# 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:** Marathon

Municipality: Wausau, City

Permit Number: S050075

Facility Number: 31058

Reporting Year: 2021

Is this submittal also satisfying an Urban Nonpoint Source Grant funded deliverable? O 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 (\$050075-03 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.].

| <b>Note</b> : Compliance items must be submitted using   | the Attachments tab.                                       |                       |                    |               |
|--|--|-----------------------|--------------------|---------------|
| <b>Municipality Information</b>  |  |                       |                    |               |
| Name of Municipality   | Wausau, City   |                       |                    |               |
| Facility ID # or (FIN):  | 31058  |                       |                    |               |
| Updated Information:   | Check to update  | mailing address infor | mation             |               |
| Mailing Address:   | 407 Grant Street   |                       |                    |               |
| Mailing Address 2:   |  |                       |                    |               |
| City:  | Wausau   |                       |                    |               |
| State:   | Wisconsin  |                       |                    |               |
| Zip Code:  | 54403  | xxxxx or xxxxx-xxxx   |                    |               |
| Primary Municipal Contact Person   | (Authorized Repr   | esentative for N      | MS4 Permit)        |               |
| The "Authorized Representative" or "Aut charged with compliance and oversight opermit documents to the Department (i.e. Engineer). | of the permit conditi                                      | ions, and has sign    | ature authority fo | or submitting |
| ☐ Select to <i>create new</i> primary conta  | ct   |                       |                    |               |
| First Name:  | Thomas   |                       |                    |               |
| Last Name:   | Niksich  |                       |                    |               |
| $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $   | rmation  |                       |                    |               |
| Title:   | Project Engineer   |                       |                    |               |
| Mailing Address:   | 407 Grant Street   |                       |                    |               |
| Mailing Address 2:   |  |                       |                    |               |
| City:  | Wausau   |                       |                    |               |
| State:   | <u>WI</u>  |                       |                    |               |
| Zip Code:  | 54403  | xxxxx or xxxxx-xxxx   |                    |               |
| Phone Number:  | 715-261-6748   | Ext:                  | xxx-xxx-xxxx       |               |
| Email:   | thomas.niksich@c   | i.wausau.wi.us        |                    |               |
|  |  |                       |                    |               |
| <b>Additional Contacts Information (O</b>  | ptional)   |                       |                    |               |
|  | <ul><li>☐ I&amp;E Program</li><li>☐ IDDE Program</li></ul> |                       |                    |               |

IDDE Response Procedure Manual

| Individual with responsibility for:<br>(Check all that apply)   | <ul> <li>☐ Municipal-wide Water Quality Plan</li> <li>☐ Ordinances</li> <li>☑ Pollution Prevention Program</li> <li>☐ Post-Construction Program</li> <li>☑ Winter roadway maintenance</li> </ul> |                |            |                |                       |
|---|--|----------------|------------|----------------|-----------------------|
| First Name:   | Dustin   |                |            |                |                       |
| Last Name:  | Kraege   |                |            |                |                       |
| Title:  | Superintendent   |                |            |                |                       |
| Mailing Address:  | 400 Myron Street   | t              |            |                |                       |
| Mailing Address 2:  |  |                |            |                |                       |
| City:   | Wausau   |                |            |                |                       |
| State:  | <u>WI</u>  |                |            |                |                       |
| Zip Code:   | 54401  | xxxxx or xx    | /VVV-VVVV  |                |                       |
| Phone Number:   | 715-261-6963   |                |            |                |                       |
| Email:  | dustin.kraege@ci   | Ext:           |            | XXX-XXX-XXXX   |                       |
| Enlan.  | dustiii.ki aege@ci   | i.wausau.w     | 71.03      |                |                       |
| 1. Does the municipality rely on another e  • Yes • No  |  |                | ermit req  | uirements?     |                       |
|   | l Wisconsin Stormwate  |                | <b>.</b>   |                |                       |
| Public Involvement and Participation North Ce   | ntrai wisconsin Storm  | water Coaiilio | on         |                |                       |
| ☐ Illicit Discharge Detection and Elimination   |  |                |            |                |                       |
| Construction Site Pollutant Control   |  |                |            |                |                       |
| Post-Construction Storm Water Management  |  |                |            |                |                       |
| Pollution Prevention  |  |                |            |                |                       |
| <ul><li>2. Has there been any changes to the murthe municipality has added or dropped co</li><li>Yes ● No</li></ul> |  | _              | oup effort | s towards perm | it compliances (i.e., |

## **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.

| Event Start Date   | 4/8/2021  |   |   |                               |  |  |  |
|--|---|---|---|-------------------------------|--|--|--|
| Project/Event Name   | Presentation o                                      | f IDDE Program Guidance N   | /lanual   |                               |  |  |  |
| Delivery Mechanism   | Government Ev                                       | vent (Public Hearing, Counc   | t (Public Hearing, Council Meeting, etc)* *Active |                               |  |  |  |
| Topics Covered   |   | Target Audience   | Estimated People<br>Reached (Optional)            | Regional Effort<br>(Optional) |  |  |  |
| ✓ Illicit discharge detection and elimination  ☐ Household hazardous waste disposal/pet waste management/vehicle washing  ☐ Yard waste management/pesticide and fertilizer application  ☐ Stream and shoreline management  ☐ Residential infiltration  ☐ Construction sites and post-construction storm water management  ☐ Pollution prevention  ☐ Green infrastructure/low impact development  ☐ Other:  |   | ✓ General Public ✓ Public Employees  ☐ Residents ☐ Businesses ☐ Contractors ☐ Developers ☐ Industries ☐ Other | 11-50   | ○ Yes ● No                    |  |  |  |
| Event Start Date Project/Event Name  | 7/13/2021<br>Rubber Duck A                          | d on WAOW, WSAW and W   | <i>J</i> ZAW                                      |                               |  |  |  |
| Delivery Mechanism   | Media offering                                      |   |   | *Active                       |  |  |  |
| Topics Covered   |   | Target Audience   | Estimated People<br>Reached (Optional)            | Regional Effort<br>(Optional) |  |  |  |
| ☐ Illicit discharge detection and end of the Household hazardous waste discharge management/vehicle washing and waste management/pestifertilizer application and shoreline management are construction sites and post-construction sites and post-construction prevention are pollution prevention are green infrastructure/low imparts development are construction of the construction are construction are construction are construction are construction are constructed by the construction are constructed | sposal/pet<br>ng<br>icide and<br>nent<br>nstruction | General Public Public Employees Residents Businesses Contractors Developers Industries Other                  | <u>101 +</u>                                      | ● Yes ○ No                    |  |  |  |
| Event Start Date   | 9/15/2021   |   |   |                               |  |  |  |

| Project/Event Name   |  | Nanagement and Fertilizer N  | lewsletter                             |                               |  |  |  |
|--|--|--|--|-------------------------------|--|--|--|
| Delivery Mechanism   | Distribution o                                       | f print media  |  | *Active                       |  |  |  |
| Topics Covered   |  | Target Audience  | Estimated People Reached (Optional)    | Regional Effort<br>(Optional) |  |  |  |
| ☐ Illicit discharge detection and ☐ Household hazardous waste d waste management/vehicle washing Yard waste management/pest fertilizer application ☐ Stream and shoreline manager ☐ Residential infiltration ☐ Construction sites and post-costorm water management ☐ Pollution prevention ☐ Green infrastructure/low impadevelopment ☐ Other: | isposal/pet<br>ng<br>icide and<br>nent<br>nstruction | ☐ General Public ☐ Public Employees ☑ Residents ☐ Businesses ☐ Contractors ☐ Developers ☐ Industries ☐ Other | 101 +                                  | ○ Yes ● No                    |  |  |  |
| Event Start Date   | 1/1/2021   |  |  |                               |  |  |  |
| Project/Event Name   |  | er Works Rain Barrel Progra  | Works Rain Barrel Program              |                               |  |  |  |
| Delivery Mechanism   | Informational  |  |  |                               |  |  |  |
| Topics Covered   |  | Target Audience  | Estimated People<br>Reached (Optional) | Regional Effort<br>(Optional) |  |  |  |
| ☐ Illicit discharge detection and ☐ Household hazardous waste d waste management/vehicle washin☐ Yard waste management/pest fertilizer application☐ Stream and shoreline manager☐ Residential infiltration☐ Construction sites and post-costorm water management☐ Pollution prevention☐ Green infrastructure/low impadevelopment☐ Other:☐      | isposal/pet<br>ng<br>icide and<br>nent<br>nstruction | ☐ General Public ☐ Public Employees ☐ Residents ☐ Businesses ☐ Contractors ☐ Developers ☐ Industries ☐ Other | 101 +                                  |                               |  |  |  |
| Event Start Date   | 10/19/2021   |  |  |                               |  |  |  |
| Project/Event Name   | Saltwise Wor   | kshop  |  |                               |  |  |  |
| Delivery Mechanism   | Workshop*  |  |  | *Active                       |  |  |  |
| Topics Covered   |  | Target Audience  | Estimated People<br>Reached (Optional) | Regional Effort<br>(Optional) |  |  |  |
| ☐ Illicit discharge detection and elimination ☐ Household hazardous waste disposal/pet waste management/vehicle washing ☐ Yard waste management/pesticide and fertilizer application ☐ Stream and shoreline management   |  | ☐ General Public ☑ Public Employees ☐ Residents ☐ Businesses ☐ Contractors                                   | <u>11-50</u>                           | ● Yes ○ No                    |  |  |  |

| ☐ Green infrastructure/low implevelopment ☐ Other:   | act      |  |                                  |            |                               |            |
|--|----------|--|----------------------------------|------------|-------------------------------|------------|
| <b>b.</b> Brief explanation on Pu and/or attach supplement   |          |  |                                  | mit respo  | nse to 250 chara              | cters      |
| See attached.  |          |  |                                  |            |                               |            |
| Minimum Control Moos   | uros Soc | stion 2 . Complet  |                                  |            | Form 3400-22                  | 4 (R8/2021 |
| Minimum Control Meas   |          |  | e                                |            |                               |            |
| 2. Public Involvement ar   |          | •  | tian an Dublia I                 | م معربات م | nt and Dartisinat             | ·ion       |
| <ul> <li>a. <u>Permit Activities</u>. Comp<br/>Activities related to storm</li> </ul>                |          | •  |                                  |            | •                             |            |
| activities were conveyed   |          |  |                                  |            |                               | periiii    |
| Event Start Date   | 4/8/202  | -  |                                  |            |                               |            |
| Project/Event Name   |          | DE Update and Gene   | eral Stormwater D                | iscussion  |                               |            |
| Delivery Mechanism   |          | nent Event (Public H   |                                  |            | )                             |            |
| -  | <u> </u> |  | Estimated Peo                    |            | Regional Effort               |            |
| Topics Covered   |          | Target Audience  | Reached (Opti                    | ,          | Optional)                     |            |
| ✓ MS4 Annual Report ✓ Storm Water Management Pro ✓ Storm Water related ordinance  Other:             | _        | ✓ General Public ✓ Public Employees ✓ Residents □ Businesses □ Contractors □ Developers □ Industries □ Other | 11-50                            |            | ○ Yes <b>⑤</b> No             |            |
| <b>b</b> . <u>Volunteer Activities</u> . Con Activities related to storm activities were conveyed to | water. S | Select the Delivery  | Mechanism th                     | at best de | escribes how volu             | -          |
| Event Start Date   | 4/24/202 | 21   | NA (Individual Pe                | rmittee).  |                               |            |
| Project/Event Name   | Clean Up |  | (                                |            |                               |            |
| Delivery Mechanism   | Clean up |  |                                  |            |                               |            |
| Topics Covered   | Target A |  | Estimated Peo<br>Reached (Option | -          | Regional Effort<br>(Optional) |            |

| I  |                                  | 1101    |     | lov. on       | I         |
|--|----------------------------------|---------|-----|---------------|-----------|
| Volunteer Opportunity  | ✓ General Public                 | 101 +   |     | ○Yes          |           |
|  | ☐ Public Employees               |         |     |               |           |
|  | ✓ Residents                      |         |     |               |           |
|  | ☐ Businesses                     |         |     |               |           |
|  | ☐ Contractors                    |         |     |               |           |
|  | ☐ Developers                     |         |     |               |           |
|  | □Industries                      |         |     |               |           |
|  | □Other                           |         |     |               |           |
| <b>c</b> . Brief explanation on Poto 250 characters and/or See Attached.   |                                  | •       | , , | •             |           |
|  |                                  |         |     | Form 3400-224 | (R8/2021) |
| Minimum Control Meas   | sures - Section 3: Com           | olete   |     |               |           |
| 3. Illicit Discharge Dete  | ction and Elimination            |         |     |               |           |
| a. How many total outfa  | lls does the municipality        | / have? | 47  | ☐ Unsure      |           |
| · ·  | the municipality evaluates       |         | 47  | ☐ Unsure      |           |
| c. From the municipality   | ng field screening progra        |         | 2   | Unsure        |           |
| were confirmed illicit   |                                  | vv many | 3   | Onsure        |           |
| d. How many illicit disch municipality receive?  | arge complaints did the          |         | 0   | □Unsure       |           |
| e. From the complaints confirmed illicit discha  | received, how many wer<br>arges? | e       | 0   | □Unsure       |           |
| f. How many of the ider<br>municipality eliminate<br>routine screening and<br>(If the sum of 3.c. and 3.e. does not eq   | 3                                | □Unsure |     |               |           |
| g. How many of the following enforcement mechanisms did the municipality  Unsure use to enforce its illicit discharge ordinance? Check all that apply and enter the number of each used in the reporting year. |                                  |         |     |               |           |
| ✓ Verbal Warning   | 1                                |         |     |               |           |
| $\square$ Written Warning (inc   | luding email)                    |         |     |               |           |
| $\square$ Notice of Violation  |                                  |         |     |               |           |
| $\square$ Civil Penalty/ Citation  |                                  |         |     |               |           |
| Additional Information:  |                                  |         |     |               |           |
| h. Brief explanation on I  | llicit Discharge Detection       |         |     | If you        |           |

n. 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.

| See Attached. |  |  |
|---------------|--|--|

|    |   |  |                 | Form 3400-224 (R8/2021) |
|----|---|--|-----------------|-------------------------|
| N  | linimum Control Measures - Section 4: Compl   | ete  |                 |                         |
| 4. | Construction Site Pollutant Control   |  |                 |                         |
| a. | How many total construction sites with one across of land disturbing construction activity were across in the reporting year?   |  | 11              | □ Unsure                |
| b. | How many construction sites with one acre or land disturbing construction activity did the muissue permits for in the reporting year?   |  | 7               | ☐ Unsure                |
| C. | How many erosion control inspections did the complete in the reporting year (at sites with on more of land disturbing construction activity)?   |  | 34              | □Unsure                 |
| d. | What types of enforcement actions does the most to compel compliance with the regulatory med apply and enter the number of each used in the large No Authority  | hanism? Che  | ck all that     | □ Unsure                |
|    | ✓ Verbal Warning  | 16   |                 |                         |
|    | ✓ Written Warning (including email)   | 8  |                 |                         |
|    | ☐ Notice of Violation   |  |                 |                         |
|    | ☐ Civil Penalty/ Citation   |  |                 |                         |
|    | ☐ Stop Work Order   |  |                 |                         |
|    | ☐ Forfeiture of Deposit   |  |                 |                         |
|    | Other - Describe below  |  |                 |                         |
|    | Brief explanation on Construction Site Pollutan Unsure for any questions above, justify the reas and/or attach supplemental information on the  | soning. Limit  | response to 250 |                         |
| Se | e Attached.   |  |                 |                         |
|    |   |  |                 | Form 3400-224 (R8/2021) |
| N  | Inimum Control Measures - Section 5: Compl  | ete  |                 |                         |
| 5. | Post-Construction Storm Water Management  |  |                 |                         |
|    | How many sites with new structural storm wat management facilities* have received local app *Engineered and constructed systems that are designed to prov quality control such as wet detention ponds, constructed wetland basins, grassed swales, permeable pavement, catch basin sump | oroval?<br>vide storm water<br>nds, infiltration<br>is, etc. | 6               | □ Unsure                |
| b. | Does the permittee have procedures for inspec   | cting and  | Yes ○ No        | ☐ Unsure                |

|  | maintaining private storm water facilities?   |                       |         |                         |  |  |
|--|---|-----------------------|---------|-------------------------|--|--|
| c.   | If Yes, how many privately owned storm water  | r                     |         | ✓ Unsure                |  |  |
|  | management facilities were inspected in the range of the Inspections completed by private landowners should be included number. |                       |         |                         |  |  |
| d.   | What types of enforcement actions does the  | municipality have ava | ilable  | ☐ Unsure                |  |  |
|  | to compel compliance with the regulatory me   |                       | nat     |                         |  |  |
|  | apply and enter the number of each used in the  | ne reporting year.    |         |                         |  |  |
|  | □ No Authority  |                       |         |                         |  |  |
|  | ✓ Verbal Warning  | 0                     |         |                         |  |  |
|  | ✓ Written Warning (including email)   | 0                     |         |                         |  |  |
|  | ☐ Notice of Violation   |                       |         |                         |  |  |
|  | ☐ Civil Penalty/ Citation   |                       |         |                         |  |  |
|  | ☐ Forfeiture of Deposit   |                       |         |                         |  |  |
|  | ☐ Complete Maintenance  |                       |         |                         |  |  |
|  | ☐ Bill Responsible Party  |                       |         |                         |  |  |
|  | ☐ Other - Describe below  |                       |         |                         |  |  |
| 36   | e Attached.   |                       |         | Form 3400-224 (R8/2021) |  |  |
| N  | linimum Control Measures - Section 6: Com   | olete                 |         |                         |  |  |
| 6  | . Pollution Prevention  |                       |         |                         |  |  |
| S  | torm Water Management Facility Inspections  | ☐ Not Applicable      |         |                         |  |  |
| a.   | Enter the total number of municipally owned   | or operated           | 71      | ☐ Unsure                |  |  |
|  | structural storm water management facilities  | ?                     | -       |                         |  |  |
| b.   | How many new municipally owned storm wat facilities were installed in the reporting year?                                       | <u>-</u>              | 0       | ☐ Unsure                |  |  |
| c. How many municipally owned storm water management facilities $0$ Unsure were inspected in the reporting year? |   |                       |         | □Unsure                 |  |  |
| d. What elements are looked at during inspections (250 character limit)?   |   |                       |         |                         |  |  |
|  | Sediment infill, inlet structure, outfall structu   | re, erosion, overflow | structu | re and                  |  |  |
|  | vegetation.   |                       |         |                         |  |  |
| e.   | How many of these facilities required mainter   | nance?                | 18      | ☐Unsure                 |  |  |

| 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. |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
|  | See Attached.   |  |  |  |  |  |  |
| D  | ublic Works Yards & Other Municipally Owned Properties (SWPPP Plan Review) 🗌 Not Applicable   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  | How many inspections of municipal properties have been conducted in the reporting year?   |  |  |  |  |  |  |
| i.   | Have amendments to the SWPPPs been made?  ○ Yes   No   Unsure   |  |  |  |  |  |  |
| j.   | If yes, describe what changes have been made. Limit response to 250 characters and/or attach supplemental information on the attachment page:   |  |  |  |  |  |  |
|  | N/A   |  |  |  |  |  |  |
| k.   | Brief explanation on Storm Water Pollution Prevention Plan 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. |  |  |  |  |  |  |
|  | See Attached.   |  |  |  |  |  |  |
| C  | Collection Services - Street Sweeping / Cleaning Program $\square$ Not Applicable   |  |  |  |  |  |  |
| l.   | Did the municipality conduct street sweeping/cleaning during the reporting year?  ● Yes ○ No ○ Unsure   |  |  |  |  |  |  |
| m.   | If known, how many tons of material was removed? 7250 Unsure  |  |  |  |  |  |  |
| n.   | Does the municipality have a low hazard exemption for this Material?  |  |  |  |  |  |  |
| ο.   | 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 - Explain frequency The city cleans priority streets on a weekly basis  |  |  |  |  |  |  |
|  | ○ No - Explain  |  |  |  |  |  |  |
|  | ○ Not Applicable  |  |  |  |  |  |  |
| C  | collection Services - Catch Basin Sump Cleaning Program   Not Applicable  |  |  |  |  |  |  |
| p.   | Did the municipality conduct catch basin sump cleaning during the reporting year? ● Yes ○ No ○ Unsure   |  |  |  |  |  |  |
| q.   | How many catch basin sumps were cleaned in the reporting year? $\ \square$ Unsure   |  |  |  |  |  |  |
| r.   | If known, how many tons of material was collected?  |  |  |  |  |  |  |
| s.   | Does the municipality have a low hazard exemption for this  |  |  |  |  |  |  |
| t.   | If catch basin sump cleaning is identified as a storm water best management practice  |  |  |  |  |  |  |

Brief explanation on Storm Water Management Facility inspection

i.

j.

n.

ο.

q.

r.

s.

|   | <ul><li>The pollutant loading</li><li>Yes- Explain frequency</li></ul>                                    | •   |              | •                     | ed at the a   | assumed fr  | requency?    |
|---|---|---|--------------|-----------------------|---------------|-------------|--------------|
|   |   | Lacii basiii c  | very other   | year.                 |               |             |              |
|   | O No - Explain  |   |              |                       |               |             |              |
|   | O Not Applicable  |   |              |                       |               |             |              |
| Сс  | llection Services - <i>Leaf C</i>   | Collection P  | rogram 🗆     | Not Appl              | icable        |             |              |
| u.  | Does the municipality co  | onduct curk   | oside leaf o | collection?           | •             | Yes O No    | O Unsure     |
| v.  | Does the municipality no  | otify home  | owners ab    | out pickup            | )? ●          | Yes O No    | O Unsure     |
| <ul> <li>w. Where are the residents directed to store the leaves for collection?</li> <li>✓ Pile on terrace ☐ Pile in street ☐ Bags on terrace ☐ Unsure</li> </ul>  |   |   |              |                       |               |             |              |
|   | Other - Describe  |   |              |                       |               |             |              |
| x.  | <ul><li>What is the frequency of collection?</li><li>2x per year and additional if time permits</li></ul> |   |              |                       |               |             |              |
| у.  | s collection followed by  | s collection followed by street sweeping/cleaning?  • Yes • No • Unsure |              |                       |               |             |              |
| <sup>2.</sup> Brief explanation on Collection Services reporting. If you<br>marked Unsure for any questions above, justify the<br>reasoning. Limit response to 250 characters and/or attach<br>supplemental information on the attachments page |   |   |              |                       |               |             |              |
|   | See Attached.   |   |              |                       |               |             |              |
| W   | inter Road Management   | t 🗌 Not Ap  | plicable     |                       |               |             |              |
| *No   | te: We are requesting info  | rmation that  | t goes beyo  | nd the repo           | rting year, a | nswer the l | oest you can |
| aa.   | How many lane-miles or responsible for doing sr   | -   |              | nicipality            | 5             | 13          | ☐ Unsure     |
| ab.   | Provide amount of de-i  | cing produ  | cts used b   | y month la            | st winter s   | season?     |              |
|   | Solids (tons) (ex. sand,  | or salt-sand  | d)           |                       |               |             |              |
|   | Product   | Oct   | Nov          | Dec                   | Jan           | Feb         | Mar          |
| Sal   |   | 220   | 60           | 471                   | 384           | 608         | 39           |
| Sal   | :/sand mix  | 4   | 9            | 350                   | 173           | 349         | 3            |
|   | Liquids (gallons) (ex. br   | ine)  |              |                       |               |             |              |
|   |   | Oct   | Nov          | Dec                   | Jan           | Feb         | Mar          |
| Bri   | <u>1e</u>   | 2155  | 1730         | 1974                  | 17262         | 26300       | 0            |
| ac.   | Was salt applying mach year?  | ninery calib  | rated in th  | ie reportin           | g •           | Yes O No    | O Unsure     |
| ad.   | Have municipal personitraining in the reporting   |   | ed salt red  | uction stra           | itegy    •    | Yes O No    | O Unsure     |
|   | Training Date   | Tr  | aining Name  |                       | # Attendance  |             |              |
|   | 10/19/2021  | Saltwise  |              |                       | 6             |             |              |
| ae.   | Brief explanation on Winte  | er Road Man   | _            | eporting. <i>If</i> y |               | Unsure for  | any          |

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

| ŀ       | See Attached.  |
|---------|--|
| Inte    | rnal (Staff) Education & Communication   |
| af.     | Has training or education been held for municipal or other error e |
|         | If yes, describe what training was provided (250 character limit):   |
|         | See Attached.  |
|         | When: 10/19/2021   |
|         | How many attended: 6   |
| 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   |
|         | See Attached.  |
|         | Municipal Officials  |
|         | See Attached.  |
|         | Appropriate Staff ( such as operators, Department heads, and those that interact with public)  See Attached.   |
| 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.   |
|         | See Attached.  |
|         | Form 340   |
| Min     | imum Control Measures - Section 7: Complete  |
|         | torm Sewer System Map  |
|         | id the municipality update their storm sewer map this year?  |
|         | Yes O No O Unsure  |
| lf      | yes, check the areas the map items that got updated or changed:  |
| ~       | Storm water treatment facilities   |
| _       | Storm pipes  |
|         | Vegetated swales   |
| <u></u> | Outfalls   |
| L       | Other - Describe below   |
| . R     | rief explanation on Storm Sewer System Man reporting If you marked Unsure for an   |

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.

## **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 | <b>Budget</b><br>Reporting Year | <b>Budget</b><br>Upcoming<br>Year | Source of Funds       |
|-----------------------------------|---------------------------------|-----------------------------------|-----------------------|
| Element: Public                   | <b>Education and Out</b>        | reach                             |                       |
| 625                               | 1250                            | 1250                              | General revenue fund  |
| Element: Public                   | Involvement and P               | articipation                      |                       |
| 625                               | 1250                            | 1250                              | General revenue fund  |
| Element: Illicit D                | oischarge Detection             | and Eliminati                     | on                    |
| 14920                             | 10000                           | 5000                              | General revenue fund  |
|                                   | uction Site Pollutar            |                                   | Consult revenue found |
| 19060                             | 89000                           | 17000                             | General revenue fund  |
| Element: Post-C                   | Construction Storm              | Water Manag                       | gement                |
| 546620                            | 435000                          | 323000                            | General revenue fund  |
| Element: Pollut                   | ion Prevention                  |                                   |                       |
| 911050                            | 1250000                         | 1250000                           | General revenue fund  |
|                                   |                                 |                                   |                       |
| Other (describe)                  |                                 |                                   |                       |
| Other (describe)                  |                                 | 1                                 | Select                |

#### **Water Quality**

| a: Were there any known w  | ater 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   |
|--|
| <ul> <li>d: Has the municipality evaluated their storm water practices to reduce the pollutants of concern?</li> <li>● Yes ○ No ○ Unsure</li> </ul>  |
| Storm Water Quality Management   |
| <b>a</b> . 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>b</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 Wausau, City is subject to the following approved TMDLs: Wisconsin River Basin   |
| The permittee intends to comply with the following permit requirements to show progress towards meeting the TMDL:  |
| <ul> <li>[C.3-4] The Permittee is confirming that all planned efforts are on schedule to meet requirements due to the department.</li> <li>For an Adaptive Management project, a plan is required within 36 months of the TMDL approval date</li> <li>For TMDL Implementation, updates to mapping, modeling, tabular summary, and Implementation Plan documents are required within 48 months of the TMDL approval date.)</li> <li>Agree O Disagree</li> </ul> |
| Additional Information   |
| Based on the municipality's storm water program evaluation, describe any proposed changes to the municipality's storm water program. <i>If your response exceeds the 250 character limit, attach supplemental information on the attachments page.</i>   |
|  |

# **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                |
| $\square$ 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                              |

# **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) - <u>Help reduce file size and trouble shoot file uploads</u>
\*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         | n Map  |
|----------------------------|--|
| ■ File Attachment          | City Wide StormSewer 36x48L.pdf  |
| Attach - Other Supp        | porting Documents  |
| AR_Other                   |  |
|                            | 2021AnnualStormwaterReportSupplementalInformation.pdf  |
| (To remove items, use your | cursor to hover over the attachment section. When the drop down arrow appears, select remove item) |
| Attach - Permit Con        | npliance Documents   |

(To remove 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 <u>HERE</u>.

#### **Terms and Conditions**

Certification: I hereby certify that I am an authorized representative of the municipality covered under Wausau, 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.
- O 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:  | : Thomas Niksich  |
|--|---|
| Title  | : Project Engineer  |
| Authorized Signature. ✓ I accept the above terms and conditions. | Signed by: i:0#.f wamsmembership tniksich on 2022-03-30T11:48:10  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.