# 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:	<u>Chippewa</u>
Municipality:	Chippewa Falls City
Permit Number:	S050075
Facility Number:	24027
<b>Reporting Year:</b>	<u>2023</u>

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

## **Required Attachments and Supplemental Information**

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

### **Annual Report**

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

- Municipal Cooperation Attachment
- Other Annual Report Attachment
- Attach the following permit compliance documents as appropriate using the attachments tab above
  - Storm Water Management Program
    - Public Education and Outreach Program
    - Public Involvement and Participation Program
    - Illicit Discharge Detection and Elimination Program
    - Construction Site Pollutant Control Program
    - Post-Construction Storm Water Management Program
    - Pollution Prevention Program
      - Municipal Storm Water Management Facility (BMP) Inventory
      - Municipal Storm Water Management Facility (BMP) Inspection and Maintenance Plan
  - Total Maximum Daily Load documents (\*If applicable, see permit for due dates.)
    - TMDL Mapping\*
    - TMDL Modeling\*
    - TMDL Implementation Plan\*
    - Fecal Coliform Screening Parameter \*
    - Fecal Coliform Inventory and Map (S050075-03 general permittees Appendix B B.5.2 document due to the department by March 31, 2022)
    - Fecal Coliform Source Elimination Plan (S050075-03 general permittees Appendix B document due to the department by October 31,2023)
- Sign and Submit form

## **Municipal Contact Information- Complete**

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

## **Municipality Information**

Name of Municipality	Chippewa Falls Cit	у
Facility ID # or (FIN):	24027	
Updated Information:	Check to update mailing address information	
Mailing Address:	City Hall 30 W Central	
Mailing Address 2:		
City:	Chippewa Falls Cit	Υ.
State:	WI	
Zip Code:	54729	XXXXX OF XXXXX-XXXX

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

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

Select to <i>create new</i> primary contact			
First Name:	William		
Last Name:	McElroy		
Select to <i>update</i> current contact information			
Title:	City Engineer		
Mailing Address:	30 West Central Street		
Mailing Address 2:			
City:	Chippewa Falls		
State:	WI		
Zip Code:	54729 xxxxx or xxxxx-xxxx		
Phone Number:	715-726-2738 Ext: xxx-xxx		
Email:	bmcelroy@chippewafalls-wi.gov		

## Additional Contacts Information (Optional)

- I&E Program
- □ IDDE Program
- □ IDDE Response Procedure Manual

Individual with responsibility for: (Check all that apply)	<ul> <li>Municipal-wide Water Quality Plan</li> <li>Ordinances</li> <li>Pollution Prevention Program</li> <li>Post-Construction Program</li> <li>Winter roadway maintenance</li> </ul>		
First Name:	Rick		
Last Name:	Ruf		
Title:	Street Manager		
Mailing Address:	5 Bjork Riverside Drive		
Mailing Address 2:			
City:	Chippewa Falls		
State:	<u>WI</u>		
Zip Code:	54729 xxxxx or xxxxx-xxxx		
Phone Number:	715-723-4154 Ext: xxx-xxx-xxxx		
Email:	rruf@chippewafalls-wi.gov		

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

Select to <i>create new</i> Billing contact			
First Name:	William		
Last Name:	McElroy		
Select to <i>update</i> current contact info	rmation		
Title:	City Engineer		
Mailing Address:	30 W Central Street		
Mailing Address 2:			
City:	Chippewa Falls		
State:	WI		
Zip Code:	54729 xxxxx or xxxxx-xxxx		
Phone Number:	715-726-2738 Ext: xxx-xxx		
Email:	bmcelroy@chippewafalls-wi.gov		

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

○ Yes ● No

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: 6
- c. Were any of the public education and outreach delivery mechanisms conducted during the reporting year active or interactive?  $\odot$  Yes  $\bigcirc$  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		
Education activities (school presentations, summer camps)	✓ Passive print media (brochures at front desk, posters, etc.)		
✓ Information booth at event	✓ Distribution of print media (mailings, newsletters, etc.) via		
✓ Targeted group training (contractors, consultants, etc.)	mail or email.		
Government event (public hearing, council meeting)	✓ Media offerings (radio and TV ads, press release, etc.)		
✓ Workshops	✓ Social media posts		
Tours	□ Signage		
Other:	✓ Website		
	Other:		

Topics Covered	Target Audience
✓ Illicit discharge detection and elimination	🗹 General Public
✓ Household hazardous waste disposal/pet waste management/vehicle	Public Employees
washing	Residents
Yard waste management/pesticide and fertilizer application	✓ Businesses
Stream and shoreline management	✓ Contractors
✓ Residential infiltration	✓ Developers
Construction sites and post-construction storm water management	✓ Industries
✓ Pollution prevention	✓ Public Officials
Green infrastructure/low impact development	Other:
Other:	

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.* 

City is an active member of Rain to Rivers of Western Wisconsin. See attached activity matrix and the about us section from their website.

## Minimum Control Measures - Section 2 : Complete

## 2. Public Involvement and Participation

**a**. <u>Permit Activities</u>. Select all of the following topics the Permittee did to engage public participation and involvement.

Topics Covered		•	Regional Effort (Optional)
☑ MS4 Annual Report	General Public	<u>Select</u>	○ Yes ○ No
🗹 Storm Water Management	Public Employees		
Program	Residents		
✓ Storm Water related ordinance	Businesses		
🗌 Other:	Contractors		
	Developers		
	Industries		
	Public Officials		
	□ Other		

**b**. <u>Volunteer Activities</u>. 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	✓ General Public	<u>Select</u>	⊖Yes ⊖No
	Public Employees		
	Residents		
	Businesses		
	Developers		
	🗌 Industries		
	✓ Public Officials		
	🗌 Other		

c. Brief explanation on Public Involvement and Participation reporting. *Limit response to 250 characters and/or attach supplemental information on the attachments page.* Utilize City website and presentation to Council and public besides the events sponsored by Rain to Rivers.

		Form 3400-2	24 (R8/2021)	
N	Minimum Control Measures - Section 3 : Complete			
3	3. Illicit Discharge Detection and Elimination			
a.	How many total outfalls does the municipality have?	155		
b.	How many outfalls did the municipality evaluate as part of their	155		

	routine ongoing field screening program?		
c.	From the municipality's routine screening, confirmed illicit discharges?	how many were	0
d.	How many illicit discharge complaints did t	the municipality receive?	2
e.	From the complaints received, how many discharges?	were confirmed illicit	2
f.	How many of the identified illicit discharge eliminate in the reporting year (from both complaints)? (If the sum of 3.c. and 3.e. does not equal 3.f., please explain below.)		2
<ul> <li>g. What types of regulatory mechanisms does the municipality have available compliance with this program? Check all that are available and how many twere used in the reporting year.</li> </ul>			
	✓ Verbal Warning	1	
	Written Warning (including email)	0	
	✓ Notice of Violation	0	
	✓ Civil Penalty/ Citation	0	
	Additional Information:		
h.	Brief explanation on Illicit Discharge Detect	•	• • • •

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

Source of one of the illicit discharges was not able to be detected and believed to be a one time event of boat motor trouble on the Chippewa River.

		Form 3400-	224 (R8/2021)
Ν	Iinimum 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?	19	
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?	12	
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)?	28	
d.	What types of regulatory mechanisms does the municipality have ava compliance with this program? Check all that are available and how r were used in the reporting year.	•	

✓ Verbal Warning

Written Warning (including email)	14
✓ Notice of Violation	0
Civil Penalty/ Citation	0
✓ Stop Work Order	0
Forfeiture of Deposit	0
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.* 

The 7 sites that did not have municipal permits were City Street Projects. Inspections on those sites occurred at least weekly and was not included in question c. & d. 14 written warnings were emails for mostly minor items.

Μ	Minimum Control Measures - Section 5 : Complete					
5.	Post-Construction Storm Water Management					
а.	How many new structural storm water management Best Practice (BMP) have received local approval ? *Engineered and constructed systems that are designed to provide storm wat wet detention ponds, constructed wetlands, infiltration basins, grassed swales	er quality control such as	8			
b.	Does the MS4 have procedures for inspecting and mainta water facilities?	ining private storm	● Yes ○ No			
с.	If Yes, how many privately owned storm water manageme inspected in the reporting year ? Inspections completed by private included in the reported number.		2			
d.	Does the municipality utilize privately owned storm water BMP in its pollutant reduction analysis?	r management	● Yes ○ No			
e.	Does MS4 have maintenance authority on these privately owned BMPs?					
	2 ponds included in TSS analysis - City has authority.					
f.	How many municipally operated (private) storm water management BMPs were inspected in the reporting year? <sup>2</sup>					
<sup>g.</sup> 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.						
	✓ Verbal Warning	0				
	<ul> <li>Written Warning (including email)</li> </ul>	0				
	Notice of Violation					

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Civil Penalty/ Citation	0
Forfeiture of Deposit	
Complete Maintenance	0
Bill Responsible Party	0
Other - Describe below	

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

2 private individuals provided their inspections to the City. Unsure if others were completed.

		Form 3400-224 (R8/2021)
N	1inimum Control Measures - Section 6 : Complete	
6	. Pollution Prevention	
S	torm Water Management Best Management Practice Inspections 🛛 🗌 Not Appli	cable
a.	Enter the total number of municipally owned or operated (i.e., privately owned BMPs) structural storm water management best management practices.	22
b.	How many new municipally owned storm water management best management practices were installed in the reporting year ?	0
c.	How many municipally owned (public) storm water management best management practices were inspected in the reporting year?	22
d.	What elements are looked at during inspections (250 character limit)?	
	Bank erosion, sedimentation in forebays, growth of plants/brush, outfall condi water levels	itions,
e.	How many of these facilities required maintenance?	22
f.	Brief explanation on Storm Water Management Best Management Practice ins reporting. <i>If you marked Unsure for any questions above, justify the reasoning.</i> <i>response to 250 characters and/or attach supplemental information on the</i> <i>attachments page.</i>	•
	Regular mowing maintenance completed. Washouts repaired. Mark endwalls. attached maintenance summary.	See
	ublic Works Yards & Other Municipally Owned Properties that require a stormw revention plan (SWPPP)* $\Box$ Not Applicable	ater pollution
~		

- <sup>g.</sup> How many municipal properties require a SWPPP?
- <sup>h.</sup> How many inspections of municipal properties have been conducted in the reporting year?

1			
1			

<sup>i.</sup> Have amendments to the SWPPPs been made?

○ Yes ● No

- <sup>j.</sup> If yes, describe what changes have been made. Limit response to 250 characters and/or attach supplemental information on the attachment page:
- <sup>k.</sup> Brief explanation on Storm Water Pollution Prevention Plan reporting. *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.*

\* Any municipally owned property that has the potential to generate stormwater pollution should have a SWPPP. For example, if a municipal property stores compost piles, material storage, yard wastes, etc., outside and can contaminate stormwater runoff—a SWPPP is required.

С	ollection Services - <i>Street Sweeping Program</i> 🗌 Not Applicable						
I.	<ul> <li>Did the municipality conduct street sweeping during the reporting year?</li> <li>Yes O No</li> </ul>						
m.	If known, how many tons of material was removed?	1860					
n.	Does the municipality have a <u>low hazard exemption</u> for this material?	● Yes ○No					
0.	If street sweeping is identified as a storm water best management pollutant loading analysis, was street cleaning completed at the ass	•					
	Yes - Explain frequency Swept once every 2 weeks in Spring/Fa;;						
	○ No - Explain						
	○ Not Applicable						
С	ollection Services - Catch Basin Sump Cleaning Program 🗌 Not Appl	icable					
p.	<ul> <li>Did the municipality conduct catch basin sump cleaning during the reporting year?</li> <li>Yes O No</li> </ul>						
q.	How many catch basin sumps were cleaned in the reporting year?	950					
r.	If known, how many tons of material was collected?	320					
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 man in the pollutant loading analysis, was cleaning completed at the ass						
	• Yes- Explain frequency Cleaned annually and inspected every 6 months						
	○No - Explain						
	○ Not Applicable						
С	ollection Services - Leaf Collection Program   Not Applicable						
u.	Does the municipality conduct curbside leaf collection?	⊖ Yes ● No					
v.	Does the municipality notify homeowners about pickup?	🔾 Yes 🖲 No					
w.	Where are the residents directed to store the leaves for collection?						

□ Pile on terrace □ Pile in street □ Bags on terrace

☑ Other - Describe Residents can take their yard waste to City Shop

- x. What is the frequency of collection?
- y. Is collection followed by street sweeping?

○ Yes ● No

210

<sup>z.</sup> Brief explanation on Collection Services reporting. *Limit response* to 250 characters and/or attach supplemental information on the attachments page

Winter Road Management 🗌 Not Applicable

\*Note: We are requesting information that goes beyond the reporting year, answer the best you can.

- <sup>aa.</sup> 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*.)
- <sup>ab.</sup> Provide amount of de-icing products used by month last winter season?Solids (tons) (ex. sand, or salt-sand)

Product	Oct	Nov	Dec	Jan	Feb	Mar
<u>Salt</u>	0	50	92	200	144	72
Sand	0	0	50	100	110	25

# Liquids (gallons) (ex. brine)

	Oct	Nov	Dec	Jan	Feb	Mar
None						

- $^{
  m ac.}$  Was salt applying machinery calibrated in the reporting year?  $\odot$  Yes  $\bigcirc$  No
- <sup>ad.</sup> Have municipal personnel attended salt reduction strategy training in Yes No the reporting year?

Training Date	e Training Name # Attendance	
8/24/2023	Saltwise Open House - Baldwin	3

<sup>ae.</sup> 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* 

Open house sponsored by Saltwise at St Croix County highway shop. Discussed methods for salt reduction.

# Internal (Staff) Education & Communication

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

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

Annual snow plow lunch - discuss winter maintenance strategies

<sup>ag.</sup> Describe how the municipality has kept the following local officials and municipal staff aware of the municipal storm water discharge permit programs, procedures

and pollution prevention program requirements.

**Elected Officials** 

Presentation at Common Council Meeting, March 21, 2023

Municipal Officials

Presentation at Common Council Meeting, March 21, 2023

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

Monthly staff meetings within public works to update appropriate staff on our discharge permit. More focused discussion during construction season.

<sup>ah.</sup> Brief explanation on Internal Education reporting. *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.* 

Form 3400-224 (R8/2021)

# Minimum Control Measures - Section 7 : Complete

# 7. Storm Sewer System Map

- <sup>a.</sup> Did the municipality update their storm sewer map this year?
  - $\bullet$  Yes  $\bigcirc$  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
- <sup>b.</sup> Brief explanation on Storm Sewer System Map reporting. *If you marked Unsure for an question for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.*

Annual updates made to locations of existing infrastructure and new infrastructure. See attached storm sewer map. Updates to Chippewa Mall Dr (new section of road) are not shown yet.

# **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	Budget	Budget	Source of Funds
Expenditure	Reporting Year	Upcoming	
Reporting Year		Year	
Element: Public E	ducation and Out	reach	
7000	7750	7750	Storm water utility
Element: Public Ir	ivolvement and P	articipation	
7000	7750	7750	Storm water utility
<b>Flamant</b> , Illiait Dia	ahawaa Dataatiaw		
Element: Illicit Dis			
15000	15000	15000	Storm water utility
Element: Constru	ction Site Polluta	nt Control	
8000	8000	8000	Storm water utility
Element: Post-Co	onstruction Storm	Water Mana	gement
95000	142000	142000	Storm water utility
Element: Pollutio	on Prevention		
100825	102000	102000	Storm water utility
<b>Other</b> (describe)			
			Select

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)?  $\bigcirc$  Yes  $\odot$  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)		

# **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.* 

2023 budget audit is not yet complete. Many of the budget line items do not match with program element titles so the amounts are estimated. Budget/expenditures summary is attached.

# **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

#### Form 3400-224(R8/2021)

# **Required Attachments and Supplemental Information**

Any other MS4 program information for inclusion in the Annual Report may be attached on here. Use the Add Additional Attachments to add multiple documents.

Upload Required Attachments (15 MB per file limit) - <u>Help reduce file size and trouble shoot file uploads</u> \*Required Item

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

Storm Sewer System Map					
File Attachment Stormwater Map - Chippewa Falls 2023.pdf					
Attach - Other Support	ing Documents				
AR_SWGroupReport					
File Attachment	Rain to Rivers About Us - 2023.pdf				
AR_SWGroupReport		-			
I File Attachment	Rain to Rivers Educational Activities - 2023.pdf				
AR CSPC		-			
File Attachment	Stormwater Inspections 2023 - 1.pdf				
AR_CSPC					
File Attachment	Stormwater Inspections 2023 - 2.pdf				
AR_CSPC		-			
File Attachment	Stormwater Inspections 2023 - 3.pdf				
AR_PCSSW		-			
I File Attachment	2023 Storm Pond Maintenance.pdf				
AR_Other		-			
File Attachment	Stormwater Budget thru 12312023 unaudited.pdf				

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

# **Attach - Permit Compliance Documents**

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

# **Sign and Submit Your Application**

## Steps to Complete the signature process

- 1. Read and Accept the Terms and Conditions
- 2. Press the Submit and Send to the DNR button

**NOTE:** For security purposes all email correspondence will be sent to the address you used when registering your WAMS ID. This may be a different email than that provided in the application. For information on your WAMS account click <u>HERE</u>.

## **Terms and Conditions**

**Certification:** I hereby certify that I am an authorized representative of the municipality covered under Chippewa Falls City 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).

Nam	e: William McElroy
Titl	e: City Engineer
Authorized Signature. ✓ I accept the above terms and conditions.	Signed by : i:0#.f wamsmembership bmcelroy on 2024-03-20T16:19:14 You have already signed and submitted this application to the DNR. Please <u>contact</u> the Wisconsin DNR for assistance.

After providing the final authorized signature, the system will send an email to the authorized party and any agents. This email will include a copy to the final read only version of this application.