



**3. Public Education and Public Participation**

A. Is your public education program targeting specific pollutants and sources of those pollutants?  Yes  No

B. If yes, what are the specific sources and/or pollutants addressed by your public education program?

Yard/Landscaping Waste, Pet Waste

C. Note specific successful outcome(s) (e.g., quantified reduction in fertilizer use; NOT tasks, events, publications) fully or partially attributable to your public education program during this reporting period.

D. Do you have an advisory committee or other body comprised of the public and other stakeholders that provides regular input on your storm water program?  Yes  No

E. Do you belong to a storm water coalition or other advisory committee? If yes, describe:  Yes  No

Davis County Storm Water Coalition

**4. Construction**

A. Do you have an ordinance or other regulatory mechanism stipulating:

Erosion and sediment control requirements?  Yes  No

Other construction waste control requirements?  Yes  No

Requirement to submit construction plans for review?  Yes  No

MS4 enforcement authority?  Yes  No

B. Do you have written procedures for:

Reviewing construction plans?  Yes  No

Performing inspections?  Yes  No

Responding to violations?  Yes  No

C. What is the threshold for construction storm water plan review (e.g., all projects, projects disturbing greater than one acre, etc.)? Disturbing greater than or equal to one acre, or CPOD definition

D. Identify the number of active construction sites  $\geq$  1 acre in operation in your jurisdiction at any time during the reporting period. 35

E. How many of the sites identified in 4.D did you inspect during this reporting period? 35

F. Identify the number of active construction sites  $<$  1 acre in operation in your jurisdiction at any time during the reporting period. 15

G. How many of the sites identified in 4.F did you inspect during this reporting period? 15

H. Describe, on average, the frequency with which your program conducts construction site inspections.

Monthly, Complaint

I. Do you prioritize certain construction sites for more frequent inspections?  Yes  No

If Yes, based on what criteria? Proximity to creek, slope, size

J. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

Yes Notice of violation # \_\_\_\_\_ No Authority

Yes Administrative fines # \_\_\_\_\_ No Authority

Yes Stop Work Orders # \_\_\_\_\_ No Authority

Yes Civil penalties # \_\_\_\_\_ No Authority

Yes Criminal actions # \_\_\_\_\_ No Authority

Yes Administrative orders # \_\_\_\_\_ No Authority

Yes Other \_\_\_\_\_ # \_\_\_\_\_

- K. Do you use an electronic tool (e.g., GIS, data base, spreadsheet) to track the locations, inspection results, and enforcement actions of active construction sites in your jurisdiction?  Yes  No
- L. What are the 3 most common types of violations documented during this reporting period?  
BMP Maintenance, Self Inspections, SWPPP Onsite
- M. How often do municipal employees receive training on the construction program? Annually

**5. Illicit Discharge Elimination**

- A. Have you completed a map of all outfalls and receiving waters of your storm sewer system?  Yes  No
- B. Have you completed a map of all storm drain pipes and other conveyances in the storm sewer system?  Yes  No
- C. Identify the number of outfalls in your storm sewer system. 81
- D. Identify the number of Class V injection wells in your jurisdiction. 0
- E. Do you have documented procedures, including frequency, for screening outfalls?  Yes  No
- F. Of the outfalls identified in 5.C, how many were screened for dry weather discharges during this reporting period?  
19
- G. Of the outfalls identified in 5.C, how many have been screened for dry weather discharges at any time since you obtained MS4 permit coverage? 81
- H. What is your frequency for screening outfalls for illicit discharges? Describe any variation based on size/type.  
All outfalls once per permit cycle (20% per year)
- I. Do you have an ordinance or other regulatory mechanism that effectively prohibits illicit discharges?  Yes  No
- J. Do you have documented procedures for tracing and removing an illegal discharge?  Yes  No
- K. Do you have an ordinance or other regulatory mechanism that provides authority for you to take enforcement action and/or recover costs for addressing illicit discharges?  Yes  No
- L. During this reporting period, how many illicit discharges/illegal connections have you discovered? 7
- M. Of those illicit discharges/illegal connections that have been discovered or reported, how many have been eliminated?  
7
- N. Identify which of the following types of enforcement actions you used during the reporting period for illicit discharges, indicate the number of actions, or note those for which you do not have authority:
 

<input checked="" type="checkbox"/> Yes	Notice of violation	# <u>1</u>	No Authority <input type="checkbox"/>
<input type="checkbox"/> Yes	Administrative fines	# _____	No Authority <input checked="" type="checkbox"/>
<input type="checkbox"/> Yes	Stop Work Orders	# _____	No Authority <input type="checkbox"/>
<input type="checkbox"/> Yes	Civil penalties	# _____	No Authority <input checked="" type="checkbox"/>
<input type="checkbox"/> Yes	Criminal actions	# _____	No Authority <input checked="" type="checkbox"/>
<input type="checkbox"/> Yes	Administrative orders	# _____	No Authority <input type="checkbox"/>
<input type="checkbox"/> Yes	Other _____	# _____	
- O. How often do municipal employees receive training on the illicit discharge program? Annually

**6. Storm Water Management for Municipal Operations**

- A. Have storm water pollution prevention plans (or an equivalent plan) been developed for:
- |  |   |  |
|--|---|--|
| All public parks, ball fields, other recreational facilities and other open spaces | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| All municipal construction activities, including those disturbing less than 1 acre | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| All municipal turf grass/landscape management activities                           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| All municipal vehicle fueling, operation and maintenance activities                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| All municipal maintenance yards  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| All municipal waste handling and disposal areas                                    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
- Other \_\_\_\_\_
- B. Are storm water inspections conducted at these facilities?  Yes  No
- C. If Yes, at what frequency are inspections conducted? Monthly, Weekly for High Priority
- D. List activities for which operating procedures or management practices specific to storm water management have been developed (e.g., road repairs, catch basin cleaning).  
Storm drain cleaning, street sweeping, detention cleaning, inspections, etc.
- E. Do you prioritize certain municipal activities and/or facilities for more frequent inspection?  Yes  No
- F. If Yes, which activities and/or facilities receive most frequent inspections? High Priority Sites (operations center)
- G. How are you disposing of catch basin decant water and solid material?  
Central Davis Sewer Treatment Plant
- H. Are municipal vehicles washed into an approved wastewater disposal system?  Yes  No
- I. Do all municipal employees and contractors overseeing planning and implementation of storm water-related activities receive comprehensive training on storm water management?  Yes  No
- J. If yes, do you also provide regular updates and refreshers?  Yes  No
- K. If so, how frequently and/or under what circumstances? \_\_\_\_\_

**7. Long-term (Post-Construction) Storm Water Measures**

- A. Do you have an ordinance or other regulatory mechanism to require:
- |   |   |  |
|---|---|--|
| Site plan reviews for storm water/water quality of all new and re-development projects? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Long-term operation and maintenance of storm water management controls?                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Retrofitting to incorporate long-term storm water management controls?                  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
- B. If you have retrofit requirements, what are the circumstances/criteria?  
 \_\_\_\_\_
- C. What are your criteria for determining which new/re-development storm water plans you will review (e.g., all projects, projects disturbing greater than one acre, etc.) Greater than or equal to one acre, or CPOD
- D. Do you require water quality or quantity design standards or performance standards, either directly or by reference to a state or other standard, be met for new development and re-development?  Yes  No
- E. Do these performance or design standards require that pre-development hydrology be met for:
- |                      |   |  |
|----------------------|---|--|
| Flow volumes         | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Peak discharge rates | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Discharge frequency  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Flow duration        | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

- F. Please provide the URL/reference where all post-construction storm water management standards can be found.  
\_\_\_\_\_
- G. How many development and redevelopment project plans were reviewed during the reporting period to assess impacts to water quality and receiving stream protection? 5
- H. How many of the plans identified in 7.G were approved? 5
- I. How many privately owned permanent storm water management practices/facilities were inspected during the reporting period? 0
- J. How many of the practices/facilities identified in I were found to have inadequate maintenance? 0
- K. How long do you give operators to remedy any operation and maintenance deficiencies identified during inspections?  
7 Days
- L. Do you have authority to take enforcement action for failure to properly operate and maintain storm water practices/facilities?  Yes  No
- M. How many formal enforcement actions (i.e., more than a verbal or written warning) were taken for failure to adequately operate and/or maintain storm water management practices? 0
- N. Do you use an electronic tool (e.g., GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?  Yes  No
- O. Do all municipal departments and/or staff (as relevant) have access to this tracking system?  Yes  No
- P. How often do municipal employees receive training on the post-construction program? Annually

**8. Program Resources**

- A. What was the annual expenditure to implement MS4 permit requirements this reporting period? 1200000
- B. What is next year's budget for implementing the requirements of your MS4 NPDES permit? 1540000
- C. This year what is/are your source(s) of funding for the storm water program, and annual revenue (amount or percentage) derived from each?
- |                                    |                 |                 |
|------------------------------------|-----------------|-----------------|
| Source: <u>Storm Water Utility</u> | Amount \$ _____ | OR % <u>100</u> |
| Source: _____                      | Amount \$ _____ | OR % _____      |
| Source: _____                      | Amount \$ _____ | OR % _____      |
- D. How many FTEs does your municipality devote to the storm water program (specifically for implementing the storm water program; not municipal employees with other primary responsibilities)? 3.5
- E. Do you share program implementation responsibilities with any other entities?  Yes  No
- | Entity                           | Activity/Task/Responsibility | Your Oversight/Accountability Mechanism |
|----------------------------------|------------------------------|---|
| <u>Davis County SW Coalition</u> | <u>Public Education</u>      | <u>Interlocal Agreement</u>             |
| _____                            | _____                        | _____                                   |
| _____                            | _____                        | _____                                   |

**9. Evaluating/Measuring Progress**

A. What indicators do you use to evaluate the overall effectiveness of your storm water management program, how long have you been tracking them, and at what frequency? These are not measurable goals for individual management practices or tasks, but large-scale or long-term metrics for the overall program, such as macroinvertebrate community indices, measures of effective impervious cover in the watershed, indicators of in-stream hydrologic stability, etc.

Indicator	Began Tracking (year)	Frequency	Number of Locations

B. What environmental quality trends have you documented over the duration of your storm water program? Reports or summaries can be attached electronically, or provide the URL to where they may be found on the Web.

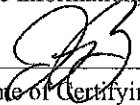
**10. Additional Information**

In the space below, please include any additional information on the performance of your MS4 program. If providing clarification to any of the questions on this form, please provide the question number (e.g., 2C) in your response.

**Certification Statement and Signature**

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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Yes

  
Name of Certifying Official, Title

JOSH BELNAP, DIRECTOR

09/25/2018  
Date (mm/dd/yyyy)