



**Minnesota  
Pollution  
Control  
Agency**

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

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

**NO FEE**

**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 (city, county, community, municipality, government agency or other party/entity) with ownership or operational responsibility, or control of the MS4**

City of Stillwater

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

216 N. 4th St.

*Mailing Address*

Stillwater

MN

55082

*City*

*State*

*Zip Code*

Washington

*County*

41-6005566

8025442

*Federal Tax ID*

*State Tax ID*

**C. General Contact (director, department head, MS4 coordinator, consultant or other person with SWPPP implementation responsibility) for all general correspondence about Permit compliance issues between the MPCA and your MS4**

Sanders

Shawn

Public Works Director

*Last Name*

*First Name*

*Title*

216 N. 4th St.

*Mailing Address*

Stillwater

MN

55082

*City*

*State*

*Zip Code*

(651) 430-8835

ssanders@ci.stillwater.mn.us

*Telephone (include area code)*

*E-mail Address*

## II. Certification of the Stormwater Pollution Prevention Program (SWPPP)

### A. Have you developed a SWPPP for your MS4?

 Yes

Municipalities must demonstrate how their SWPPP 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. SWPPPs 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 Permit requires that you incorporate all six of the defined Minimum Control Measures in your SWPPP. 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 BMPs 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 SWPPP. 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 of Stillwater

<i>Name of Location</i>		<i>If your SWPPP is available electronically, indicate location</i>	
216 N. 4th St.			
<i>Street Address</i>			
Stillwater	MN	55082	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
Shawn Sanders	(651) 430-8835		
<i>Contact Name</i>	<i>Contact Phone Number</i>		
8:00 AM - 4:30 PM			
<i>Hours of Availability</i>			

## 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)

To complete this section, please refer to Part IX and the *List of Special Waters Attachment* in the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* available on the MPCA Web site at: <http://www.pca.state.mn.us/publications/wq-strm4-25b.pdf>. Lists of various categories of waters and an interactive map that identifies Special Waters are available on the MPCA Web site at: <http://www.pca.state.mn.us/water/stormwater/stormwater-ms4.html#waters>.

**1. Prohibited Waters**

Does the MS4 discharge into **Prohibited Waters** as defined in Minn. R. 7050.0180, subp. 3, 4, and 5? See Part IX 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 Part IX 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)
St. Croix River	River

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

Name: Shawn Sanders Position: Public Works Director Phone: (651) 430-8835

**C. Special Waters**

**1. Trout Waters**

Does the MS4 discharge into **Trout Waters** as defined in Minn. R. 6264.0050, subp. 2 and 4? If Yes, please list below and comply with Part IX, Appendix C, Item C. See Part IX of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information.

Yes  No

Name of Water Body	Type (lake, stream)
Brown's Creek	Stream

**2. Wetlands**

Does the MS4 discharge into **Wetlands** as defined in Minn. R. 7050.0130, subp. F?

Yes  No

**D. Other Requirements**

**1. 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: Shawn Sanders Position: Public Works Director Phone: (651) 430-8835

**2. 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: Shawn Sanders Position: Public Works Director Phone: (651) 430-8835

**3. 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**? 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: Shawn Sanders Position: Public Works Director Phone: (651) 430-8835

**4. Drinking Water Sources**

Does the MS4 have any discharges that may affect Source Water Protection as defined in Part IX.H of the Permit?

Yes  No

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 (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).

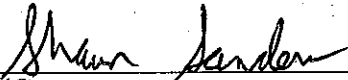
I also certify under penalty of law that I have read, understood, and accepted all terms and conditions of the National Pollutant Discharge Elimination System (NPDES) General Stormwater Permit for MS4s that authorizes stormwater discharges identified in this application form.

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 Stormwater 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 Stormwater Permit for MS4s are not met.

**Authorized Signature of the person with overall authority to certify intent to comply with the Permit and implement the SWPPP (principal executive officer or a ranking elected official).**

**X**



2-15-07

Authorized Signature

Date

Sanders

Shawn

Public Works Director

Last Name

First Name

Title

216 N. 4th St.

Mailing Address

Stillwater

MN

55082

City

State

ZIP Code

(651) 430-8835

ssanders@ci.stillwater.mn.us

Telephone (include area code)

E-mail Address