and/or non-structural BMPs appropriate for your community?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. 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? Provide the date the regulatory mechanism was adopted or estimated date of adoption: <u>3/9/09</u> .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C. Is a plan in place to ensure adequate long-term operation and maintenance of BMPs installed as a result of these requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. How are you funding the long-term operation and maintenance of your stormwater management system? (Check all that apply) <input type="checkbox"/> Grants <input type="checkbox"/> Stormwater utility fee <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other: _____	

Minimum Control Measure 6: Pollution Prevention/Good Housekeeping for Municipal Operations [V.G.6]

The permit requires each MS4 to develop and implement an operation and maintenance program that includes a training component and has the ultimate goal of preventing or reducing pollutant runoff from municipal operations. Your program must include employee training to prevent and reduce stormwater pollution from activities such as park and open space maintenance, fleet and building maintenance, new construction and land disturbances, and stormwater system maintenance.

A. Is your MS4 current on development of all the BMPs listed in the BMP Summary Sheets for MCM 6 as indicated in the timeline/implementation schedules? If no, explain:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Indicate the total number of structural pollution control devices (for example-grit chambers, sumps, floatable skimmers, etc) within your MS4, how many were inspected, and calculate the percent inspected. Enter "0" if your MS4 does not contain structural pollution control devices or "NA" if the data does not exist:	

	Total Number	Number Inspected	Percentage
Structural Pollution Control Devices:	6	6	100

C. Did you repair, replace, or maintain any structural pollution control devices?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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D. For each BMP below, indicate the total number within your MS4, how many of each BMP type were inspected, and calculate the percent inspected:			
Structure/Facility Type	Total Number	Number Inspected	Percentage
Outfalls to receiving waters	na	na	na
Sediment basins/ponds	1	1	100
<i>TOTAL</i>	1	1	100

Section 7: Impaired Waters Review

The permit requires that any MS4 that discharges to a Water of the State which appears on the current U.S. EPA approved list of impaired waters under Section 303(d) of the Clean Water Act review whether changes to your SWPPP may be warranted to reduce the impact of your discharge [Part IV.D]

A. MPCA has provided an MS4 Mapping tool which provides information for compliance with the permit and water quality rules. It can also help MS4 staff and stakeholders view relationships between an MS4 and various other water features in the layers including impaired waters. Please go to the MS4 Mapping tool located at <http://www.pca.state.mn.us/water/stormwater/stormwater-ms4.html> by clicking on “MS4 mapping tool” under “Maps of MS4s” and rate this web mapping tool for its usefulness in helping you identify impaired waterbodies your MS4 may discharge to, including impaired waters as defined on the 303d listing (This request is optional) :

Not Useful at all Somewhat Useful Useful Very Useful Other: _____

Check here if your MS4 has no impaired waters:

Additional Comments on the MS4 Mapping Tool can be emailed to: paul.leegard@pca.state.mn.us

Section 8: Additional SWPPP Issues

A. Did you make a change to any identified BMPs or measurable goals in your SWPPP since your last report? [Part V.H.] If yes, explain: _____ Yes No

B. Briefly list the BMPs using their unique SWPPP identification numbers you have changed 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)* _____

C. Did you rely on any other entities (MS4s, consultants or contractors) to implement any portion of your SWPPP? If yes, please identify them and list activities they assisted with: _____ Yes No

Owner or Operator Certification

The person with overall administrative responsibility for SWPPP implementation 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.

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).

X

Authorized Signature (This person must be duly authorized to sign the annual report for the MS4. Electronic submissions must be sent from this person’s email address to qualify for Authorized Signature status)		Date
Kelly	Tim	District Administrator
Last Name	First Name	Title
12301 Central Avenue NE Suite 100		
Mailing Address		
Blaine	MN	55434
City	State	ZIP code
763-755-0975	tkelly@cooncreekwd.org	
Telephone (include area code)	E-mail Address	