# 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 ReportOther

| Project Name:          | 2021 Annual Report   |
|------------------------|----------------------|
| County:                | <u>Waukesha</u>      |
| Municipality:          | <u>Genesee, Town</u> |
| Permit Number:         | S050075              |
| Facility Number:       | 31266                |
| <b>Reporting Year:</b> | <u>2021</u>          |

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 (S050075-03 general permittees Appendix B B.5.2 document due to the department by March 31, 2022)
    - Fecal Coliform Source Elimination Plan (S050075-03 general permittees Appendix B document due to the department by October 31,2023)
- Sign and Submit form

### Municipal Contact Information- Complete

**Notice:** Pursuant to s. NR 216.07(8), Wis. Adm. Code, an owner or operator of a Municipal Separate Storm Sewer System (MS4) is required to submit an annual report to the Department of Natural Resources (Department) by March 31 of each year to report on activities for the previous calendar year ("reporting year"). This form is being provided by the Department for the user's convenience for reporting on activities undertaken in each reporting year of the permit term. Personal information collected will be used for administrative purposes and may be provided to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.]. **Note:** Compliance items must be submitted using the Attachments tab.

### **Municipality Information**

| Genesee, Town                               |
|---------------------------------------------|
| 31266                                       |
| Check to update mailing address information |
| S43 W31391 Hwy 83                           |
|                                             |
| Genesee Depot                               |
| Wisconsin                                   |
| 53127 xxxxx or xxxxx-xxxx                   |
|                                             |

### Primary Municipal Contact Person (Authorized Representative for MS4 Permit)

The "Authorized Representative" or "Authorized Municipal Contact" includes the municipal official that was charged with compliance and oversight of the permit conditions, and has signature authority for submitting permit documents to the Department (i.e., Mayor, Municipal Administrator, Director of Public Works, City Engineer).

| Select to <i>create new</i> primary contact    | ct                             |  |  |
|------------------------------------------------|--------------------------------|--|--|
| First Name:                                    | Jeff                           |  |  |
| Last Name:                                     | Herrmann                       |  |  |
| □ Select to <i>update</i> current contact info | rmation                        |  |  |
| Title:                                         | Planner/Admin.                 |  |  |
| Mailing Address:                               | S43 W31391 Hwy 83              |  |  |
| Mailing Address 2:                             |                                |  |  |
| City:                                          | Genesee Depot                  |  |  |
| State:                                         | WI                             |  |  |
| Zip Code:                                      | 53127 xxxxx or xxxxx-xxxx      |  |  |
| Phone Number:                                  | 262-968-3656 Ext: xxx-xxx-xxxx |  |  |
| Email:                                         | jeffh@towngenesee.org          |  |  |

### **Additional Contacts Information (Optional)**

- 🗌 I&E Program
- □ IDDE Program
- □ 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:                                                   | Will                                                                                                                                                                                   |  |  |
| Last Name:                                                    | Gibson                                                                                                                                                                                 |  |  |
| Title:                                                        | DPW Supervisor                                                                                                                                                                         |  |  |
| Mailing Address:                                              | S43 W31391 Hwy 83                                                                                                                                                                      |  |  |
| Mailing Address 2:                                            |                                                                                                                                                                                        |  |  |
| City:                                                         | Genesee Depot                                                                                                                                                                          |  |  |
| State:                                                        | WI                                                                                                                                                                                     |  |  |
| Zip Code:                                                     | 53127 xxxxx or xxxxx-xxxx                                                                                                                                                              |  |  |
| Phone Number:                                                 | 262-968-3656 Ext: xxx-xxx-xxxx                                                                                                                                                         |  |  |
| Email:                                                        | publicworks@townofgenesee.org                                                                                                                                                          |  |  |

1. Does the municipality rely on another entity to satisfy some of the permit requirements?
 Yes O No

✓ Public Education and Outreach Waukesha County

✓ Public Involvement and Participation Waukesha County

✓ Illicit Discharge Detection and Elimination Short Elliot Hendrickson Inc.

Construction Site Pollutant Control Waukesha County

✓ Post-Construction Storm Water Management Short Elliot Hendrickson Inc.

Pollution Prevention

2. Has there been any changes to the municipality's participation in group efforts towards permit compliances (i.e., the municipality has added or dropped consortium membership)?

○ Yes ● No

### 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                                                                                                                                                                                                                                                                                                                                                                                                                        | 1/1/2021                                             |                                                                                                                                                                                 |                                        |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------|
| Project/Event Name                                                                                                                                                                                                                                                                                                                                                                                                                      | Waukesha Cou                                         | inty Storm Water Partners                                                                                                                                                       |                                        |                               |
| Delivery Mechanism                                                                                                                                                                                                                                                                                                                                                                                                                      | Educational act                                      | tivity*                                                                                                                                                                         |                                        | *Active                       |
| Topics Covered                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      | Target Audience                                                                                                                                                                 | Estimated People<br>Reached (Optional) | Regional Effort<br>(Optional) |
| <ul> <li>Illicit discharge detection and e</li> <li>Household hazardous waste di<br/>waste management/vehicle washin</li> <li>Yard waste management/pestifertilizer application</li> <li>Stream and shoreline management</li> <li>Residential infiltration</li> <li>Construction sites and post-constorm water management</li> <li>Pollution prevention</li> <li>Green infrastructure/low impart development</li> <li>Other:</li> </ul> | isposal/pet<br>ng<br>icide and<br>nent<br>nstruction | <ul> <li>General Public</li> <li>Public Employees</li> <li>Residents</li> <li>Businesses</li> <li>Contractors</li> <li>Developers</li> <li>Industries</li> <li>Other</li> </ul> | <u>101 +</u>                           | ● Yes ○ No                    |

**b.** Brief explanation on Public Education and Outreach reporting. *Limit response to 250 characters and/or attach supplemental information on the attachments page.* 

See attached Waukesha County Education Group Spreadsheet. Please see the

attached SWMP for more information on this section, specifically on topics covered,

delivery mechanisms, and target audiences.

Form 3400-224 (R8/2021)

### Minimum Control Measures - Section 2 : Complete

### 2. Public Involvement and Participation

**a**. <u>Permit Activities</u>. Complete the following information on Public Involvement and Participation Activities related to storm water. Select the Delivery Mechanism that best describes how the permit activities were conveyed to your population. Use the Add Event to add additional entries.

**Event Start Date** 

1/1/2021

| Project/Event Name                                                                                                                | MS4 Rep        | port                                                                                                                                                                            |                                        |                               |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------|
| Delivery Mechanism                                                                                                                | <u>Website</u> |                                                                                                                                                                                 |                                        |                               |
| Topics Covered                                                                                                                    |                | Target Audience                                                                                                                                                                 | Estimated People<br>Reached (Optional) | Regional Effort<br>(Optional) |
| MS4 Annual Report Storm Water Management Pro Storm Water related ordinance Other:                                                 | -              | <ul> <li>General Public</li> <li>Public Employees</li> <li>Residents</li> <li>Businesses</li> <li>Contractors</li> <li>Developers</li> <li>Industries</li> <li>Other</li> </ul> | <u>101 +</u>                           | ○ Yes ● No                    |
| Event Start Date                                                                                                                  | 1/1/202        | 1                                                                                                                                                                               |                                        |                               |
| Project/Event Name                                                                                                                | Storm W        | Vater Ordinances                                                                                                                                                                |                                        |                               |
| Delivery Mechanism                                                                                                                | Governn        | nent Event (Public Hea                                                                                                                                                          | ring, Council Meeting,                 | etc)                          |
| Topics Covered                                                                                                                    |                | Target Audience                                                                                                                                                                 | Estimated People<br>Reached (Optional) | Regional Effort<br>(Optional) |
| <ul> <li>MS4 Annual Report</li> <li>Storm Water Management Prog</li> <li>Storm Water related ordinance</li> <li>Other:</li> </ul> | -              | <ul> <li>General Public</li> <li>Public Employees</li> <li>Residents</li> <li>Businesses</li> <li>Contractors</li> <li>Developers</li> <li>Industries</li> <li>Other</li> </ul> | <u>11-50</u>                           | ○ Yes ● No                    |

**b**. <u>Volunteer Activities</u>. Complete the following information on Public Involvement and Participation Activities related to storm water. Select the Delivery Mechanism that best describes how volunteer activities were conveyed to your population. Use the Add Event to add additional entries.

| Event Start Date      | 5/1/2021          | NA (Individual Permittee).             |                               |
|-----------------------|-------------------|----------------------------------------|-------------------------------|
| Project/Event Name    | WAV               |                                        |                               |
| Delivery Mechanism    | Stream monitoring |                                        |                               |
| Topics Covered        | Target Audience   | Estimated People<br>Reached (Optional) | Regional Effort<br>(Optional) |
| Volunteer Opportunity | General Public    | <u>11-50</u>                           | ●Yes ○No                      |
|                       | Public Employees  |                                        |                               |
|                       | Residents         |                                        |                               |
|                       | 🗆 Businesses      |                                        |                               |
|                       | □ Contractors     |                                        |                               |
|                       | Developers        |                                        |                               |
|                       | □ Industries      |                                        |                               |
|                       | □Other            |                                        |                               |

| Event Start Date      | 7/1/2021                                          | NA (Individual Permittee).             |                               |
|-----------------------|---------------------------------------------------|----------------------------------------|-------------------------------|
| Project/Event Name    | Adopt a Drain                                     |                                        |                               |
| Delivery Mechanism    | Storm drain stenciling                            |                                        |                               |
| Topics Covered        | Target Audience                                   | Estimated People<br>Reached (Optional) | Regional Effort<br>(Optional) |
| Volunteer Opportunity | General Public                                    | <u>51-100</u>                          | ●Yes ○No                      |
|                       | Public Employees                                  |                                        |                               |
|                       | Residents                                         |                                        |                               |
|                       | 🗆 Businesses                                      |                                        |                               |
|                       |                                                   |                                        |                               |
|                       | Developers                                        |                                        |                               |
|                       | □ Industries                                      |                                        |                               |
|                       | □Other                                            |                                        |                               |
| Event Start Date      | 3/1/2021                                          | NA (Individual Permittee).             |                               |
| Project/Event Name    | Green Home Make Over                              |                                        |                               |
| Delivery Mechanism    | Public Workshop                                   | 1                                      |                               |
| Topics Covered        | Target Audience                                   | Estimated People<br>Reached (Optional) | Regional Effort<br>(Optional) |
| Volunteer Opportunity | ✓ General Public                                  | <u>51-100</u>                          | ●Yes ○No                      |
|                       | Public Employees                                  |                                        |                               |
|                       | Residents                                         |                                        |                               |
|                       | Businesses                                        |                                        |                               |
|                       | Contractors                                       |                                        |                               |
|                       | Developers                                        |                                        |                               |
|                       | □ Industries                                      |                                        |                               |
|                       | □Other                                            |                                        |                               |
| Event Start Date      | 5/1/2021                                          | NA (Individual Permittee).             |                               |
| Project/Event Name    | Storm Water Workshop                              |                                        |                               |
| Delivery Mechanism    | Presentation of Storm Wat                         | er Information                         |                               |
| Topics Covered        | Target Audience                                   | Estimated People<br>Reached (Optional) | Regional Effort<br>(Optional) |
| Volunteer Opportunity | 🗌 General Public                                  | <u>101 +</u>                           | ●Yes ○No                      |
|                       | Public Employees                                  |                                        |                               |
|                       |                                                   | 1                                      |                               |
|                       | Residents                                         |                                        |                               |
|                       | <ul> <li>Residents</li> <li>Businesses</li> </ul> |                                        |                               |
|                       |                                                   |                                        |                               |

|                       | ✓ Developers            |       |                                        |                               |
|-----------------------|-------------------------|-------|----------------------------------------|-------------------------------|
|                       | ☐ Industries            |       |                                        |                               |
|                       | Other                   |       |                                        |                               |
| Event Start Date      | 9/1/2021                |       | NA (Individual Permittee).             |                               |
| Project/Event Name    | Smart Salting Workshop  |       |                                        |                               |
| Delivery Mechanism    | Presentation of Storm W | 'ater | Information                            |                               |
| Topics Covered        | Target Audience         |       | Estimated People<br>Reached (Optional) | Regional Effort<br>(Optional) |
| Volunteer Opportunity | General Public          |       | <u>11-50</u>                           | ●Yes ○No                      |
|                       | Public Employees        |       |                                        |                               |
|                       | Residents               |       |                                        |                               |
|                       | 🗆 Businesses            |       |                                        |                               |
|                       | □ Contractors           |       |                                        |                               |
|                       | Developers              |       |                                        |                               |
|                       | □ Industries            |       |                                        |                               |
|                       | □Other                  |       |                                        |                               |
| Event Start Date      | 7/1/2021                |       | NA (Individual Permittee).             |                               |
| Project/Event Name    | Asian Clam Monitoring   |       |                                        |                               |
| Delivery Mechanism    | Public Workshop         |       |                                        |                               |
| Topics Covered        | Target Audience         |       | Estimated People<br>Reached (Optional) | Regional Effort<br>(Optional) |
| Volunteer Opportunity | General Public          |       | <u>11-50</u>                           | ●Yes ○No                      |
|                       | Public Employees        |       |                                        |                               |
|                       | Residents               |       |                                        |                               |
|                       | Businesses              |       |                                        |                               |
|                       | □ Contractors           |       |                                        |                               |
|                       | Developers              |       |                                        |                               |
|                       | □Industries             |       |                                        |                               |
|                       | □Other                  |       |                                        |                               |

**c**. Brief explanation on Public Involvement and Participation reporting. *Limit response to 250 characters and/or attach supplemental information on the attachments page.* 

Please see the Waukesha County Public Involvement and Participation attachment. Please see the

attached SWMP for more information on this section, specifically on topics covered, delivery

mechanisms, and target audiences.

| 3. Illicit                                                            |                                                                                                                                                                                    | Complete                                                 |               |                 |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------|-----------------|
|                                                                       | Discharge Detection and Eliminat                                                                                                                                                   | tion                                                     |               |                 |
| <sup>a.</sup> How                                                     | How many total outfalls does the municipality have?                                                                                                                                |                                                          | 186           | Unsure          |
|                                                                       | many outfalls did the municipality<br>eir routine ongoing field screening                                                                                                          | •                                                        | 64            |                 |
|                                                                       | the municipality's routine screening confirmed illicit discharges?                                                                                                                 | ng, how many                                             | 0             |                 |
|                                                                       | many illicit discharge complaints d<br>cipality receive?                                                                                                                           | id the                                                   | 0             |                 |
|                                                                       | the complaints received, how mar rmed illicit discharges?                                                                                                                          | ny were                                                  | 0             |                 |
| muni<br>routi                                                         | many of the identified illicit discha<br>icipality eliminate in the reporting y<br>ne screening and complaints)?<br>m of 3.c. and 3.e. does not equal 3.f., please explain below.) | •                                                        | 0             | Unsure          |
| use te<br>enter                                                       | many of the following enforcemen<br>o enforce its illicit discharge ordina<br>r the number of each used in the re                                                                  | ince? Check all the                                      |               | oality 🗌 Unsure |
|                                                                       | rbal Warning                                                                                                                                                                       | 0                                                        |               |                 |
|                                                                       | rbal Warning<br>ritten Warning (including email)                                                                                                                                   | 0<br>0                                                   |               |                 |
| <b>√</b> Wı                                                           | -                                                                                                                                                                                  |                                                          |               |                 |
| ☑ Wr<br>☑ No                                                          | ritten Warning (including email)                                                                                                                                                   | 0                                                        |               |                 |
| ✓ Wr<br>✓ No<br>✓ Civ<br>Additi<br><sup>h.</sup> Brief<br><i>mark</i> | ritten Warning (including email)<br>otice of Violation                                                                                                                             | 0<br>0<br>0<br>tection and Elimin<br>, justify the reaso | ning. Limit r | esponse to      |

| a. | How many total construction sites with one acre or more     |
|----|-------------------------------------------------------------|
|    | of land disturbing construction activity were active at any |
|    | point in the reporting year?                                |

| b. | How many construction sites with one acre or more of       |
|----|------------------------------------------------------------|
|    | land disturbing construction activity did the municipality |
|    | issue permits for in the reporting year?                   |

| c. | How many erosion control inspections did the municipality | 103 |
|----|-----------------------------------------------------------|-----|
|    | complete in the reporting year (at sites with one acre or |     |

| 12  |        |
|-----|--------|
| 12  | Unsure |
| 103 | Unsure |

more of land disturbing construction activity)?

| <sup>d.</sup> What types of enforcement actions does the municipality have available<br>to compel compliance with the regulatory mechanism? Check all that<br>apply and enter the number of each used in the reporting year. |           |   |  | 🗌 Unsure |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|--|----------|
| 🔲 No Authority                                                                                                                                                                                                               |           |   |  |          |
| Verbal Warning                                                                                                                                                                                                               |           | 0 |  |          |
| Written Warning (includir                                                                                                                                                                                                    | ng email) | 0 |  |          |
| Notice of Violation                                                                                                                                                                                                          |           |   |  |          |
| Civil Penalty/ Citation                                                                                                                                                                                                      |           | 0 |  |          |
| Stop Work Order                                                                                                                                                                                                              |           | 0 |  |          |
| Forfeiture of Deposit                                                                                                                                                                                                        |           |   |  |          |
| Other - Describe below                                                                                                                                                                                                       |           |   |  |          |

e. Brief explanation on Construction Site Pollutant Control reporting . *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.* 

Additional construction sites were observed by the Building Inspector. Inspections performed are included in the total amount. Please see the attached SWMP for more information on this section.

|    |                                                                                                                                                                                                                                                                                                                               |                   | Form 3400-224 (R8/2021) |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|
| Ν  | Ainimum Control Measures - Section 5 : Complete                                                                                                                                                                                                                                                                               |                   |                         |
| 5  | . Post-Construction Storm Water Management                                                                                                                                                                                                                                                                                    |                   |                         |
| a. | How many sites with new structural storm water<br>management facilities* have received local approva<br>*Engineered and constructed systems that are designed to provide sto<br>quality control such as wet detention ponds, constructed wetlands, int<br>basins, grassed swales, permeable pavement, catch basin sumps, etc. | orm water         | Unsure 🗌                |
| b. | Does the permittee have procedures for inspecting maintaining private storm water facilities?                                                                                                                                                                                                                                 | and O Yes O No    | Unsure                  |
| c. | If Yes, how many privately owned storm water<br>management facilities were inspected in the reporti<br>Inspections completed by private landowners should be included in th<br>number.                                                                                                                                        | • ·               | Unsure                  |
| d. | What types of enforcement actions does the municity to compel compliance with the regulatory mechanism apply and enter the number of each used in the report I No Authority                                                                                                                                                   | m? Check all that | Unsure 🗌                |
|    | Verbal Warning                                                                                                                                                                                                                                                                                                                |                   |                         |
|    | Written Warning (including email)                                                                                                                                                                                                                                                                                             |                   |                         |
|    | Notice of Violation                                                                                                                                                                                                                                                                                                           |                   |                         |
|    | Civil Penalty/ Citation                                                                                                                                                                                                                                                                                                       |                   |                         |

| Forfeiture of Deposit  |  |  |
|------------------------|--|--|
| Complete Maintenance   |  |  |
| Bill Responsible Party |  |  |
| Other - Describe below |  |  |

<sup>e.</sup> Brief explanation on Post-Construction Storm Water Management reporting. *If* marked 'Unsure' on any questions above, justify your reasoning. Limit your response to 250 characters and/or attach supplemental information on the attachments page.

Please see attached BMP map and table.

|                                                                                                                                                                                                                                                                    | Form 3400-224 (R8/2021)     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Minimum Control Measures - Section 6 : Complete                                                                                                                                                                                                                    |                             |
| 6. Pollution Prevention                                                                                                                                                                                                                                            |                             |
| Storm Water Management Facility Inspections 🗌 Not Applicable                                                                                                                                                                                                       |                             |
| a. Enter the total number of municipally owned or operated<br>structural storm water management facilities ?                                                                                                                                                       | 2 Unsure                    |
| b. How many new municipally owned storm water management<br>facilities were installed in the reporting year ?                                                                                                                                                      | 0 Unsure                    |
| c. How many municipally owned storm water management facilities<br>were inspected in the reporting year?                                                                                                                                                           | 2 Unsure                    |
| <sup>d.</sup> What elements are looked at during inspections (250 character limit)?                                                                                                                                                                                |                             |
| Inspectors look for erosion and sediment control, and also invasive                                                                                                                                                                                                | growth of                   |
| vegetation and brush. During maintenance/construction BMPs are                                                                                                                                                                                                     | verified that               |
| work is performed to plan.                                                                                                                                                                                                                                         |                             |
| e. How many of these facilities required maintenance?                                                                                                                                                                                                              | 0 Unsure                    |
| <sup>f.</sup> Brief explanation on Storm Water Management Facility inspection<br>reporting. If you marked Unsure for any questions above, justify the<br>reasoning. Limit response to 250 characters and/or attach supplem<br>information on the attachments page. |                             |
|                                                                                                                                                                                                                                                                    |                             |
| Public Works Yards & Other Municipally Owned Properties (SWPPP Pla                                                                                                                                                                                                 | an Review) 🗌 Not Applicable |
| <sup>g.</sup> How many municipal properties require a SWPPP?                                                                                                                                                                                                       | 1 Unsure                    |
| <sup>h.</sup> How many inspections of municipal properties have been<br>conducted in the reporting year?                                                                                                                                                           | 4 Unsure                    |

| i. | Have amendments to the SWPPPs been made? |
|----|------------------------------------------|
|    | ○ Yes ● No ○ Unsure                      |

- <sup>j.</sup> If yes, describe what changes have been made. Limit response to 250 characters and/or attach supplemental information on the attachment page:
- <sup>k.</sup> 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.*

Town staff are diligent in performing daily visual inspections and preventative

maintenance.

| С  | ollection Services - Street Sweeping / Cleaning Program 🗌 Not Applicable                                                                                                 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. | <ul> <li>Did the municipality conduct street sweeping/cleaning during the reporting year?</li> <li>● Yes ○ No ○ Unsure</li> </ul>                                        |
| m. | If known, how many tons of material was removed? 60 Unsure                                                                                                               |
| n. | Does the municipality have a low hazard exemption for this O Yes O No material?                                                                                          |
| 0. | 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                                                                                                                                                |
|    | O No - Explain                                                                                                                                                           |
|    | Not Applicable                                                                                                                                                           |
| С  | ollection Services - Catch Basin Sump Cleaning Program 🗌 Not Applicable                                                                                                  |
| p. | Did the municipality conduct catch basin sump cleaning during the reporting<br>year?                                                                                     |
| q. | How many catch basin sumps were cleaned in the reporting year? 6 Unsure                                                                                                  |
| r. | If known, how many tons of material was collected?                                                                                                                       |
| s. | Does the municipality have a low hazard exemption for this OYes ONO material?                                                                                            |
| t. | If catch basin sump cleaning is identified as a storm water best management practice in the pollutant loading analysis, was cleaning completed at the assumed frequency? |
|    | ○ Yes- Explain frequency                                                                                                                                                 |
|    | ○ No - Explain                                                                                                                                                           |
|    | Not Applicable                                                                                                                                                           |
| С  | ollection Services - Leaf Collection Program 🗌 Not Applicable                                                                                                            |
| u. | Does the municipality conduct curbside leaf collection? O Yes   No O Unsure                                                                                              |
| v. | Does the municipality notify homeowners about pickup? <ul> <li>Yes</li> <li>No</li> <li>Unsure</li> </ul>                                                                |

| <ul> <li>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 Priv                                                                                                                                                                                                     | ate Reside               | nce                      |             |                   |              |                                            |  |
| х.                                                                                                                                                                                                                                                         | What is the frequency of                                                                                                                                                                                                    |                          |                          |             |                   |              |                                            |  |
|                                                                                                                                                                                                                                                            | Twice per year at the To                                                                                                                                                                                                    | wn Hall                  |                          |             |                   |              |                                            |  |
| y.                                                                                                                                                                                                                                                         | s collection followed by                                                                                                                                                                                                    | street swe               | eping/clea               | aning?      | $\bigcirc$        | Yes 🖲 No     | $\odot$ Unsure                             |  |
| <ul> <li><sup>z.</sup> Brief explanation on Collection Services 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</li> </ul> |                                                                                                                                                                                                                             |                          |                          |             |                   |              |                                            |  |
| W                                                                                                                                                                                                                                                          | inter Road Management                                                                                                                                                                                                       | 🗌 Not Ap                 | plicable                 |             |                   |              |                                            |  |
| *No                                                                                                                                                                                                                                                        | te: We are requesting infor                                                                                                                                                                                                 | mation that              | t goes beyo              | nd the repo | rting year, a     | nswer the b  | oest you can.                              |  |
| aa.<br>ab.                                                                                                                                                                                                                                                 | How many lane-miles or<br>responsible for doing sr<br>Provide amount of de-id                                                                                                                                               | now and ic<br>cing produ | e control?<br>cts used b |             | 8:<br>st winter s |              | 🗌 Unsure                                   |  |
|                                                                                                                                                                                                                                                            | Solids (tons) (ex. sand, or<br>Product                                                                                                                                                                                      | or sait-san              | a)<br>Nov                | Dec         | Jan               | Feb          | Mar                                        |  |
| Salt                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             | 0                        | 0                        | 302         | 584               | 396          | 50                                         |  |
| Sar                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                             | 0                        | 0                        | 0           | 46                | 330          | 0                                          |  |
|                                                                                                                                                                                                                                                            | Liquids (gallons) (ex. bri                                                                                                                                                                                                  |                          |                          |             |                   |              |                                            |  |
|                                                                                                                                                                                                                                                            | Liquids (ganons) (ex. bit                                                                                                                                                                                                   | Oct                      | Nov                      | Dec         | Jan               | Feb          | Mar                                        |  |
| Brii                                                                                                                                                                                                                                                       | ne                                                                                                                                                                                                                          | 0                        | 0                        | 0           | 0                 | 0            | 0                                          |  |
| ac.<br>ad.                                                                                                                                                                                                                                                 | Was salt applying mach<br>year?<br>Have municipal personr                                                                                                                                                                   | ·                        |                          | ·           |                   |              | <ul> <li>Unsure</li> <li>Unsure</li> </ul> |  |
|                                                                                                                                                                                                                                                            | training in the reporting                                                                                                                                                                                                   |                          |                          |             |                   |              |                                            |  |
|                                                                                                                                                                                                                                                            | Training Date                                                                                                                                                                                                               |                          | aining Name              |             | #                 | # Attendance |                                            |  |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             |                          |                          |             |                   |              |                                            |  |
| 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 |                          | •                        |             |                   |              |                                            |  |
|                                                                                                                                                                                                                                                            | The Town contracts with V                                                                                                                                                                                                   |                          |                          |             | oad mainten       | ance.        |                                            |  |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             |                          |                          |             |                   |              |                                            |  |
| Int                                                                                                                                                                                                                                                        | ernal (Staff) Education &                                                                                                                                                                                                   | k Commun                 | ication                  |             |                   |              |                                            |  |
| af                                                                                                                                                                                                                                                         | Has training or educat<br>personnel involved in                                                                                                                                                                             |                          |                          |             |                   | Yes 🔿 No     | ○ Unsure                                   |  |

prevention program elements?

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

The Town's Building Inspector attends annual erosion control continuing education through the State of Wisconsin.

When: 1/2021

How many attended: 1

<sup>ag.</sup> 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** 

Through government board meetings

**Municipal Officials** 

Through public workshops and correspondences from SEH and Waukesha County.

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

Through public workshops and correspondences from SEH and Waukesha County.

<sup>ah.</sup> 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.

Please see the attached SWMP for more information on this section.

Form 3400-224 (R8/2021)

### Minimum Control Measures - Section 7: Complete

### 7. Storm Sewer System Map

- <sup>a.</sup> Did the municipality update their storm sewer map this year?
  - $\bigcirc$  Yes  $\odot$  No  $\bigcirc$  Unsure

If yes, check the areas the map items that got updated or changed:

- □ Storm water treatment facilities
- Storm pipes
- □ Vegetated swales
- Outfalls
- □ Other Describe below
- <sup>b.</sup> 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.*

Storm sewer system map exhibits were prepared in conjunction with the TMDL study performed. Revisions will be performed as necessary.

# 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.

| <b>Annual</b><br>Expenditure<br>Reporting Year          | <b>Budget</b><br>Reporting Year | <b>Budget</b><br>Upcoming<br>Year | Source of Funds                  |
|---------------------------------------------------------|---------------------------------|-----------------------------------|----------------------------------|
| Element: Public E                                       | Education and Out               | reach                             |                                  |
| 1465                                                    | 1500                            | 1500                              | General revenue fund             |
| Element: Public I                                       | nvolvement and P                | articipation                      |                                  |
| 1465                                                    | 1500                            | 1500                              | General revenue fund             |
| Element: Illicit Di                                     | ischarge Detection              | and Eliminat                      | ion                              |
| 1200                                                    | 1500                            | 1500                              | General revenue fund             |
| Flement: Constru                                        | uction Site Pollutar            | nt Control                        |                                  |
| 0                                                       | 0                               | 0                                 | Permit fee and/or deposit/escrow |
|                                                         |                                 |                                   |                                  |
|                                                         | onstruction Storm               |                                   |                                  |
| 500                                                     | 500                             | 500                               | Permit fee and/or deposit/escrow |
| Element: Polluti                                        | on Prevention                   |                                   |                                  |
| 250                                                     | 500                             | 500                               | General revenue fund             |
| <b>Other</b> (describe)                                 |                                 |                                   |                                  |
|                                                         | ality Management                |                                   |                                  |
| 500                                                     | 500                             | 500                               | General revenue fund             |
| <b>Other</b> (describe)<br>Storm Sewer Sys <sup>.</sup> | tem Map                         |                                   |                                  |
| 500                                                     | 500                             | 500                               | General revenue fund             |
| <b>Other</b> (describe)                                 |                                 |                                   |                                  |
| WDNR Permit an                                          | d Meetings; MS4 I               | Preparation a                     | nd Submittal                     |
| 1800                                                    | 2000                            | 2000                              | General revenue fund             |
|                                                         |                                 |                                   |                                  |

Please provide a justification for a "0" entered in the Fiscal Analysis. *Limit response to 250 characters*.

Costs denoted by a "0" are typically pass-through costs meaning private entities are responsible for all the costs. Otherwise any other costs denoted by "0" were thought to be minimal.

### **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  $\odot$  No  $\bigcirc$  Unsure

d: Has the municipality evaluated their storm water practices to reduce the pollutants of concern?
● Yes ○ No ○ Unsure

### Storm Water Quality Management

**a**. Has the municipality completed or updated modeling in the reporting year (relating to developed urban area performance standards of s. NR 151.13(2)(b)1., Wis. Adm. Code)? • Yes  $\bigcirc$  No

**b**. If yes, enter percent reduction in the annual average mass discharging from the entire MS4 to surface waters of the state as compared to implementing no storm water management controls:

Total suspended solids (TSS) 86

Total phosphorus (TP) 81

### Status of Total Maximum Daily Loads (TMDLs) Implementation

The permittee Genesee, Town is subject to the following approved TMDLs: Rock River Basin and/or Beaver Dam Lake

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

[A.4] The Permittee will demonstrate that the TMDL pollutant reductions will be met in all applicable reachsheds by October 31, 2023.

The permittee is confirming that all planned efforts are on schedule.

• Agree  $\bigcirc$  Disagree

### [A.6.3] Final Documentation.

The permittee is confirming that all planned efforts are on schedule to submit the final documentation

materials [updates to mapping, modeling, tabular summary, and Implementation Plan] under section A.6.3 by October 31, 2023.

 $\odot$  Agree  $\bigcirc$  Disagree

# **Additional Information**

Based on the municipality's storm water program evaluation, describe any proposed changes to the municipality's storm water program. *If your response exceeds the 250 character limit, attach supplemental information on the attachments page.* 

The Town will implement changes to their current program as necessary to maintain

MS4 compliance.

### **Requests for Assistance on Understanding Permit Programs**

Would the municipality like the Department to contact them about providing more information on understanding any of the Municipal Separate Storm Sewer Permit programs?

- Please select all that apply:
- □ Public Education and Outreach
- Public Involvement and Participation
- □ Illicit Discharge Detection and Elimination
- Construction Site Pollutant Control
- □ Post-Construction Storm Water Management
- □ Pollution Prevention
- □ Storm Water Quality Management
- □ Storm Sewer System Map
- □ Water Quality Concerns
- □ Compliance Schedule Items Due
- □ MS4 Program Evaluation

### **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.

| Attach - Other Supportin | g Documents                                 |  |
|--------------------------|---------------------------------------------|--|
| AR_EO                    |                                             |  |
| File Attachment          | education-and-outreach-activities-2022.xlsx |  |
| AR_IP                    |                                             |  |
| File Attachment          | public-participation-report11.pdf           |  |
| AR_IDDE                  |                                             |  |
| I File Attachment        | Genesee 2021IDDEScreening.pdf               |  |
| AR_CSPC                  |                                             |  |
| File Attachment          | town-of-genesee.pdf                         |  |
| AR_PCSSW                 |                                             |  |
| File Attachment          | BMPInventoryTable-Genesee.pdf               |  |
| AR_MuniFacInsp           |                                             |  |
| File Attachment          | Genesee SWPPPInspectionForm CY21.pdf        |  |
| AR_SWQM                  |                                             |  |
| File Attachment          | <u>T.pdf</u>                                |  |

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

| Attach - Permit Compliance Documents |                                       |  |  |  |  |
|--------------------------------------|---------------------------------------|--|--|--|--|
| SWQM_TMDLModel                       |                                       |  |  |  |  |
| Ile Attachment                       | 1297-414-TMDLEvaluationFullReport.pdf |  |  |  |  |

(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 Genesee, Town 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)

 $\bigcirc$  Authorized municipal contact using WAMS ID.

• Delegation of Signature Authority (Form 3400-220) for agent signing on the behalf of the authorized municipal contact.

○ Agent seeking to share this item with authorized municipal contact (authorized municipal contact must get WAMS id and complete signature).

### **Delegation of Signature Authority**

File Attachment

DelegationofAuthorityForm\_signed.pdf

Submission of this form constitutes notice by the authorized municipal contact that the person electronically signing the MS4 eReport is authorized to do so on behalf of the authorized municipal contact. <u>Please download form 3400-220</u> and sign and attach it above.

| Name:                                                            | me:   | Robert W. Malzahn                                                                                                          |
|------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------|
| Ti                                                               | itle: | Project Engineer, Short Elliott Hendrickson                                                                                |
| Authorized Signature.                                            |       | Signed by : i:0#.f wamsmembership malzahn1987 on 2022-03-30T14:26:42                                                       |
| <ul> <li>I accept the above<br/>terms and conditions.</li> </ul> |       | You have already signed and submitted this application to the DNR. Please <u>contact</u> 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.