

**DEQ** Montana Department of Environmental Quality  
 Water Protection Bureau  
 Montana Pollutant Discharge Elimination System

Agency Use

Permit No.: MTR04

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM MS4-AR

**Annual Report Form  
 Storm Water Discharges Associated with MS4s  
 MTR040000**

This annual report form is to be completed by each permittee authorized under the General Permit for Storm Water Discharges Associated with Small Municipal Separate Storm Water Sewer Systems (MS4s). The completed form must be electronically submitted to DEQ by March 1<sup>st</sup> of each year starting March 1<sup>st</sup>, 2023.

Reporting Year:  2023  2024  2025  2026 (reporting period is for the preceding calendar year, Jan 1<sup>st</sup>- Dec 31<sup>st</sup>)

**MS4 Information**

Permit Number M T R 0 4 0 0 0 2  
 Small MS4 Name City of Bozeman  
 Contact Person, (name, title) Adam Oliver  
 Mailing Address 7 E. Beall St. Suite 100  
 City, State, and Zip Code Bozeman, MT, 59715  
 Phone Number, Email Address 406- 58 2- 261 aoliver@bozeman.net

Authorized as a Co-permittee?  Yes: Montana State University  No

(If, yes provide Co-permittee MS4 name in the blank provided. Each co-permittee must submit a separate complete annual report form.)

1 Is the MS4 sharing responsibility? If yes, attach written acceptance and explanation of shared obligation(s).  Yes  No

2 Attach an organizational chart identifying the primary SWMP coordinator, positions responsible for implementing requirements of the permit, and contact information for each individual.  Attached  Not Attached **See SWMP Sec. 1.5**

**Minimum Control Measure 1 & 2**

Link to storm water website <https://www.bozeman.net/departments/utilities/stormwater>

List of four key target audiences: Associated Pollutants: Outreach strategy:

2 See SWMP Sections 3.2, 3.3, 3.4, 3.5, & 3.6 for key target audiences, associated pollutants, outreach strategies, and documentation of participation and feedback.

Attach documentation of participation and/or feedback of key target audiences.  Attached  Not Attached

**Attachments are provided in order of this form, numbers along the left edge correspond with the file numbers. The SWMP is Attachment 2 and is referenced multiple times.**

**Minimum Control Measure 3** (attach the following in the order listed) **See Swmp Sec. 4.0**

2 List of potential non-storm water discharges identified as significant contributors of pollutants (i.e. illicit discharges), associated pollutants, and any local controls or conditions placed on these discharges.  Attached  Not Attached

See  
SWMP  
Sec. 4.6

Have there been updates to the MS4's storm sewer maps?  Yes  No, the map(s) were last updated: \_\_\_\_\_

If yes, submit the maps using one of the following options:

Electronic GIS shapefiles emailed to [DEQMPDESDataManagement@mt.gov](mailto:DEQMPDESDataManagement@mt.gov)

Attached Hard copy

Link to online maps: <https://gisweb.bozeman.net/Html5Viewer/>

2 Summary of investigations and corrective actions taken over the past year per the Illicit Discharge and Corrective Action Plan.  Attached  Not Attached **See SWMP Sec. 4.5**

Number of outfalls inspected during dry weather: 206 of 479 (total number of outfalls)

Number of high priority outfalls inspected: 10 of 10 (total number of high priority outfalls)

2 Attach a summary of any resulting actions taken from screening results.  Attached  Not Applicable

See SWMP  
Sec. 4.7

Year 2023 only, unless updates were made:

A copy or link to the adopted ordinance, policy, procedure, and/ or regulatory mechanism prohibiting illicit discharges.

Attached or  Link \_\_\_\_\_ e \_\_\_\_\_

**Minimum Control Measure 4** (attach the following in the order listed) **See SWMP Sec. 5.0**

3 List of construction sites/projects inspected over the last year and any resulting actions.  Attached  Not Attached

Year 2023 only, unless updates were made:

4 A copy of the construction storm water management plan review checklist.  Attached  Not Attached

5 A copy of the construction site inspection form or checklist.  Attached  Not Attached

A copy or link to the adopted ordinance, policy, procedure, and/or regulatory mechanism requiring construction storm water controls.  Attached or  Link \_\_\_\_\_ e \_\_\_\_\_

**Minimum Control Measure 5** (attach the following in the order listed) **See SWMP Sec. 6.0**

Inventory of regulated projects using offsite treatment for post-construction runoff.  Attached  Not Applicable **None**

6 Number of high priority post-construction storm water management controls inspected: 16

6 Attach a summary of any resulting actions taken from inspections.  Attached  Not Applicable

Year 2023 only, unless updates were made:

7 A copy of the post-construction storm water management plan review checklist.  Attached  Not Attached

8 A copy of the post-construction site inspection form or checklist.  Attached  Not Attached

A copy or link to the adopted ordinance, policy, procedure, and/or regulatory mechanism requiring post-construction storm water controls.  Attached or  Link \_\_\_\_\_

Year 2025 only: Submit a plan to modify relevant codes, ordinances, policies, and/or programs to implement LID/green infrastructure concepts.  Attached  Not Attached

**Minimum Control Measure 6** (attach the following in the order listed) **See SWMP Sec. 7.0**

Number of SOPs evaluated: 22 of 22 (total number of SOPs for permittee facilities/activities)

Summary of SOP updates made in the last year.  Attached  Not Applicable **None**

2 Records of completed trainings in conformance with section II.B. of the General Permit.  Attached  Not Attached

See SWMP 7.6

Year 2023 only, unless updates were made: **See SWMP Secs. 7.3 & 7.4**

- 2 Inventory of permittee facilities/activities with potential to contribute contaminants.  Attached  Not Attached
- 2 Summary of inspection procedures for facilities and their structural storm water controls.  Attached  Not Attached

### Storm Water Management Plan (SWMP)

In the last year, were any public comments received on the SWMP?  Yes  No  
If yes, attach a summary of comments received.  Attached  Not Applicable

- 2 In the last year, have additional SWMP updates been made other than those listed above?  Yes  No  
If yes, attach a summary including the date and description of updates and rationale for decision making.  
 Attached  Not Applicable **See SWMP Sec. 9.0**

### Monitoring and Reporting *(attach the following in the order listed)* **See SWMP Sec. 4.0 & Sec. 8.0**

I verify all outfall monitoring has been performed and recorded in conformance with section II.C. and II.D. of the General Permit. *(If not able to dependably obtain two samples a year at each monitoring location, attach a summary of rationale. Contact DEQ regarding requests for a change in monitoring locations.)*

- 2 Attach a summary of implemented BMPs used to target and reduce discharges to impaired waterbodies and a schedule for the following year's BMP implementation.  Attached  Not Applicable **See SWMP Secs. 2.3, 2.4, & 2.5**

Year 2023 only, unless updates were made: Attach an inventory of outfalls discharging to impaired waterbodies including associated pollutants.  Attached  Not Applicable **See SWMP Sec. 4.7**

### MS4s with an approved TMDL: **See SWMP Sec. 8.5 & Sec. 8.6**

- 2 Year 2023 only: Submit a TMDL-related sampling plan for DEQ review.  Attached  Not Applicable

Years 2024, 2025, and 2026: In the last year, were any public comments received on the sampling plan?  Yes  No  
If yes, attach a summary of comments received and any resulting actions/modifications.  Attached  Not Applicable

### Certification\*

#### All Permittees Must Complete the Following Certification:

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 gather and evaluate 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. [75-5-633, MCA].

Name (Type or Print)

Chuck Winn

Title (Type or Print)

Acting City Manager

Phone Number

406.582.2307

Signature



Date Signed

2-6-24

\* This Annual Report Form must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.