

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

Submittal Type: Annual Report

Project Name: 2017 MS4 Annual Report

County: Lincoln

Municipality: Merrill, City

Facility Number: 31427

Reporting Year: 2017

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]
- Attach the following items as appropriate using the attachments tab above
 - Construction Site Pollution Control Annual Report Summary
 - Illicit Discharge Detection and Elimination Annual Report Summary
 - Leaf and Yard Waste Management
 - Municipal Cooperation Attachment
 - Municipal Facility Inspections
 - Pollution Prevention Annual Report Summary
 - Post-Construction Storm Water Management Annual Report Summary
 - Public Education and Outreach Annual Report Summary
 - Public Involvement and Participation Annual Report Summary
 - Storm Water Consortium/Group Report
 - Storm Sewer Map Annual Report Attachment
 - Storm Water Quality Management Annual Report Attachment
 - TMDL Attachment
 - Winter Road Maintenance
 - Other Annual Report Attachment
- Complete all required forms and upload required attachments
- Sign and Submit form

Municipal Contact Information- Complete

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	Merrill, City
Facility ID # or (FIN):	31427
Updated Information:	<input type="checkbox"/> Check to update mailing address information
Mailing Address:	1004 East First Street
Mailing Address 2:	
City:	Merrill
State:	Wisconsin
Zip Code:	54452 <small>xxxxx or xxxxx-xxxx</small>

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

Yes No Unsure

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 Unsure

Primary Municipal Contact Person (Authorized Representative for MS4 Permit)

	<input checked="" type="checkbox"/> Select to create new primary contact
First Name:	Roderick
Last Name:	Akey
	<input checked="" type="checkbox"/> Select to update current contact information
Title:	Public Works Dir.
Mailing Address:	1004 E First Street
Mailing Address 2:	
City:	Merrill
State:	WI
Zip Code:	54452 <small>xxxxx or xxxxx-xxxx</small>
Phone Number:	715-536-5594 Ext: <small>xxx-xxx-xxxx</small>
Email:	Rod.Akey@ci.merrill.wi.us

Additional Contacts Information (Optional)

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

- I&E Program
- 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:

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 Mechanism that best describes how the topic message was conveyed to your population. Use the **Add Activity** to add multiple Mechanisms. For Quantity, choose the range for the number of Mechanisms chosen (i.e., number of workshops, events). Quantity and Estimated People Reached are both optional.

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
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Topic: Detection and elimination of illicit discharges

Direct one-on-one communication 10 - 19 Yes No

Topic: Management of materials that may cause storm water pollution from automobiles, pet waste, household hazardous waste and household practices

Passive print media (brochures at front desk, posters, etc.) 20 - 49 Yes No

Topic: Beneficial onsite reuse of leaves and grass clippings/proper use of lawn and garden fertilizers and pesticides

Website 100 + Yes No

Topic: Management of stream banks and shorelines by riparian landowners to minimize erosion and restore and enhance the ecological value of waterways

Did not focus on this topic this reporting year Select... Yes No

Topic: Infiltration of residential storm water runoff from rooftop downspouts, driveways and sidewalks

Direct one-on-one communication 10 - 19 Yes No

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
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Topic: Inform and where appropriate educate those responsible for the design, installation, and maintenance of construction site erosion control practices and storm water management facilities on how to design, install and maintain the practices

Direct one-on-one communication Select... Yes No

Topic: Identify businesses and activities that may pose a storm water contamination concern, and where appropriate, educate specific audiences on methods of storm water pollution prevention

Direct one-on-one communication 1 - 9 Yes No

Topic: Promote environmentally sensitive land development designs by developers and designers, including green infrastructure and low impact development

Did not focus on this topic this reporting year Select... Yes No

Topic: Other (describe):

Select... Select... Yes No

b. Any other Public Education and Outreach program information for inclusion in the Annual Report may be added here or attached on the attachments page.

Form 3400-224 (09/17)

Minimum Control Measures - Section 2 : Complete

2. Public Involvement and Participation

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

Elected Officials

Municipal Officials

Appropriate Staff

b. Complete the following information on Public Involvement Activities related to storm water. Select the mechanism that best describes how the topic message was conveyed to your population. Use the Add Activity to add multiple mechanisms. For Quantity, choose the range for number Mechanisms chosen (i.e., number of workshops, events). Quantity and Estimated People reached are both optional .

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
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Topic: Storm Water Management Plan and/or updates

Government Event (Public Hearing, Council Meeting, etc) Select... Yes No

Topic: Storm water related ordinance and/or updates

Government Event (Public Hearing, Council Meeting, etc) Select... Yes No

Topic: MS4 Annual Report

None Select... Yes No

Topic: Volunteer Opportunities

Storm drain stenciling Select... Yes No

Topic: Other (describe) :

Select... Select... Yes No

c. Any other Public Involvement and Participation program information for inclusion in the Annual Report may be added here or attached on the attachments page

Form 3400-224 (09/17)

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. How many were confirmed illicit discharges? Unsure
- d. How many illicit discharge complaints did the municipality receive? Unsure
- e. How many were confirmed illicit discharges? Unsure
- f. How many of the identified Illicit discharges did the municipality eliminate in the reporting year? Unsure
- g. How many of the following enforcement mechanisms did the municipality use to enforce its illicit discharge ordinance? Unsure
- Verbal Warning
- Written Warning (including email)
- Notice of Violation
- Civil Penalty/ Citation
- h. Any other Illicit Discharge Detection and Elimination program information for inclusion in the Annual Report may be added here or attached on the attachments

Minimum Control Measures - Section 4 : Complete

4. Construction Site Pollutant Control

a. How many total construction sites were active at any point in the reporting year? Unsure

b. How many construction sites did the municipality issue permits for in the reporting year? Unsure

c. Do the above numbers include sites <1 acre? Yes No Unsure

d. How many erosion control inspections did the municipality complete in the reporting year? Unsure

e. 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

Verbal Warning

Written Warning (including email)

Notice of Violation

Civil Penalty/ Citation

Stop Work Order

Forfeiture of Deposit

No Authority

Other - Describe below

f. Any other Construction Site Pollutant Control program information for inclusion in the Annual Report may be added here or attached on the attachments page.

Minimum Control Measures - Section 5 : Complete

5. Post-Construction Storm Water Management

a. How many new construction sites with new structural storm water management practices have received local approvals? Unsure

b. How many privately owned storm water facility inspections were completed in the reporting year? Unsure

c. What types of enforcement actions does the municipality have available Unsure

to compel compliance with the regulatory mechanism? Check all that apply and enter the number of each used in the reporting year.

<input checked="" type="checkbox"/> Verbal Warning	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Written Warning (including email)	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Notice of Violation	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Civil Penalty/ Citation	<input type="text" value="0"/>
<input type="checkbox"/> Forfeiture of Deposit	<input type="text"/>
<input type="checkbox"/> Complete maintenance	<input type="text"/>
<input type="checkbox"/> Bill responsible part	<input type="text"/>
<input type="checkbox"/> No Authority	<input type="text"/>
<input type="checkbox"/> Other - Describe below	<input type="text"/>

d. Any other Post-Construction Storm Water Management program information for inclusion in the Annual Report may be added here or attached on the attachments page.

Form 3400-224 (09/17)

Minimum Control Measures - Section 6 : Complete

6. Pollution Prevention

Storm Water Management Facility Inspections (ponds, biofilters, etc.) Not Applicable

- a. Enter the total number of municipally owned or operated structural storm water facilities? Unsure
- b. How many new municipally owned storm water facilities were installed in the reporting year? Unsure
- c. How many municipally owned storm water devices were inspected in the reporting year? Unsure
- d. How many of these facilities required maintenance? Unsure
If so, attach report on attachments page.

Public Works Yards & Other Municipally Owned Properties (SWPPP Plan Review) Not Applicable

- e. How many inspections of municipal properties been conducted in the reporting year? Unsure
- f. Have amendments to the SWPPPs been made? Yes No Unsure

Collection Services - Street Sweeping / Cleaning Program Not Applicable

- g. Did the municipality conduct street sweeping/cleaning during the reporting year? Yes No Unsure

h. If known, how many tons of material was removed? Unsure

i. 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

No - Explain _____

Not Applicable

Unsure

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

j. Did the municipality conduct catch basin sump cleaning during the reporting year?

Yes No Unsure

k. How many catch basin sumps were cleaned in the reporting year? Unsure

l. If known, how many tons of material was removed? Unsure

m. If catch basin sump cleaning is identified as a storm water best management practice in the pollutant loading analysis, was cleaning completed at the assumed frequency?

Yes

No - Explain _____

Not Applicable

Unsure

Collection Services - *Leaf Collection Program* Not Applicable

n. Does the municipality conduct curbside leaf collection? Yes No Unsure

o. Does the municipality notify homeowners about pickup? Yes No Unsure

Where are the residents directed to store the leaves for collection?

Pile on terrace Pile in street Bags on terrace Unsure

Other - Describe _____

p. What is the frequency of collection?
weekly

q. Is collection followed by street sweeping/cleaning? Yes No Unsure

Winter Road Management Not Applicable

*Note: We are requesting information that goes beyond the reporting year, answer the best you can.

r. How many lane-miles of roadway is the municipality responsible for doing snow and ice control? Unsure

s. Provide amount of de-icing products used by month last winter season?
Solids (tons) (ex. sand, or salt-sand)

Oct Nov Dec Jan Feb March*

Liquids (gallons) (ex. brine)

Oct Nov Dec Jan Feb March*

- t. Was salt applying machinery calibrated in the reporting year? Yes No Unsure
- u. Have municipal personnel attended salt reduction strategy training in the reporting year? Yes No Unsure

If yes, describe what training was provided:

When: How many attended:

Internal (Staff) Education & Communication

- v. Have training or education on SWPPPs for municipal facilities been held for municipal or other personnel? Yes No Unsure

If yes, describe what training was provided

When: How many attended:

Additional Pollution Prevention Information

- w. Any other Pollution Prevention program information for inclusion in the Annual Report may be added here or attached on the attachments page.

Form 3400-224 (09/17)

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. Any other Storm Sewer System Map information for inclusion in the Annual Report may be added here or attached on the attachments page.

Final Evaluation - Complete

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

0	0	0	<u>General revenue fund</u>
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Element: Public Involvement and Participation

2500	1500	2500	<u>General revenue fund</u>
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Element: Illicit Discharge Detection and Elimination

0	0	0	<u>General revenue fund</u>
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Element: Construction Site Pollutant Control

0	0	0	<u>General revenue fund</u>
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Element: Post-Construction Storm Water Management

1500	1500	1500	<u>General revenue fund</u>
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Element: Pollution Prevention

0	0	0	<u>General revenue fund</u>
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Element: Storm Water Quality Management

1500	1500	1500	<u>General revenue fund</u>
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Element: Storm Sewer System Map

2500	1500	1500	<u>General revenue fund</u>
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Other (describe)

			<u>Select...</u>
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Water Quality

a: Were there any known water quality improvements or degradation in the receiving waters to which the municipality's storm sewer system directly discharges to?

Yes No Unsure If Yes, explain below:

b: 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

c: Has the municipality evaluated their storm water practices to reduce the pollutants of concern?

Yes No Unsure

Additional Information

Based on the municipality's storm water program evaluation in Part II, describe any proposed changes to the municipality's storm water program.

Several of the above items are not specifically budgeted for but are addressed through the engineer, street superintendent and the zoning department, and are addressed through our storm water maintenance budget.

Requests for Assistance on Improving Permit Programs

Would municipality like the Department to contact them about providing more information on developing or improving any of the Municipal Separate Storm Sewer Permit programs?

Please select all that apply:

- Public Education and Outreach
- Public Involvement
- Illicit Discharge Detection and Elimination
- Post-Construction Storm Water Management
- Storm Water Quality Management
- Storm Sewer System Map
- Construction Site Pollutant Control
- Pollution Prevention
- Water Quality Concerns
- Compliance Schedule Items Due
- MS4 Program Evaluation

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 Documents

AR EOFIN

 File Attachment

[2017CoalitionEdActivitiesATTACHMENT2.pdf](#)

AR CSPCFIN

 File Attachment

[2017ConstructionSitesAttachment3.pdf](#)

AR CSPCFIN

 File Attachment

[ConstructionSitePollutionControlProgram.pdf](#)

AR CSPCFIN

 File Attachment

[ConstructionSiteInspectionForm.pdf](#)

AR PCSSWFIN

 File Attachment

[CityofMerrillStormwaterQualityManagementPlan.pdf](#)

AR IDDEFIN

 File Attachment

[IllicitDischargeProgram.pdf](#)

AR IDDEFIN

 File Attachment

[CityofMerrillSpillsIllicitDischarge-InitialContactForm.pdf](#)

AR PPFIN

 File Attachment

[CityofMerrillPollutionPreventionProgram.pdf](#)

 File Attachment

[Attachment7SnowDumpLocationsMarked.pdf](#)

AR PPFIN

 File Attachment

[SweeperWaterSweepings2017ATTACHMENT4.pdf](#)

AR_PPFIN

 File Attachment

[StormWaterMaintenance2017ATTACHMENT5.pdf](#)

AR_WintRdMainFIN

 File Attachment

[2017SaltSandATTACHMENT6.pdf](#)

AR_LeafYardMgmtFIN

 File Attachment

[LeafandYardWasteProgram.pdf](#)

AR_MuniCoopFIN

 File Attachment

[NCWSCCOPAGREEMENTRESOLUTION2014Attachment1.pdf](#)

AR_MuniFacInspFIN

 File Attachment

[CityofMerrillStormOutfallInspectionReport.pdf](#)

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

Sign and Submit Your Application

Steps to Complete the signature process

1. Read and Accept the Terms and Conditions
2. Press the Submit and Send to the DNR button

NOTE: For security purposes all email correspondence will be sent to the address you used when registering your WAMS ID. This may be a different email than that provided in the application. For information on your WAMS account click [HERE](#).

Terms and Conditions

Certification: I hereby certify that I am an authorized representative of the municipality covered under Merrill, City MS4 Permit for which this annual report or other compliance document is being submitted, and that the information contained in this submittal and all attachments were gathered and prepared under my direction or supervision. Based on my inquiry of the person or persons under my direction or supervision involved in the preparation of this document, to the best of my knowledge, the information is true, accurate, and complete. I further certify that the municipality's governing body or delegated representatives have reviewed or been apprised of the contents of this annual report. I understand that Wisconsin law provides severe penalties for submitting false information.

Signee (must check current role prior to accepting terms and conditions)

- Authorized municipal contact using WAMS ID.
- Delegation of Signature Authority (Form 3500-123) for agent signing on the behalf of the authorized municipal contact.
- Agent seeking to share this item with authorized municipal contact (authorized municipal contact must get WAMS id and complete signature).

Authorized Signature.

I accept the above terms and conditions.

Signed by : i:0#.f|wamsmembership|cmpwdce on 2018-03-29T14:37:34

You have already signed and submitted this application to the DNR. Please [contact the Wisconsin DNR](#) for assistance.

After providing the final authorized signature, the system will send an email to the authorized party and any agents. This email will include a copy to the final read only version of this application.