Submittal of Annual Reports and other Compliance Documents for Municipal Separate Storm Sewer System (MS4) Permits

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. After 120 days your draft is **deleted.**

Reporting Information

Submittal Type: Annual Report

Project Name: Allouez Stormwater Annual Report 2018

County: Brown

Municipality: Allouez Village

Facility Number: 31085
Reporting Year: 2018

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 items as appropriate using the attachments tab above
 - a. Construction Site Pollution Control Annual Report Summary
 - b. Illicit Discharge Detection and Elimination Annual Report Summary
 - c. Leaf and Yard Waste Management
 - d. Municipal Cooperation Attachment
 - e. Municipal Facility Inspections
 - f. Pollution Prevention Annual Report Summary
 - g. Post-Construction Storm Water Management Annual Report Summary
 - h. Public Education and Outreach Annual Report Summary
 - i. Public Involvement and Participation Annual Report Summary
 - j. Storm Water Consortium/Group Report
 - k. Storm Sewer System Map Annual Report Attachment
 - I. Storm Water Quality Management Annual Report Attachment
 - m. TMDL Attachment
 - n. Winter Road Maintenance
 - o. Other Annual Report Attachment
- 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.].

Municipality Information Name of Municipality Facility ID # or (FIN): Updated Information: Mailing Address: Mailing Address 2: City: Green Bay State: Zip Code: 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: Sean Gehin □ Select to update current contact information Title: Mailing Address 2: City: Green Bay State: Zip Code: 54301	Note. Compliance items must be submitted using	the Attachments tab.			
Facility ID # or (FIN): Updated Information: Mailing Address: Mailing Address 2: City: State: Zip Code: Zip Code: 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). First Name: Last Name: Gehin ✓ Select to update current contact information Title: Mailing Address: Mailing Address: City: Green Bay State: Wil Zip Code: 54301-2453 xxxxxx or xxxxxxxxxxxxxxxxxxxxxxxxxxxx	Municipality Information				
Updated Information: Mailing Address: Mailing Address 2: City: Green Bay State: Visconsin 54301 xxxxx or xxxxxxx 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). Sean First Name: Last Name: Cehin Select to update current contact information Title: Director of Public Works 1900 Libal St. Mailing Address: Mailing Address 2: City: Green Bay State: Vil Zip Code: Phone Number: Sean@villageofallouez.com Additional Contacts Information (Optional) VI & EProgram	Name of Municipality	Allouez Village			
Mailing Address: Mailing Address 2: City: Green Bay Wisconsin Zip Code: 54301 xxxxx or xxxxxxxxxxx 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). Sean First Name: Sean Gehin Select to <i>update</i> current contact information Title: Director of Public Works Mailing Address: Mailing Address: City: Green Bay State: WI Zip Code: 54301-2453 xxxxx or xxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Facility ID # or (FIN):	31085			
Mailing Address 2: City: Green Bay State: Wisconsin Zip Code: 54301	Updated Information:	✓ Check to update mailing address information			
State: Wisconsin Zip Code: 54301	Mailing Address:	1900 Libal Street			
State: Zip Code: 54301 ***Example 1.** **Primary Municipal Contact Person** **Contact Person** **Conta	Mailing Address 2:				
Title: Mailing Address: Mailing Address: Mailing Address: City: Green Bay State: Milling Address 2: City:	City:	Green Bay			
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: Sean Gehin Select to update current contact information Title: Director of Public Works Mailing Address: 1900 Libal St. Mailing Address 2: City: Green Bay State: Zip Code: 54301-2453 xxxxxx or xxxxxx-xxxxx Phone Number: Email: Seang@villageofallouez.com Additional Contacts Information (Optional) I&E Program	State:	Wisconsin			
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	Zip Code:	54301 xxxxx or xxxxx-xxxx			
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 Select to create new primary contact Information First Name: □ Select to update current contact information Title: □ Director of Public Works Mailing Address: □ Select to update current contact information Title: □ Director of Public Works 1900 Libal St. Green Bay State: □ VI State: □ Select to update current contact information Director of Public Works 1900 Libal St. WI State: □ Sean □ Select to update current contact information Director of Public Works 1900 Libal St. WI State: □ Select to update current contact information Director of Public Works 1900 Libal St. WI State: □ Select to update current contact information Director of Public Works 1900 Libal St. WI State: □ Select to update current contact information Director of Public Works 1900 Libal St. WI State: □ Select to update current contact information Director of Public Works 1900 Libal St. WI State: □ Select to update current contact information Director of Public Works 1900 Libal St. WI State: □ Select to update current contact information Director of Public Works 1900 Libal St. WI State: □ Select to update current contact information Director of Public Works 1900 Libal St. State: □ Select to update current contact information Director of Public Works 1900 Libal St. State: □ Select to update current contact information Director of Public Works 1900 Libal St. State: □ Select to update current contact information WI State: □ Select to update current contact information Notation Select to update current contact information WI State: □ Select to update current contact information WI State: □ Select to update current contact information WI State: □ Select to update current contact information WI State: □ Select to upd	Primary Municipal Contact Person	(Authorized Representative for MS4 Permit)			
First Name: Sean Last Name: Gehin ✓ Select to update current contact information Title: Director of Public Works Mailing Address: 1900 Libal St. Mailing Address 2: City: Green Bay State: WI Zip Code: 54301-2453 xxxxx or xxxxxx-xxxx Phone Number: 920-448-2802 Ext: xxx-xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		lic Works, City Engineer).			
Last Name: Gehin ✓ Select to <i>update</i> current contact information Title: Director of Public Works Mailing Address: 1900 Libal St. Mailing Address 2: City: Green Bay State: WI Zip Code: 54301-2453 xxxxx or xxxxx-xxxx Phone Number: 920-448-2802 Ext: xxx-xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		. ,			
Title: Director of Public Works Mailing Address: 1900 Libal St. Mailing Address 2: City: Green Bay State: WI Zip Code: 54301-2453 xxxxx or xxxxxx-xxxx Phone Number: 920-448-2802 Ext: xxx-xxxxx Email: seang@villageofallouez.com Additional Contacts Information (Optional) ✓ I&E Program	First Name:	Sean			
Title: Director of Public Works Mailing Address: 1900 Libal St. City: Green Bay State: WI Zip Code: 54301-2453 xxxxx or xxxxx-xxxx Phone Number: 920-448-2802 Ext: xxx-xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Last Name:	Gehin			
Mailing Address: Mailing Address 2: City: Green Bay State: WI Zip Code: 54301-2453 xxxxx or xxxxx-xxxx Phone Number: 920-448-2802 Ext: xxx-xxx-xxxx Email: seang@villageofallouez.com Additional Contacts Information (Optional) I & E Program		•			
Mailing Address 2: City: Green Bay State: WI Zip Code: 54301-2453	Title:				
City: Green Bay State: WI Zip Code: 54301-2453	Mailing Address:	1900 Libal St.			
State: WI Zip Code: 54301-2453	Mailing Address 2:				
Zip Code: 54301-2453 xxxxx or xxxxx-xxxx Phone Number: 920-448-2802 Ext: xxx-xxxx Email: seang@villageofallouez.com Additional Contacts Information (Optional) ✓ I&E Program	City:	Green Bay			
Phone Number: 920-448-2802 Ext: xxx-xxxx seang@villageofallouez.com Additional Contacts Information (Optional) I&E Program	State:	<u>WI</u>			
Email: seang@villageofallouez.com Additional Contacts Information (Optional) I&E Program	Zip Code:	54301-2453 xxxxx or xxxxx-xxxx			
Additional Contacts Information (Optional) ☑ I&E Program	Phone Number:	920-448-2802 Ext: xxx-xxx-xxxx			
✓ I&E Program	Email:	seang@villageofallouez.com			
✓ I&E Program					
	Additional Contacts Information (O	ptional)			
□ IDDE Program		_			
☐ IDDE Response Procedure Manual		_			

Individual with responsibility for: (Check all that apply)	 ☐ Municipal-wide Water Quality Plan ☐ Ordinances ☐ Pollution Prevention Program ☐ Post-Construction Program ☐ Winter roadway maintenance 				
First Name:	Chad				
Last Name:	VandenLangenber	g			
Title:	NEWSC Coordinator				
Mailing Address:	PO Box 1861				
Mailing Address 2:					
City:	Appleton				
State:	<u>WI</u>				
Zip Code:	54912	xxxxx or xx	xxx-xxx		
Phone Number:	920-915-5767	Ext:	xxx-xxx-xxxx		
Email:	Chad@fwwa.org				
Individual with responsibility for: (Check all that apply)	 □ I&E Program □ IDDE Program □ IDDE Response □ Municipal-wide □ Ordinances □ Pollution Preve □ Post-Construct □ Winter roadwa 	e Water Q Intion Progra	uality Plan gram am		
First Name:					
Last Name:					
Title:					
Mailing Address:					
Mailing Address 2:					
City:					
State:					
Zip Code:		xxxxx or xx	xxx-xxxx		
Phone Number:		Ext:	XXX-XXX-XXXX		

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: Northeast Wisconsin Stormwater Consortium	
Public Involvement and Participation: Northeast Wisconsin Stormwater Consortium	
☐ Illicit Discharge Detection and Elimination:	
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 of the municipality has added or dropped consortium membership)?○ Yes ● No	ompliances (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 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).

Mechanism	Quantity	Est. People Reached	
A satisfied distribution of point would	(optional)	(optional)	(optional)
Active distribution of print media (mailings, newsletters, etc)	<u>100 +</u>	<u>100 +</u>	○ Yes ● No
	·		
Select all applicable audiences targeted j ☐ Agricultural ☐ Contractors ☑ Gen	•	Public Employees 🗸 F	Residential 🔲 Scl
✓ Business ☐ Developers ☐ Industrie			testaeritiar _ 3et
Topic: Management of materials th	•	•	
automobiles, pet waste, household			1
Mechanism	Quantity (optional)	Est. People Reached (optional)	(optional)
Social media posts	<u>100 +</u>	<u>100 +</u>	○ Yes ● No
Social media posts Active distribution of print media	<u>100 +</u> <u>100 +</u>	<u>100 +</u>	Yes ● NoYes ● No
Active distribution of print media (mailings, newsletters, etc)	<u>100 +</u>		
Active distribution of print media	100 + for this topic.	100 +	○ Yes • No
Active distribution of print media (mailings, newsletters, etc) Select all applicable audiences targeted i	100 + for this topic. eral Public	100 + Public Employees ✓ F	○ Yes • No
Active distribution of print media (mailings, newsletters, etc) Select all applicable audiences targeted i Agricultural Contractors Gen	100 + for this topic. eral Public	100 + Public Employees ✓ F	○ Yes • No
Active distribution of print media (mailings, newsletters, etc) Select all applicable audiences targeted i Agricultural Contractors Gen Business Developers Industrie		100 + Public Employees ✓ F ts □ Other:	○ Yes ● No
Active distribution of print media (mailings, newsletters, etc) Select all applicable audiences targeted of a pricultural □ Contractors ☑ Gen ☑ Business □ Developers □ Industries Topic: Beneficial onsite reuse of lea		100 + Public Employees ✓ F ts □ Other:	○ Yes ● No
Active distribution of print media (mailings, newsletters, etc) Select all applicable audiences targeted i Agricultural Contractors Gen	100 + for this topic. eral Public	100 + Public Employees ✓ F ts □ Other: clippings/proper us	○ Yes ● No Residential □ Scl
Active distribution of print media (mailings, newsletters, etc) Select all applicable audiences targeted in Agricultural Contractors General Business Developers Industries Topic: Beneficial onsite reuse of lead garden fertilizers and pesticides	100 + for this topic. eral Public	100 + Public Employees ✓ F ts □ Other: clippings/proper use	Yes ● NoResidential □ Scleee of lawn andRegional Effort?
Active distribution of print media (mailings, newsletters, etc) Select all applicable audiences targeted of a pricultural □ Contractors ☑ Gen ☑ Business □ Developers □ Industries Topic: Beneficial onsite reuse of lead garden fertilizers and pesticides Mechanism	100 + for this topic. eral Public	100 + Public Employees ✓ F ts □ Other: clippings/proper use Est. People Reached (optional)	○ Yes ● No Residential □ Sclee of lawn and Regional Effort? (optional)

Topic: Management of stream banks a	and shoreli	nes by riparian lando	owners to	
minimize erosion and restore and enh	ance the e	cological value of wa	terways	
Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)	
Did not focus on this topic this reporting year	Select	Select	○ Yes ○ No	
Select all applicable audiences targeted for ☐ Agricultural ☐ Contractors ☐ Genera ☐ Business ☐ Developers ☐ Industries	l Public 🗌	· ·	Residential 🗌 Schoo	ol Groups
Topic: Infiltration of residential storm driveways and sidewalks	water rund	off from rooftop dow	rnspouts,	
Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)	
Active distribution of print media (mailings, newsletters)	<u>100 +</u>	Select	○ Yes • No	
☐ Agricultural ☐ Contractors ☑ General ☐ Business ☐ Developers ☐ Industries ☐ Topic: Inform and where appropriate installation, and maintenance of constatorm water management facilities on	Restaurar educate the	ose responsible for t e erosion control pra	he design, actices and	ol Groups
practices Mechanism	Quantity	Est. People Reached	Regional Effort?	
	(optional)	(optional)	(optional)	
<u>Direct one-on-one communication</u>	<u>20 - 49</u>	<u>20 - 49</u>	○ Yes • No	
Website Select all applicable audiences targeted for ☐ Agricultural ☑ Contractors ☑ General ☐ Business ☑ Developers ☐ Industries	l Public 🗌	• •	○ Yes ● No	ol Groups
Topic : Identify businesses and activities concern, and where appropriate, educater pollution prevention	-	•		
Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)	
Direct one-on-one communication	1-9	Select	○ Yes ● No	

Select all applicable audiences targeted for	this topic.			
☐ Agricultural ☑ Contractors ☑ Genera	al Public 🗌	Public Employees 🔲	Residential 🗌 Scho	ol Groups
☐ Business ☑ Developers ☐ Industries ☐	Restaurar	nts 🗹 Other:		
Schroeder Flowers				
				_
Topic : Promote environmentally sensi	tive land d	evelopment designs	by developers	
and designers, including green infrasti		•	•	
Mechanism	Quantity	Est. People Reached	Regional Effort?	
	(optional)	(optional)	(optional)	
Direct one-on-one communication	1 - 9	Select	○ Yes ● No	1
Select all applicable audiences targeted for	this topic.			
☐ Agricultural ☐ Contractors ☐ Genera	al Public 🗌	Public Employees 🔲	Residential 🗌 Scho	ol Groups
☐ Business ☐ Developers ☐ Industries ☐	Restaurar	nts 🗌 Other:		
				7
Topic: Other (describe):				
Mechanism	Quantity	Est. People Reached	Regional Effort?	•
	(optional)	(optional)	(optional)	
Select	Select	Select	○ Yes ○ No	1
Select all applicable audiences targeted for	•	_	_	
☐ Agricultural ☐ Contractors ☐ General		• •	Residential Scho	ool Groups
☐ Business ☐ Developers ☐ Industries	Restaura	nts 🗌 Other:		
b. Brief Public Education and Outreach	n nrogram i	nformation for inclu	sion in the Annua	l Report. If
your response exceeds the 200 character				
page.	ice minic, a	ttacii suppicificittai		e attachments
	ication and	LOutroach Dragram		
Joint effort with NEWSC on Public Edu	ication and	i Outreach Program.		

Form 3400-224 (09/17)

Minimum Control Measures - Section 2: Complete

2. Public Involvement and Participation

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

Elected Officials

The Village Board and Public Works Costormwater related items.	ommittee age	enda's frequently inc	lude	
Municipal Officials				
Elected officials are present at the Villameetings.	age Board ar	nd Public Works Com	mittee	
Appropriate Staff (such as operators, I	Department	heads, and those tha	nt interact with p	ublic)
Elected officials are present at the Villameetings.	age Board ar	nd Public Works Com	mittee	
b . Complete the following information the mechanism that best describes how Add Activity to add multiple mechanism chosen (i.e., number of workshops, ever	w the topic n ns. For Quar	nessage was conveye	ed to your popula	ation. Use the
Topic: Storm Water Management Plan	and/or upd	ates		
Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)	
Government Event (Public Hearing, Council Meeting, etc)	20 - 49	Select	○ Yes ● No	
Select all applicable participants targeted fo ☐ Agricultural ☐ Contractors ☑ Genera ☐ Business ☐ Developers ☐ Industries ☐	l Public 🗌 Pu	• •	sidential 🗌 Schoo	l Groups
				٦
Topic: Storm water related ordinance	· · · · · · · · · · · · · · · · · · ·	-	T	
Mechanism	Quantity (optional)	Est. People Reached (optional)	Regional Effort? (optional)	
Government Event (Public Hearing, Council Meeting, etc)	<u>20 - 49</u>	Select	○ Yes ● No	
Select all applicable participants targeted for □ Agricultural □ Contractors ☑ Genera □ Business □ Developers □ Industries □	l Public 🗌 Pu	• •	sidential 🗌 Schoo	l Groups
Topic: MS4 Annual Report				7
Mechanism	Quantity	Est. People Reached	Regional Effort?	1
	(optional)	(optional)	(optional)	
Government Event (Public Hearing, Council Meeting, etc)	20 - 49	Select	○ Yes • No	

Select all applicable participants targeted for	or this topic.				
☐ Agricultural ☐ Contractors ☑ Gener			ees 🗌 Re	esidential 🗌 Sch	ool Groups
☐ Business ☐ Developers ☐ Industries	□ Restaurant: □	s \square Other:			
Topic: Volunteer Opportunities		1			
Mechanism	Quantity (optional)	Est. People R (option		Regional Effort? (optional)	
Presentation of Storm Water Information	<u>50 - 99</u>	Select		● Yes ○ No	
Select all applicable participants targeted for □ Agricultural □ Contractors ☑ Generon □ Business □ Developers □ Industries	ral Public 🗹 F		ees □ Re	esidential 🗌 Scho	ool Groups
Topic : Other (describe) :					
Mechanism	Quantity (optional)	Est. People F		Regional Effort? (optional)	
Select	Select	Select		○ Yes ○ No	
c . Brief Public Involvement and Particip If your response exceeds the 200 cha attachments page. Joint effort with NEWSC on Public Education	racter limit, a	attach suppl			•
				For	m 3400-224 (09/17)
Minimum Control Measures - Section	n 3 : Comple	ete			
3. Illicit Discharge Detection and Elim	nination				
a. How many total outfalls does the m	nunicipality h	ave? 52	2	☐ Unsure	
b. How many outfalls did the municipal of their routine ongoing field screen	•	• -	4	☐ Unsure	
c. From the municipality's routine screwere confirmed illicit discharges?				□Unsure	
d. How many illicit discharge complain municipality receive?	nts did the	1		□Unsure	_
e. From the complaint received, how confirmed illicit discharges?	many were	0		□Unsure	
f. How many of the identified Illicit di	scharges did	the 0		□Unsure	

	municipality eliminate in the reporting year	ar?			
g.	How many of the following enforcement ruse to enforce its illicit discharge ordinance enter the number of each used in the repo	ce? Check all that	•	☐ Unsure	-
	✓ Verbal Warning	0			
	✓ Written Warning (including email)	0			
	✓ Notice of Violation	0			
	☑ Civil Penalty/ Citation	0			
	✓ No Enforcement Action Taken	0			
	Additional Information:				
h.	Brief Illicit Discharge Detection and Elimin the Annual Report. If your response exce supplemental information on the attachm	eeds the 200 chara			
Th	ne 2018 Annual Illicit Discharge Report is availab	le if a copy is desired	1.		
				Form	3400-224 (09/17)
	linimum Control Measures - Section 4: C	omplete			
	. Construction Site Pollutant Control				
a.	How many total construction sites were a in the reporting year?	ctive at any point	5	Unsure	
b.	How many construction sites did the mun permits for in the reporting year?	icipality issue	3	☐ Unsure	
c.	Do the above numbers include sites <1 ac	re?	● Yes ○ No ○	Unsure	_
d.	How many erosion control inspections did complete in the reporting year?	I the municipality	40	Unsure	
e.	What types of enforcement actions does to compel compliance with the regulatory apply and enter the number of each used Verbal Warning	mechanism? Che	ck all that	□ Unsure	-
	✓ Written Warning (including email)	1			
	✓ Notice of Violation	0			
	✓ Civil Penalty/ Citation	0			
	✓ Stop Work Order	0			
	✓ Forfeiture of Deposit	0			
	☐ No Authority				
	☐ Other - Describe below				

f. Brief Construction Site Pollutant Control program information for inclusion in the

Annual Report. If your response exceeds the 200 character limit, attach supplemental information on the attachments page.

Allouez requires private utilities such as WPS to obtain an erosion control permit for utility projects on an annual basis.

Minimum Control Measures - Section 5: Complete 5. Post-Construction Storm Water Management a. How many new construction sites with new structural storm Unsure water management practices* have received local approvals? *Structural practices, techniques or devices employed to avoid or minimize soil, sediment or pollutants carried in runoff to waters of the state (such as ponds, swales, infiltration basins, permeable pavement, catch basin sumps, etc.) b. How many privately owned storm water facility inspections Unsure 6 were completed in the reporting year? ☐ Unsure c. 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. ✓ Verbal Warning 2 Written Warning (including email) 4 ✓ Notice of Violation 0 Civil Penalty/ Citation 0 ✓ Forfeiture of Deposit 0 Complete Maintenance 0 ☑ Bill Responsible Party ☐ No Authority ☐ Other - Describe below d. Brief Post-Construction Storm Water Management program information for inclusion in the Annual Report. If your response exceeds the 200 character limit, attach supplemental information on the attachments page.

Form 3400-224 (09/17)

Form 3400-224 (09/17)

Minimum Control Measures - Section 6: Complete

St	torm Water Management Facility Inspections (ponds, biofilters, etc.)	□ N	ot Applicable	
a.	Enter the total number of municipally owned or operated structural storm water facilities?	7	☐ Unsure	
b.	How many new municipally owned storm water facilities were installed in the reporting year?	1	☐ Unsure	
c.	How many municipally owned storm water devices were inspected in the reporting year?	7	□Unsure	
d.	What elements are looked at during inspections (200 character limit)?			
	The Village's Stormwater Wet Basin Inspection form can be made a request.	vailabl	e by	
e.	How many of these facilities required maintenance?	0	□Unsure	
P	ublic Works Yards & Other Municipally Owned Properties (SWPPP Pl	an Rev	iew) 🗌 Not A	Applicable
f.	How many inspections of municipal properties been conducted in the reporting year?	12	□Unsure	
g.	Have amendments to the SWPPPs been made? ○ Yes • No	O Un	sure	
h.	If yes, describe what changes have been made (200 character limit)	:		
C	ollection Services - <i>Street Sweeping / Cleaning Program</i>	icable		
i.			g vear?	
	● Yes ○ No	-		
j.	If known, how many tons of material was removed?	203	☐ Unsure	
k.	Does the municipality have a low hazard exemption for this material?	○ Yes	s	
l.	If street cleaning is identified as a storm water best management propollutant loading analysis, was street cleaning completed at the ass • Yes			
	○ No - Explain			
	○ Not Applicable			
	ollection Services - Catch Basin Sump Cleaning Program Not Appl			
m.	Did the municipality conduct catch basin sump cleaning during the ● Yes ○ No	•	- .	
n.	How many catch basin sumps were cleaned in the reporting year?	25	☐ Unsure	
0.	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 man	nageme	ent	

practice in the pollutar frequency? • Yes	ıt loading ar	nalysis, was cl	eaning (completed	at the as	sumed	
O No - Explain							
O Not Applicable							
Collection Services - <i>Leaf</i>	Collection P	roaram □ No	ot Applie	cable			
r. Does the municipality c					es O No) ()	
i. Boes the mamerpancy e	oridact care	isiae ieai com	ection.	Unsi			
s. Does the municipality n	otify home	owners about	pickup	? ● Y Unst	'es ○ No ure	0 (
t. Where are the resident	s directed to	o store the lea	eves for	collection?	•		
☑ Pile on terrace ☐ Pil	e in street	☐ Bags on ter	race 🗆	Unsure			
Other - Describe							
u. What is the frequency o	of collection	?					
The Village made 5 rou months of October and	•	U					
v. Is collection followed b	y street swe	eping/cleanir	ıg?	YUnst	'es 〇 No ure	0 0	
Winter Road Managemer	nt □ Not An	nlicahla					
 w. How many lane-miles of responsible for doing set. c. Provide amount of descolids (tons) (ex. sand, 	now and ice	e control? cts used by mo	·	108 t winter se		☐ Unsure	
Product	Oct		ec	Jan	Feb	Mar	
<u>Salt</u>	0	40	80	100	100	100	
Liquids (gallons) (ex. b	rine)						
	Oct	Nov D	ес	Jan	Feb	Mar	
<u>None</u>	0	0	0	0	0	0	
y. Was salt applying machz. Have municipal person training in the reportin	nel attende			Unsu	ire es		
If yes, describe what tr	· ,	orovided (200	charact	ter limit):			
, 23, 42301132 Wildt ti			5				
When:		How many	attend	ed:			
Internal (Staff) Education	& Commun	ication					
,							

	been held for municipal or other place. If yes, describe what training was	•	Unsure	
	One on one training of employees res	•	•	
	When: On-going	How many attended		
	. Brief Pollution Prevention programonse exceeds the 200 character li		•	•
M	inimum Control Measures - Sectio	on 7 : Complete	For	m 3400-224 (09/17 ₎
	Storm Sewer System Map	on 7. Complete		
	Did the municipality update their s ○ Unsure If yes, check the areas the map items th □ Storm water treatment facilities ☑ Storm pipes □ Vegetated swales □ Outfalls			
	Other - Describe below			
	Brief Storm Sewer System Map info your response exceeds the 200 cha on the attachments page.		•	
	Mahon was hired to prepare record dre Village's GIS Maps.	rawings of recently reconstr	ructed streets and update	

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.

Element: Public Involvement and Participation 1000 1000 1000 Storm water utility Element: Illicit Discharge Detection and Elimination 2200 2500 2500 Storm water utility Element: Construction Site Pollutant Control 6500 6500 10000 Storm water utility Element: Post-Construction Storm Water Management 5000 5000 5000 Storm water utility Element: Pollution Prevention 1000 1000 1000 Storm water utility Element: Storm Water Quality Management 7500 5000 Storm water utility	Annual	Budget	Budget	Source of Funds
1500 1500 1500 Storm water utility	•	Reporting Year	Upcoming Year	
lement: Public Involvement and Participation 1000 1000 1000 Storm water utility lement: Illicit Discharge Detection and Elimination 2200 2500 2500 Storm water utility lement: Construction Site Pollutant Control 6500 10000 Storm water utility lement: Post-Construction Storm Water Management 6000 5000 5000 Storm water utility lement: Pollution Prevention 1000 1000 1000 Storm water utility lement: Storm Water Quality Management 7500 5000 150000 Storm water utility	lement: Public	Education and Out	reach	
Element: Illicit Discharge Detection and Elimination 2200 2500 2500 Storm water utility Element: Construction Site Pollutant Control 6500 6500 10000 Storm water utility Element: Post-Construction Storm Water Management 5000 5000 5000 Storm water utility Element: Pollution Prevention 1000 1000 1000 Storm water utility Element: Storm Water Quality Management 7500 5000 Storm water utility	1500	1500	1500	Storm water utility
Element: Illicit Discharge Detection and Elimination 2200 2500 Storm water utility Element: Construction Site Pollutant Control 6500 6500 10000 Storm water utility Element: Post-Construction Storm Water Management 5000 5000 5000 Storm water utility Element: Pollution Prevention 1000 1000 1000 Storm water utility Element: Storm Water Quality Management 7500 5000 150000 Storm water utility Element: Storm Sewer System Map	lement: Public	Involvement and P	articipation	
2500 2500 Storm water utility Element: Construction Site Pollutant Control 6500 6500 10000 Storm water utility Element: Post-Construction Storm Water Management 5000 5000 5000 Storm water utility Element: Pollution Prevention 1000 1000 1000 Storm water utility Element: Storm Water Quality Management 7500 5000 150000 Storm water utility Element: Storm Sewer System Map	1000	1000	1000	Storm water utility
Element: Construction Site Pollutant Control 6500 6500 10000 Storm water utility Element: Post-Construction Storm Water Management 5000 5000 5000 Storm water utility Element: Pollution Prevention 1000 1000 1000 Storm water utility Element: Storm Water Quality Management 7500 5000 150000 Storm water utility Element: Storm Sewer System Map	Element: Illicit D	ischarge Detection	and Elimination	1
6500 6500 10000 Storm water utility Element: Post-Construction Storm Water Management 5000 5000 5000 Storm water utility Element: Pollution Prevention 1000 1000 1000 Storm water utility Element: Storm Water Quality Management 7500 5000 150000 Storm water utility Element: Storm Sewer System Map	2200	2500	2500	Storm water utility
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5000 5000 Storm water utility Element: Pollution Prevention 1000 1000 1000 Storm water utility Element: Storm Water Quality Management 7500 5000 150000 Storm water utility Element: Storm Sewer System Map	6500	6500	10000	Storm water utility
Element: Pollution Prevention 1000 1000 Storm water utility Element: Storm Water Quality Management 7500 5000 150000 Storm water utility Element: Storm Sewer System Map	Element: Post-C	Construction Storm	Water Manage	ment
1000 1000 Storm water utility Element: Storm Water Quality Management 7500 5000 150000 Storm water utility Element: Storm Sewer System Map	5000	5000	5000	Storm water utility
Element: Storm Water Quality Management 7500 5000 150000 Storm water utility Element: Storm Sewer System Map	Element: Polluti	ion Prevention		
7500 5000 150000 Storm water utility Element: Storm Sewer System Map	1000	1000	1000	Storm water utility
Element: Storm Sewer System Map	Element: Storm	Water Quality Mar	nagement	
, i	7500	5000	150000	Storm water utility
10000 10000 7000 <u>Storm water utility</u>	Element: Storm	Sewer System Map)	
	10000	10000	7000	Storm water utility
	Other (describe)			
Other (describe)				Select

Water Quality
a: Were there any known water quality improvements in the receiving waters to which the municipality's storm sewer system directly discharges to? ○ Yes ○ No ● Unsure If Yes, explain below:
b: Were there any known water quality degradation in the receiving waters to which the municipality's storm sewer system directly discharges to? ○ Yes ● No ○ Unsure If Yes, explain below:
c : Have any of the receiving waters that the municipality discharges to been added to the impaired waters list during the reporting year? \bigcirc Yes \bigcirc No \bigcirc 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 200 character limit, attach supplemental information on the attachments page.

The Village of Allouez in 2018 constructed a 500-ft long water quality swale to treat, store and convey stormwater runoff from a mix use landuse.

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				
\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 Map			
■ File Attachment	StormSewerSystemMap.pdf		
Attach Documents			
AR MuniFacInspFIN ### File Attachment	MS42018AnnualReportSWFacilitiesSummary.pdf		
AR SWGroupReportFIN ### File Attachment	NEWSC2018SWMPPlanReport2 10 19 pdf.pdf		
AR_TMDLFIN ### File Attachment	StormwaterPlanofActionMarch2018.pdf		
AR CSPCFIN File Attachment	2018VillageIssuedPermits.pdf		

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

Sign and Submit Your Application

Steps to Complete the signature process

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

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

Terms and Conditions

Certification: I hereby certify that I am an authorized representative of the municipality covered under Allouez Village 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.
- O Agent seeking to share this item with authorized municipal contact (authorized municipal contact must get WAMS id and complete signature).

Authorized Signature. Signed by: i:0#.f|wamsmembership|allouezdpw on 2019-04-03T18:29:54

✓ I accept the above 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.