# 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.** 

#### **Reporting Information**

Submittal Type: Annual Report

Project Name: UWL Annual Report 2017

County: La Crosse

Municipality: University of Wisconsin

**Required Attachments and Supplemental Information** 

La Crosse

Facility Number: 37167

Reporting Year: 2017

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]
- Attach the following items as appropriate using the attachments tab above
  - o Construction Site Pollution Control Annual Report Summary
  - o Illicit Discharge Detection and Elimination Annual Report Summary
  - Leaf and Yard Waste Management
  - Municipal Cooperation Attachment
  - o Municipal Facility Inspections
  - o Pollution Prevention Annual Report Summary
  - Post-Construction Storm Water Management Annual Report Summary
  - Public Education and Outreach Annual Report Summary
  - o Public Involvement and Participation Annual Report Summary
  - Storm Water Consortium/Group Report
  - o Storm Sewer Map Annual Report Attachment
  - o Storm Water Quality Management Annual Report Attachment
  - o TMDL Attachment
  - Winter Road Maintenance
  - o Other Annual Report Attachment
- Complete all required forms and upload required attachments
- · 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.

| Note: Compliance items must be submitted using | the Attachments tab.   |
|--|--|
| Municipality Information                       |  |
| Name of Municipality                           | University of Wisconsin La Crosse  |
| Facility ID # or (FIN):                        | 37167  |
| Updated Information:                           | Check to update mailing address information  |
| Mailing Address:                               | 1725 State St  |
| Mailing Address 2:                             |  |
| City:  | La Crosse  |
| State:   | Wisconsin  |
| Zip Code:                                      | 54601 xxxxx or xxxxx-xxxx  |
| the municipality has added or dropped co       | cipality's participation in group efforts towards permit compliances (i.e., onsortium membership)?  (Authorized Representative for MS4 Permit) |
| Primary Municipal Contact Person               | ✓ Select to <i>create new</i> primary contact  |
| First Name:                                    | Dan  |
| Last Name:                                     | Sweetman   |
|  | ✓ Select to <i>update</i> current contact information  |
| Title:   | Admin.ProgramManager   |
| Mailing Address:                               | 1725 State Street  |
| Mailing Address 2:                             |  |
| City:  | La Crosse  |
| State:   | <u>WI</u>  |
| Zip Code:                                      | 54601 xxxxx or xxxxx-xxxx  |
| Phone Number:                                  | 608-785-6800 Ext: xxx-xxx-xxxx   |
| Email:   | dsweetman@uwlax.edu  |

|                                     | ☐ IDDE Program                    |              |
|-------------------------------------|-----------------------------------|--------------|
|                                     | ☐ IDDE Response Procedure Manua   | al           |
| Individual with responsibility for: | ☐ Municipal-wide Water Quality Pl | an           |
| (Check all that apply)              | □ Ordinances                      |              |
|                                     | ☐ Pollution Prevention Program    |              |
|                                     | ☐ Post-Construction Program       |              |
|                                     | ☐ Winter roadway maintenance      |              |
| 270km256mm-x                        |                                   |              |
| 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:                              |                                   |              |

## **Minimum Control Measures- Section 1: Complete**

#### 1. Public Education and Outreach

**a**. Complete the following information on Public Education and Outreach Activities related to storm water. Select the Mechanism that best describes how the topic message was conveyed to your population. Use the **Add Activity** to add multiple Mechanisms. For Quantity, choose the range for the number of Mechanisms chosen (i.e., number of workshops, events). Quantity and Estimated People reached are both optional.

| Mechanism  | Quantity<br>(optional) | Est. People Reached (optional) | Regional Effort? (optional)    |
|--|------------------------|--------------------------------|--------------------------------|
| <b>Topic:</b> Detection and elimination of il                                      | licit dischar          | ges                            | <del></del>                    |
| Website  | Select                 |                                | ○ Yes ○ No                     |
| Direct one-on-one communication  | Select                 |                                | ○ Yes ○ No                     |
| Educational activities (School presentations, summer camps, etc)                   | Select                 |                                | ○ Yes ○ No                     |
| <b>Topic:</b> Management of materials that household hazardous waste and household |                        |                                | on from automobiles, pet waste |
| Website  | Select                 |                                | ○ Yes ○ No                     |
| Direct one-on-one communication  | Select                 |                                | ○ Yes ○ No                     |
| Educational activities (School presentations, summer camps, etc)                   | Select                 |                                | ○ Yes ○ No                     |
| <b>Topic</b> : Beneficial onsite reuse of leave and pesticides                     |                        | clippings/proper use           |                                |
| Website  | Select                 |                                | ○ Yes ○ No                     |
| Direct one-on-one communication  | Select                 |                                | ○ Yes ○ No                     |
| Educational activities (School presentations, summer camps, etc)                   | Select                 |                                | ○ Yes ○ No                     |
| <b>Topic</b> : Management of stream banks a restore and enhance the ecological va  |                        |                                | wners to minimize erosion and  |
| Did not focus on this topic this reporting year                                    | Select                 |                                | ○ Yes ○ No                     |
| <b>Topic</b> : Infiltration of residential storm sidewalks                         | water runo             | off from rooftop dow           | nspouts, driveways and         |
| Website  | Select                 |                                | ○ Yes ○ No                     |
| Direct one-on-one communication  | Select                 |                                | ○ Yes ○ No                     |
|  | Select                 |                                | ○ Yes ○ No                     |

# <u>Educational activities (School</u> presentations, summer camps, etc)

| Mechanism  | Quantity<br>(optional) | Est. People Reached (optional)   | Regional Effort?<br>(optional) |                               |
|--|------------------------|--|--------------------------------|-------------------------------|
| <b>Topic</b> : Inform and where appropriate maintenance of construction site eros how to design, install and maintain th | ion control            |  |                                |                               |
| Targeted group training (contractors, consultants, etc.)   | Select                 |  | ○ Yes ○ No                     |                               |
| <b>Topic</b> : Identify businesses and activition where appropriate, educate specific a                                  |                        | . • Contract the contract of t |                                | V. COMPANY OF THE PROPERTY OF |
| Targeted group training (contractors, consultants, etc.)   | Select                 |  | ○ Yes ○ No                     |                               |
| Direct one-on-one communication  | Select                 |  | ○ Yes ○ No                     |                               |
| <b>Topic</b> : Promote environmentally sensi<br>including green infrastructure and low                                   |                        |  | oy developers and              | d designers,                  |
| <u>Direct one-on-one communication</u>   | Select                 |  | ○ Yes ○ No                     |                               |
| Topic: Other (describe):   |                        |  |                                |                               |
| Select   | Select                 |  | ○ Yes ○ No                     |                               |
| <b>b</b> . Any other Public Education and Out<br>may be added here or attached on the                                    |                        |  | inclusion in the A             | nnual Report                  |
|  |                        |  |                                |                               |

Form 3400-224 (09/17)

# **Minimum Control Measures - Section 2: Complete**

# 2. Public Involvement and Participation

**a**. Describe how the municipality has kept the following local officials and municipal staff apprised of the municipal storm water discharge permit programs and its requirements.

#### **Elected Officials**

The University of Wisconsin La Crosse has no Elected Officials

# Municipal Officials

The University of Wisconsin La Crosse has no Municipal Officials

**Appropriate Staff** 

**b**. Complete the following information on Public Involvement Activities related to storm water. Select the mechanism that best describes how the topic message was conveyed to your population. Use the Add Activity to add multiple mechanisms. For Quantity, choose the range for number Mechanisms chosen (i.e., number of workshops, events). Quantity and Estimated People reached are both optional.

| Mechanism                         | Quantity<br>(optional) | Est. People Reached (optional) | Regional Effort?<br>(optional) |
|-----------------------------------|------------------------|--------------------------------|--------------------------------|
| Topic: Storm Water Management     | Plan and/or ur         | ndates                         |                                |
| <u>Website</u>                    | Select                 | Judices                        | ○ Yes ○ No                     |
| Planting community rain garden    | Select                 |                                | ○ Yes ○ No                     |
| Topic: Storm water related ordina | nce and/or up          | dates                          |                                |
| Website                           | Select                 |                                | ○ Yes ○ No                     |
| Topic: MS4 Annual Report          |                        |                                |                                |
| <u>Website</u>                    | Select                 |                                | ○ Yes ○ No                     |
| Topic: Volunteer Opportunities    |                        |                                |                                |
| Clean-up events                   | Select                 |                                | ○ Yes ○ No                     |
| Topic: Other (describe) :         |                        |                                |                                |
| Select                            | Select                 |                                | ○ Yes ○ No                     |
| N                                 |                        |                                |                                |

**c.** Any other Public Involvement and Participation program information for inclusion in the Annual Report may be added here or attached on the attachments page

Form 3400-224 (09/17)

|            |   |   | Form 3400-224 (0) | 9/1/) |
|------------|---|---|-------------------|-------|
| Minimu     | m Control Measures - Section 3: Complete  |   |                   |       |
| 3. Illicit | Discharge Detection and Elimination   |   |                   |       |
| a. How r   | nany total outfalls does the municipality have?   | 1 | ☐ Unsure          |       |
|            | many outfalls did the municipality evaluate as part ir routine ongoing field screening program? | 1 | ☐ Unsure          |       |
| c. How r   | nany were confirmed illicit discharges?   | 0 | Unsure            |       |
|            | nany illicit discharge complaints did the ipality receive?                                      | 0 | Unsure            |       |

| f. How many of the identified Illicit discharges did the municipality eliminate in the reporting year?  g. How many of the following enforcement mechanisms did the municipality  Unsure use to enforce its illicit discharge ordinance?    Verbal Warning   Written Warning (including email)   | e. | How many were confirmed illicit discharges?  | 0            | ☐ Unsure          |                 |
|--|----|--|--------------|-------------------|-----------------|
| use to enforce its illicit discharge ordinance?    Verbal Warning     Written Warning (including email)     Notice of Violation     Civil Penalty/ Citation     Any other Illicit Discharge Detection and Elimination program information for inclusion in the Annual Report may be added here or attached on the attachments page.    Winimum Control Measures - Section 4 : Complete   | f. | 1 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   | 0            | ☐Unsure           |                 |
| Notice of Violation   Civil Penalty/ Citation     Any other Illicit Discharge Detection and Elimination program information for inclusion in the Annual Report may be added here or attached on the attachments page.    Vinimum Control Measures - Section 4 : Complete   | g. | use to enforce its illicit discharge ordinance?  | id the muni  | cipality 🗹 Unsure |                 |
| Civil Penalty/ Citation  h. Any other Illicit Discharge Detection and Elimination program information for inclusion in the Annual Report may be added here or attached on the attachments page.    Form 3400-224 (09/17)   |    | ☐ Written Warning (including email)  |              |                   |                 |
| h. Any other Illicit Discharge Detection and Elimination program information for inclusion in the Annual Report may be added here or attached on the attachments page.    Form 3400-224 (09/17)  |    | ☐ Notice of Violation  |              |                   |                 |
| h. Any other Illicit Discharge Detection and Elimination program information for inclusion in the Annual Report may be added here or attached on the attachments page.    Form 3400-224 (09/17)  |    | ☐ Civil Penalty/ Citation  |              |                   |                 |
| ### A. Construction Site Pollutant Control  a. How many total construction sites were active at any point 2  | h. | inclusion in the Annual Report may be added here or at   | 51 a.        |                   |                 |
| ### A. Construction Site Pollutant Control  a. How many total construction sites were active at any point 2  |    |  |              |                   |                 |
| ### A. Construction Site Pollutant Control  a. How many total construction sites were active at any point 2  |    |  |              | Form 3/           | 400-224 (09/17) |
| a. How many total construction sites were active at any point in the reporting year?  b. How many construction sites did the municipality issue permits for in the reporting year?  c. Do the above numbers include sites <1 acre?  d. How many erosion control inspections did the municipality complete in the reporting year?  e. 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  Written Warning (including email)  Notice of Violation  Civil Penalty/ Citation  Stop Work Order  Forfeiture of Deposit  No Authority | N  | linimum Control Measures - Section 4: Complete   |              | 1011113-          | 100-224 (03/17) |
| in the reporting year?  b. How many construction sites did the municipality issue permits for in the reporting year?  c. Do the above numbers include sites <1 acre?  d. How many erosion control inspections did the municipality complete in the reporting year?  e. 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     Written Warning (including email)   Notice of Violation   Stop Work Order   Forfeiture of Deposit   No Authority   | 4. | . Construction Site Pollutant Control  |              |                   |                 |
| permits for in the reporting year?  c. Do the above numbers include sites <1 acre?  ① Yes ○ No ○ Unsure  d. How many erosion control inspections did the municipality complete in the reporting year?  e. 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 □ Written Warning (including email) □ Notice of Violation □ Civil Penalty/ Citation □ Stop Work Order □ Forfeiture of Deposit □ No Authority  | a. | The second secon | oint 2       | Unsure            |                 |
| d. How many erosion control inspections did the municipality  complete in the reporting year?  e. 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 Written Warning (including email)  Notice of Violation  Civil Penalty/ Citation  Stop Work Order  Forfeiture of Deposit  No Authority   | b. |  | 0            | ☐ Unsure          |                 |
| complete in the reporting year?  e. 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 Written Warning (including email) Notice of Violation Civil Penalty/ Citation Stop Work Order Forfeiture of Deposit No Authority  | c. |  | Yes (        | ○No ○ Unsure      |                 |
| to compel compliance with the regulatory mechanism? Check all that apply and enter the number of each used in the reporting year.    Verbal Warning   Written Warning (including email)     Notice of Violation     Civil Penalty/ Citation     Stop Work Order     Forfeiture of Deposit     No Authority   | d. |  | lity         | <b>✓</b> Unsure   |                 |
| <ul> <li>□ Notice of Violation</li> <li>□ Civil Penalty/ Citation</li> <li>□ Stop Work Order</li> <li>□ Forfeiture of Deposit</li> <li>□ No Authority</li> </ul>   | e. | to compel compliance with the regulatory mechanism? apply and enter the number of each used in the reporting   | Check all th |                   |                 |
| <ul> <li>□ Civil Penalty/ Citation</li> <li>□ Stop Work Order</li> <li>□ Forfeiture of Deposit</li> <li>□ No Authority</li> </ul>  |    | ☐ Written Warning (including email)  |              |                   |                 |
| <ul> <li>□ Stop Work Order</li> <li>□ Forfeiture of Deposit</li> <li>□ No Authority</li> </ul>   |    | ☐ Notice of Violation  |              |                   |                 |
| <ul> <li>□ Stop Work Order</li> <li>□ Forfeiture of Deposit</li> <li>□ No Authority</li> </ul>   |    | ☐ Civil Penalty/ Citation  |              |                   |                 |
| ☐ Forfeiture of Deposit ☐ No Authority   |    |  |              |                   |                 |
| ☐ No Authority   |    |  |              |                   |                 |
|  |    | · ·  |              |                   |                 |
|  |    | (ANASCA) (AN |              |                   |                 |

Communication to Wisconsin Division of Facilities Development

f. Any other Construction Site Pollutant Control program information for inclusion in

the Annual Report may be added here or attached on the attachments page.

Form 3400-224 (09/17) Minimum Control Measures - Section 5: Complete 5. Post-Construction Storm Water Management a. How many new construction sites with new structural storm 1 Unsure water management practices have received local approvals? b. How many privately owned storm water facility inspections **✓** Unsure were completed in the reporting year? c. What types of enforcement actions does the municipality have available Unsure to compel compliance with the regulatory mechanism? Check all that apply and enter the number of each used in the reporting year. ☐ Verbal Warning ☐ Written Warning (including email) ☐ Notice of Violation ☐ Civil Penalty/ Citation ☐ Forfeiture of Deposit ☐ Complete maintenance ☐ Bill responsible part ☐ No Authority ✓ Other - Describe below 1 Communication to Wisconsin Division of Facilites Development, internal submittal of w... d. Any other Post-Construction Storm Water Management program information for inclusion in the Annual Report may be added here or attached on the attachments page. Form 3400-224 (09/17) **Minimum Control Measures - Section 6: Complete** 6. Pollution Prevention Storm Water Management Facility Inspections (ponds, biofilters, etc.) 

Not Applicable a. Enter the total number of municipally owned or operated Unsure 25 structural storm water facilities? b. How many new municipally owned storm water facilities were ☐ Unsure 17 installed in the reporting year? c. How many municipally owned storm water devices were inspected Unsure

| in the reporting year?  | 25            |                        |
|---|---------------|------------------------|
| <ul> <li>d. How many of these facilities required maintenance?</li> <li>If so, attach report on attachments page.</li> </ul>  | 0             | ☐ Unsure               |
| Public Works Yards & Other Municipally Owned Properties (SWF  | PPP Plan Re   | view) ☑ Not Applicable |
| Collection Services - Street Sweeping / Cleaning Program ☑ Not  | t Applicable  |                        |
| Collection Services - Catch Basin Sump Cleaning Program   Not   | t Applicable  |                        |
| <ul><li>j. Did the municipality conduct catch basin sump cleaning durin</li><li>Yes C</li></ul>   | ng the repor  |                        |
| k. How many catch basin sumps were cleaned in the reporting y   | year? 14      | ☐ Unsure               |
| I. If known, how many tons of material was removed?   | 3             | ☐ Unsure               |
| <ul> <li>m. If catch basin sump cleaning is identified as a storm water bespractice in the pollutant loading analysis, was cleaning completed frequency?</li> <li>Yes</li> </ul>  | -             |                        |
| <ul><li>○ No - Explain</li><li>○ Not Applicable</li><li>○ Unsure</li></ul>  |               |                        |
| Collection Services - <i>Leaf Collection Program</i> ✓ Not Applicable   |               |                        |
| Winter Road Management ✓ Not Applicable   |               |                        |
| *Note: We are requesting information that goes beyond the reporting year  | ar, answer th | e best you can.        |
| Internal (Staff) Education & Communication  |               |                        |
| <ul> <li>V. Have training or education on SWPPPs for municipal facilities<br/>been held for municipal or other personnel?</li> <li>If yes, describe what training was provided</li> <li>General Environmental Awareness: SPCC, Hazardous and Solid Waste,<br/>Pollution Prevention</li> </ul> | Unsure        |                        |
| When: 02/22/2017, 05/12/2017, How many attended: 53   | 1             |                        |
| Additional Pollution Prevention Information   |               |                        |
| w. Any other Pollution Prevention program information for inclus added here or attached on the attachments page.  | sion in the A | Annual Report may be   |

Form 3400-224 (09/17)

| 7  | . Storm Sewer System Map   |
|----|--|
| a. | Did the municipality update their storm sewer map this year? ○ Yes ● No ○ Unsure   |
|    | 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. | Any other Storm Sewer System Map information for inclusion in the Annual Report may be added here or attached 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         | Budget         | Budget        | Source of Funds  |
|----------------|----------------|---------------|--|
| Expenditure    | Reporting Year | Upcoming Year |  |
| Reporting Year |                |               | and the second s |

**Element:** Public Education and Outreach

500 400 500 Other

**Element:** Public Involvement and Participation

500 400 500 <u>Other</u>

**Element:** Illicit Discharge Detection and Elimination

500 500 500 Other

**Element:** Construction Site Pollutant Control

500 600 500 <u>Other</u>

**Element:** Post-Construction Storm Water Management

1000 2500 1500 Other

**Element:** Pollution Prevention

60000 47000 60000 Other

**Element:** Storm Water Quality Management

38000 33000 500 Other

**Element:** Storm Sewer System Map

0 500 0 Other

Other (describe)

City of La Crosse Storm water Utility Charges

57000 56000 58000 <u>Other</u>

#### **Water Quality**

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

| ○Yes ○No • Unsure   | If Yes, explain below:  |
|---|---|
| <b>b</b> : Have any of the receiving waters list during the report ○ Yes  No ○ Unsure | waters that the municipality discharges to been added to the impaired ing year?         |
| c: Has the municipality evalu  ● Yes ○ No ○ Unsure                                    | nated their storm water practices to reduce the pollutants of concern?                  |
| Additional Information  |   |
| Based on the municipality's changes to the municipality'                              | storm water program evaluation in Part II, describe any proposed s storm water program. |
|   |   |

# **Requests for Assistance on Improving Permit Programs**

Would municipality like the Department to contact them about providing more information on developing or improving any of the Municipal Separate Storm Sewer Permit programs?

| Please select all that apply:                         |
|---|
| ☐ Public Education and Outreach                       |
| ☐ Public Involvement                                  |
| $\square$ Illicit Discharge Detection and Elimination |
| ☐ Post-Construction Storm Water Management            |
| ☐ Storm Water Quality Management                      |
| ☐ Storm Sewer System Map                              |
| ☐ Construction Site Pollutant Control                 |
| ☐ Pollution Prevention                                |
| ☐ 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) - <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.

| <b>Attach Documents</b> |  |  |
|-------------------------|--|--|
|                         |  |  |
|                         |  |  |

(To remove additional 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 University of Wisconsin La Crosse 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)

- O Authorized municipal contact using WAMS ID.
- Delegation of Signature Authority (Form 3500-123) for agent signing on the behalf of the authorized municipal contact.
- O Agent seeking to share this item with authorized municipal contact (authorized municipal contact must get WAMS id and complete signature).

**Delegation of Signature Authority** 

File Attachment

<u>DelegationofSignatoryAuthorityFormSigned</u> byBob.pdf

Submission of this form constitutes notice by the authorized municipal contact that the person electronically signing the MS4 eReport is authorized to do so on behalf of the authorized municipal contact. Please download form 3500-123 and sign and attach it above..

Authorized Signature.

Signed by: i:0#.f|wamsmembership|sweetmandani on 2018-03-07T16:22:44

✓ I accept the above terms and conditions.

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.