

## **MS4 SWPPP Application** for Reauthorization

for the NPDES/SDS General Small Municipal Separate Storm Sewer System (MS4) Permit MNR040000 reissued with an effective date of August 1, 2013 Stormwater Pollution Prevention Program (SWPPP) Document

Doc Type: Permit Application

Instructions: This application is for authorization to discharge stormwater associated with Municipal Separate Storm Sewer Systems (MS4s) under the National Pollutant Discharge Elimination System/State Disposal System (NPDES/SDS) Permit Program. No fee is required with the submittal of this application. Please refer to "Example" for detailed instructions found on the Minnesota Pollution Control Agency (MPCA) MS4 website at http://www.pca.state.mn.us/ms4.

Submittal: This MS4 SWPPP Application for Reauthorization form must be submitted electronically via e-mail to the MPCA at ms4permitprogram.pca@state.mn.us from the person that is duly authorized to certify this form. All questions with an asterisk (\*) are required fields. All applications will be returned if required fields are not completed.

Questions: Contact Claudia Hochstein at 651-757-2881 or claudia.hochstein@state.mn.us, Dan Miller at 651-757-2246 or daniel.miller@state.mn.us, or call toll-free at 800-657-3864.

#### General Contact Information (\*Required fields)

| MS4 Owner (with ownership or operational responsi | bility, or | control of the MS4 | 4)                                |
|---|------------|--------------------|-----------------------------------|
| *MS4 permittee name: City of Pine Springs         |            |                    | *County: Washington               |
| (city, county, municipality, governme             | ent agency | or other entity)   |                                   |
| *Mailing address: 6145 Warner Avenue South        |            |                    |                                   |
| *City: Pine Springs                               | *State:    | MN                 | *Zip code: <u>55115</u>           |
| *Phone (including area code): 651-770-5720        |            | *E-mail: cityofpi  | nesprings@juno.com                |
| MS4 General contact (with Stormwater Pollution Pr | evention   | Program [SWPPI     | P] implementation responsibility) |
| *Last name: Pirozzoli                             |            | *First name:       | Karen                             |
| (department head, MS4 coordinator, consultant,    | etc.)      |                    |                                   |
| *Title: City Administrator                        |            |                    |                                   |
| *Mailing address: 6145 Warner Avenue South        |            |                    |                                   |
| *City: Pine Springs                               | *State:    | MN                 | *Zip code: <u>55115</u>           |
| *Phone (including area code): 651-770-5720        |            | *E-mail: cityofp   | oinesprings@juno.com              |
| Preparer information (complete if SWPPP applicat  | ion is pre | pared by a party   | other than MS4 General contact)   |
| Last name: Mateffy                                |            | First name:        | Leslie                            |
| (department head, MS4 coordinator, consultant,    | etc.)      |                    |                                   |
| Title: engineer                                   |            |                    |                                   |
| Mailing address: 629 Old Highway #8 NW            |            |                    |                                   |
| City: New Brighton                                | _ State:   | MN                 | Zip code:55112                    |
| Phone (including area code): 651-636-6166         |            | E-mail: les@n      | nateffyeng.com                    |
|   |            |                    |                                   |

#### Verification

- I seek to continue discharging stormwater associated with a small MS4 after the effective date of this Permit, and shall submit this MS4 SWPPP Application for Reauthorization form, in accordance with the schedule in Appendix A, Table 1, with the SWPPP document completed in accordance with the Permit (Part II.D.). 

  Yes
- 2. I have read and understand the NPDES/SDS MS4 General Permit and certify that we intend to comply with all requirements of the Permit. X Yes

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#### Certification (All fields are required)

Yes - I certify under penalty of law that this document and all attachments were prepared under my direction or supervision

in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted.

I certify that based on my inquiry of the person, or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of civil and criminal penalties.

This certification is required by Minn. Stat. §§ 7001.0070 and 7001.0540. The authorized person with overall, MS4 legal responsibility must certify the application (principal executive officer or a ranking elected official).

By typing my name in the following box, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my application.

| Name:    | Frank Bastyr (This document has been electronically signed) |        |                    |           |       |
|----------|---|--------|--------------------|-----------|-------|
| Title: _ | , , ,   |        | Date (mm/dd/yyyy): | 1/27/2014 |       |
| Mailing  | address: 3498 Long Lake Road                                |        |                    |           |       |
| City:    | Pine Spring   | State: | MN                 | Zip code: | 55115 |
| Phone    | (including area code): 651-777-7026                         | Е      | E-mail:            |           |       |

**Note:** The application will not be processed without certification.

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## Stormwater Pollution Prevention Program Document

I.

II.

| Pa | rtne  | erships: (Part II.D.1)   |   |  |  |  |
|----|---|--|---|--|--|--|
| A. | List the <b>regulated small MS4(s)</b> with which you have established a partnership in order to satisfy one or more requirements of this Permit. Indicate which Minimum Control Measure (MCM) requirements or other program components that each partnership helps to accomplish (List all that apply). Check the box below if you currently have no established partnerships with other regulated MS4s. If you have more than five partnerships, hit the tab key after the last line to generate a new row. |  |   |  |  |  |
|    |   | lo partnerships with regulated small MS4s  |   |  |  |  |
|    | Naı   | me and description of partnership  | MCM/Other permit requirements involved  |  |  |  |
|    | Wa  | shington County  | Education materials   |  |  |  |
|    | Val   | ley Branch Watershed District  | Constr. site storm control  |  |  |  |
|    | MN  | I DNR  | Permitting lake properties  |  |  |  |
|    | Val   | lley Branch Watershed District   | Post-construction site stormwater mgmt  |  |  |  |
|    | If you have additional information that you would like to communicate about your partnerships with other regulated sma MS4(s), provide it in the space below, or include an attachment to the SWPPP Document, with the following file naming convention: MS4NameHere_Partnerships. None   |  |   |  |  |  |
|    | -   | ption of Regulatory Mechanisms: (Part  | : II.D.2)   |  |  |  |
| A. |   | ou have a regulatory mechanism(s) that effectively pept those non-stormwater discharges authorized under                             | rohibits non-stormwater discharges into your small MS4,<br>er the Permit (Part III.D.3.b.)? ☐ Yes ☒ No        |  |  |  |
|    | 1.  | If yes:  |   |  |  |  |
|    |   | a. Check which <i>type</i> of regulatory mechanism(s) you Contract lang Contract lang Policy/Standards Permits Rules Other, explain: |   |  |  |  |
|    |   |  | ected above or attach it as an electronic document to this n Ordinance or a Rule, you may provide a citation: |  |  |  |
|    |   | Direct link:   |   |  |  |  |
|    |   | ☐ Check here if attaching an electronic copy of convention: <i>MS4NameHere_IDDEreg</i> .   | your regulatory mechanism, with the following file naming   |  |  |  |
|    |   | lf no:   |   |  |  |  |
|    |   | Describe the tasks and corresponding schedules that<br>permit coverage is extended, this permit requirement                          | t will be taken to assure that, within 12 months of the date is met:  |  |  |  |
|    |   | We will develop and implement an illicit discahrge ord   | dinance within the next 12 months.  |  |  |  |

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#### **Construction site stormwater runoff control**

| A.  | Do you have a regulatory mechanism(s) that establishes requirements for erosion and sediment controls and waste controls? $\square$ Yes $\square$ No |  |            |
|-----|--|--|------------|
|     | 1. If <b>y</b>   | es:  |            |
|     | a.   | Check which <i>type</i> of regulatory mechanism(s) your organization has (check all that apply):  Ordinance Contract language Policy/Standards Permits Rules Other, explain:   |            |
|     | b.   | Provide either a direct link to the mechanism selected above or attach it as an electronic doc form; or if your regulatory mechanism is either an Ordinance or a Rule, you may provide a contract of the contr |            |
|     |  | Citation:  |            |
|     |  | Resolution 9-15 with Valley Branch Watershed District  |            |
|     |  | Direct link:   |            |
| В.  |  | ☐ Check here if attaching an electronic copy of your regulatory mechanism, with the following convention: MS4NameHere_CSWreg.  Tregulatory mechanism at least as stringent as the MPCA general permit to Discharge Stormwond   |            |
|     |  | nstruction Activity (as of the effective date of the MS4 Permit)?   ☐ No   |            |
|     | -  | nswered <b>yes</b> to the above question, proceed to C.  |            |
|     | schedu   | nswered <b>no</b> to either of the above permit requirements listed in A. or B., describe the tasks an les that will be taken to assure that, within 12 months of the date permit coverage is extended ments are met:  |            |
| C.  | activity   | yes or no to indicate whether your regulatory mechanism(s) requires owners and operators of to develop site plans that incorporate the following erosion and sediment controls and waste of the Permit (Part III.D.4.a.(1)-(8)), and as listed below:  |            |
|     | 1. Be  | st Management Practices (BMPs) to minimize erosion.  |            |
|     |  | Ps to minimize the discharge of sediment and other pollutants.   |            |
|     |  | Ps for dewatering activities.  | ⊠ Yes □ No |
|     |  | e inspections and records of rainfall events   | ⊠ Yes □ No |
|     |  | P maintenance  | ⊠ Yes □ No |
|     |  | nagement of solid and hazardous wastes on each project site.   | ⊠ Yes □ No |
|     |  | al stabilization upon the completion of construction activity, including the use of perennial petative cover on all exposed soils or other equivalent means.   | ⊠ Yes □ No |
|     | 8. Cri   | teria for the use of temporary sediment basins.  |            |
|     |  | nswered <b>no</b> to any of the above permit requirements, describe the tasks and corresponding son to assure that, within 12 months of the date permit coverage is extended, these permit requi   |            |
| Pos | st-cons  | truction stormwater management   |            |
| A.  |  | have a regulatory mechanism(s) to address post-construction stormwater management activity. $\hfill \square$<br>No   | ties?      |
|     | 1. If <b>y</b>   | es:  |            |
|     | a.   | Check which <i>type</i> of regulatory mechanism(s) your organization has (check all that apply):  ☐ Ordinance ☐ Contract language ☐ Policy/Standards ☐ Permits ☐ Rules ☐ Other, explain:   |            |

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|    |    | b.      |                           |                           | either a direct link to the mechanism selected above or attach it as an electronic docu<br>if your regulatory mechanism is either an Ordinance or a Rule, you may provide a cita   |             | nis  |
|----|----|---------|---------------------------|---------------------------|--|-------------|------|
|    |    |         | Cita                      | ation:                    |  |             |      |
|    |    |         | Re                        | soluti                    | on 9-15 with Valley Branch Watershed District  |             |      |
|    |    |         | Dir                       | ect lir                   | nk:  |             |      |
|    |    |         |                           |                           |  |             |      |
|    |    |         |                           |                           | k here if attaching an electronic copy of your regulatory mechanism, with the following ention: MS4NameHere_PostCSWreg.  | ı file nami | ng   |
| B. |    |         |                           |                           | below to indicate whether you have a regulatory mechanism(s) in place that meets the described in the Permit (Part III.D.5.a.):  | ne followii | ng   |
|    | 1. | S       | ite pla                   | ans w                     | eview: Requirements that owners and/or operators of construction activity submit ith post-construction stormwater management BMPs to the permittee for review and rior to start of construction activity.  | ⊠ Yes       | ☐ No |
|    | 2. | p<br>fo | ombir<br>ractic<br>orestr | natior<br>es (e<br>y, gre | for post construction stormwater management: Requires the use of any of BMPs, with highest preference given to Green Infrastructure techniques and .g., infiltration, evapotranspiration, reuse/harvesting, conservation design, urban ten roofs, etc.), necessary to meet the following conditions on the site of a mactivity to the Maximum Extent Practicable (MEP):  |             |      |
|    |    | а       |                           |                           | w development projects – no net increase from pre-project conditions (on an annual e basis) of:  | ⊠ Yes       | ☐ No |
|    |    |         | 1)<br>2)<br>3)            | lim<br>Sto                | ormwater discharge volume, unless precluded by the stormwater management itations in the Permit (Part III.D.5.a(3)(a)). Ormwater discharges of Total Suspended Solids (TSS). Ormwater discharges of Total Phosphorus (TP).   |             |      |
|    |    | b       |                           |                           | evelopment projects – a net reduction from pre-project conditions (on an annual e basis) of:   |             | ☐ No |
|    |    |         | 1)<br>2)<br>3)            | lim<br>Sto                | ormwater discharge volume, unless precluded by the stormwater management itations in the Permit (Part III.D.5.a(3)(a)). ormwater discharges of TSS. ormwater discharges of TP.   |             |      |
|    | 3. | S       | torm                      | wate                      | r management limitations and exceptions:   |             |      |
|    |    | a.      | Lin                       | nitatio                   |  |             |      |
|    |    |         | 1)                        | sto                       | hibit the use of infiltration techniques to achieve the conditions for post-construction mwater management in the Permit (Part III.D.5.a(2)) when the infiltration structural mwater BMP will receive discharges from, or be constructed in areas:   | ⊠ Yes       | ☐ No |
|    |    |         |                           | a)<br>b)                  | Where industrial facilities are not authorized to infiltrate industrial stormwater under an NPDES/SDS Industrial Stormwater Permit issued by the MPCA. Where vehicle fueling and maintenance occur.  |             |      |
|    |    |         |                           | c)                        | With less than three (3) feet of separation distance from the bottom of the infiltration system to the elevation of the seasonally saturated soils or the top of bedrock.  |             |      |
|    |    |         |                           | d)                        | Where high levels of contaminants in soil or groundwater will be mobilized by the infiltrating stormwater.   |             |      |
|    |    |         | 2)                        | stor<br>revi              | trict the use of infiltration techniques to achieve the conditions for post-construction mwater management in the Permit (Part III.D.5.a(2)), without higher engineering ew, sufficient to provide a functioning treatment system and prevent adverse acts to groundwater, when the infiltration device will be constructed in areas:  | ⊠ Yes       | □ No |
|    |    |         |                           | a)<br>b)<br>c)<br>d)      | With predominately Hydrologic Soil Group D (clay) soils. Within 1,000 feet up-gradient, or 100 feet down-gradient of active karst features. Within a Drinking Water Supply Management Area (DWSMA) as defined in Minn. R. 4720.5100, subp. 13. Where soil infiltration rates are more than 8.3 inches per hour.  |             |      |
|    |    |         | 3)                        | in the                    | linear projects where the lack of right-of-way precludes the installation of volume trol practices that meet the conditions for post-construction stormwater management ne Permit (Part III.D.5.a(2)), the permittee's regulatory mechanism(s) may allow eptions as described in the Permit (Part III.D.5.a(3)(b)). The permittee's regulatory chanism(s) shall ensure that a reasonable attempt be made to obtain right-of-waying the project planning process. | ⊠ Yes       | □ No |

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|      |            | 4.           | storn  | gation provisions: The permittee's regulatory mechanism(s) shall ensure that any nwater discharges of TSS and/or TP not addressed on the site of the original construction ity are addressed through mitigation and, at a minimum, shall ensure the following irements are met:   |          |      |
|------|------------|--------------|--|---|----------|------|
|      |            |              |  | Mitigation project areas are selected in the following order of preference:  1) Locations that yield benefits to the same receiving water that receives runoff from the original construction activity.   | ⊠ Yes    | ☐ No |
|      |            |              |  | <ol> <li>Locations within the same Minnesota Department of Natural Resource (DNR) catchment area as the original construction activity.</li> </ol>  |          |      |
|      |            |              |  | 3) Locations in the next adjacent DNR catchment area up-stream  |          |      |
|      |            |              |  | Locations anywhere within the permittee's jurisdiction.  Mitigation projects must involve the creation of new structural stormwater BMPs or the   | <b>5</b> |      |
|      |            |              |  | retrofit of existing structural stormwater BMPs, or the use of a properly designed regional structural stormwater BMP.  | ⊠ Yes    | ∐ No |
|      |            |              |  | Routine maintenance of structural stormwater BMPs already required by this permit cannot be used to meet mitigation requirements of this part.  | ⊠ Yes    | □No  |
|      |            |              |  | Mitigation projects shall be completed within 24 months after the start of the original construction activity.  | ⊠ Yes    | ☐ No |
|      |            |              | I  | The permittee shall determine, and document, who will be responsible for long-term maintenance on all mitigation projects of this part.   | ⊠ Yes    | □ No |
|      |            |              | 1  | If the permittee receives payment from the owner and/or operator of a construction activity for mitigation purposes in lieu of the owner or operator of that construction activity meeting the conditions for post-construction stormwater management in Part III.D.5.a(2), the permittee shall apply any such payment received to a public stormwater project, and all projects must be in compliance with Part III.D.5.a(4)(a)-(e).   | ⊠ Yes    | □ No |
|      |            | 5.           | mech<br>and o<br>BMP<br>cond<br>only<br>that | p-term maintenance of structural stormwater BMPs: The permittee's regulatory nanism(s) shall provide for the establishment of legal mechanisms between the permittee owners or operators responsible for the long-term maintenance of structural stormwater is not owned or operated by the permittee, that have been implemented to meet the litions for post-construction stormwater management in the Permit (Part III.D.5.a(2)). This includes structural stormwater BMPs constructed after the effective date of this permit and are directly connected to the permittee's MS4, and that are in the permittee's jurisdiction. legal mechanism shall include provisions that, at a minimum: |          |      |
|      |            |              | a  | Allow the permittee to conduct inspections of structural stormwater BMPs not owned or operated by the permittee, perform necessary maintenance, and assess costs for those structural stormwater BMPs when the permittee determines that the owner and/or operator of that structural stormwater BMP has not conducted maintenance.   | ⊠ Yes    | □ No |
|      |            |              |  | Include conditions that are designed to preserve the permittee's right to ensure maintenance responsibility, for structural stormwater BMPs not owned or operated by the permittee, when those responsibilities are legally transferred to another party.   | ⊠ Yes    | ☐ No |
|      |            |              | ;  | Include conditions that are designed to protect/preserve structural stormwater BMPs and site features that are implemented to comply with the Permit (Part III.D.5.a(2)). If site configurations or structural stormwater BMPs change, causing decreased structural stormwater BMP effectiveness, new or improved structural stormwater BMPs must be implemented to ensure the conditions for post-construction stormwater management in the Permit (Part III.D.5.a(2)) continue to be met.   | ⊠ Yes    | □ No |
|      |            | be           |  | swered <b>no</b> to any of the above permit requirements, describe the tasks and corresponding sch<br>to assure that, within twelve (12) months of the date permit coverage is extended, these perm   |          |      |
|      | <b>F</b> - | <b>C</b> = - |  | ant Domana Dragadoras (EDDs), (Dart II D. 3)  |          |      |
| III. | En<br>A.   |              |  | ent Response Procedures (ERPs): (Part II.D.3)  ave existing ERPs that satisfy the requirements of the Permit (Part III.B.)?   | ☐ Yes    | ⊠ No |
|      | - ••       |              | If yes                                       | s, attach them to this form as an electronic document, with the following file naming ention: MS4NameHere_ERPs.   | 00       |      |
|      |            | 2.           | If no  | , describe the tasks and corresponding schedules that will be taken to assure that, with<br>ve (12) months of the date permit coverage is extended, these permit requirements are met:  |          |      |
|      |            |              |  | City will develop illicit discharge ERPS within 12 months.  |          |      |

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B. Describe your ERPs:

#### Storm Sewer System Map and Inventory: (Part II.D.4.) A. Describe how you manage your storm sewer system map and inventory: The City is small and has almost no development in the last three decades. Our map and inventory has not changed, Major changes will be documented. B. Answer yes or no to indicate whether your storm sewer system map addresses the following requirements from the Permit (Part III.C.1.a-d), as listed below: The permittee's entire small MS4 as a goal, but at a minimum, all pipes 12 inches or greater in diameter, including stormwater flow direction in those pipes. Outfalls, including a unique identification (ID) number assigned by the permittee, and an associated geographic coordinate. 3. Structural stormwater BMPs that are part of the permittee's small MS4. ⊠ Yes □ No 4. All receiving waters. If you answered **no** to any of the above permit requirements, describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, these permit requirements are met: C. Answer yes or no to indicate whether you have completed the requirements of 2009 Minnesota Session Law, Ch. 172. Sec. 28: with the following inventories, according to the specifications of the Permit (Part III.C.2.a.-b.), including: 1. All ponds within the permittee's jurisdiction that are constructed and operated for purposes of water quality treatment, stormwater detention, and flood control, and that are used for the collection of stormwater via constructed conveyances. 2. All wetlands and lakes, within the permittee's jurisdiction, that collect stormwater via constructed conveyances. D. Answer yes or no to indicate whether you have completed the following information for each feature inventoried. 1. A unique identification (ID) number assigned by the permittee. ⊠ Yes □ No ☐ Yes ☐ No 2. A geographic coordinate. 3. Type of feature (e.g., pond, wetland, or lake). This may be determined by using best professional judgment. If you have answered **yes** to all above requirements, and you have already submitted the Pond Inventory Form to the MPCA, then you do not need to resubmit the inventory form below. If you answered **no** to any of the above permit requirements, describe the tasks and corresponding schedules that will

If you answered **no** to any of the above permit requirements, describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, these permit requirements are met:

The city will develop coordinates for ponds and lake in the next 12 months.

If you answered **no**, the inventory form must be submitted to the MPCA MS4 Permit Program within 12 months of the date permit coverage is extended.

#### V. Minimum Control Measures (MCMs) (Part II.D.5)

#### A. MCM1: Public education and outreach

1. The Permit requires that, within 12 months of the date permit coverage is extended, existing permittees revise their education and outreach program that focuses on illicit discharge recognition and reporting, as well as other specifically selected stormwater-related issue(s) of high priority to the permittee during this permit term. Describe your current educational program, including any high-priority topics included:

The city relies on Washington County for education and outreach.

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Include the measurable goals with appropriate timeframes that each BMP category will be implemented and completed. In addition, provide interim milestones and the frequency of action in which the permittee will implement and/or maintain the BMPs. Refer to the U.S. Environmental Protection Agency's (EPA) Measurable Goals Guidance for Phase II Small MS4s (http://www.epa.gov/npdes/pubs/measurablegoals.pdf).

If you have more than five categories, hit the tab key after the last line to generate a new row.

| Established BMP categories   | Measurable goals and timeframes                        |
|--|--|
| Annual stormwater meeting  | Attendance and annually                                |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| BMP categories to be implemented   | Measurable goals and timeframes                        |
| BMP categories to be implemented  Develop email list of residents for distributing email | Measurable goals and timeframes                        |
| i  | Measurable goals and timeframes  # of email recipients |
| Develop email list of residents for distributing email                                   |  |
| Develop email list of residents for distributing email                                   |  |
| Develop email list of residents for distributing email                                   |  |

3. Provide the name or the position title of the individual(s) who is responsible for implementing and/or coordinating this MCM:

City Administrator

#### B. MCM2: Public participation and involvement

The Permit (Part III.D.2.a.) requires that, within 12 months of the date permit coverage is extended, existing permittees shall revise their current program, as necessary, and continue to implement a public participation/involvement program to solicit public input on the SWPPP. Describe your current program:

The city holds an annual stormwater meeting and records and listens to public comments.

List the categories of BMPs that address your public participation/involvement program, including solicitation and documentation of public input on the SWPPP. Use the first table for categories of BMPs that you have established and the second table for categories of BMPs that you plan to implement over the course of the permit term.

Include the measurable goals with appropriate timeframes that each BMP category will be implemented and completed. In addition, provide interim milestones and the frequency of action in which the permittee will implement and/or maintain the BMPs. Refer to the EPA's Measurable Goals Guidance for Phase II Small MS4s (http://www.epa.gov/npdes/pubs/measurablegoals.pdf). If you have more than five categories, hit the tab key after the last line to generate a new row.

| Measurable goals and timeframes |
|---------------------------------|
| Attendance                      |
|                                 |
|                                 |
|                                 |
|                                 |
| Measurable goals and timeframes |
| # of homes emailed              |
|                                 |
|                                 |
|                                 |
|                                 |
|                                 |

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| 3. | Do y   | ou have a process for receiving and documenting cit  | tizen input? 🛛 Yes 🔲 No                           |               |  |  |
|----|--|--|---|---------------|--|--|
|    | If you answered <b>no</b> to the above permit requirement, describe the tasks and corresponding schedules that will be taken to assure that, within 12 months of the date permit coverage is extended, this permit requirement is met: |  |   |               |  |  |
| 4. | Provide the name or the position title of the individual(s) who is responsible for implementing and/or coordinating this MCM:  |  |   |               |  |  |
|    | City Administrator   |  |   |               |  |  |
| C. | МСІ  | M 3: Illicit discharge detection and elimination   | on  |               |  |  |
| 1. | •  |  |   |               |  |  |
|    | City   | council visually monitors events in the city.  |   |               |  |  |
| 2. |  | s your Illicit Discharge Detection and Elimination Prog<br>t III.D.3.cg.)?   | gram meet the following requirements, as found    | in the Permit |  |  |
|    | a.   | Incorporation of illicit discharge detection into all ins under the Permit (Part III.D.6.ef.)Where feasible, il during dry-weather conditions (e.g., periods of 72 or  | llicit discharge inspections shall be conducted   | ⊠ Yes □ No    |  |  |
|    | b.   | Detecting and tracking the source of illicit discharge also include use of mobile cameras, collecting and a procedures that may be effective investigative tools   | analyzing water samples, and/or other detailed    | ⊠ Yes □ No    |  |  |
|    | C.   | Training of all field staff, in accordance with the requilicit discharge recognition (including conditions whi reporting illicit discharges for further investigation.   |   | ☐ Yes   ☐ No  |  |  |
|    | d.   | Identification of priority areas likely to have illicit disc<br>land use associated with business/industrial activitie<br>identified in the past, and areas with storage of larg-<br>result in an illicit discharge.     | es, areas where illicit discharges have been      | ⊠ Yes □ No    |  |  |
|    | e.   | Procedures for the timely response to known, suspec  | cted, and reported illicit discharges.            | ⊠ Yes □ No    |  |  |
|    | f.   | Procedures for investigating, locating, and eliminating  | g the source of illicit discharges.               |               |  |  |
|    | g.   | Procedures for responding to spills, including emerge entering the small MS4. The procedures shall also in Minnesota Department of Public Safety Duty Officer, leak as defined in Minn. Stat. § 115.061.                 | clude the immediate notification of the           | ⊠ Yes □ No    |  |  |
|    | h.   | When the source of the illicit discharge is found, the permit (Part III.B.) to eliminate the illicit discharge and   |   | ⊠ Yes □ No    |  |  |
|    |  | u answered <b>no</b> to any of the above permit requireme<br>n to assure that, within 12 months of the date permit   |   |               |  |  |
|    | c. W   | e have volunteers and will work with VBWD and/or v   | Vashington County to better train our volunteers. |               |  |  |
| 3. | cate   | the categories of BMPs that address your illicit discha<br>gories of BMPs that you have established and the se<br>the course of the permit term.   |   |               |  |  |
|    | addi<br>BMF  | ide the measurable goals with appropriate timeframe tion, provide interim milestones and the frequency of Ps. Refer to the EPA's <i>Measurable Goals Guidance foods.</i> 1//www.epa.gov/npdes/pubs/measurablegoals.pdf). | action in which the permittee will implement and  |               |  |  |
|    | If yo  | u have more than five categories, hit the tab key a  | after the last line to generate a new row.        |               |  |  |
| -  | Esta   | ablished BMP categories  | Measurable goals and timeframes                   |               |  |  |
| ē  | Wee  | kly visual inspections   | # of discharges detected                          |               |  |  |
| -  |  |  |   |               |  |  |
| -  |  |  |   |               |  |  |
| -  |  |  |   |               |  |  |
|    |  |  |   |               |  |  |

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| -  | BN                         | IP ca                   | ategories to be implemented  | Measurable goals and timeframes   |             |        |
|----|----------------------------|-------------------------|--|---|-------------|--------|
| -  |                            |                         |  |   |             |        |
|    |                            |                         |  |   |             |        |
| -  |                            |                         |  |   |             |        |
| -  |                            |                         |  |   |             |        |
| 4. | Do<br>spe                  | you<br>ecifie           | have procedures for record-keeping within your led within the Permit (Part III.D.3.h.)? $\square$ Yes $\boxtimes$  | llicit Discharge Detection and Elimination (IDDE)<br>] No                                   | program     | as     |
|    |                            |                         | nswered <b>no</b> , indicate how you will develop proced<br>tion Program, within 12 months of the date permit  |   | Detection   | n and  |
|    | The                        | e Cit                   | y wilkl document the above   |   |             |        |
| 5. | Pro<br>MC                  |                         | the name or the position title of the individual(s)  | who is responsible for implementing and/or coord  | dinating th | nis    |
|    | Cit                        | y Ad                    | ministrator  |   |             |        |
| D. | МС                         | CM 4                    | : Construction site stormwater runoff co   | ntrol   |             |        |
| 1. | rev                        | ise t                   | rmit (Part III.D.4) requires that, within 12 months of heir current program, as necessary, and continue program. Describe your current program:  |   |             |        |
|    | Ou                         | r pro                   | gram is administered through Valley Branch Wat   | ershed District.  |             |        |
| 2. |                            |                         | our program address the following BMPs for cons<br>mit (Part III.D.4.b.):  | truction stormwater erosion and sediment contro   | l as requi  | red in |
|    | a.                         | Ha                      | ve you established written procedures for site planstruction activity?   | n reviews that you conduct prior to the start of  |             | ☐ No   |
|    | b.                         | Do                      | es the site plan review procedure include notificat<br>instruction activity that they need to apply for and o<br>mit to Discharge Stormwater Associated with Cor   | obtain coverage under the MPCA's general  | ⊠ Yes       | □No    |
|    | C.                         | nor                     | es your program include written procedures for re<br>ncompliance or other stormwater related informati<br>plic to the permittee?   |   | ⊠ Yes       | ☐ No   |
|    | d.                         |                         | ve you included written procedures for the following appliance with your regulatory mechanism(s):  | ng aspects of site inspections to determine   |             |        |
|    |                            | 1)                      | Does your program include procedures for ident   | tifying priority sites for inspection?  |             | ☐ No   |
|    |                            | 2)                      | Does your program identify a frequency at which inspections?   | h you will conduct construction site  | Yes         | ☐ No   |
|    |                            | 3)                      | Does your program identify the names of individed conducting construction site inspections?  | lual(s) or position titles of those responsible for   | ⊠ Yes       | ☐ No   |
|    |                            | 4)                      | Does your program include a checklist or other inspections when determining compliance?  | written means to document construction site   |             | ☐ No   |
|    | e.                         |                         | es your program document and retain constructio turbed, and owner/operator information?  | n project name, location, total acreage to be   |             | ☐ No   |
|    | f.                         |                         | es your program document stormwater-related co<br>ermine project approval or denial?   | mments and/or supporting information used to  | ⊠ Yes       | ☐ No   |
|    | g.                         |                         | es your program retain construction site inspectio cument site inspections?  | n checklists or other written materials used to   | ⊠ Yes       | ☐ No   |
|    |                            |                         | nswered <b>no</b> to any of the above permit requirement of assure that, within 12 months of the date permit   |   |             |        |
| 3. | tab                        | le fo                   | categories of BMPs that address your construction categories of BMPs that you have established a sement over the course of the permit term.  |   |             |        |
|    | cor<br>and<br>( <u>htt</u> | nple<br>d/or i<br>p://v | the measurable goals with appropriate timeframe ted. In addition, provide interim milestones and the maintain the BMPs. Refer to the EPA's <i>Measurab</i> www.epa.gov/npdes/pubs/measurablegoals.pdf). It is last line to generate a new row. | e frequency of action in which the permittee will le Goals Guidance for Phase II Small MS4s | implemen    | nt     |

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|    | Es  | tablished BMP categories   | Measurable goals and timeframes                   |                  |  |  |
|----|---|--|---|------------------|--|--|
|    | Se  | e Valley Branch Watershed District   | Permit compliance                                 |                  |  |  |
|    |   |  |   |                  |  |  |
|    |   |  |   |                  |  |  |
|    |   |  |   |                  |  |  |
|    |   |  |   |                  |  |  |
|    | RM  | IP categories to be implemented  | Measurable goals and timeframes                   |                  |  |  |
|    |   | oatogonoo to bo impiomontoa  | mousulasio goule and amienames                    |                  |  |  |
|    |   |  |   |                  |  |  |
|    |   |  |   |                  |  |  |
|    |   |  |   |                  |  |  |
|    |   |  |   |                  |  |  |
|    |   |  |   |                  |  |  |
| 4. | Pro<br>MC   | ovide the name or the position title of the individual(s) of the individ | who is responsible for implementing and/or coor   | dinating this    |  |  |
|    | Cit   | y Administrator and Valley Branch Watershed District.  |   |                  |  |  |
| E. | MC  | CM 5: Post-construction stormwater manager   | ment  |                  |  |  |
| 1. | The Permit (Part III.D.5.) requires that, within 12 months of the date permit coverage is extended, existing permittees shall revise their current program, as necessary, and continue to implement and enforce a post-construction stormwater management program. Describe your current program:   |  |   |                  |  |  |
|    | Valley Branch Watershed District performs this function as part of the permit process.  |  |   |                  |  |  |
| 2. |   | ve you established written procedures for site plan revestruction activity?  | riews that you will conduct prior to the start of | ⊠ Yes □ No       |  |  |
| 3. |   | swer <b>yes</b> or <b>no</b> to indicate whether you have the follow<br>st-construction stormwater management according to   |   |                  |  |  |
|    | a.  | Any supporting documentation that you use to detern III.D.5.a), including the project name, location, owner checklists used for conducting site plan reviews, and compliance?  | r and operator of the construction activity, any  | ⊠ Yes □ No       |  |  |
|    | b.  | All supporting documentation associated with mitigat   | tion projects that you authorize?                 |                  |  |  |
|    | C.  | Payments received and used in accordance with Per  | rmit (Part III.D.5.a.(4)(f))?                     |                  |  |  |
|    | d.  | All legal mechanisms drafted in accordance with the the agreement(s) and names of all responsible parties  |   | ⊠ Yes □ No       |  |  |
|    |   | ou answered <b>no</b> to any of the above permit requirement months of the date permit coverage is extended, thes  |   | ure that, within |  |  |
| 4. | for   | t the categories of BMPs that address your post-const<br>categories of BMPs that you have established and the<br>plement over the course of the permit term.   |   |                  |  |  |
|    | Include the measurable goals with appropriate timeframes that each BMP category will be implemented and completed. In addition, provide interim milestones and the frequency of action in which the permittee will implement and/or maintain the BMPs. Refer to the EPA's <i>Measurable Goals Guidance for Phase II Small MS4s</i> ( <a href="http://www.epa.gov/npdes/pubs/measurablegoals.pdf">http://www.epa.gov/npdes/pubs/measurablegoals.pdf</a> ). If you have more than five categories, hit the tab key after the last line to generate a new row. |  |   | implement        |  |  |
|    | Es  | tablished BMP categories   | Measurable goals and timeframes                   |                  |  |  |
|    | Pe  | r Valley Branch Watershed District   | Per Valley Branch Watershed District              |                  |  |  |
|    |   |  |   |                  |  |  |
|    |   |  |   |                  |  |  |
|    |   |  |   |                  |  |  |
|    |   |  |   |                  |  |  |

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| =  | BMP categories to be implemented  | Measurable goals and timeframes  |  |  |  |  |
|----|---|--|--|--|--|--|
| -  |   |  |  |  |  |  |
| -  |   |  |  |  |  |  |
| =  |   |  |  |  |  |  |
| 5. | Provide the name or the position title of the individual(s) MCM:  | who is responsible for implementing and/or coordinating this   |  |  |  |  |
|    | City and Valley Branch Watershed District   |  |  |  |  |  |
| F. | MCM 6: Pollution prevention/good housekeepir  | ng for municipal operations  |  |  |  |  |
| 1. | The Permit (Part III.D.6.) requires that, within 12 months revise their current program, as necessary, and continue   | of the date permit coverage is extended, existing permittees shall to implement an operations and maintenance program that permittee owned/operated facilities and operations to the small |  |  |  |  |
|    | We have no facilities as described in Part III.D.6.   |  |  |  |  |  |
| 2. | Do you have a facilities inventory as outlined in the Perm  | nit (Part III.D.6.a.)? ☐ Yes ☒ No  |  |  |  |  |
| 3. |   | uestion 2, describe the tasks and corresponding schedules that permit coverage is extended, this permit requirement is met:  |  |  |  |  |
|    | Not Applicable  |  |  |  |  |  |
| 4. | List the categories of BMPs that address your pollution prevention/good housekeeping for municipal operations program. Use the first table for categories of BMPs that you have established and the second table for categories of BMPs that you plan to implement over the course of the permit term.  |  |  |  |  |  |
|    | Include the measurable goals with appropriate timeframes that each BMP category will be implemented and completed. In addition, provide interim milestones and the frequency of action in which the permittee will implement and/or maintain the BMPs. For an explanation of measurable goals, refer to the EPA's <i>Measurable Goals Guidance for Phase II Small MS4s</i> (http://www.epa.gov/npdes/pubs/measurablegoals.pdf). |  |  |  |  |  |
|    | If you have more than five categories, hit the tab key a  | after the last line to generate a new row.   |  |  |  |  |
| -  | Established BMP categories  | Measurable goals and timeframes  |  |  |  |  |
| -  | Street Sweeping   | Once a year as needed.   |  |  |  |  |
| -  | Inspections   | Twice a year as needed.  |  |  |  |  |
| -  |   |  |  |  |  |  |
| =  | BMP categories to be implemented  | Measurable goals and timeframes  |  |  |  |  |
| -  | Snow Plowing  | Documentation of instructions to plower  |  |  |  |  |
| -  | Training  | Documentation of training.   |  |  |  |  |
| -  |   |  |  |  |  |  |
| 5  | . Does discharge from your MS4 affect a Source Water a. If <b>no</b> , continue to 6.   | Protection Area (Permit Part III.D.6.c.)? ☐ Yes ☒ No   |  |  |  |  |
|    | <ul> <li>If yes, the Minnesota Department of Health (MDH) following items. Maps are available at <a href="http://www.health.state.mn.us/divs/eh/water/swp/n">http://www.health.state.mn.us/divs/eh/water/swp/n</a> following items available for your MS4:</li> </ul>   |  |  |  |  |  |

|     |     | 1)           | Wells and source waters for drinking water supply management areas identified as vulnerable under Minn. R. 4720.5205, 4720.5210, and 4720.5330?   | ☐ Yes       | □No     |
|-----|-----|--------------|---|-------------|---------|
|     |     | 2)           | Source water protection areas for surface intakes identified in the source water assessments conducted by or for the Minnesota Department of Health under the federal Safe Drinking Water Act, U.S.C. §§ 300j – 13?   | ☐ Yes       | □ No    |
|     | c.  |              | ve you developed and implemented BMPs to protect any of the above drinking water<br>proces?   | ☐ Yes       | ☐ No    |
| 6.  | Т   | P trea       | rou developed procedures and a schedule for the purpose of determining the TSS and atment effectiveness of all permittee owned/operated ponds constructed and used for the on and treatment of stormwater, according to the Permit (Part III.D.6.d.)?                             | ⊠ Yes       | □No     |
| 7.  | (3  | 3)) for      | have inspection procedures that meet the requirements of the Permit (Part III.D.6.e.(1)-structural stormwater BMPs, ponds and outfalls, and stockpile, storage and material ag areas?   | ⊠ Yes       | □ No    |
| 8.  |     |              | ou developed and implemented a stormwater management training program commensurativee's job duties that:  | e with ea   | ch      |
|     | a   | . Ac         | dresses the importance of protecting water quality?   |             | ☐ No    |
|     | b   | . Co         | overs the requirements of the permit relevant to the duties of the employee?  |             | ☐ No    |
|     | C.  | re           | cludes a schedule that establishes initial training for new and/or seasonal employees and curring training intervals for existing employees to address changes in procedures, actices, techniques, or requirements?   | ⊠ Yes       | □No     |
| 9.  |     |              | keep documentation of inspections, maintenance, and training as required by the Permit D.6.h.(1)-(5))?  | ☐ Yes       | ⊠ No    |
|     | СО  | rresp        | nswered <b>no</b> to any of the above permit requirements listed in <b>Questions 5 – 9</b> , then described onding schedules that will be taken to assure that, within 12 months of the date permit coveremit requirements are met:   |             |         |
|     | Cit | ty will      | become more diligent in documatation of the above.  |             |         |
| 10. |     | ovide<br>CM: | the name or the position title of the individual(s) who is responsible for implementing and/or of   | coordinatir | ng this |
|     | Cit | ty Ad        | ministrator   |             |         |
|     | •   |              | nce Schedule for an Approved Total Maximum Daily Load (TMDL)<br>le Waste Load Allocation (WLA) (Part II.D.6.)   | with a      | n       |
| A.  | _   |              | have an approved TMDL with a Waste Load Allocation (WLA) prior to the effective date ermit?   | Yes         | ☐ No    |
|     | 1.  | lf n         | o, continue to section VII.   |             |         |
|     | 2.  |              | es, fill out and attach the MS4 Permit TMDL Attachment Spreadsheet with the following ning convention: MS4NameHere_TMDL.  |             |         |
|     |     | Thi          | s form is found on the MPCA MS4 website: <a href="http://www.pca.state.mn.us/ms4">http://www.pca.state.mn.us/ms4</a> .  |             |         |
| Αlι | ım  | or l         | Ferric Chloride Phosphorus Treatment Systems (Part II.D.7.)   |             |         |
| A.  |     |              | own and/or operate any Alum or Ferric Chloride Phosphorus Treatment Systems which ulated by this Permit (Part III.F.)?  | ☐ Yes       | ⊠ No    |
|     | 1.  | lf n         | o, this section requires no further information.  |             |         |
|     | 2.  | with<br>Tre  | es, you own and/or operate an Alum or Ferric Chloride Phosphorus Treatment System in your small MS4, then you must submit the Alum or Ferric Chloride Phosphorus atment Systems Form supplement to this document, with the following naming vention: MS4NameHere_TreatmentSystem. |             |         |
|     |     | Thi          | s form is found on the MPCA MS4 website: <a href="http://www.pca.state.mn.us/ms4">http://www.pca.state.mn.us/ms4</a> .  |             |         |

VIII. Add any Additional Comments to Describe Your Program

VI.

VII.

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#### Compliance Schedule PART II.D.6.f.-g.

| Compliance Schedule I ART II.D.O.Ig.  |   |  |  |   |                                   |                                   |                                   |
|---|---|--|--|---|-----------------------------------|-----------------------------------|-----------------------------------|
| is your MS4 currently meeting its WLA for any approved TMDLs?  NO (Complete Table 1, Strategies for confining BMP implementation beyond the term of this; PES (Provide the following information below) If YES (Indicate the WLAs (may be grouped by TMDL Project) you believe are reasonably b term confinitation of meeting each WLA, PART ILD, 8,4(1)-(12)   |   | Go to:<br>Table 1<br>the implemented BMP | Go to:<br>Strategies<br>s and provide a narrative st | Go to:<br>Table 2<br>rategy for the long- |                                   |                                   |                                   |
|   |   |  |  |   |                                   |                                   |                                   |
| Table 1 Fill in the following table with your Interim Milestones, BMP IDs, and Implementation Date corresponding pollutant. Then put an "X" in the boxes for the TMDL that corresponds with   |   |  | nns with each TMDL Projec                            | t Name and the                            |                                   |                                   |                                   |
| NOTE It is recommended to assign each interim Milestone (BMP) a BMP ID. You will be required to re- number at the time of application may be useful in tracking implementation efforts. If a posed to BMPs are not required to have an ID, but it may be useful to assign it ain ID for interinal MSI reco MPCA recommends the implementation Dates align with the submittal of MSI Annual Reports. I | hat will be included in the pond i<br>ordkeeping. | nventory (Part III.C.2.) is              | to be applied toward a WLA                           | use the same ID for both                  | the pond inventory and T          | M DL tracking. Non-struct         |                                   |
|   |   |  |  |   |                                   |                                   |                                   |
| interim Milestone (Best Management Practice)  | BMP ID  | Implementation Date                      | Lake St. Croix Phosphorus                            |   | TMDL Project Name &<br>Pollutant3 | TMDL Project Name &<br>Pollutant4 | TMDL Project Name &<br>Pollutant5 |
|   | BMP ID 2014-1                                     | Implementation Date<br>6/20/2014         | Lake St. Croix Phosphorus                            |   |                                   |                                   |                                   |
|   |   |  |  |   |                                   |                                   |                                   |
|   |   |  |  |   |                                   |                                   |                                   |
|   |   |  |  |   |                                   |                                   |                                   |
|   |   |  |  |   |                                   |                                   |                                   |
|   | 2014-1  | 6/20/2014                                |  |   |                                   |                                   |                                   |
| Public obucidion competen on Begal dumping, per weets disposal, and reporting of Biot discharges (servuely)  Stratecies for continued BMP implementation bevond the term of this cermit. PART ILD.6. The city will won't to build a closer working relationship with Yalley Branch Watershed District in  Table 2  Table 2  Target dates the applicable WLA(s) will be achieved. PART ILD.6.E(4)      | 2014-1  | 6/20/2014                                |  |   |                                   |                                   |                                   |
| Public education company on Regal dumping, port waster disposal, and reporting of Rich discharges (annually).  Stratecies for continued SMP implementation beyond the term of this ownit. PART ILD.6.  The city will work to build a closer working relationship with Valley Branch Watershed District in   | 2014-1  E.53  or to continue the maintanance      | 6/20/2014                                |  |   |                                   |                                   |                                   |

#### TMDL Wasteload Allocation Excel Spreadsheet PART II.D.6.a.-e.

Copy and paste from the Master List MS4 TMDL Spreadsheet for your MS4 to the space below.

Attach this completed form with your SWPPP Document at the time of submittal. At a minimum, provide all of the information "\*" items (TMDL Project Name, Type of WLA, Numeric WLA, Unit, Flow Condition, and Pollutant of Concern).

|                   |              |                              |              |              |              |         | Percent   |                 |                |                       |               |
|-------------------|--------------|------------------------------|--------------|--------------|--------------|---------|-----------|-----------------|----------------|-----------------------|---------------|
| Permittee name    | Preferred ID | TMDL project name*           | Waterbody ID | Type of WLA* | Numeric WLA* | Unit*   | reduction | Flow condition* | Waterbody name | Pollutant of concern* | Date approved |
| Pine Springs City | MS400044     | Lake St. Croix Nutrient TMDL | 82-0001      | Categorical  | 24.1         | lbs/day | 34%       | N/A             | Lake St. Croix | Phosphorus            | 8/8/2012      |

# RESOLUTION NO. 09-15

# RESOLUTION ADOPTING THE VALLEY BRANCH WATERSHED DISTRICT 2005 - 2015 WATERSHED MANAGEMENT PLAN DATED NOVEMBER 10, 2005

WHEREAS, Minnesota Statutes require local units of government to prepare local watershed management plans, capital improvement programs and official controls to conform with watershed district plans, and

WHEREAS, Pine Springs is wholly located within the Valley Branch Watershed District (VBWD), and

WHEREAS, Valley Branch Watershed District approved its 2005 – 2015 Watershed Management Plan on November 10, 2005, and

WHEREAS, local units of government were put on notice that within two years, each must either adopt local watershed plans or if a municipality is not assuming the permitting authority of Valley Branch Watershed District, they may adopt all or part of the watershed district plan by reference through a resolution or other means, and

WHEREAS, Valley Branch Watershed District is the permitting local government unit for all land altering activities within the City of Pine Springs.

NOW, THEREFORE, BE IT RESOLVED, that the City Council of the City of Pine Springs adopts those portions of the Valley Branch Watershed District 2005 - 2015 Watershed Management Plan that specifically refer to land and waters within the City of Pine Springs.

| The City C<br>Mayor<br>And secon | ouncil motion to<br>Bastyr<br>ded by Tru | for approval of the steel Feelings            | this resolut | ion was inti   | roduced by    |
|----------------------------------|--|---|--------------|----------------|---------------|
| Novak                            | Kardashi                                 | eon, the following and Feely, gainst the same | LOPTIN       | n favor of the | e resolution: |
| Adopted b                        | y the City Cour                          | icil, April 7, 200                            | )9           |                |               |
| Attest:                          |  |   |              |                |               |

Administrator