

B.O.C.C. Regular

Agenda Item 18. b.

Meeting Date: 04/15/2025

Title: Yellowstone County MS4 Annual Report 2024

Submitted For: Monica Plecker, Public Works Director

Submitted By: Jay Anderson, Deputy Public Works Director

TOPIC:

Yellowstone County's Municipal Separate Storm Sewer System (MS4) Annual Report for Calendar Year 2024.

BACKGROUND:

Montana Department of Environmental Quality (MDEQ) requires that each permittee authorized under the Montana Pollutant Discharge Elimination System (MPDES) General Permit for storm water discharges associated with Small MS4's complete and submit an annual report each year to document the permittee's progress towards satisfying requirements set forth by the MPDES General Permit. Yellowstone County is awaiting a court ruling on a declaratory judgement determination regarding the legal authority Yellowstone County holds to comply with several of the Minimum Control Measures (MCMs) and whether the MCMs are an unfunded mandate.

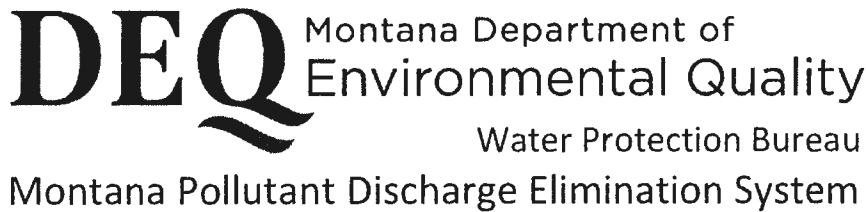
RECOMMENDED ACTION:

The BOCC Chair executes the report.

Public Works Department will submit the 2024 Annual Report and attachments electronically to MDEQ.

Attachments

YC 2024 MS4 Annual Report



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
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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 1st of each year starting March 1st, 2023.

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

MS4 Information

Permit Number M T R 0 4 0 0 5 4
 Small MS4 Name Yellowstone County
 Contact Person, (name, title) Jay D. Anderson
 Mailing Address PO Box 35024
 City, State, and Zip Code Billings, MT 59107
 Phone Number, Email Address (406) 254-7926

Authorized as a Co-permittee? Yes: _____ No
 (If, yes provide Co-permittee MS4 name in the blank provided. Each co-permittee must submit a separate complete annual report form.)

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

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

Minimum Control Measure 1 & 2

Link to storm water website <https://www.yellowstonecountymt.gov/publicworks/StormWater.asp>

List of four key target audiences:	Associated Pollutants:	Outreach strategy:
<u>Yellowstone County Residents</u>	<u>Household hazardous wastes, grease, oils, detergents</u>	<u>Website, fliers, & info packets</u>
<u>Construction Industry</u>	<u>Concrete, asphalt, oils, exposed soils, trash</u>	<u>Website, fliers, & info packets</u>
<u>Landscape Industry</u>	<u>Lawn clippings, yard waste, material stockpiles, fertilizers, fuels</u>	<u>Website, fliers, & info packets</u>
<u>Automotive Maintenance Industry</u>	<u>Detergents, fuels, oils, chemicals</u>	<u>Website, fliers, & info packets</u>

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

Minimum Control Measure 3 (attach the following in the order listed)

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

Have there been updates to the MS4's storm sewer maps? Yes No, the map(s) were last updated: 2021

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

- Electronic GIS shapefiles emailed to DEQMPDESDataManagement@mt.gov
- Attached Hard copy
- Link to online maps: _____

Summary of investigations and corrective actions taken over the past year per the Illicit Discharge and Corrective Action Plan. Attached Not Attached

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

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

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

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 _____

Minimum Control Measure 4 (attach the following in the order listed)

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

Year 2023 only, unless updates were made:

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

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 _____

Minimum Control Measure 5 (attach the following in the order listed)

Inventory of regulated projects using offsite treatment for post-construction runoff. Attached Not Applicable

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

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

Year 2023 only, unless updates were made:

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

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)

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

Summary of SOP updates made in the last year. Attached Not Applicable

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

Year 2023 only, unless updates were made:

Inventory of permittee facilities/activities with potential to contribute contaminants. Attached Not Attached

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

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

Monitoring and Reporting (attach the following in the order listed)

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.)

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

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

MS4s with an approved TMDL:

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)

Mark Morse

Title (Type or Print)

Board of County Commissioners, Chair

Phone Number

(406) 256-2701

Signature



Date Signed

April 15, 2025

* 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.