



General Stormwater Permit (MN R 040000) Application for Small Municipal Separate Storm Sewer Systems (MS4s)

RETURN THIS APPLICATION TO:
Minnesota Pollution Control Agency
 520 Lafayette Road North
 St. Paul, MN 55155-4194

NO FEE

Application deadline: **June 1, 2006**

PLEASE READ: As you complete this form, read the instructions carefully. Use your keyboard's "Tab" key to move through the fields of this form. Select check-boxes and enter text as indicated. Save, and print.

I. MS4 Information

A. Application Type

- New applicant (this MS4 has no previous application for MS4 coverage on file at MPCA)
- Application for re-issuance of coverage (this MS4 applied in 2003)

B. MS4 Owner General Contact (the community, municipality, agency or other party having ownership or operation control of the MS4)

City of Orono

Community, municipality, agency or other party having ownership or operational control of the MS4

P.O Box 66

Mailing Address

Crystal Bay MN 55323

City State Zip Code

Hennepin

County

41-6008585 8033059

Federal Tax ID State Tax ID

C. General Contact (official, staff member, consultant or other) for all general correspondence about Permit compliance issues between the MPCA and your MS4

Moorse Ron City Administrator

Last Name First Name Title

P.O Box 66

Mailing Address

Crystal Bay MN 55323

City State Zip Code

(952) 249-4601 rmoorse@ci.orono.mn.us

Telephone (include area code) E-mail Address

II. Certification of the Storm Water Pollution Prevention Program (SWPPP)

- A. Have you developed a Storm Water Pollution Prevention Program for your MS4?** Yes
Municipalities must demonstrate how their Storm Water Pollution Prevention Program will be implemented and enforced over the term of the five-year Permit. SWPPPs must incorporate appropriate educational components, all required BMPs and the measurable goals associated with each. Storm Water Pollution Prevention Programs must address the specific requirements contained in Part V. G. of the Permit. SWPPPs must outline how the six minimum control measures will be addressed, the contact person, department in charge, timeline and measures that will be implemented to meet the schedules required by the Permit. Attach a BMP Summary Sheet to this application for *each* BMP in your SWPPP.
- B. Does your SWPPP address all of the six Minimum Control Measures as outlined in the Permit?** Yes
The General Permit requires that you incorporate all six of the defined Minimum Control Measures in your Stormwater Pollution Prevention Program. You are required to implement mandatory BMPs which are directly associated to each of the Six Minimum Control Measures.
- C. Have you attached the included BMP Summary Sheets, one for each of the Best Management Practices required by the Permit?** Yes
There are 34 required BMPs all of which require that the provided BMP Summary Sheet be filled out completely and included with your Storm Water Pollution Prevention Program. If any of these required sheets are missing, your application will not be considered complete and will be returned to you.

III. Reporting and Recordkeeping

- A. I have read and understand Part VI *Evaluating, Recordkeeping, and Reporting of the MS4 General Permit* and certify that we intend to comply with the applicable requirements of those sections as well as the Permit as a whole.** Yes

B. Where will your SWPPP be available to the public for review?

City Hall

Name of Location

If your SWPPP is available electronically, indicate location

P.O. Box 66

Mailing Address

Crystal Bay

MN

55323

City

State

ZIP Code

Ron Moore

(952) 249-4601

Contact Name

Contact Phone Number

8:00am – 4:00pm

Hours of Availability

IV. Limitations of Coverage

A. Part II Limitations on Coverage and Appendix C

I have read and understand Part II *Coverage Under This Permit* and Appendix C *Limitations on Coverage* of the MS4 General Permit and certify that we intend to comply with the applicable requirements of those sections as well as the Permit as a whole.

Yes

B. Outstanding Resource Value Waters (ORVWs)

Please refer to the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* to complete this section. An interactive map is available on the MPCA Web site that identifies Special Waters: <http://pca-gis04.pca.state.mn.us>

1. Prohibited Waters

Does the MS4 discharge into **Prohibited Waters** as defined in Minn. R. 7050.0180, subp. 3, 4, and 5? See Attachment Four of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information. Yes No

2. Restricted Discharge

Does the MS4 discharge into waters with a **Restricted Discharge** as defined in Minn. R. 7050.0180, subp. 6, 6a, and 6b? If yes, please list below and comply with Part IX, Appendix C, Item B. See Attachment Four of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information. Yes No

3. Prohibited or Restricted Waters

If you answered “yes” to either Question 1 or 2, have you included a map that outlines, at a minimum, the DNR minor sub-watersheds in your jurisdiction with ANY discharges to Prohibited or Restricted Waters? You are required by the Permit to provide this map along with your application. [IX.B.2.b] Yes No

Identify all discharges to Outstanding Resource Value Waters (ORVWs) from your MS4:

Name of Water Body	Type (lake, stream, river)
Wolsfeld Woods (Prohibited Waters)	Scientific and Natural Area; upland and lake

4. If you answered “yes” to either Question 1 or 2, who is the person responsible for ensuring compliance with this Permit condition?

Name: Tom Kellogg Position: City Engineer Phone: 651-636-4600

C. Special Waters

1. Trout Waters

Does the MS4 discharge into **Trout Waters** as defined in Minn. R. 6264.0050 subp. 2 & 4? If yes, please list below and comply with Part IX, Appendix C, Item C. See Attachments Two and Three of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information. Yes No

2. Wetlands

Does the MS4 discharge into **Wetlands** as defined in Minn. R. 7050.0130, subp. F? Yes No

3. Environmental Review

Does the MS4 have a process to assure coordination with appropriate Agencies and to evaluate discharges that require applicable **Environmental Review** as required by State or federal laws? See Part IX of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information. Yes No

Who is the person responsible for ensuring compliance with this Permit condition?

Name: Ron Moore Position: City Administrator Phone: (952) 249-4601

4. Endangered or Threatened Species

Does the MS4 have a process to assure coordination with appropriate Agencies and to evaluate discharges whose direct, indirect, interrelated, interconnected, or independent impacts may jeopardize a listed **Endangered or Threatened Species** or adversely modify a designated critical habitat? See Part IX of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information. Yes No

Who is the person responsible for ensuring compliance with this Permit condition?

Name: Ron Moorse Position: City Administrator Phone: (952) 249-4601

5. Historic Places and Archeological Sites

Does the MS4 have a process to assure coordination with appropriate Agencies and to evaluate discharges which may adversely affect properties listed or eligible for listing in the National Register of **Historic Places** or affecting known or discovered **archeological sites**? Yes No
See Part IX of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information.

Who is the person responsible for ensuring compliance with this Permit condition?

Name: Ron Moorse Position: City Administrator Phone: (952) 249-4601

6. Drinking Water Sources

Does the MS4 have any discharges that may affect Source Water Protection as defined in part **IX.H** of the General Permit? Yes No

The City of Orono has included a map showing the boundaries of drinking water supply wells as determined by the Minnesota Department of Health. It is our understanding that none of the areas represented are “vulnerable” (low or very low) as defined by the MDH for the MS4 Permit. However, we have included a BMP in our SWPPP that commits the City to cooperating with the MN Department of Health in the future on their programs to address Source Water Protection and coordinate with neighboring communities/organizations to minimize stormwater impacts to drinking water supply wells.

If “yes,” does the MS4 have BMPs incorporated into the SWPPP to protect drinking water sources that the MS4 discharge may affect? Yes No

V. Owner or Operator Certification

The person with overall, MS4 legal responsibility must sign the application. This person shall be duly authorized to sign the application and may be either a principal executive officer or ranking elected official. (see Minn. R. 7001.0060).

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. 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 (Minn. R. 7001.0070).

I also certify under penalty of law that I have read, understood, and accepted all terms and conditions of the National Pollutant Discharge Elimination System (NPDES) General Storm Water Permit for MS4s that authorizes storm water discharges identified in this application form.

I understand that as a Permittee, I am legally accountable under the Clean Water Act to ensure compliance with the terms and conditions of the NPDES General Storm Water Permit for MS4s.

I also understand that MPCA enforcement actions (pursuant to Minn. Stat. §115.07, 116.072, and Section 309 of the Clean Water Act) may be taken against me or the MS4 if the terms and conditions of the NPDES General Storm Water Permit for MS4s are not met.

C. General Contact (official, staff member, consultant or other) for all general correspondence about Permit compliance issues between the MPCA and your MS4

X

Authorized Signature

Date

Moorse

Ron

City Administrator

Last Name

First Name

Title

P.O. Box 66

Mailing Address

Crystal

MN

55323

City

State

ZIP Code

952-249-4601

Telephone (include area code)

rmoorse@ci.orono.mn.us

E-mail Address