

# 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**.

Form 3400-224(R8/2021)

## Reporting Information :

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

**Project Name:** 2021 Annual Report

**County:** Pierce

**Municipality:** River Falls, City

**Permit Number:** S050075

**Facility Number:** 31431

**Reporting Year:** 2021

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
    - 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
      - Municipal Storm Water Management Facility (BMP) Inspection and Maintenance Plan
  - 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- 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:** River Falls, City

**Facility ID # or (FIN):** 31431

**Updated Information:**  Check to update mailing address information

**Mailing Address:** 222 Lewis St Suite 228

**Mailing Address 2:**

**City:** River Falls

**State:** Wisconsin

**Zip Code:** 54022      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:** Todd

**Last Name:** Nickleski

Select to **update** current contact information

**Title:** City Engineer

**Mailing Address:** 222 Lewis St

**Mailing Address 2:**

**City:** River Falls

**State:** WI

**Zip Code:** 54022      xxxxx or xxxxx-xxxx

**Phone Number:** 715-426-3409      Ext:      xxx-xxx-xxxx

**Email:** tnickleski@rfcity.org

**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:** Zach

**Last Name:** Regnier

**Title:** Sr. Civil Engineer

**Mailing Address:** 222 Lewis St

**Mailing Address 2:**

**City:** River Falls

**State:** WI

**Zip Code:** 54022      xxxxx or xxxxx-xxxx

**Phone Number:** 715-426-3457      Ext:      xxx-xxx-xxxx

**Email:** zregnier@rfcity.org

**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:** Michael

**Last Name:** Stifter

**Title:** PW Director

**Mailing Address:** 222 Lewis St

**Mailing Address 2:**

**City:** River Falls

**State:** WI

**Zip Code:** 54022      xxxxx or xxxxx-xxxx

**Phone Number:** 715-425-0900      Ext:      xxx-xxx-xxxx

**Email:** mstifter@rfcity.org

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

Yes  No

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**

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

**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.

<b>Event Start Date</b>	5/17/2021		
<b>Project/Event Name</b>	Public Works Awareness Week		
<b>Delivery Mechanism</b>	Educational activity*		*Active
Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<input type="checkbox"/> Illicit discharge detection and elimination <input type="checkbox"/> Household hazardous waste disposal/pet waste management/vehicle washing <input type="checkbox"/> Yard waste management/pesticide and fertilizer application <input type="checkbox"/> Stream and shoreline management <input type="checkbox"/> Residential infiltration <input type="checkbox"/> Construction sites and post-construction storm water management <input checked="" type="checkbox"/> Pollution prevention <input type="checkbox"/> Green infrastructure/low impact development <input checked="" type="checkbox"/> Other: Winter Road Salt Use	<input 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 checked="" type="checkbox"/> Other	101 +	<input type="radio"/> Yes <input checked="" type="radio"/> No

<b>Event Start Date</b>	3/9/2021		
<b>Project/Event Name</b>	City Council Presentation		
<b>Delivery Mechanism</b>	Government Event (Public Hearing, Council Meeting, etc)*		*Active
Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<input checked="" type="checkbox"/> Illicit discharge detection and elimination <input type="checkbox"/> Household hazardous waste disposal/pet waste management/vehicle washing <input checked="" type="checkbox"/> Yard waste management/pesticide and fertilizer application <input checked="" 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 checked="" type="checkbox"/> General Public <input type="checkbox"/> Public Employees <input checked="" type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Other	51-100	<input type="radio"/> Yes <input checked="" type="radio"/> No

<b>Event Start Date</b>	1/1/2021		
<b>Project/Event Name</b>	City Website		
<b>Delivery Mechanism</b>	Website		*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 checked="" 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 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	101 +	<input type="radio"/> Yes <input checked="" type="radio"/> No

<b>Event Start Date</b>	1/1/2021		
<b>Project/Event Name</b>	Rain to Rivers Website		
<b>Delivery Mechanism</b>	Website		*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 checked="" 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	101 +	<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 of River Falls is a member of Rain to Rivers of Western Wisconsin, a regional storm water education and outreach collaborative.

## 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 (R8/2021)

### Minimum Control Measures - Section 2 : Complete

#### 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.

<b>Event Start Date</b>	3/9/2021		
<b>Project/Event Name</b>	City Council Presentation		
<b>Delivery Mechanism</b>	Government Event (Public Hearing, Council Meeting, etc)		
Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<input checked="" type="checkbox"/> MS4 Annual Report <input type="checkbox"/> Storm Water Management Program <input type="checkbox"/> Storm Water related ordinance <input type="checkbox"/> Other: <input type="text"/>	<input checked="" type="checkbox"/> General Public <input type="checkbox"/> Public Employees <input checked="" type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Other	51-100	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Event Start Date</b>	9/28/2021		
<b>Project/Event Name</b>	Storm Water Ordinance Update		
<b>Delivery Mechanism</b>	Government Event (Public Hearing, Council Meeting, etc)		
Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<input 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 type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input checked="" type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Other	51-100	<input type="radio"/> Yes <input checked="" 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.

<b>Event Start Date</b>	1/1/2021	<input type="checkbox"/> NA (Individual Permittee).
<b>Project/Event Name</b>	Adopt A Pond	
<b>Delivery Mechanism</b>	Clean up event	

Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
Volunteer Opportunity	<input type="checkbox"/> General Public <input type="checkbox"/> Public Employees <input checked="" type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Other	<u>11-50</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No

<b>Event Start Date</b>	1/1/2021 <input type="checkbox"/> NA (Individual Permittee).
<b>Project/Event Name</b>	Rain Barrel Program
<b>Delivery Mechanism</b>	<u>Other hands-on event</u>

Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
Volunteer Opportunity	<input type="checkbox"/> General Public <input type="checkbox"/> Public Employees <input checked="" type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Other	<u>1 - 10</u>	<input type="radio"/> Yes <input checked="" 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.*

The City of River Falls is a member of Rain to Rivers of Western Wisconsin, a regional storm water education and outreach collaborative.

### 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 (R8/2021)

## 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   Unsure

of their routine ongoing field screening program?

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.*

### 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 (R8/2021)

## 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 issue permits for in the reporting year?   Unsure

c. How many erosion control inspections did the municipality complete in the reporting year (at sites with one acre or more of land disturbing construction activity)?   Unsure

d. 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.

- 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.*

### 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 (R8/2021)

## 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 permittee have procedures for inspecting and maintaining private storm water facilities?  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 landowners 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.

- No Authority
- Verbal Warning
- Written Warning (including email)

<input type="checkbox"/> Notice of Violation	
<input type="checkbox"/> Civil Penalty/ Citation	
<input type="checkbox"/> Forfeiture of Deposit	
<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 (R8/2021)

## Minimum Control Measures - Section 6 : Complete

### 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)?

Slope, emergency spillway, rip-rap, litter/debris, deposited sediment, condition of structures, weeds.

- 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.



Brine	6000	6000	6658	6659	6658	6000
Beet juice	0	300	453	454	453	300

- 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
2/25/2021	Use of Liquids	3
4/20/2021	APWA Snow Conference	2
4/26/2021	APWA Winter Maintenance Supervisor'...	1
10/20/2021	Snow Plow Simulator Training	8

- 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*

Training was on using brine and other liquids instead of all solids, general winter maintenance, and salt reduction.

### 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):

Pond Dredging Workshop

When: 11/29/21

How many attended: 1

- 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

City council meetings

Municipal Officials

City council meetings, monthly reports

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

City council meetings, one on one meetings, department meetings, monthly reports

- 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.*

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 (R8/2021)

**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 (R8/2021)

## 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

50726	44696	41891	<u>Storm water utility</u>
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**Element:** Public Involvement and Participation

42272	37247	35907	<u>Storm water utility</u>
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**Element:** Illicit Discharge Detection and Elimination

25363	22348	29922	<u>Storm water utility</u>
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**Element:** Construction Site Pollutant Control

50726	44696	47876	<u>Storm water utility</u>
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**Element:** Post-Construction Storm Water Management

101453	89392	83783	<u>Storm water utility</u>
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**Element:** Pollution Prevention

169088	148987	131659	<u>Storm water utility</u>
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**Other (describe)**

Stormwater Quality Management

355084	312873	197534	<u>Storm water utility</u>
--------	--------	--------	----------------------------

**Other (describe)**

Storm sewer map

50726	44696	47876	<u>Storm water utility</u>
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Please provide a justification for a "0" entered in the Fiscal Analysis. *Limit response to 250 characters.*

### 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 River Falls, City is subject to the following approved TMDLs: Lake St. Croix

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

#### [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.*



Do not close your work until you SAVE.

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Form 3400-224 (R8/2021)

**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**.

Form 3400-224(R8/2021)

## 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.

### Municipal Facility SWPPP

 File Attachment

[2021SWPPP-PWGarage.pdf](#)

### Storm Sewer System Map

 File Attachment

[StormSewerSystemMap-DNR.pdf](#)

### Attach - Other Supporting Documents

AR EO

 File Attachment

[RaintoRiversEducationalActivities2021.pdf](#)

(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](#)



## 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 River Falls, 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 3400-220 ) 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).

**Name:**

**Title:**

Authorized Signature.

- I accept the above terms and conditions.

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.