

Phase II (Small) MS4 Annual Report Form

TPDES General Permit Number TXR040000

A. General Information

Authorization Number: TXR040405

Reporting Year (year will be either 1, 2, 3, 4, or 5): 2

Annual Reporting Year Option Selected by MS4: 2019

Calendar Year: X

Permit Year: _____

Fiscal Year: _____ Last day of fiscal year: (December 31, 2020)

Reporting period beginning date: (month/date/year) Jan. 2020

Reporting period end date: (month/date/year) Dec. 2020

MS4 Operator Level: Traditional Name of MS4: Rockwall County, Texas

Contact Name: Ron Merritt Telephone Number: 972-204-7600

Mailing Address: 100 East Rusk, Ste. 201, Rockwall, Texas
75087

E-mail Address: rmerritt@rockwallcountytexas.com

A copy of the annual report was submitted to the TCEQ Region: YES X
NO ___ Region the annual report was submitted to: TCEQ Region Fort
Worth _____

B. Status of Compliance with the MS4 GP and SWMP

1. Provide information on the status of complying with permit conditions:
(TXR040000 Part IV.B.2)

	Yes	No	Explain
Permittee is currently in compliance with the SWMP as submitted to and approved by the TCEQ.	X		

Permittee is currently in compliance with recordkeeping and reporting requirements.	X		
Permittee meets the eligibility requirements of the permit (e.g., TMDL requirements, Edwards Aquifer limitations, compliance history, etc.).	X		
Permittee conducted an annual review of its SWMP in conjunction with preparation of the annual report	X		

2. Provide a general assessment of the appropriateness of the selected BMPs. You may use the table below to meet this requirement (see Example 1 in instructions):

MCM(s)	BMP	BMP is appropriate for reducing the discharge of pollutants in stormwater (Answer Yes or No and explain)
	See Attached	

3. Describe progress towards achieving the goal of reducing the discharge of pollutants to the MEP. If no progress was made or the BMP did not result in a reduction in pollutants, provide an explanation. Use the table below to meet this requirement (see Example 2 in instructions):

MCM	BMP	Information Used	Quantity	Units	Does the BMP Demonstrate a Direct Reduction in Pollutants? (Answer Yes or No and explain)
		See Attached.			

4. Provide the measurable goals for each of the MCMs, and an evaluation of the success of the implementation of the measurable goals (see Example 3 in instructions):

MCM(s)	Measurable Goal(s)	Explain progress toward goal or how goal was achieved. If goal was not accomplished, please explain.
	See Attached.	

C. Stormwater Data Summary

Provide a summary of all information used, including any lab results (if sampling was conducted) to assess the success of the SWMP at reducing the discharge of pollutants to the MEP. For example, did the MS4 conduct visual inspections, clean the inlets, look for illicit discharge, clean streets, look for flow during dry weather, etc.?

D. Impaired Waterbodies

1. Identify whether an impaired water within the permitted area was added to the latest EPA-approved 303(d) list or the Texas Integrated Report of Surface Water Quality for CWA Sections 305(b) and 303(d). List any newly-identified impaired waters below by including the name of the water body and the cause of impairment.
2. See attached.
3. If applicable, explain below any activities taken to address the discharge to impaired waterbodies, including any sampling results and a summary of the small MS4's BMPs used to address the pollutant of concern.

See attached.

4. Describe the implementation of targeted controls if the small MS4 discharges to an impaired water body with an approved TMDL.

See attached.

5. Report the benchmark identified by the MS4 and assessment activities:

Benchmark Parameter <i>(Ex: Total Suspended Solids)</i>	Benchmark Value	Description of additional sampling or other assessment activities	Year(s) conducted
		Not Applicable	

6. Provide an analysis of how the selected BMPs will be effective in contributing to achieving the benchmark:

Benchmark Parameter	Selected BMP	Contribution to achieving Benchmark
	Not Applicable	

6. If applicable, report on focused BMPs to address impairment for bacteria:

Description of bacteria-focused BMP	Comments / Discussion
Not Applicable	

7. Assess the progress to determine BMP's effectiveness in achieving the benchmark.

For example, the MS4 may use the following benchmark indicators:

- number of sources identified or eliminated;
- number of illegal dumpings;
- increase in illegal dumping reported;
- number of educational opportunities conducted;
- reductions in sanitary sewer flows (SSOs); /or

- increase in illegal discharge detection through dry screening.

Benchmark Indicator	Description / Comments
Not Applicable	

E. Stormwater Activities

Describe activities planned for the next reporting year:

MCM(s)	BMP	Stormwater Activity	Description / Comments
	See Attached		

F. SWMP Modifications

1. The SWMP and MCM implementation procedures are reviewed each year.

☒ Yes ☐ No

2. Changes have been made or are proposed to the SWMP since the NOI or the last annual report, including changes in response to TCEQ's review.

☐ Yes ☒ No

If "Yes," report on changes made to measurable goals and BMPs:

MCM(s)	Measurable Goal(s) or BMP(s)	Implemented or Proposed Changes (Submit NOC as needed)
	<i>Not Applicable</i>	

Note: If changes include additions or substitutions of BMPs, include a written analysis explaining why the original BMP is ineffective or not feasible, and why the replacement BMP is expected to achieve the goals of the original BMP.

3. Explain additional changes or proposed changes not previously mentioned (i.e. dates, contacts, procedures, annexation of land, etc.).

G. Additional BMPs for TMDLs and I-Plans

Provide a description and schedule for implementation of additional BMPs that may be necessary, based on monitoring results, to ensure compliance with applicable TMDLs and implementation plans.

BMP	Description	Implementation Schedule (start date, etc.)	Status/Completion Date (completed, in progress, not started)
	Not Applicable		

H. Additional Information

1. Is the permittee relying on another entity to satisfy any permit obligations?

___ Yes ☒ No

If "Yes," provide the name(s) of other entities and an explanation of their responsibilities (add more spaces or pages if needed).

Name and Explanation:

Name and Explanation:

Name and Explanation:

Name and Explanation:

2.a. Is the permittee part of a group sharing a SWMP with other entities?

___ Yes __X_ No

2.b. If "yes," is this a system-wide annual report including information for all permittees?

___ Yes ___ No

If "Yes," list all associated authorization numbers, permittee names, and SWMP responsibilities of each member (add additional spaces or pages if needed):

Authorization Number: _____ Permittee: _____

Authorization Number: _____ Permittee: _____

Authorization Number: _____ Permittee: _____

Authorization Number: _____ Permittee: _____

I. Construction Activities

1. The number of construction activities that occurred in the jurisdictional area of the MS4 (Large and Small Site Notices submitted by construction site operators):

2a. Does the permittee utilize the optional seventh MCM related to construction?

___ Yes __X_ No

2b. If "yes," then provide the following information for this permit year:

The number of municipal construction activities authorized under this general permit	
The total number of acres disturbed for municipal construction projects	See Attached.

Note: Though the seventh MCM is optional, implementation must be requested on the NOI or on a NOC and approved by the TCEQ.

J. Certification

If this is this a system-wide annual report including information for all permittees, each permittee shall sign and certify the annual report in accordance with 30 TAC §305.128 (relating to Signatories to Reports).

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.

Name (printed): _____ Title: _____

Signature: _____ Date: _____

Name of MS4 _____

Name (printed): _____ Title: _____

Signature: _____ Date: _____

Name of MS4 _____

Name (printed): _____ Title: _____

Signature: _____ Date: _____

Name of MS4 _____

Name (printed): _____ Title: _____

Signature: _____ Date: _____

Name of MS4 _____

Name (printed): _____ Title: _____

Signature: _____ Date: _____

Name of MS4 _____

If you have questions on how to fill out this form or about the Stormwater Permitting program, please contact us at 512-239-4671.

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512-239-3282.