

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

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

Form 3400-224(R8/2021)

Reporting Information :

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

Project Name: 2023 Annual Report

County: Dane

Municipality: Dane County

Permit Number: S058416

Facility Number: 30903

Reporting Year: 2023

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
 - Public Education and Outreach Program
 - Public Involvement and Participation Program
 - Illicit Discharge Detection and Elimination Program
 - Construction Site Pollutant Control Program
 - Post-Construction Storm Water Management Program
 - Pollution Prevention Program
 - Municipal Storm Water Management Facility (BMP) Inventory
 - Municipal Storm Water Management Facility (BMP) Inspection and Maintenance Plan
 - Total Maximum Daily Load documents (**if applicable, see permit for due dates.*)
 - TMDL Mapping*
 - TMDL Modeling*
 - TMDL Implementation Plan*
 - Fecal Coliform Screening Parameter *
 - Fecal Coliform Inventory and Map (*S050075-03 general permittees Appendix B B.5.2 – document due to the department by March 31, 2022*)
 - Fecal Coliform Source Elimination Plan (*S050075-03 general permittees Appendix B - document due to the department by October 31, 2023*)

- Sign and Submit form

Municipal Contact Information- Complete

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

Note: Compliance items must be submitted using the Attachments tab.

Municipality Information

Name of Municipality: Dane County

Facility ID # or (FIN): 30903

Updated Information: Check to update mailing address information

Mailing Address: 210 MLK Jr Blvd, Room 421

Mailing Address 2:

City: Dane County

State: WI

Zip Code: 53703 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: Jeremy

Last Name: Balousek

Select to **update** current contact information

Title: WRE Division Manager

Mailing Address: 5201 Fen Oak Dr, Room 208

Mailing Address 2:

City: Madison

State: WI

Zip Code: 53718 xxxxx or xxxxx-xxxx

Phone Number: 608-225-6535 Ext: xxx-xxx-xxxx

Email: balousek@countyofdane.com

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:

Last Name:

Title:

Mailing Address:

Mailing Address 2:

City:

State:

Zip Code: xxxxx or xxxxx-xxxx

Phone Number: Ext: xxx-xxx-xxxx

Email:

Municipal Billing Contact Person (Authorized Representative for MS4 Permit)

Select to **create new** Billing contact

First Name:

Last Name:

Select to **update** current contact information

Title:

Mailing Address:

Mailing Address 2:

City:

State:

Zip Code: xxxxx or xxxxx-xxxx

Phone Number: Ext: xxx-xxx-xxxx

Email:

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

Public Involvement and Participation _____

Illicit Discharge Detection and Elimination _____

Construction Site Pollutant Control _____

Post-Construction Storm Water Management

Pollution Prevention

2. Has there been any changes to the municipality's participation in group efforts towards permit 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. Does MS4 conduct any educational efforts or events independently (not with a group) Yes
 No
- b. How many total educational events were held during the reporting year:
- c. Were any of the public education and outreach delivery mechanisms conducted during the reporting year active or interactive? Yes No
- d. Please select all storm water topics, target audiences, and delivery mechanisms used in the reporting year

Public Education and Outreach Delivery Mechanisms (Active and Passive)	
Active/Interactive Mechanisms	Passive Mechanisms
<input checked="" type="checkbox"/> Education activities (school presentations, summer camps) <input checked="" type="checkbox"/> Information booth at event <input checked="" type="checkbox"/> Targeted group training (contractors, consultants, etc.) <input type="checkbox"/> Government event (public hearing, council meeting) <input checked="" type="checkbox"/> Workshops <input checked="" type="checkbox"/> Tours <input type="checkbox"/> Other: <input type="text"/>	<input checked="" type="checkbox"/> Passive print media (brochures at front desk, posters, etc.) <input checked="" type="checkbox"/> Distribution of print media (mailings, newsletters, etc.) via mail or email. <input checked="" type="checkbox"/> Media offerings (radio and TV ads, press release, etc.) <input checked="" type="checkbox"/> Social media posts <input checked="" type="checkbox"/> Signage <input checked="" type="checkbox"/> Website <input type="checkbox"/> Other: <input type="text"/>

Topics Covered	Target Audience
<input checked="" type="checkbox"/> Illicit discharge detection and elimination <input checked="" type="checkbox"/> Household hazardous waste disposal/pet waste management/vehicle washing <input checked="" type="checkbox"/> Yard waste management/pesticide and fertilizer application <input checked="" type="checkbox"/> Stream and shoreline management <input checked="" type="checkbox"/> Residential infiltration <input checked="" type="checkbox"/> Construction sites and post-construction storm water management <input checked="" type="checkbox"/> Pollution prevention <input checked="" 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 checked="" type="checkbox"/> Businesses <input checked="" type="checkbox"/> Contractors <input checked="" type="checkbox"/> Developers <input type="checkbox"/> Industries <input checked="" type="checkbox"/> Public Officials <input type="checkbox"/> Other: <input type="text"/>

- e. Will additional information/summary of these education events be attached to the annual report?
 Yes No

If no, please provide additional comment in the brief explanation box below. *Limit response to 250 characters and/or attach supplemental information on the attachments page.*

See <https://ripple-effects.com/Updates-and-Reports> for I&E Work Plans and I&E Quarterly Updates.

Minimum Control Measures - Section 2 : Complete**2. Public Involvement and Participation**

a. Permit Activities. Select all of the following topics the Permittee did to engage public participation and involvement.

Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
<input checked="" type="checkbox"/> MS4 Annual Report <input checked="" type="checkbox"/> Storm Water Management Program <input checked="" type="checkbox"/> Storm Water related ordinance <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 checked="" type="checkbox"/> Contractors <input checked="" type="checkbox"/> Developers <input type="checkbox"/> Industries <input checked="" type="checkbox"/> Public Officials <input checked="" type="checkbox"/> Other	101 +	<input checked="" type="radio"/> Yes <input type="radio"/> No

b. Volunteer Activities. Select all of the following audiences targeted for volunteer involvement and participation related to storm water.

NA (Individual Permittee)

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 checked="" type="checkbox"/> Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries <input type="checkbox"/> Public Officials <input checked="" type="checkbox"/> Other	101 +	<input checked="" 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.*

Leaf-free Streets for Clean Waters Rain Alert Subscribers, Native Plant Growing Workshop for Volunteer Growers, Adopt a Storm Drain volunteers, Storm Drain Murals.Gov. and local group meetings. <https://ripple-effects.com/updates-and-reports>

Minimum Control Measures - Section 3 : Complete**3. Illicit Discharge Detection and Elimination**

a. How many total outfalls does the municipality have?

6

- b. How many outfalls did the municipality evaluate as part of their routine ongoing field screening program?
- c. From the municipality's routine screening, how many were confirmed illicit discharges?
-
- d. How many illicit discharge complaints did the municipality receive?
- e. From the complaints received, how many were confirmed illicit discharges?
-
- f. How many of the identified illicit discharges did the 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. What types of regulatory mechanisms does the municipality have available to compel compliance with this program? Check all that are available and how many times each were used in the reporting year.

- Verbal Warning
- Written Warning (including email)
- Notice of Violation
- Civil Penalty/ Citation

Additional Information: _____

- 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.*

Illicit Discharge reports attached.

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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?
- b. How many construction sites with one acre or more of land disturbing construction activity did the municipality issue permits for in the reporting year?
- c. How many erosion control inspections did the municipality complete in the reporting year (at sites with one acre or more of land disturbing construction activity)?
-
- d. What types of regulatory mechanisms does the municipality have available to compel compliance with this program? Check all that are available and how many times each were used in the reporting year.
- Verbal Warning

<input checked="" type="checkbox"/> Written Warning (including email)	0
<input checked="" type="checkbox"/> Notice of Violation	1
<input checked="" type="checkbox"/> Civil Penalty/ Citation	0
<input checked="" type="checkbox"/> Stop Work Order	1
<input checked="" type="checkbox"/> Forfeiture of Deposit	0
<input type="checkbox"/> Other - Describe below	

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

Activity within MAMSWaP boundaries: Towns of Blooming Grove, Burke, Middleton and Westport.

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Minimum Control Measures - Section 5 : Complete

5. Post-Construction Storm Water Management

- a. How many new structural storm water management Best Management Practice (BMP) have received local approval ?
*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,
- b. Does the MS4 have procedures for inspecting and maintaining private storm water facilities? Yes No
- c. If Yes, how many privately owned storm water management facilities were inspected in the reporting year ?
Inspections completed by private landowners should be included in the reported number.
- d. Does the municipality utilize privately owned storm water management BMP in its pollutant reduction analysis? Yes No
- e. Does MS4 have maintenance authority on these privately owned BMPs?
- f. How many municipally operated (private) storm water management BMPs were inspected in the reporting year?
- g. 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.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Verbal Warning | 3 |
| <input checked="" type="checkbox"/> Written Warning (including email) | 0 |
| <input checked="" type="checkbox"/> Notice of Violation | 0 |
| <input checked="" type="checkbox"/> Civil Penalty/ Citation | 0 |

<input checked="" type="checkbox"/> Forfeiture of Deposit	0
<input checked="" type="checkbox"/> Complete Maintenance	0
<input checked="" type="checkbox"/> Bill Responsible Party	0
<input checked="" type="checkbox"/> Other - Describe below	0

Stop work orders. Includes actions taken during construction of structural BMP.

- 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.*

Activity within MAMSWaP boundaries: Towns of Blooming Grove, Burke, Middleton and Westport. Don't have numbers for inspections done by private land owners.

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Minimum Control Measures - Section 6 : Complete

6. Pollution Prevention

Storm Water Management Best Management Practice Inspections Not Applicable

- a. Enter the total number of municipally owned or operated (i.e., privately owned BMPs) structural storm water management best management practices.
- b. How many new municipally owned storm water management best management practices were installed in the reporting year ?
- c. How many municipally owned (public) storm water management best management practices were inspected in the reporting year?
- d. What elements are looked at during inspections (250 character limit)?
- e. How many of these facilities required maintenance?
- f. Brief explanation on Storm Water Management Best Management Practice 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.*

Only included Dane County stormwater facilities within the permitted area that fall within unincorporated townships. Inspection reports for two hwy sites and Alliant Energy Center are now being sent to City of Madison since being annexed.

Public Works Yards & Other Municipally Owned Properties that require a stormwater pollution prevention plan (SWPPP)* Not Applicable

Collection Services - *Street Sweeping Program* Not Applicable

- l. Did the municipality conduct street sweeping during the reporting year?
 Yes No

- m. If known, how many tons of material was removed?
- n. Does the municipality have a [low hazard exemption](#) for this material? Yes No
- o. If street sweeping 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
- q. How many catch basin sumps were cleaned in the reporting year?
- r. If known, how many tons of material was collected?
- 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

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? (*One mile of a two-way road equals two lane miles.*)

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
Salt	<input type="text" value="0"/>	<input type="text" value="769"/>	<input type="text" value="2158"/>	<input type="text" value="2932"/>	<input type="text" value="2837"/>	<input type="text" value="1544"/>

Liquids (gallons) (ex. brine)

	Oct	Nov	Dec	Jan	Feb	Mar
Brine	<input type="text" value="0"/>	<input type="text" value="8320"/>	<input type="text" value="20808"/>	<input type="text" value="30862"/>	<input type="text" value="34838"/>	<input type="text" value="16748"/>

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

Training Date	Training Name	# Attendance
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10/3/2023	Salt Wise Training	95
10/3/2023	Fall Rodeo Training	95

- 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*

New Hires have had video training from our Fall meeting with Salt Wise Numbers are for Oct-Dec 2022 and Jan-Mar 2023 to reflect the winter season. Lane miles reported are County Highway lane miles only.

Internal (Staff) Education & Communication

- af. Has the municipality provided an opportunity for internal training or education to staff implementing the municipality's procedures for each of the pollution prevention program element? Yes No

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

Trained Operation Fresh Start staff on stormwater facility maintenance practices.

- ag. Describe how the municipality has kept the following local officials and municipal staff aware of the municipal storm water discharge permit programs, procedures and pollution prevention program requirements.

Elected Officials

Weekly meetings with executive staff. Regular meetings with Environmental, Agriculture and Natural Resources Committee, and Lakes and Watershed Commission an Land Conservation Committee.

Municipal Officials

Regular updates to the Madison Area Municipal Stormwater Partnership (MAMSWaP) at quarterly meetings and through newsletters.

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

Weekly staff 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.*

Form 3400-224 (R8/2021)

Minimum Control Measures - Section 7 : Complete

7. Storm Sewer System Map

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

Yes No

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.*

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
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Element: Public Education and Outreach

81116	81116	86757	<u>General revenue fund</u>
121043	194189	129974	<u>Other</u>

Element: Public Involvement and Participation

61589	61589	65597	<u>General revenue fund</u>
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Element: Illicit Discharge Detection and Elimination

3700	12600	3885	<u>General revenue fund</u>
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Element: Construction Site Pollutant Control

367210	333639	388419	<u>General revenue fund</u>
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Element: Post-Construction Storm Water Management

455843	371599	484946	<u>General revenue fund</u>
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Element: Pollution Prevention

132112	138298	138718	<u>General revenue fund</u>
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Other (describe)

Stormwater Quality Management

6043976	6762747	6195695	<u>General revenue fund</u>
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Other (describe)

Storm Sewer System Map

17241	17241	18826	<u>General revenue fund</u>
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Please provide a justification for a "0" entered in the Fiscal Analysis. *Limit response to 250 characters.*

Water Quality

a: Were there any known water quality improvements in the receiving waters to which the municipality's storm sewer system directly discharges to?

Yes No Unsure If Yes, explain below:

b: Were there any known water quality degradation in the receiving waters to which the municipality's storm sewer system directly discharges to?

Yes No Unsure If Yes, explain below:

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

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 Dane County 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.*

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.

Adaptive Management Summary

 File Attachment

[AdaptiveMgmtSummary.pdf](#)

Attach - Other Supporting Documents

AR MuniSWPPP

 File Attachment

[Alliant Energy SWPPP Final 2022-03-09.pdf](#)

AR MuniSWPPP

 File Attachment

[Dane County Highway & ME East Campus SWPPP Final 2022-03-09.pdf](#)

AR MuniSWPPP

 File Attachment

[Hwy Garage SWPPP Final 2022-03-09.pdf](#)

AR BMPInspSum

 File Attachment

[Parks Stormwater Facility Inspection Forms and Photos 2023.pdf](#)

AR Other

 File Attachment

[MAMSWaP 2020-2024 I&E Plan FINAL.pdf](#)

AR EO

 File Attachment

[2023 Education and Public Involvement Summary.docx](#)

AR IDDE

 File Attachment

[160 E Cottage Grove Rd.pdf](#)

AR IDDE

 File Attachment

[209 E Main St.pdf](#)

AR IDDE

 File Attachment

[397 Isham St.pdf](#)

AR IDDE

 File Attachment

[510 Village Drive.pdf](#)

AR IDDE

 File Attachment

[601 S Fourth Street.pdf](#)

AR IDDE

 File Attachment

[1109 Division Street.pdf](#)

AR IDDE

 File Attachment

[1131 Uniek Dr.pdf](#)

AR IDDE

 File Attachment

[5330 Century Ave.pdf](#)

AR IDDE

 File Attachment

[5608 Leanne Ln McFarland.pdf](#)

AR IDDE

 File Attachment

[6800 Century Ave .pdf](#)

AR IDDE

 File Attachment

[7167 Schneider Rd.pdf](#)

AR PP

 File Attachment

[2023 Municipal and SW practice inspection updates.docx](#)

(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

[2024 MAMSWaP I&E Work Plan and Municipal Template.pdf](#)

EO Program

 File Attachment

[2024 Dane County IE Workplan .docx](#)

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

- 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 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 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 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 Dane County 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).

Name: Jeremy Balousek

Title: Water Resource Engineering Division Manager

Authorized Signature.

- I accept the above terms and conditions.

Signed by : i:0#.f|wamsmembership|danecountywre on 2024-03-21T15:58:57

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.