**Phase II MS4 Self Assessment Module 1**

**Status**

****

**Permittee Name**

****

**Permit Number**

****

**Assessment Period Start**

****

**Assessment Period End**

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|  | Print Module 1 |

**Organizational Structure**

**Attachments Requested**

**One copy of the annual report for the previous calendar year.**

**Yes**

**No**

**One copy of an organizational chart depicting roles and responsibilities of the MS4’s stormwater team.**

**Yes**

**No**

**1. Under Code of Federal Regulations (CFR) 40 CFR §§122.26, 122.34(a), and State permit requirements, has the permittee developed a comprehensive stormwater program (i.e., a program including administrative and technical procedures for all required control measures, staff positions and responsibilities, training requirements and other required areas of implementation for each control measure)? If no, explain why the program has not been developed.**

**Yes**

**No**

**Response**

****

**2. Is the stormwater program coordinated by a team? If yes, describe the organizational structure, role of the team, names, titles, and individual responsibilities. If no, explain how program activities are tracked and compliance with the MS4 permit requirements is achieved.**

**Yes**

**No**

**Response**

****

**Training**

**1. Describe any basic/general training the team is required to take one time or annually to carry out the stormwater program.**

****

**Nonstandard MS4 Identification/Coordination**

**1. Does the permittee have a process in place to identify and track nonstandard MS4s within the city or county? If yes, describe the process.**

**Yes**

**No**

**Response**

****

**2. Does the permittee coordinate with nonstandard MS4 permittees on implementation of the construction site and post-construction programs? If yes, how many different nonstandard permittees does the permittee coordinate with?**

**Yes**

**No**

**Response**

****

**3. Briefly describe any agreements in place with nonstandard MS4 permittees if applicable (i.e. if the city/county implements any of the MS4 programs, parts of the MS4 programs, etc.).**

**Yes**

**No**

**Response**

****

**Meetings**

**1. Does the storm water team meet to discuss the progress and changes of the storm water program? If yes, describe the frequency of and attendance of these meetings for the Assessment Period.**

**Yes**

**No**

**Response**

****

**Team Responsibilities**

**1. What Control Measures are the sole responsibility of the Team to carry out and are those responsibilities
shared between other departments or contractors? *(Check all that apply)*:**

**Control Measure Program**

**a. Construction Site Runoff**

**Team**

**Shared**

**Contractor**

**b. Illicit Discharge Detection and Elimination**

**Team**

**Shared**

**Contractor**

**c. Municipal Pollution Prevention and Good Housekeeping Practices**

**Team**

**Shared**

**Contractor**

**d. Post-Construction Site Runoff**

**Team**

**Shared**

**Contractor**

**e. Public Education and Outreach on Storm Water Impacts**

**Team**

**Shared**

**Contractor**

**f. Public Involvement and Participation**

**Team**

**Shared**

**Contractor**

**g. Areas of New Development and Significant Re-Development**

**Team**

**Shared**

**Contractor**

**h. Commercial and Industrial High-Risk Runoff**

**Team**

**Shared**

**Contractor**

**i. Flood Project Management**

**Team**

**Shared**

**Contractor**

**j. TMDL Monitoring**

**Team**

**Shared**

**Contractor**

**k. Pesticide, Herbicide, and Fertilizer Application**

**Team**

**Shared**

**Contractor**

**l. Roadways**

**Team**

**Shared**

**Contractor**

**m. Spill Prevention and Response**

**Team**

**Shared**

**Contractor**

**n. Structural Controls**

**Team**

**Shared**

**Contractor**

**2. Are clear guidelines written for the Team, or co-permittees and participating departments about how to implement their part of the stormwater program?**

**Yes**

**No**

**Module 1 Contact Information**

**Completed Date**

****

**Press Key down or Key up for access to Calendar.**

**Comp By First Name**

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**Comp By Last Name**

****

**Sign By**

****

**Job Title**

****

**Department**

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**Address**

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**City**

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**State**

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**Zipcode**

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**Telephone**

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**Email**

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**Module 1 Attachments**

Add Attachment

**No Module 1 Attachments Found.**