MINNESOTA POLLUTION CONTROL AGENCY
520 Lafayette Road North
St. Paul, MN 55155-4194

MS4 petition for reevaluation form

Municipal Separate Storm Sewer Systems (MS4) Program

Doc Type: Petition

Instructions: Complete this form if you want your municipality to be reevaluated as a regulated MS4, as described under Minn. R. 7090.1010, subp. 4, item B.

Submit the completed form to:

Attn: MS4 Program Supervisor
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Or

Email a signed, scanned PDF copy to ms4permitprogram.pca@state.mn.us

Questions: Please contact the Minnesota Pollution Control Agency (MPCA) staff person assigned to your MS4, using the MPCA website at https://stormwater.pca.state.mn.us/index.php?title=List_of_MS4_permittee_staff_assignments.

Section I. MS4 information

A. MS4 owner

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

MS4 name: _____ County: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

B. MS4 general contact

(Director, department head, MS4 coordinator, consultant or other person with Stormwater Pollution Prevention Program [SWPPP] implementation responsibility for all general correspondence about MS4 General Stormwater Permit compliance issues between the MPCA and your organization/entity).

Contact name: _____ Title: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Section II. Basis for petition

In accordance with Minn. R. 7090.1010, subp. 4, item B, you are requesting that the Commissioner of the MPCA reevaluate the designation of your MS4 to determine if your MS4 continues to meet the criteria established in Minn. R. 7090.1010, subp. 1 and 2 and is still required to be regulated for stormwater discharges.

A. Please select your appropriate MS4 type and complete the corresponding sections.

- ☐ City – Complete Section II.C, Section II.D (if applicable), and Section III.
- ☐ Township - Complete Section II.C, Section II.D (if applicable), and Section III.
- ☐ Hospital – Complete Section II.B, Section II.D (if applicable), and Section III.
- ☐ College/University – Complete Section II.B, Section II.D (if applicable), and Section III.
- ☐ Correctional Facility – Complete Section II.B, Section II.D (if applicable), and Section III.
- ☐ County - Complete Section II.B.1 and 2, Section II.D (if applicable), and Section III.
- ☐ Watershed District - Complete Section II.B.1 and 2, Section II.D (if applicable), and Section III.
- ☐ State highway department - Complete Section II.B.1 and 2, Section II.D (if applicable), and Section III.

Note: The MS4 mapping tool (https://pca-gis02.pca.state.mn.us/ms4/index.html) is available for your use. The MS4 mapping tool can depict applicable features referenced in this form, including Urbanized Area (UA), Outstanding Resource Value Waters (ORVWs), trout streams, and impaired waters.

B. Hospitals, colleges, universities, and correctional facilities must answer questions 1 through 5, below. Counties, Watershed Districts, and State Hwy Departments must only answer questions 1 and 2, below. [Minn. R. 7090.1010, subp. 1.A.].

1. Is your publicly owned entity located within the UA in whole or in part, as determined by the most recent Decennial Census?

   ☐ Yes Answer next question. ☐ No Skip to Section II.D.

2. Do you own/operate stormwater conveyances/infrastructure (e.g., curb and gutter, pipes, ditches, swales, stormwater ponds, rain gardens, etc.) within the UA?

   ☐ Yes Answer next question. ☐ No Skip to Section II.D.

3. Does your publicly-owned entity have a resident capacity of 1,000 or more?

   ☐ Yes Enter number of residents below. ☐ No Answer next question.

   Number of residents: _____

4. Does your publicly-owned entity have a bed-count occupancy of 1,000 or more?

   ☐ Yes Enter bed count below. ☐ No Answer next question.

   Bed count: _____

5. Does your publicly-owned entity have an average-daily user population of 1,000 or more?

   ☐ Yes Estimated average-daily user population below. ☐ No

   Estimated average-daily user population: _____

C. Cities and townships must answer questions 1 through 6 below.

1. Does your city or township own/operate stormwater conveyances/infrastructure (e.g., curb and gutter, pipes, ditches, swales, stormwater ponds, rain gardens, etc.) within the UA as determined by the most recent Decennial Census? [Minn. R. 7090.1010, subp. 1.B.(1)]

   ☐ Yes Answer next question. ☐ No Answer next question.

2. Does your municipality have a population of 10,000 or more based on the most recent Decennial Census or approved municipal boundary adjustment under the provisions of Minn. Stat. ch. 414? [Minn. R. 7090.1010, subp. 1.B.(2)]

   ☐ Yes Answer next question. ☐ No Answer next question.

3. Does your municipality have a population of 5,000 or more based on the most recent Decennial Census or approved municipal boundary adjustment under the provisions of Minn. Stat. ch. 414? [Minn. R. 7090.1010, subp. 1.B.(3)]

   ☐ Yes Answer next question. ☐ No Skip to Section II.D.

4. Does your municipality discharge stormwater into an ORVW as identified in Minn. R. 7050.0335? [Minn. R. 7090.1010, subp. 1.B.(3)(a)]

   ☐ Yes Answer next question. ☐ No Answer next question.

5. Does your municipality discharge stormwater into a trout lake or trout stream as identified in Minn. R. 6264.0050, subp. 2 and 4? [Minn. R. 7090.1010, subp. 1.B.(3)(b)]

   ☐ Yes Answer next question. ☐ No Answer next question.

6. Does your municipality discharge stormwater into a water listed as impaired under section 303(d) of the Clean Water Act, United States Code, title 33, section 1313, except those waters listed as impaired solely for mercury (Hg) or polychlorinated biphenyls (PCB's)? [Minn. R. 7090.1010, subp. 1.B.(3)(c)]

   ☐ Yes ☐ No

D. Please include any other relevant information to support your petition in the space below or attach as a separate file. For example, include maps of most recent jurisdictional boundaries, completed orderly annexation agreements, photographs, maps of your MS4 conveyance systems as they relate to Urbanized Area as determined by the most recent Decennial Census, etc.). Once you have completed Section II.D. (if applicable), complete the certification in Section III and submit the petition. **Note: MPCA staff may contact you to confirm or seek clarification related to information submitted on this form.**

Section III. 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 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.

Authorized representative

Print name: _____ Title: _____

Signature: _____ Date (mm/dd/yyyy): _____

Note: *This form will not be processed without a completed certification*