



Department of Public Works



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April 18, 2016

Rance Walker, P.E.
Kansas Department of Health and Environment
Municipal Programs Section
1000 SW Jackson Street, Suite 420
Topeka, Kansas 66612-1367

RE: **EXECUTIVE SUMMARY** - MS4 Permit #M-K538-SU03 – 2015 Annual Report

Mr. Walker:

The Pottawatomie County Public Works Department is happy to submit the 2015 Annual report for the Municipal Separate Storm Sewer System (MS4) Permit, M-K538-SU03. We acknowledge that this report is being submitted past the original due date of February 28, 2016. Included in this submittal is the standard MS4 Annual report template, which has been filled to the best of my knowledge, though there was very little performance on behalf of the County during this reporting period.

The few items to be reported for the 2015 reporting period are centered upon the Board of County Commissioners. The MS4 Permit and its ramifications was presented to this elected body and a decision was made to move forward with development of the Storm Water Management Program (SMP) in November 2015. At this point in time, a Request for Qualifications was created and advertised to qualifying consulting firms with experience in creating and working with MS4 Permits and SMP's throughout Kansas and other states. Selection of the most qualified firm, Alfred Benesch & Company, was made after December 31, 2015, and work has begun in 2016 to get Pottawatomie County into compliance with our permit by the end of 2016. No other work was performed by the County in regards to the MS4 Permit and its requirements in 2015.

Please call me at 785-457-3631 or email me at pclark@pottcounty.org if you have any questions regarding our permit and our work towards developing the County's Storm Water Management Program.

Sincerely,

Peter Clark, P.E., Public Works Director
Pottawatomie County

KANSAS STORMWATER 2015 ANNUAL REPORT FORM FOR MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)

Check box if
this is a new name,
address, phone, etc.

Permittee Information and Reporting Period

Permittee (Agency Name) Mailing Address: 1 Pottawatomie County

Mailing Address 2; City: 612 E. Campbell Street, Westmoreland

State Kansas

Zip Code: 66549

Contact Person: Peter Clark

Contact E-Mail Address: pclark@pottcounty.org

Contact Phone Number: 785-457-3631

Kansas Permit Number: M-K538-SUO3 (Example) M - MC21 - SU01

Reporting Period covers activities from January 1, 2015 through December 31, 2015.

This annual report must be submitted to the Kansas Department of Health and Environment (KDHE) by February 28, 2016. This annual report must be submitted as a word or PDF file to KDHE on a standard compact disk (CD). A paper copy of the report may, in addition to the CD, be submitted if the permittee so desires but is not required.

B. Executive Summary

Append an executive summary to this report which briefly covers the major aspects of the MS4 stormwater management program enacted during the year. In completing the executive summary, the preparer should address the following questions:

1. Were there any aspects of the program that appeared especially effective at reducing pollutants in your stormwater discharge?
2. Were there any aspects of the program that provided unsatisfactory results?
3. What was the most successful part of the program?
4. What was the most challenging aspect of the program?
5. Describe any City/County area MS4 clean-ups and the participation.
6. Describe the elected officials' participation in the stormwater pollution elimination.
7. Describe the collaboration with other organizations to eliminate stormwater pollution.

The executive summary does not need to be extensive and detailed. It is anticipated the executive summaries will range from one half of a page to two pages in length depending on the scope of the program.

C. Stormwater Management Program

Place a check mark in the appropriate box.

- | | Yes | No | Not Applicable |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 1. Has the Stormwater Management Program (SMP) been developed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2. Has the SMP been modified during this reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3. If the answer to question 2 above was "yes", has the modified SMP been submitted to KDHE for approval? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to item 3 is "No" a copy of the modified SMP must be submitted with this annual report. If it is anticipated a measurable goal cannot be met in the next year the SMP should be modified and submitted to KDHE for approval. The modifications may include different BMPs and/or revised goals to avoid being in a position of non-compliance.

D. Total Maximum Daily Load (TMDL) Best Management Practices

Place a check mark in the appropriate box.

- | | Yes | No | Not Applicable |
|--|--------------------------|-------------------------------------|--------------------------|
| 1. Were any best management practices (BMPs) intended to attenuate the discharge of TMDL regulated pollutants implemented? See your permit to determine if TMDL regulated pollutants are listed for the receiving stream affected by your stormwater system. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. List all of the BMPs intended to attenuate the discharge of TMDL regulated pollutants as identified in the SMP and provide the requested information on the following table on the following pages. | | | |

D. Total Maximum Daily Load (TMDL) Best Management Practices (Table)

BMP ID Number	Brief BMP Description	Regulated TMDL Parameter	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A	N/A

E. Stormwater Management Program Requirements (Six Minimum Control Measures)

1. Public Education and Outreach (Table)

List all of the public education and outreach BMPs as identified in the SMP and provide the requested information in the following table. (List presentations & media)

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

1. Public Education and Outreach (Table) (Continued)

List all of the public education and outreach BMPs as identified in the SMP and provide the requested information in the following table. (List presentations & media)

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

1. Public Education and Outreach (Table) (Continued)

List all of the public education and outreach BMPs as identified in the SMP and provide the requested information in the following table. (List presentations & media)

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

2. Public Involvement and Participation (Table)

List all of the public involvement and participation BMPs as identified in the SMP and provide the requested information in the following table. (List all associations & partnerships)

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

2. Public Involvement and Participation (Table) (continued)

List all of the public involvement and participation BMPs as identified in the SMP and provide the requested information in the following table. (List all associations & partnerships)

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

3. Illicit Discharge Detection and Elimination

Place a check mark in the appropriate box.

Explain each item below in following table.

	Yes	No	Not Applicable
1. Has a program/plan been developed and is it presently implemented to detect and address illicit/prohibited discharges into the MS4?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Has a map of the MS4 been developed, showing the location of all outfalls, either pipes or open channel drainage, showing names and location of all streams or lakes receiving discharges from the outfalls?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. The permit requires the permittee enact ordinances Resolutions or regulations. Has an ordinances, resolutions or regulations to prohibit non-stormwater discharges into the storm system been enacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Effective Date: _____			
Has the ordinance, resolution or regulation been modified?			
Effective Date: _____			
4. Has the ordinance, resolution or regulation and/or modification been submitted to KDHE for approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Have public employees, business, and the general public been informed of the hazards associated with illegal discharges and improper disposal of waste?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Are stormwater inlets & detention ponds inspected for illicit discharges and debris?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Are restaurant waste grease areas inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Are septic systems inspected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Is debris, yard waste and dead animals removed from the streets when noticed by employees or reported?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Is there a yard waste management program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Are snow removal activities inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. List all of the illicit discharge detection and elimination BMPs as identified in the SMP and provide the requested information in the table on the following pages.			

3. Illicit Discharge Detection and Elimination (Table)

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

3. Illicit Discharge Detection and Elimination (Table) (Continued)

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

4. Construction Site Stormwater Runoff Control

Place a check mark in the appropriate box.

Explain each item below in following table.

Yes No Not Applicable

1. The permit requires the permittee to enact ordinances, resolutions or regulations. Has an ordinance, resolutions or regulation to address construction site runoff from new development and redevelopment projects been enacted?

Effective Date: _____

2. Has a copy of the ordinance, resolution or regulation been submitted to KDHE as required by the permit?

3. Has a procedure or program been developed requiring construction site owners and/or operators to implement appropriate erosion and sediment control best management practices?

4. Has a procedure or program been developed requiring construction site owners and/or operators to control waste such as discarded building materials, concrete truck washout, chemicals, paint, litter and sanitary waste at construction sites likely to cause adverse impacts to water quality?

5. Has a procedure been developed and implemented requiring site plan review of erosion control and debris container locations incorporating consideration of potential water quality impacts?

6. After review, is a construction site permit issued?

7. Has a procedure been developed for the receipt and consideration of information submitted by the public?

8. Has a procedure been developed and implemented for construction site inspection and enforcement of the control measures?

9. Are construction site inspection and enforcement actions successful?

10. Are site owners and/or operators provided instruction On proper construction site erosion and waste control?

11. List all the construction site stormwater runoff control BMPs as identified in the SMP and provide the requested information in the table on the following pages.

4. Construction Site Stormwater Runoff Control (Table)

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

4. Construction Site Stormwater Runoff Control (Table) (continued)

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

5. Post-Construction Site Stormwater Management in New Development and Redevelopment.

Place a check mark in the appropriate box.

Explain each item below in following table.

Yes

No

1. The permit requires the permittee to enact a program to address post-construction site stormwater runoff from new development and redevelopment.

The program developed to manage stormwater in new development and redevelopment projects must include the following elements:

- a. Strategies which include a combination of structural and/or Non-structural BMPs,
- b. Measures to ensure adequate long-term operation and maintenance of BMPs,
- c. Site Owner or operator name and telephone number Responsible to ensure adequate long-term operation Maintenance of BMPs,
- d. BMPs to prevent or minimize adverse water impacts.

2. Has a post-construction stormwater runoff program been Implemented?

3. Has post-construction sites been inspected?

4. Have there been post-construction violations?

5. List all the post-construction site stormwater management in new development and redevelopment BMPs as identified in the SMP and provide the requested information in the table on the following pages.

5. Post-Construction Site Stormwater Management in New Development and Redevelopment Table

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

5. Post-Construction Site Stormwater Management in New Development and Redevelopment Table (continued)

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

6. Municipal Pollution Prevention/Housekeeping.

Place a check mark in the appropriate box.

Explain each item below in following table.

	Yes	No
1. The permit requires the permittee to enact a program to address Pollution Prevention/Good Housekeeping for Municipal Operations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has an operation & maintenance program to reduce Pollutant runoff and an audits /inspection program been adopted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Has a municipal employee training program been established?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are oil, hazardous wastes, chemicals and municipal debris properly deposited?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are snow and ice removal material and chemicals properly managed to prevent runoff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are municipal streets swept on a regular basis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are municipal stormwater inlets and drains inspected and cleaned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are municipal snow piles controlled drainage to prevent runoff pollution?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

List all the Municipal Pollution Prevention/Housekeeping BMPs as identified in the SMP and provide the requested information on the table on the following pages.

7. PHASE I OPERATORS ONLY - Monitoring Industrial and High Risk Run-off

Place a check mark in the appropriate box.

	Yes	No
1. Has the permittee developed and maintained a list of the municipal industrial facilities contributing to the pollutant loading to the municipal storm sewer system?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has at least two municipal industrial facilities on the list had inspection and sampling conducted?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to items 1 and 2 is "No" provide a statement on the Phase I operator form Appendix B as to why monitoring and control has not occurred.

Complete Monitoring form in Appendix B.

6. Municipal Pollution Prevention/Housekeeping Table

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

7. Municipal Pollution Prevention/Housekeeping Table

BMP ID Number	Brief BMP Description	Measurable Goal(s)	Progress Achieving Goal(s) (Measured Result)
N/A	N/A	N/A	N/A

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F. Recordkeeping and Reporting

Attach a report which addresses the following subjects:

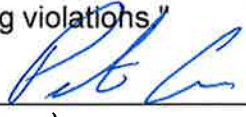
1. A general assessment of the appropriateness of the various BMPs included for each of the major program elements as follows:
 - a. TMDL regulated pollutants (Appendix A contains TMDL Report Forms)
 - b. Public Education and Outreach
 - c. Public Involvement and Participation
 - d. Illicit Discharge Detection and Elimination
 - e. Construction Site Stormwater Runoff Control
 - f. Post-Construction Site Stormwater Management in New Development and Redevelopment
 - g. Pollution Prevention/Good Housekeeping for Municipal Operations

Issues which may be addressed include:

- a. Are the BMPs appropriate for local population?
 - b. Are the BMPs appropriate for the pollution sources?
 - c. Are there specific concerns related to the local receiving waters that may justify a change in BMPs?
2. An assessment of the effectiveness of the BMPs towards achieving the statutory goal of reducing the discharge of pollutants to the Maximum Extent Practicable (MEP).
 3. Provide a summary of results of information collected and analyzed, if any, during the reporting period, including any monitoring data used to assess the success of the SMP.
 4. Provide a summary of the planned changes in stormwater activities which are scheduled to be undertaken during the next annual reporting cycle. This should address the implementation of new BMPs and/or the deletion of BMPs and include a projected schedule for the month or quarter when the BMP will be either implemented or discontinued. Please note a revised SMP should be submitted for KDHE approval if BMPs are revised.
 5. Provide a list of other municipalities/contractors, if any, which will be responsible for implementing any of the program areas of the SMP.

G. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature of Permittee:  Date Signed: 4/18/16
(Legally responsible person)

Name (printed): Peter Clark Title: Public Works Director

40 CFR 122.22 Signatories to permit applications and reports.

(a) Application. All permit applications shall be signed by either a principal executive officer or ranking elected official.

All reports required by permits, and other information requested by the Director shall be signed by a person described in paragraph (a) of this section, or by a duly authorized representative of that person.

Submit this report to:

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

Municipal Programs Section
1000 SW Jackson Street, Suite 420
Topeka, Kansas 66612-1367