



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
**MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4)
STORMWATER MANAGEMENT PLAN REPORT**

FOR OFFICE USE ONLY
PROJECT ID NUMBER
DATE RECEIVED

Part A – MS4 PERMIT HOLDER INFORMATION

1. MS4 NAME	2. NPDES PERMIT NUMBER	3. MS4 UNIQUE ID NO.	
4. ADDRESS	5. CITY	6. STATE	7. ZIP CODE
8. TELEPHONE NUMBER WITH AREA CODE	9. EMAIL		
10. NAME OF MS4 CONTACT PERSON			

11. Have any areas of the MS4 been added or removed from the MS4 jurisdiction due to annexation or other legal means since the most recent permit application (renewal, new, modification), or most recent MS4 stormwater management plan report?

Yes No

If yes, please include a map along with a brief description as an attachment.

Part B – REPORTING PERIOD

1. Is your MS4 subject to a TMDL?
 Yes No

If yes, you are required to submit the MS4 report annually. Reports are due Feb. 28 each year. For the first reporting period, the beginning date will be June 13, 2016, and the ending date will be Dec. 31, 2016. All other annual reports shall cover the reporting period of Jan. 1 to Dec. 31 each year.

2. Is your MS4 new permitted (i.e., is this your first MS4 permit)?
 Yes No

If yes, you are required to submit the MS4 stormwater management plan report annually. Reports are due Feb. 28 each year. For the first reporting period, the beginning date will be the date of issuance of the permit and the ending date will be Dec. 31, 2016. All other annual reports shall cover the reporting period of Jan. 1 to Dec. 31 each year.

3. Is your MS4 a previously permitted MS4 and not subject to a TMDL?
 Yes No

If yes, you are required to submit the MS4 stormwater management plan report biennially (i.e., once every two years). Reports are due Feb. 28 every odd year. The first report will be due February 2017, and will cover the reporting period from June 13, 2016, to Dec. 31, 2016. All other reports shall cover the reporting period of Jan. 1 of the first year to Dec. 31 of the second year.

4. If you are part of a co-permitted MS4 permit, submit combined MS4 stormwater management plan reports, and one or more of the co-permitted MS4s have annual reporting based on the above criteria, then submit your MS4 stormwater management plan report annually by Feb. 28 of each year.

If you are part of a co-permitted MS4 permit and do not submit combined MS4 stormwater management plan report, then each MS4 co-permittee will submit their MS4 stormwater management plan report based on the above criteria.

5. Reporting Period:

BEGINNING: _____ ENDING: _____

Part C – STORMWATER MANAGEMENT PLAN REPORT PROGRESS AND COMPLIANCE

As an attachment, please provide information for each of the items below. Provide informative data, success stories, and experiences that support the successful implementation of your stormwater management plan report.

1. Describe the status of compliance with permit conditions for the permitted MS4.
2. Provide information regarding the progress toward achieving the statutory goal of reducing the discharge of pollutants to the maximum extent practicable to the MS4.
3. If another governmental entity implements any best management practice or minimum control measure, please provide the following:
 - a. Name of the government entity;
 - b. Name of the primary contact for the government entity;
 - c. Contact information (i.e., address, city, ZIP code, state, and phone number); and
 - d. Specific best management practices or minimum control measures being implemented by the government entity.

It is the responsibility of the permittee to provide all information under this report regardless if best management practices or minimum control measures are being implemented by another governmental entity. If a complete minimum control measure is being implemented by an alternative governmental entity, then only indicate the best management practice under the minimum control measure.

4. Provide a summary of any stormwater activities and known construction activities that will be covered under the authority of the MS4 permit that are scheduled to begin during the next reporting period.
5. Provide a description of any changes to the stormwater management plan report, best management practices, measurable goals, and the iterative process that have occurred during the covered reporting period.
6. Provide a list of best management practices that were evaluated during the covered reporting period, and provide information on how the best management practice was determined effective.
 - a. If any of the best management practices were determined to be ineffective, provide a summary on how the ineffective best management practice was resolved.
7. If any water samples were collected and analyzed during the covered reporting period by the permitted MS4 or on behalf of the permitted MS4, please complete Part D – Water Sample(s) Analysis.

Part D – WATER SAMPLE(S) ANALYSIS

PARAMETER OR INDICATOR	FREQUENCY	RESULT	DRY WEATHER SAMPLE?	WET WEATHER SAMPLE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Are any of the parameters being sampled due to the MS4 being subject to an established or approved Total Maximum Daily Load?
 Yes No
 If yes, please indicate the parameter/pollutant.

2. Does the data support water quality attainment or support trend data toward water quality attainment?
 Yes No
 If yes, please describe.

Part E – TOTAL MAXIMUM DAILY LOAD (TMDL) ASSUMPTIONS AND REQUIREMENTS ATTAINMENT PLAN

1. Is your MS4 subject to an established or approved TMDL? If no, please indicate "No" below and do not complete any other portion of the TMDL Assumptions and Requirements Attainment Plan portion of this report.

Yes No

2. Has your TMDL Assumptions and Requirements Attainment Plan been completed and submitted? If no, please provide a summary as an attachment on the progress toward submitting and implementing the TMDL Assumptions and Requirements Attainment Plan.

Yes No

3. Has your TMDL Assumptions and Requirements Attainment Plan received approval from the department? If yes, please provided a summary of the status of the plan and include implementation status of identified best management practices and measurable goals along with any changes to best management practices or measurable goals (if applicable)..

Yes No

4. Does the TMDL Assumptions and Requirements Attainment Plan incorporate Integrated Planning? If yes, please provide a summary of the status of the Integrated Plan.

Yes No

PART F – SUBMIT REPORT TO:

Missouri Department of Natural Resources
Water Protection Program
MS4 Program Coordinator
P.O. Box 176
Jefferson City, MO 65102-0176

PART G - CERTIFICATION

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 gather and evaluate the information submitted. 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 fine and imprisonment for knowing violations.

SIGNATURE OR PERMITTEE (LEGALLY RESPONSIBLE PERSON)	DATE SIGNED
NAME (PRINTED OR TYPED)	TITLE