

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

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

Project Name: 2019 ms4 permit

County: Winnebago

Municipality: Oshkosh, City

Permit Number: S050075

Facility Number: 31078

Reporting Year: 2019

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 (*S050075-03 general permittees shall have a written storm water management program that describes in detail how the permittee intends to comply with the permit requirements for each minimum control measure. Updated programs are due to the department by March 31, 2021.*)
 - 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 (*S050075-03 general permittees 2.6.1 - inventory due to the department by March 31, 2021.*)
 - Municipal Storm Water Management Facility (BMP) Inspection and Maintenance Plan (*S050075-03 general permittees 2.6.2 – document due to the department by March 31, 2021.*)

- 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: Oshkosh, City

Facility ID # or (FIN): 31078

Updated Information: Check to update mailing address information

Mailing Address: P O Box 1130

Mailing Address 2:

City: Oshkosh

State: Wisconsin

Zip Code: 54903-1130 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: Mark

Last Name: Rohloff

Select to **update** current contact information

Title: City Manager

Mailing Address: PO Box 1130

Mailing Address 2:

City: Oshkosh

State: WI

Zip Code: 54903-1130 xxxxx or xxxxx-xxxx

Phone Number: 920-236-5000 Ext: xxx-xxx-xxxx

Email: mrohloff@ci.oshkosh.wi.us

Additional Contacts Information (Optional)

- I&E Program
- IDDE Program

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

- IDDE Response Procedure Manual
- Municipal-wide Water Quality Plan
- Ordinances
- Pollution Prevention Program
- Post-Construction Program
- Winter roadway maintenance

First Name: James

Last Name: Rabe

Title: Dir. of Public Works

Mailing Address: P. O Box 1130

Mailing Address 2:

City: Oshkosh

State: WI

Zip Code: 54903-1130 xxxxx or xxxxx-xxxx

Phone Number: 920-236-5065 Ext: xxx-xxx-xxxx

Email: jrabe@ci.oshkosh.wi.us

**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: Dan

Last Name: Gabriliska

Title: Cvl Eng Supervisor

Mailing Address: P. O. Box 1130

Mailing Address 2:

City: Oshkosh

State: WI

Zip Code: 54903-1130 xxxxx or xxxxx-xxxx

Phone Number: 920-236-5065 Ext: xxx-xxx-xxxx

Email: dgabriliska@ci.oshkosh.wi.us

- I&E Program
- IDDE Program

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

- IDDE Response Procedure Manual
- Municipal-wide Water Quality Plan
- Ordinances
- Pollution Prevention Program
- Post-Construction Program
- Winter roadway maintenance

First Name: Brian

Last Name: Wayner

Title: Env. Manager

Mailing Address: One North Systems Drive

Mailing Address 2:

City: Appleton

State: WI

Zip Code: 54914 xxxxx or xxxxx-xxxx

Phone Number: 920-830-6141 Ext: xxx-xxx-xxxx

Email: bwaymer@omni.com

**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: Kevin

Last Name: Uhen

Title: Fld. Oper. Manager

Mailing Address: 639 Witzel Avenue

Mailing Address 2:

City: Oshkosh

State: WI

Zip Code: 54901 xxxxx or xxxxx-xxxx

Phone Number: 920-232-5382 Ext: xxx-xxx-xxxx

Email: kuhen@ci.oshkosh.wi.us

1. Does the municipality rely on another entity to satisfy some of the permit requirements? If yes, enter entity name (government, consultant, group/organization).

Yes No

Public Education and Outreach: NEWS

Public Involvement and Participation: NEWS

Illicit Discharge Detection and Elimination: OMNI & Associates

Construction Site Pollutant Control: _____

Post-Construction Storm Water Management: _____

Pollution Prevention

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 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).

Topic: Detection and elimination of illicit discharges			
Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
<u>Passive print media (brochures at front desk, posters, etc.)</u>	<u>1 - 9</u>	<u>100 +</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<u>Educational activities (School presentations, summer camps, etc)</u>	<u>1 - 9</u>	<u>50 - 99</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<u>Active distribution of print media (mailings, newsletters, etc)</u>	<u>100 +</u>	<u>100 +</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<u>Direct one-on-one communication</u>	<u>1 - 9</u>	<u>10 - 19</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<u>Active distribution of print media (mailings, newsletters, etc)</u>	<u>10 - 19</u>	<u>50 - 99</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No

Select all applicable audiences targeted for this topic.

- Contractors
 General Public
 Public Employees
 Residential
 School Groups
 Business
 Developers
 Industries
 Other:

Topic: Management of materials that may cause storm water pollution from automobiles, pet waste, household hazardous waste and household practices			
Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
<u>Other</u>	<u>50 - 99</u>	<u>100 +</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<u>Passive print media (brochures at front desk, posters, etc.)</u>	<u>50 - 99</u>	<u>100 +</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<u>Website</u>	<u>100 +</u>	<u>100 +</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Select all applicable audiences targeted for this topic.

- Contractors
 General Public
 Public Employees
 Residential
 School Groups
 Business
 Developers
 Industries
 Other:

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

garden fertilizers and pesticides

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
Passive print media (brochures at front desk, posters, etc.)	50 - 99	100 +	<input type="radio"/> Yes <input checked="" type="radio"/> No
Website	100 +	100 +	<input checked="" type="radio"/> Yes <input type="radio"/> No

Select all applicable audiences targeted for this topic.

- Contractors General Public Public Employees Residential School Groups
 Business Developers Industries Other:

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

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
Educational activities (School presentations, summer camps, etc)	1 - 9	20 - 49	<input checked="" type="radio"/> Yes <input type="radio"/> No

Select all applicable audiences targeted for this topic.

- Contractors General Public Public Employees Residential School Groups
 Business Developers Industries Other:

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

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
Website	1 - 9	100 +	<input checked="" type="radio"/> Yes <input type="radio"/> No
Direct one-on-one communication	1 - 9	1 - 9	<input type="radio"/> Yes <input checked="" type="radio"/> No

Select all applicable audiences targeted for this topic.

- Contractors General Public Public Employees Residential School Groups
 Business Developers Industries Other:

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

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
Targeted group training (contractors, consultants, etc.)	1 - 9	50 - 99	<input type="radio"/> Yes <input checked="" type="radio"/> No

Direct one-on-one communication

20 - 49

20 - 49

Yes No

Select all applicable audiences targeted for this topic.

- Contractors
 General Public
 Public Employees
 Residential
 School Groups
 Business
 Developers
 Industries
 Other:

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

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
<u>Direct one-on-one communication</u>	<u>1 - 9</u>	<u>1 - 9</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<u>Educational activities (School presentations, summer camps, etc)</u>	<u>1 - 9</u>	<u>20 - 49</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No

Select all applicable audiences targeted for this topic.

- Contractors
 General Public
 Public Employees
 Residential
 School Groups
 Business
 Developers
 Industries
 Other:

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

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
<u>Direct one-on-one communication</u>	<u>1 - 9</u>	<u>1 - 9</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Select all applicable audiences targeted for this topic.

- Contractors
 General Public
 Public Employees
 Residential
 School Groups
 Business
 Developers
 Industries
 Other:

Topic: Other (describe):

Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
Select...	Select...	Select...	<input type="radio"/> Yes <input type="radio"/> No

Select all applicable audiences targeted for this topic.

- Contractors
 General Public
 Public Employees
 Residential
 School Groups
 Business
 Developers
 Industries
 Other:

b. Brief Public Education and Outreach program information for inclusion in the Annual Report. If your response exceeds the 250 character limit, 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 (08/19)

Minimum Control Measures - Section 2 : Complete

2. Public Involvement and Participation

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 number Mechanisms chosen (i.e., number of workshops, events).

Topic: Storm Water Management Plan and/or updates			
Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
<u>Website</u>	<u>1 - 9</u>	<u>100 +</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<u>Public Workshop</u>	<u>1 - 9</u>	<u>100 +</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Select all applicable participants targeted for this topic.

- Contractors General Public Public Employees Residential School Groups
 Business Developers Industries Other:

Topic: Storm water related ordinance and/or updates			
Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
<u>Website</u>	<u>1 - 9</u>	<u>100 +</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<u>Presentation of Storm Water Information</u>	<u>50 - 99</u>	<u>100 +</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Select all applicable participants targeted for this topic.

- Contractors General Public Public Employees Residential School Groups
 Business Developers Industries Other:

Topic: MS4 Annual Report			
Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
<u>Citizen Committee Meetings</u>	<u>1 - 9</u>	<u>1 - 9</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<u>Government Event (Public Hearing, Council Meeting, etc)</u>	<u>1 - 9</u>	<u>100 +</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Select all applicable participants targeted for this topic.

- Contractors General Public Public Employees Residential School Groups
 Business Developers Industries Other:

Topic: Volunteer Opportunities			
Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
Clean-up events	1 - 9	100 +	<input checked="" type="radio"/> Yes <input type="radio"/> No
Storm drain stenciling	1 - 9	100 +	<input type="radio"/> Yes <input checked="" type="radio"/> No
Presentation of Storm Water Information	1 - 9	50 - 99	<input type="radio"/> Yes <input checked="" type="radio"/> No

Select all applicable participants targeted for this topic.

- Contractors General Public Public Employees Residential School Groups
 Business Developers Industries Other:

Topic: Other (describe) : none			
Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)
None	Select...	Select...	<input type="radio"/> Yes <input type="radio"/> No

Select all applicable participants targeted for this topic .

- Contractors General Public Public Employees Residential School Groups
 Business Developers Industries Other:

b. Brief Public Involvement and Participation program information for inclusion in the Annual Report.
If your response exceeds the 250 character limit, attach supplemental information on the attachments page.

See attached

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 (09/19)

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. 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 complaint received, how many were confirmed illicit discharges? Unsure

f. How many of the identified illicit discharges did the municipality eliminate in the reporting year? 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 Illicit Discharge Detection and Elimination program information for inclusion in the Annual Report. If your response exceeds the 250 character limit, attach supplemental information on the attachments page.

In addition to the attached information the City of Oshkosh responds to citizen complaints regarding grass clippings, and other pollutants entering the storm sewer system.

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 (08/19)

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

No Authority

<input checked="" type="checkbox"/> Verbal Warning	100
<input checked="" type="checkbox"/> Written Warning (including email)	116
<input checked="" type="checkbox"/> Notice of Violation	116
<input checked="" type="checkbox"/> Civil Penalty/ Citation	0
<input type="checkbox"/> Stop Work Order	
<input type="checkbox"/> Forfeiture of Deposit	
<input type="checkbox"/> Other - Describe below	

f. Brief Construction Site Pollutant Control program information for inclusion in the Annual Report . If your response exceeds the 250 character limit, 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 (08/19)

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. How many privately owned storm water management facilities were inspected in the reporting year ? Unsure

Inspections completed by private land owners should be included in the reported number.

c. What types of enforcement actions does the municipality have available to compel compliance with the regulatory mechanism? Unsure

Check all that apply and enter the number of each used in the reporting year.

<input type="checkbox"/> No Authority	
<input checked="" type="checkbox"/> Verbal Warning	10
<input checked="" type="checkbox"/> Written Warning (including email)	3
<input type="checkbox"/> Notice of Violation	
<input type="checkbox"/> Civil Penalty/ Citation	
<input type="checkbox"/> Forfeiture of Deposit	

- Complete Maintenance
- Bill Responsible Party
- Other - Describe below

d. Brief Post-Construction Storm Water Management program information for inclusion in the Annual Report . If your response exceeds the 250 character limit, 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 (08/19)

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 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)?

Erosion, BMP's, debris build up, Woody Vegetation, Nuisance animals, accumulation of sediments.

- e. How many of these facilities required maintenance? Unsure

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

- f. How many inspections of municipal properties have been conducted in the reporting year? Unsure
- g. Have amendments to the SWPPPs been made? Yes No Unsure
- h. If yes, describe what changes have been made (200 character limit):

Collection Services - *Street Sweeping / Cleaning Program* Not Applicable

- i. Did the municipality conduct street sweeping/cleaning during the reporting year?
 Yes No Unsure
- j. If known, how many tons of material was removed? Unsure
- k. Does the municipality have a low hazard exemption for this material?
 Yes No
- l. 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

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

- m. Did the municipality conduct catch basin sump cleaning during the reporting year?
 Yes No Unsure
- n. How many catch basin sumps were cleaned in the reporting year? Unsure
- o. If known, how many tons of material was collected? Unsure
- p. Does the municipality have a low hazard exemption for this material?
 Yes No
- q. 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

Collection Services - *Leaf Collection Program* Not Applicable

- r. Does the municipality conduct curbside leaf collection?
 Yes No Unsure
- s. Does the municipality notify homeowners about pickup?
 Yes No Unsure
- t. Where are the residents directed to store the leaves for collection?
 Pile on terrace Pile in street Bags on terrace Unsure
 Other - Describe _____
- u. What is the frequency of collection?
 Weekly during October and November _____
- v. 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.
- w. How many lane-miles of roadway is the municipality responsible for doing snow and ice control? Unsure

x. Provide amount of de-icing products used by month last winter season?

Solids (tons) (ex. sand, or salt-sand)

Product	Oct	Nov	Dec	Jan	Feb	Mar
Salt	0	107	648	1629	2189	336

Liquids (gallons) (ex. brine)

	Oct	Nov	Dec	Jan	Feb	Mar
Brine	0	3160	9490	12125	19650	2000

y. Was salt applying machinery calibrated in the reporting year? Yes No Unsure

z. Have municipal personnel attended salt reduction strategy training in the reporting year? Yes No Unsure

If yes, describe what training was provided (250 character limit):

in house training general salt and brine application and equipment calibration

When: fall 2019

How many attended: 30

Internal (Staff) Education & Communication

aa. 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):

Field operation facilities bmp awareness

When: summer 2019

How many attended: 30

ab. 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

elected officials approve the annual Ms4 permit and budget for its implementation on a yearly basis

Municipal Officials

Various municipal officials keep track of different program requirements and direct the inspection of BMPs

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

plow operators are trained in salt and brine effects. Other staff attend a ground control meeting to discuss BMP's annually.

ac. Brief Pollution Prevention program information for inclusion in the Annual Report . If your response exceeds the 250 character limit, 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 (08/19)

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 Storm Sewer System Map information for inclusion in the Annual Report. If your response exceeds the 250 character limit, attach supplemental information on the attachments page.

Missing Information

Do not close your work until you SAVE.

Form 3400-224 (08/19)

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

98527	114184	128103	<u>Storm water utility</u>
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Element: Public Involvement and Participation

98527	114184	128103	<u>Storm water utility</u>
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Element: Illicit Discharge Detection and Elimination

369029	420272	457483	<u>Storm water utility</u>
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Element: Construction Site Pollutant Control

105911	131058	135893	<u>Storm water utility</u>
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Element: Post-Construction Storm Water Management

128069	158813	166425	<u>Storm water utility</u>
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Element: Pollution Prevention

1596489	1810085	1947140	<u>Storm water utility</u>
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Element: Storm Water Quality Management

511213	582296	632095	<u>Storm water utility</u>
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Element: Storm Sewer System Map

26589	33306	36638	<u>Storm water utility</u>
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Other (describe)

Improvements to the storm collection system

997741

1125602

1249652

Storm water utility

Please provide a justification for a "0" entered in the Fiscal Analysis

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:

Osh has install new st inlets with sumps when a new inlet is constructed dump no 

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:

Illicit discharges that were cleaned up

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

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 (08/19)

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**.

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.

Storm Sewer System Map

 File Attachment

[Map1-StormSewerSystemMap.pdf](#)

Attach - Other Supporting Documents

AR IDDE

 File Attachment

[iddeexecutivesummaary.pdf](#)

AR Other

 File Attachment

[Map3-OutfallMap.pdf](#)

AR Other

 File Attachment

[Map2-PublicFacilitiesMap.pdf](#)

AR SWGroupReport

 File Attachment

[2019NEWSCAnnualReport.pdf](#)

AR EO

 File Attachment

[2019Oshkosh SWUBrochure.pdf](#)

AR EO

 File Attachment

[2019leafstudydoortodoor.pdf](#)

AR CSPC

 File Attachment

[Non-CityProjectECInspections2019.pdf](#)

AR_CSPC

 File Attachment

[CITYOFOSHKOSHEROSIONCONTROLPRESENTATION.pdf](#)

AR_CSPC

 File Attachment

[CityProjectECInspections2019.pdf](#)

AR_LeafYardMgmt

 File Attachment

[2019PhosphorusLeafDataSummary.pdf](#)

AR_Other

 File Attachment

[2019SupplementalInformation.pdf](#)

AR_Other

 File Attachment

[3-12-20StormWaterappealsBoardAgendaandminutesrecommendationtocouncil.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

EO Program

 File Attachment

[GrassCuttingRequirementsAd_2-23-15.pdf](#)

IP Program

 File Attachment

[westhavenstormwatermedallionmap2019.pdf](#)

IDDE Program

 File Attachment

[concretewashoutbrochure.pdf](#)

CS Program

 File Attachment

[19-04GroundControlSignIn.pdf](#)

EO Program

 File Attachment

[emailofsitetrainingoshcorp.msg](#)

EO Program

 File Attachment

[2019Ad-OshkoshHerald-FallLeaf-YardWasteCollection.pdf](#)

(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 Municipality's Governing Body.

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 approved by the governing body, you will have to come back to the MS4 eReporting system to submit the report to the DNR.

[Draft and Share PDF Report with Municipality's Governing Body](#)

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 Oshkosh, 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.