

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

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

Reporting Information

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

Project Name: 2020 UW-Madison Annual Report, Group MS4 Permit

County: Dane

Municipality: University of Wisconsin - Madison

Permit Number: S058416

Facility Number: 30910

Reporting Year: 2020

Is this submittal also satisfying an Urban Nonpoint Source Grant funded deliverable? Yes No

Required Attachments and Supplemental Information

Please complete the contents of each tab to submit your MS4 permit compliance document. The information included in this checklist is necessary for a complete submittal. A complete and detailed submittal will help us review about your MS4 permit document. To help us make a decision in the shortest amount of time possible, the following information must be submitted:

Annual Report

- Review related web site and instructions for [Municipal storm water permit eReporting](#) [Exit Form]
- Complete all required fields on the annual report form and upload required attachments
- Attach the following other supporting documents as appropriate using the attachments tab above
 - Public Education and Outreach Annual Report Summary
 - Public Involvement and Participation Annual Report Summary
 - Illicit Discharge Detection and Elimination Annual Report Summary
 - Construction Site Pollution Control Annual Report Summary
 - Post-Construction Storm Water Management Annual Report Summary
 - Pollution Prevention Annual Report Summary
 - Leaf and Yard Waste Management
 - Municipal Facility (BMP) Inspection Report
 - Municipal Property SWPPP
 - Municipally Property Inspection Report
 - Winter Road Maintenance
 - Storm Sewer Map Annual Report Attachment
 - Storm Water Quality Management Annual Report Attachment
 - TMDL Attachment
 - Storm Water Consortium/Group Report

- Municipal Cooperation Attachment
- Other Annual Report Attachment

- Attach the following permit compliance documents as appropriate using the attachments tab above
 - Storm Water Management Program (*S050075-03 General Permit and S058416-04 Madison Area Group Permit shall have a written storm water management program that describes in detail how the permittee intends to comply with the permit requirements for each minimum control measure. Updated programs are due to the department by March 31, 2021.*)
 - Public Education and Outreach Program
 - Public Involvement and Participation Program
 - Illicit Discharge Detection and Elimination Program
 - Construction Site Pollutant Control Program
 - Post-Construction Storm Water Management Program
 - Pollution Prevention Program
 - Municipal Storm Water Management Facility (BMP) Inventory (*S050075-03 General Permit and S058416-04 Madison Area Group Permit 2.6.1 - inventory due to the department by March 31, 2021.*)
 - Municipal Storm Water Management Facility (BMP) Inspection and Maintenance Plan (*S050075-03 General Permit and S058416-04 Madison Area Group Permit 2.6.2 – document due to the department by March 31, 2021.*)
 - 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

Name of Municipality: University of Wisconsin - Madison

Facility ID # or (FIN): 30910

Updated Information: Check to update mailing address information

Mailing Address: 30 East Campus Mall

Mailing Address 2:

City: Madison

State: Wisconsin

Zip Code: 53715 xxxxx or xxxxx-xxxx

Primary Municipal Contact Person (Authorized Representative for MS4 Permit)

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

Select to **create new** primary contact

First Name: Christopher

Last Name: Strang

Select to **update** current contact information

Title: Asst Vice Chancellor

Mailing Address: 30 East Campus Mall

Mailing Address 2: EH&S

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-262-9739 Ext: xxx-xxx-xxxx

Email: christopher.strang@wisc.edu

Additional Contacts Information (Optional)

- I&E Program
- 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: Laurent

Last Name: Heller

Title: Vice Chancellor

Mailing Address: 500 Lincoln Drive

Mailing Address 2: 100 Bascom Hall

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-263-2467 Ext: xxx-xxx-xxxx

Email: lheller@wisc.edu

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

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

First Name: Chris

Last Name: Egger

Title: Env Compliance Spt

Mailing Address: 30 East Campus Mall

Mailing Address 2: EH&S

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-263-6708 Ext: xxx-xxx-xxxx

Email: christopher.egger@wisc.edu

- I&E Program
- 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:

Jon

Last Name:

Jackson

Title:

Sr Env Compliance Sp

Mailing Address:

30 East Campus Mall

Mailing Address 2:

EH&S

City:

Madison

State:

WI

Zip Code:

53715 xxxxx or xxxxx-xxxx

Phone Number:

608-220-6648 Ext: xxx-xxx-xxxx

Email:

jon.jackson@wisc.edu

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

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

First Name:

Matt

Last Name:

Collins

Title:

Sr Facilities Eng

Mailing Address:

30 N Mills Street

Mailing Address 2:

4th Floor

City:

Madison

State:

WI

Zip Code:

53715 xxxxx or xxxxx-xxxx

Phone Number:

608-263-3031 Ext: xxx-xxx-xxxx

Email:

matt.collins@wisc.edu

- I&E Program
- 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: Katherine

Last Name: Kalscheur

Title: DFDM Project Manager

Mailing Address: 101 E Wilson Street

Mailing Address 2: 7th Floor

City: Madison

State: WI

Zip Code: 53703 xxxxx or xxxxx-xxxx

Phone Number: 608-267-0509 Ext: xxx-xxx-xxxx

Email: Katherine.kalscheur@wisconsin.gov

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

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

First Name: Tammy

Last Name: Olson

Title: DFDM Deputy Admin

Mailing Address: 101 E Wilson Street

Mailing Address 2:

City: Madison

State: WI

Zip Code: 53703 xxxxx or xxxxx-xxxx

Phone Number: 608-264-9503 Ext: xxx-xxx-xxxx

Email: tammy.olson@wisconsin.gov

- I&E Program
- 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: Rob

Last Name: Cramer

Title: Assoc ViceChancellor

Mailing Address: 30 N Mills Street

Mailing Address 2:

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-262-3488 Ext: xxx-xxx-xxxx

Email: rgcramer@wisc.edu

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

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

First Name: Jeff

Last Name: Zebrowski

Title: Chem Hygiene Officer

Mailing Address: 30 East Campus Mall

Mailing Address 2: EH&S

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-890-0993 Ext: xxx-xxx-xxxx

Email: jeff.zebrowski@wisc.edu

- I&E Program
- 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: Michael

Last Name: Hansen

Title: Arboretum Prog Spec

Mailing Address: 1207 Seminole Highway

Mailing Address 2:

City: Madison

State: WI

Zip Code: 53711 xxxxx or xxxxx-xxxx

Phone Number: 608-262-3289 Ext: xxx-xxx-xxxx

Email: Michael.hansen@wisc.edu

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

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

First Name: Gail

Last Name: Epping Overholt

Title: Outreach and Educ

Mailing Address: 1207 Seminole Highway

Mailing Address 2:

City: Madison

State: WI

Zip Code: 53711 xxxxx or xxxxx-xxxx

Phone Number: 608-262-5522 Ext: xxx-xxx-xxxx

Email: Gail.overholt@wisc.edu

- I&E Program
- 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: Kevin

Last Name: Schneider

Title: Assoc Superintendent

Mailing Address: 601 West Dayton Street

Mailing Address 2: Kohl Center

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-516-2307 Ext: xxx-xxx-xxxx

Email: ks3@athletics.wisc.edu

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

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

First Name: Gebriel

Last Name: Lefeber

Title: Director - Apt Facil

Mailing Address: 2902 Haight Road

Mailing Address 2:

City: Madison

State: WI

Zip Code: 53705 xxxxx or xxxxx-xxxx

Phone Number: 608-262-5302 Ext: xxx-xxx-xxxx

Email: gebriel.lefeber@housing.wisc.edu

- I&E Program
- 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: Michael

Last Name: Henry

Title: Bldgs/Gnds Super

Mailing Address: 1650 Kronshage Drive

Mailing Address 2: B112 Turner House

City: Madison

State: WI

Zip Code: 53706 xxxxx or xxxxx-xxxx

Phone Number: 608-890-0444 Ext: xxx-xxx-xxxx

Email: mike.henry@housing.wisc.edu

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

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

First Name: Gary

Last Name: Brown

Title: Director CPLA

Mailing Address: 30 N Mills Street

Mailing Address 2: 4th Floor

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-263-3023 Ext: xxx-xxx-xxxx

Email: gary.brown@wisc.edu

- I&E Program
- 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: Rhonda

Last Name: James

Title: Sr Landscape Arch

Mailing Address: 30 N Mills Street

Mailing Address 2: 4th Floor

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-263-3032 Ext: xxx-xxx-xxxx

Email: rhonda.james@wisc.edu

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

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

First Name: Aaron

Last Name: Williams

Title: Campus Planner&Zonin

Mailing Address: 30 N Mills Street

Mailing Address 2: 4th Floor

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-890-4202 Ext: xxx-xxx-xxxx

Email: aaron.williams@wisc.edu

- I&E Program
- 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: Ann

Last Name: Hayes

Title: Architect/Proj Mngr

Mailing Address: 30 N Mills Street

Mailing Address 2: 4th Floor

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-265-4673 Ext: xxx-xxx-xxxx

Email: ann.hayes@wisc.edu

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

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

First Name: Laura

Last Name: Wyatt

Title: Dir - Lakeshore Prsv

Mailing Address: 30 N Mills Street

Mailing Address 2: 4th Floor

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-265-9275 Ext: xxx-xxx-xxxx

Email: laura.wyatt@wisc.edu

- I&E Program
- 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:

Jay

Last Name:

Bieszke

Title:

ExecDir - Phys Plant

Mailing Address:

1217 University Avenue

Mailing Address 2:

Room 201a Service Building

City:

Madison

State:

WI

Zip Code:

53706

xxxxx or xxxxx-xxxx

Phone Number:

608-263-3077

Ext:

xxx-xxx-xxxx

Email:

jay.bieszke@wisc.edu

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

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

First Name:

Kris

Last Name:

Ackerbauer

Title:

Asst Dir-Phys Plant

Mailing Address:

1217 University Avenue

Mailing Address 2:

Room 201a Service Building

City:

Madison

State:

WI

Zip Code:

53706

xxxxx or xxxxx-xxxx

Phone Number:

608-265-2758

Ext:

xxx-xxx-xxxx

Email:

kris.ackerbauer@wisc.edu

- I&E Program
- 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: Ellen

Last Name: Agnew

Title: Grounds Dept Super

Mailing Address: 1217 University Avenue

Mailing Address 2: 700 Service Building

City: Madison

State: WI

Zip Code: 53706 xxxxx or xxxxx-xxxx

Phone Number: 608-262-7266 Ext: xxx-xxx-xxxx

Email: ellen.agnew@wisc.edu

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

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

First Name: Marcella

Last Name: Otter

Title: Plumbing Shop Super

Mailing Address: 30 N Mills Street

Mailing Address 2: 4th Floor

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-265-3967 Ext: xxx-xxx-xxxx

Email: marcella.otter@wisc.edu

- I&E Program
- 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: Missy

Last Name: Nergard

Title: Dir - Sustainability

Mailing Address: 30 N Mills Street

Mailing Address 2: 3rd Floor

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-265-6769 Ext: xxx-xxx-xxxx

Email: missy.nergard@wisc.edu

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

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

First Name: Kurt

Last Name: Beilman

Title: Facilities Engineer

Mailing Address: 1217 University Avenue

Mailing Address 2: Room 405 Service Building

City: Madison

State: WI

Zip Code: 53706 xxxxx or xxxxx-xxxx

Phone Number: 608-235-3876 Ext: xxx-xxx-xxxx

Email: kurt.beilman@wisc.edu

- I&E Program
- 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: Troy

Last Name: Ruland

Title: Field Service Mngr

Mailing Address: 610 Walnut Street

Mailing Address 2: 124 Warf Building

City: Madison

State: WI

Zip Code: 53726 xxxxx or xxxxx-xxxx

Phone Number: 608-265-6108 Ext: xxx-xxx-xxxx

Email: troy.ruland@wisc.edu

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

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

First Name: Brain

Last Name: McGuire

Title: Bldg/Grnds Super

Mailing Address: 797 W Dayton Street

Mailing Address 2:

City: Madison

State: WI

Zip Code: 53706 xxxxx or xxxxx-xxxx

Phone Number: 608-263-1675 Ext: xxx-xxx-xxxx

Email: brian.mcguire@wisc.edu

- I&E Program
- 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: Randy

Last Name: Hentschel

Title: Env Health Prog Mngr

Mailing Address: 333 East Campus Mall

Mailing Address 2: Room 8305

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-262-0924 Ext: xxx-xxx-xxxx

Email: rjhentsc@uhs.wisc.edu

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

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

First Name: Jeff

Last Name: Steele

Title: Env Health Spc

Mailing Address: 333 East Campus Mall

Mailing Address 2: Room 8104

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-262-0490 Ext: xxx-xxx-xxxx

Email: jdsteele@uhs.wisc.edu

- I&E Program
- 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: Jake

Last Name: McCullouch

Title: Assoc Unv REL Spec

Mailing Address: 30 N Mills Street

Mailing Address 2: 3rd Floor

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 608-212-5218 Ext: xxx-xxx-xxxx

Email: jake.mccullach@wisc.edu

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

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

First Name: Travis

Last Name: Blomberg

Title: Facilities Engineer

Mailing Address: 30 N Mills Street

Mailing Address 2: 3rd Floor

City: Madison

State: WI

Zip Code: 53715 xxxxx or xxxxx-xxxx

Phone Number: 715-559-6496 Ext: xxx-xxx-xxxx

Email: travis.blomberg@wisc.edu

- I&E Program
- 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:

Jim

Last Name:

Post

Title:

Sr FacilitiesPlanSpc

Mailing Address:

1217 University Avenue

Mailing Address 2:

205 Service Building

City:

Madison

State:

WI

Zip Code:

53706 xxxxx or xxxxx-xxxx

Phone Number:

608-890-1361 Ext: xxx-xxx-xxxx

Email:

japost@wisc.edu

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

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

First Name:

Jeff

Last Name:

Templin

Title:

Building/Grounds Sup

Mailing Address:

1217 University Avenue

Mailing Address 2:

610 Service Building

City:

Madison

State:

WI

Zip Code:

53706 xxxxx or xxxxx-xxxx

Phone Number:

608-270-2778 Ext: xxx-xxx-xxxx

Email:

jeffery.templin@wisc.edu

1. Does the municipality rely on another entity to satisfy some of the permit requirements?

- Yes No

- Public Education and Outreach Madison Area Municipal Stormwater Partnership (MAMSWaP)
- Public Involvement and Participation Madison Area Municipal Stormwater Partnership (MAMSWaP)
- Illicit Discharge Detection and Elimination _____
- Construction Site Pollutant Control Wisconsin Department of Administration - Division of Facilities Development and Management (DOA-DFI)
- Post-Construction Storm Water Management Wisconsin Department of Administration - Division of Facilities Development and Management
- Pollution Prevention
 - Storm Water Management Facility Inspections: _____
 - Public Works Yards and Other Municipally Owned Properties: _____
 - Street Sweeping/Cleaning Program: _____
 - Catch Basin Sump Cleaning Program: _____
 - Leaf Collection Program: _____
 - Winter Road Management: _____
 - Internal Staff Education & Communication: _____
 - Storm Sewer System Map: City of Madison maintains permit-wide common storm sewer system map

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	1/1/2020		
Project/Event Name	SPCC Plan Annual Training (On-going)		
Delivery Mechanism	Targeted group training*		*Active
Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<input checked="" type="checkbox"/> Illicit discharge detection and elimination <input type="checkbox"/> Household hazardous waste disposal/pet waste management/vehicle washing <input type="checkbox"/> Yard waste management/pesticide and fertilizer application <input type="checkbox"/> Stream and shoreline management <input type="checkbox"/> Residential infiltration <input type="checkbox"/> Construction sites and post-construction storm water management <input type="checkbox"/> Pollution prevention <input type="checkbox"/> Green infrastructure/low impact development <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> General Public <input checked="" type="checkbox"/> Public Employees <input type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Other	Select...	<input type="radio"/> Yes <input checked="" type="radio"/> No

Event Start Date	8/11/2020		
Project/Event Name	Annual Household Hazardous Waste Collection		
Delivery Mechanism	Other		*Active
Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<input type="checkbox"/> Illicit discharge detection and elimination <input checked="" type="checkbox"/> Household hazardous waste disposal/pet waste management/vehicle washing <input type="checkbox"/> Yard waste management/pesticide and fertilizer application <input type="checkbox"/> Stream and shoreline management <input type="checkbox"/> Residential infiltration <input type="checkbox"/> Construction sites and post-construction storm water management <input type="checkbox"/> Pollution prevention <input type="checkbox"/> Green infrastructure/low impact development <input type="checkbox"/> Other: <input type="text"/>	<input checked="" type="checkbox"/> General Public <input type="checkbox"/> Public Employees <input checked="" type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Other	Select...	<input type="radio"/> Yes <input type="radio"/> No

Event Start Date	1/1/2020		
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Project/Event Name	Demonstration of Sustainable Agriculture Processes (on-going)		
Delivery Mechanism	Workshop*	*Active	
Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<input type="checkbox"/> Illicit discharge detection and elimination <input type="checkbox"/> Household hazardous waste disposal/pet waste management/vehicle washing <input checked="" type="checkbox"/> Yard waste management/pesticide and fertilizer application <input type="checkbox"/> Stream and shoreline management <input type="checkbox"/> Residential infiltration <input type="checkbox"/> Construction sites and post-construction storm water management <input type="checkbox"/> Pollution prevention <input type="checkbox"/> Green infrastructure/low impact development <input type="checkbox"/> Other: <input type="text"/>	<input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Public Employees <input checked="" type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Other	Select...	<input type="radio"/> Yes <input type="radio"/> No

Event Start Date	1/1/2020		
Project/Event Name	Opportunity to provide input on the Lakeshore Nature Preserve Strategic Plan and upcoming...		
Delivery Mechanism	Government Event (Public Hearing, Council Meeting, etc)*	*Active	
Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<input type="checkbox"/> Illicit discharge detection and elimination <input type="checkbox"/> Household hazardous waste disposal/pet waste management/vehicle washing <input type="checkbox"/> Yard waste management/pesticide and fertilizer application <input checked="" type="checkbox"/> Stream and shoreline management <input type="checkbox"/> Residential infiltration <input type="checkbox"/> Construction sites and post-construction storm water management <input type="checkbox"/> Pollution prevention <input type="checkbox"/> Green infrastructure/low impact development <input type="checkbox"/> Other: <input type="text"/>	<input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Public Employees <input type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Other	Select...	<input type="radio"/> Yes <input type="radio"/> No

Event Start Date	10/1/2020		
Project/Event Name	Outreach activities associated with \$100k EPA Grant for Lake Wingra Watershed Stormwa...		
Delivery Mechanism	Educational activity*	*Active	
Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<input type="checkbox"/> Illicit discharge detection and elimination <input type="checkbox"/> Household hazardous waste disposal/pet waste management/vehicle washing <input type="checkbox"/> Yard waste management/pesticide and fertilizer application <input type="checkbox"/> Stream and shoreline management	<input checked="" type="checkbox"/> General Public <input type="checkbox"/> Public Employees <input checked="" type="checkbox"/> Residents <input checked="" type="checkbox"/> Businesses <input checked="" type="checkbox"/> Contractors	Select...	<input type="radio"/> Yes <input type="radio"/> No

<input checked="" type="checkbox"/> Residential infiltration <input type="checkbox"/> Construction sites and post-construction storm water management <input type="checkbox"/> Pollution prevention <input type="checkbox"/> Green infrastructure/low impact development <input type="checkbox"/> Other: <input type="text"/>	<input checked="" type="checkbox"/> Developers <input checked="" type="checkbox"/> Industries <input type="checkbox"/> Other		
--	--	--	--

Event Start Date	1/1/2020
Project/Event Name	Development of Hydrologic models of 8 residential block by the UW-Madison Department...
Delivery Mechanism	Educational activity* *Active

Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<input type="checkbox"/> Illicit discharge detection and elimination <input type="checkbox"/> Household hazardous waste disposal/pet waste management/vehicle washing <input type="checkbox"/> Yard waste management/pesticide and fertilizer application <input type="checkbox"/> Stream and shoreline management <input type="checkbox"/> Residential infiltration <input type="checkbox"/> Construction sites and post-construction storm water management <input type="checkbox"/> Pollution prevention <input checked="" type="checkbox"/> Green infrastructure/low impact development <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> General Public <input checked="" type="checkbox"/> Public Employees <input type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input checked="" type="checkbox"/> Other	Select...	<input type="radio"/> Yes <input type="radio"/> 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 the attached Section C - Public Education and Outreach Program

Minimum Control Measures - Section 2 : Complete

2. Public Involvement and Participation

a. Permit Activities. 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	3/11/2020
Project/Event Name	Campus Planning Commission - Annual MS4 Report and Programing Prese...
Delivery Mechanism	Government Event (Public Hearing, Council Meeting, etc)

Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)

<input checked="" type="checkbox"/> MS4 Annual Report	<input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/>	<u>11-50</u>	<input type="radio"/> Yes <input type="radio"/> No
<input checked="" type="checkbox"/> Storm Water Management Program	Public Employees		
<input type="checkbox"/> Storm Water related ordinance	<input type="checkbox"/> Residents		
<input type="checkbox"/> Other:	<input type="checkbox"/> Businesses		
<input type="text"/>	<input type="checkbox"/> Contractors		
	<input type="checkbox"/> Developers		
	<input type="checkbox"/> Industries		
	<input type="checkbox"/> Other		

b. Volunteer Activities. 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	<input type="text" value="5/1/2020"/>		
Project/Event Name	<input type="text" value="Lakeshore Nature Preserve - Garlic Mustard Control / Landscape Managem..."/>		
Delivery Mechanism	<input type="text" value="Clean up event"/>		
Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
Volunteer Opportunity	<input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Public Employees <input type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Other	<u>11-50</u>	<input type="radio"/> Yes <input type="radio"/> No

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

Form 3400-224 (09/20)

Minimum Control Measures - Section 3 : Complete

3. Illicit Discharge Detection and Elimination

a. How many total outfalls does the municipality have?	<input type="text" value="67"/>	<input type="checkbox"/> Unsure
b. How many outfalls did the municipality evaluate as part of their routine ongoing field screening program?	<input type="text" value="67"/>	<input type="checkbox"/> Unsure
c. From the municipality's routine screening, how many were confirmed illicit discharges?	<input type="text" value="0"/>	<input type="checkbox"/> Unsure
d. How many illicit discharge complaints did the municipality receive?	<input type="text" value="6"/>	<input type="checkbox"/> Unsure
e. From the complaints received, how many were confirmed illicit discharges?	<input type="text" value="3"/>	<input type="checkbox"/> Unsure
f. How many of the identified illicit discharges did the	<input type="text" value="3"/>	<input type="checkbox"/> Unsure

municipality eliminate in the reporting year (from both routine screening and complaints)?

(If the sum of 3.c. and 3.e. does not equal 3.f., please explain below.)

- g. How many of the following enforcement mechanisms did the municipality Unsure use to enforce its illicit discharge ordinance? Check all that apply and enter the number of each used in the reporting year.

<input checked="" type="checkbox"/> Verbal Warning	<input type="text" value="0"/>
<input type="checkbox"/> Written Warning (including email)	<input type="text"/>
<input type="checkbox"/> Notice of Violation	<input type="text"/>
<input type="checkbox"/> Civil Penalty/ Citation	<input type="text"/>

Additional Information: UW-Madison has limited statutory authority to issue violations, penal...

- h. Brief explanation on Illicit Discharge Detection and Elimination reporting. *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.*

See the attached Section E - Illicit Discharge Detection and Elimination Program

Form 3400-224 (09/20)

Minimum Control Measures - Section 4 : Complete

4. Construction Site Pollutant Control

- 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? Unsure
- 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? Unsure
- c. How many erosion control inspections did the municipality complete in the reporting year? Unsure
- d. What types of enforcement actions does the municipality have available to compel compliance with the regulatory mechanism? Check all that apply and enter the number of each used in the reporting year. Unsure
- | | |
|--|----------------------|
| <input checked="" type="checkbox"/> No Authority | |
| <input type="checkbox"/> Verbal Warning | <input type="text"/> |
| <input type="checkbox"/> Written Warning (including email) | <input type="text"/> |
| <input type="checkbox"/> Notice of Violation | <input type="text"/> |
| <input type="checkbox"/> Civil Penalty/ Citation | <input type="text"/> |
| <input type="checkbox"/> Stop Work Order | <input type="text"/> |
| <input type="checkbox"/> Forfeiture of Deposit | <input type="text"/> |
| <input type="checkbox"/> Other - Describe below | <input type="text"/> |

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.*

See the attached Section F - Construction Site and Post-Construction Site Stormwater Management Programs

Form 3400-224 (09/20)

Minimum Control Measures - Section 5 : Complete

5. Post-Construction Storm Water Management

- a. How many sites with new structural storm water management facilities* have received local approval ? Unsure

*Engineered and constructed systems that are designed to provide storm water quality control such as wet detention ponds, constructed wetlands, infiltration basins, grassed swales, permeable pavement, catch basin sumps, etc.

- b. Does the municipality utilize privately owned storm water management facilities in its pollutant reduction analysis? Yes No Unsure

- c. If Yes, How many privately owned storm water management facilities were inspected in the reporting year ? Unsure

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

- d. What types of enforcement actions does the municipality have available to compel compliance with the regulatory mechanism? Check all that apply and enter the number of each used in the reporting year. Unsure

No Authority

Verbal Warning

Written Warning (including email)

Notice of Violation

Civil Penalty/ Citation

Forfeiture of Deposit

Complete Maintenance

Bill Responsible Party

Other - Describe below

- e. 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.*

See the attached Section F - Construction Site and Post-Construction Stormwater Management Programs

Form 3400-224 (09/20)

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 structural storm water management facilities? Unsure
- b. How many new municipally owned storm water management facilities were installed in the reporting year? Unsure
- c. How many municipally owned storm water management facilities were inspected in the reporting year? Unsure
- d. What elements are looked at during inspections (250 character limit)?

See the attached Section G; Appendix G.3

- e. How many of these facilities required maintenance? Unsure
- f. Brief explanation on Storm Water Management Facility inspection reporting. *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.*

See the attached Section G; Appendix G.3. Records have not been maintained in a centralized system. Improvements will be made with the utilization of "AssetWorks"

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

- g. How many municipal properties require a SWPPP? Unsure
- h. How many inspections of municipal properties have been conducted in the reporting year? Unsure
- i. Have amendments to the SWPPPs been made?
 Yes No Unsure
- j. If yes, describe what changes have been made. Limit response to 250 characters and/or attach supplemental information on the attachment page:

Initial development of (3) SWPPPs in 2020.

- k. Brief explanation on Storm Water Pollution Prevention Plan reporting. *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.*

See the attached Section G - Pollution Prevention Program

Collection Services - Street Sweeping / Cleaning Program Not Applicable

- l. Did the municipality conduct street sweeping/cleaning during the reporting year?
 Yes No Unsure
- m. If known, how many tons of material was removed? Unsure
- n. Does the municipality have a low hazard exemption for this material? Yes No
- o. 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 _____
- No - Explain _____
- Not Applicable

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

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

Collection Services - *Leaf Collection Program* Not Applicable

- u. Does the municipality conduct curbside leaf collection? Yes No Unsure
- v. Does the municipality notify homeowners about pickup? Yes No Unsure
- w. Where are the residents directed to store the leaves for collection?
- Pile on terrace
 - Pile in street
 - Bags on terrace
 - Unsure
 - Other - Describe Leaves collected only by UW staff
- x. What is the frequency of collection?
Daily from Oct - Nov
- y. Is collection followed by street sweeping/cleaning? Yes No Unsure
- z. 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*

Groundskeepers daily focus is leaf management. 3 mowers with vacs and 3 with mulch decks are deployed. When possible, leaves are mulched and left in place. If they are not too thick to mulch they are collected by mower vacs or tuck mounted vac.

Winter Road Management Not Applicable

- *Note: We are requesting information that goes beyond the reporting year, answer the best you can.
- aa. How many lane-miles of roadway is the municipality responsible for doing snow and ice control? Unsure
- ab. Provide amount of de-icing products used by month last winter season?
Solids (tons) (ex. sand, or salt-sand) _____

Product	Oct	Nov	Dec	Jan	Feb	Mar
<u>Salt</u>	0	4	75	164	138	2
<u>Sand</u>	0	0	26	54	95	56

Liquids (gallons) (ex. brine)

	Oct	Nov	Dec	Jan	Feb	Mar
<u>Brine</u>	0	0	180	200	0	0

- ac. Was salt applying machinery calibrated in the reporting year? Yes No Unsure
- ad. Have municipal personnel attended salt reduction strategy training in the reporting year? Yes No Unsure

Training Date	Training Name	# Attendance
8/17/2020	WI Saltwise Parking Lot and Sidewalk M...	2

- 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*

Data received from multiple internal stakeholders and combined for reporting. Reported amounts are from calendar year 2020 except for the product amounts, which are Oct 2019 - March 2020.

Internal (Staff) Education & Communication

- af. Has training or education been held for municipal or other personnel involved in implementing each of the pollution prevention program elements? Yes No Unsure

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

Written Stormwater Management Plan development, gap analysis, and stakeholder training on MS4 pollution prevention requirements with campus stakeholders.

When: Dec 14 - 17, 2020 and Jan...

How many attended: 13

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

Elected Officials

N/A

Municipal Officials

Internal correspondence and regular update meetings with management personnel.

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

Internal correspondence and periodic (monthly) "Stormwater Team" meetings.

- ah. Brief explanation on Internal Education reporting. *If you marked Unsure for any*

questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.

2020 training consisted of a hands-on workshops with the internal stormwater stakeholders to review MS4 permit requirements, conduct a gap analysis, and inform staff of expectations.

Form 3400-224 (09/20)

Minimum Control Measures - Section 7 : Complete

7. Storm Sewer System Map

a. Did the municipality update their storm sewer map this year?

Yes No Unsure

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

Storm water treatment facilities

Storm pipes

Vegetated swales

Outfalls

Other - Describe below

b. Brief 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.*

See the attached Section I - Storm Sewer Map Program

Final Evaluation - Complete**Fiscal Analysis**

Complete the fiscal analysis table provided below. For municipalities that do not break out funding into permit program elements, please enter the monetary amount to your best estimate of what funding may be going towards these programs.

Annual Expenditure Reporting Year	Budget Reporting Year	Budget Upcoming Year	Source of Funds
---	---------------------------------	--------------------------------	------------------------

Element: Public Education and Outreach

70795	70795	0	<u>General revenue fund</u>
-------	-------	---	-----------------------------

Element: Public Involvement and Participation

16310	16310	0	<u>General revenue fund</u>
-------	-------	---	-----------------------------

Element: Illicit Discharge Detection and Elimination

29520	29520	0	<u>General revenue fund</u>
-------	-------	---	-----------------------------

Element: Construction Site Pollutant Control

82649	82649	0	<u>General revenue fund</u>
-------	-------	---	-----------------------------

Element: Post-Construction Storm Water Management

0	0	0	<u>General revenue fund</u>
---	---	---	-----------------------------

Element: Pollution Prevention

153976	153976	0	<u>General revenue fund</u>
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Other (describe)

YaharaWINS Contribution

21000	21000	0	<u>General revenue fund</u>
-------	-------	---	-----------------------------

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

Post-Construction Storm Water Management budget included in Construction Site Pollutant Control. 2021 budget not established, costs will be what is needed and not specifically budgeted for the future.

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:

The construction of additional structural BMPs and the reduction of impervious



b: Were there any known water quality degradation in the receiving waters to which the

municipality's storm sewer system directly discharges to?

Yes No Unsure If Yes, explain below:

c: Have any of the receiving waters that the municipality discharges to been added to the impaired waters list during the reporting year?

Yes No Unsure

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 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)

Total phosphorus (TP)

Status of Total Maximum Daily Loads (TMDLs) Implementation

The permittee University of Wisconsin - Madison 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.3.2] The Permittee is participating in an approved Adaptive Management Project.

Attach a summary of adaptive management implementation actions for the reporting year, including:

- Most recent estimated pollutant of concern percent reduction levels (i.e. total phosphorus and total suspended solids/ sediment), as compared to no controls by reachshed, within the permittee's MS4 permitted area.
- Pollutant of concern percent reduction levels, as compared to no controls by reachshed, which the permittee intends to ultimately achieve within its own MS4 permitted area (not associated with AM buy-in).
- The financial dollar value contributed to an AM program for the reporting year.
- Identify any additional storm water measures that were initially implemented in the reporting year, which reduce the discharge of pollutants of concern from its MS4 permitted area (not associated with AM buy-in). If available, identify the incremental percent reduction gained by such measures relative to the MS4 permitted area.

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.*

See the attached Sections A -TMDL Requirements for the Rock River Basin; B - Impaired Waters 2021 Biennial Determination; H - Stormwater Quality Management

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) - [Help reduce file size and trouble shoot file uploads](#)

*Required Item

Note: To replace an existing file, use the 'Click here to attach file ' link or press the to delete an item.

Municipal Facility SWPPP

 File Attachment

[FINAL 2021PicnicPointCompostSWPPP_reduced.pdf](#)

Storm Sewer System Map

 File Attachment

[SectionI_StormSewerSystemMap.pdf](#)

Adaptive Management Summary



Section A_Rock River TMDL (Section 1.8.1).pdf
PDF File
3.04 MB

Attach - Other Supporting Documents

AR MuniSWPPP

 File Attachment

[EHRecycleLotSWPPP_reduced.pdf](#)

AR MuniSWPPP

 File Attachment

[AppeG.pdf](#)

AR TMDL

 File Attachment

[SectionB_ImpairedWatersDeterminationSection1.pdf](#)

AR SWQM

 File Attachment

[SectionH_StormwaterQualityProgram.pdf](#)

AR Other

[SectionJ_UWSpecStandards.pdf](#)

 File Attachment

AR Other

 File Attachment

[SectionK_RODElegation.pdf](#)

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

Attach - Permit Compliance Documents

EO Program

 File Attachment

[SectionC_PublicEdandOutreach.pdf](#)

SWQM TMDL ImpPlan

 File Attachment

[SectionA_RockRiverTMDLSection1.pdf](#)

IP Program

 File Attachment

[SectionD_PublicInvolvementandPartic.pdf](#)

IDDE Program

 File Attachment

[SectionE_IDDE.pdf](#)

CS Program

 File Attachment

[SectionF_ConstandPostConst.pdf](#)

PCSSW Program

 File Attachment

[SectionF_ConstandPostConst.pdf](#)

PP BMP Inventory

 File Attachment

[SectionG_PollutionPreventionProgram_forupload.pdf](#)

PP BMP Insp

 File Attachment

[SectionG_PollutionPreventionProgram_forupload.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 [HERE](#).

Terms and Conditions

Certification: I hereby certify that I am an authorized representative of the municipality covered under University of Wisconsin - Madison MS4 Permit for which this annual report or other compliance document is being submitted, and that the information contained in this submittal and all attachments were gathered and prepared under my direction or supervision. Based on my inquiry of the person or persons under my direction or supervision involved in the preparation of this document, to the best of my knowledge, the information is true, accurate, and complete. I further certify that the municipality's governing body or delegated representatives have reviewed or been apprised of the contents of this annual report. I understand that Wisconsin law provides severe penalties for submitting false information.

Signee (must check current role prior to accepting terms and conditions)

- Authorized municipal contact using WAMS ID.
- Delegation of Signature Authority (Form 3400-220) for agent signing on the behalf of the authorized municipal contact.
- Agent seeking to share this item with authorized municipal contact (authorized municipal contact must get WAMS id and complete signature).

Delegation of Signature Authority

 File Attachment

[2021-03-30 143014signed.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. [Please download form 3400-220](#) and sign and attach it above.

Name: Christopher Egger

Title: Environmental Compliance Specialist

Authorized Signature.

Signed by : i:0#.f|wamsmembership|egger7898 on 2021-03-31T22:36:24

- I accept the above terms and conditions.

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.