Utah Pollutant Discharge Elimination System Storm Water Program MS4 Report Form

The purpose of this report is to contribute information to an evaluation of the UPDES municipal separate storm sewer system (MS4) permit program. Consistent with 40 CFR §122.37 the Utah Department of Environmental Quality is assessing the status of the storm water program. A "no" answer to a question does not necessarily mean noncompliance with your permit or with the federal regulations. In order to establish the range of variability in the program it is necessary to ask questions along a fairly broad performance continuum.

1. MS4 Information						
City of West Jordan						
Name of MS4						
Greg	Davenport		ι	Itility Dire	ctor	
Name of Contact Person (First)	(Last)		(T	itle)		
(801) 569-5077	gr	eg.davenport	@west	jordan.uta	ah .gov	
Telephone (including area code)	En	nail				
7960 South 4000 West,						
Mailing Address						
West Jordan		UT	8	4088		
City		State	ZI	P code		
What size population does your M	S4 serve? 116,961	UPDES num	ber U	TS000001		
What is the reporting period for thi	s report? (mm/dd/yyyy)	From 07/01	/2023	to 06/3	30/2024	-
what is the reporting period for thi	s report: (iiiii/dd/yyyy)				78	
2. Water Quality Priorities	3					
A. Does your MS4 discharge to v	vaters listed as impaired or	a state 303(d) l	ist?	V] Yes □ N	О
B. If yes, identify each impaired the TMDL assigns a wasteload necessary.						
Impaired Water	Impairment	A	approved	1 TMDL	TMDL assigns	WLA to MS4
Jordan River	TDS,] Yes	✓ No	☐ Yes	☑ No
Jordan River	TEMP		☐ Yes	✓ No	☐ Yes	☑ No
Jordan River	DO		Yes	✓ No	☐ Yes	✓ No
Jordan River	E. Coli		Yes	✓ No	☐ Yes	☑ No
			Yes	☐ No	☐ Yes	□ No
Bingham Creek	TDS		Yes	☑ No	☐ Yes	☑ No
Bingham Creek	Selenium		Yes	✓ No	☐ Yes	✓ No
			Yes	□No	☐ Yes	□ No
C. What specific sources contribution Industrial, commercial a			in your	storm wate	r program?	
D. Do you discharge to any high-waters, or other state or federa	quality waters (e.g., Tier 2, l designation)?	Tier 3, outstand	ling natu	ral resource	e	☑ No
E. Are you implementing addition	nal specific provisions to e	nsure their conti	nued int	egrity?	☐ Yes	☑ No

3.	Public E	Education and Publi	c Participa	tion		
A.	A. Is your public education program targeting specific pollutants and sources of those pollutants? Yes No					
B.	3. If yes, what are the specific sources and/or pollutants addressed by your public education program?					
	HHW,	Shred, Green waste e	vents, oil, fe	rtilizer, debris, float-ables, E. Coli.		
C.	Note spec or partiall	rific successful outcome(s) ly attributable to your publ	(e.g., quantifie ic education pr	ed reduction in fertilizer use; NOT tasks, ever togram during this reporting period.	nts, publicat	tions) fully
D.		ave an advisory committee ers that provides regular in		comprised of the public and other orm water program?	✓ Yes	□ No
E.				dvisory committee? If yes, describe:	Yes	□ No
	Salt Lak	ce County Storm Wate	er Coalition,	USWAC and Salt Lake County Task	Force	
4.	Constru	ıction				
A.	Do you ha	ave an ordinance or other re	egulatory mech	nanism stipulating:		
		nd sediment control require			✓ Yes	☐ No
	Other con	struction waste control req	uirements?		✓ Yes	☐ No
	Requirem	ent to submit construction	plans for revie	w?	✓ Yes	□ No
	MS4 enfo	rcement authority?			Yes	□ No
В.	Do you ha	we written procedures for:				
		g construction plans?			Yes	☐ No
		g inspections?			Yes	☐ No
		ng to violations?			✓ Yes	☐ No
C.	What is the threshold for construction storm water plan review (e.g., all projects, projects disturbing greater than					
		etc.)? All new construction				
D.		ne number of active construperiod. 49	iction sites ≥ 1	acre in operation in your jurisdiction at any	time during	the
E.	How many	y of the sites identified in 4	I.D did you ins	pect during this reporting period? 49		
F.			5.	acre in operation in your jurisdiction at any	— time during	the reporting
	period. 5			F		
G	How many	v of the sites identified in A	I E did you ince	pect during this reporting period? 3		
						
п.				ur program conducts construction site inspec	tions.	
	2002	month (low priority), tv	05 S900			
I.		ioritize certain construction		A	✓ Yes	☐ No
		sed on what criteria? Site	100 100 100 100 100 100 100 100 100 100			
J.	Identify was	hich of the following types indicate the number of acti	s of enforcement ions, or note th	nt actions you used during the reporting perions ose for which you do not have authority:	od for const	ruction
	Yes	Notice of violation	#_3	No Authority □		
	☐ Yes	Administrative fines	#	No Authority □		
	✓ Yes	Stop Work Orders	# 1	No Authority □		
	☐ Yes	Civil penalties	#	No Authority □		
	☐ Yes	Criminal actions	#	No Authority □		
	☐ Yes	Administrative orders	#	No Authority □		
	□ Ves	Other		<i>"</i>		

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?				□ No	
L.	What are the 3 most common types of violations documented during this reporting period?					
				MP's, Faillure to maintain BMP's		
M.	How often	do municipal employees r	eceive train	ing on the construction program? Annually		
5.	Illicit Dis	charge Elimination				
A.	Have you	completed a map of all out	falls and re	ceiving 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 ✓ Yes ☐ No system?					
C.	Identify the	e number of outfalls in you	ur storm sev	ver system. 164		
D.	Identify the	e number of Class V inject	tion wells ir	your jurisdiction. 1		
E.	Do you hav	ve documented procedures	s, including	frequency, for screening outfalls?	Yes	☐ No
F.	Of the outf	alls identified in 5.C, how	many were	screened for dry weather discharges during thi	s reporting	period?
G.	Of the outf	alls identified in 5.C, how	many have	been screened for dry weather discharges at an	y time sinc	e you obtained
		it coverage? 164		•		
H.	Z.	ur frequency for screening		r illicit discharges? Describe any variation base	d on size/ty	pe.
I.	Do you hav		egulatory m	echanism that effectively prohibits illicit	✓ Yes	□No
J.	Do you have documented procedures for tracing and removing an illegal discharge? ✓ Yes □ No					□ No
K.	. Do you have an ordinance or other regulatory mechanism that provides authority for you to ☐ Yes ☐ No take enforcement action and/or recover costs for addressing illicit discharges?				□ No	
L.	During this reporting period, how many illicit discharges/illegal connections have you discovered? 10					
M.	. Of those illicit discharges/illegal connections that have been discovered or reported, how many have been eliminated?				eliminated?	
	9					
N.				ment actions you used during the reporting peri which you do not have authority:	od for illici	t discharges,
	✓ Yes	Notice of violation	#_10	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				
O.	How often	do municipal employees	receive train	ning on the illicit discharge program? Annually	у	

MS	64 Annual Report Form (cont)		
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	✓ Yes	☐ No
	All municipal construction activities, including those disturbing less than 1 acre	✓ Yes	☐ No
	All municipal turf grass/landscape management activities	✓ Yes	☐ No
	All municipal vehicle fueling, operation and maintenance activities	✓ Yes	☐ No
	All municipal maintenance yards	Yes	☐ No
	All municipal waste handling and disposal areas	Yes	☐ No
	Other		
В.	Are storm water inspections conducted at these facilities?	Yes	☐ No
C.	If Yes, at what frequency are inspections conducted?	_	
D.	List activities for which operating procedures or management practices specific to storm water in developed (e.g., road repairs, catch basin cleaning). Catch basin cleaning, street sweeping, pipe cleaning, green waste collected.	nanagemen	t have been
E.		7 200 200 100	
	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? outfalls, flood areas	s, clogged p	pipes
G.	How are you disposing of catch basin decant water and solid material?		
	Covered bay to dry and then to landfill		
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? APWA conference, tri-state conference	ence, in-h	ouse
	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?	Yes	☐ No
	Long-term operation and maintenance of storm water management controls?	Yes	☐ No
	Retrofitting to incorporate long-term storm water management controls?	Yes	☐ No
В.	If you have retrofit requirements, what are the circumstances/criteria?		
	Detention to 0.2 cfs per acre.		
C.	What are your criteria for determining which new/re-development storm water plans you will re	view (e.g., a	all projects,
	projects disturbing greater than one acre, etc.) All plans reviewed.		_
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

Peak discharge rates

✓ Yes

No

F.	Please provide	the URL/1	reference wh	ere all post-con	struction storm	water ma	anagement standa	rds can be fo	und.
	www.westjor	dan.utah.	gov/engine	ering-standard	s		PASS-19		
G.				opment project potection? 120		ewed duri	ing the reporting p	period to asso	ess impacts to
H.	How many of t	the plans ic	dentified in 7	.G were approv	ed? 120	_			
I.	How many priv	vately own	ed permanen	nt storm water n	nanagement pra	ictices/fac	cilities were inspe	ected during	the reporting
J.	How many of t	the practice	es/facilities id	dentified in I we	ere found to hav	ve inadeq	uate maintenance	? 7	
K.	How long do you	ou give op	erators to rer	medy any opera	tion and mainte	enance de	eficiencies identifi	ied during in	spections?
L.	Do you have au storm water pra	uthority to actices/fac	take enforce ilities?	ment action for	failure to prope	erly opera	ate and maintain	✓ Yes	□No
M.						ritten wa	rning) were taken	for failure to	o adequately
	operate and/or	maintain s	torm water n	nanagement pra	ctices? 0				
N.	Do you use an o BMPs, inspecti			S, database, spi	readsheet) to tra	ack post-	construction	✓ Yes	□ No
O.	Do all municipa	al departm	ents and/or s	taff (as relevant	t) have access t	o this trac	cking system?	Yes	□ No
P.	How often do n	nunicipal o	employees re	ceive training o	n the post-cons	struction	program? Annua	ally	
8.	Program Re	sources	6						
A.	What was the a	nnual exp	enditure to in	nplement MS4	permit requiren	nents this	reporting period	? 4.6 M	
В.	What is next ye	ear's budge	et for implem	enting the requ	irements of you	ır MS4 U	JPDES permit?	8.0 M	
C.	This year what derived from ea		r source(s) of	f funding for the	e storm water p	rogram, a	and annual revenu	ie (amount o	r percentage)
	Source: Storn	m Water Ut	ility Fees				Amount \$ 5.7 M	OR %	6 <u>85</u>
	Source: Storn	m Water Im	pact Fees				Amount \$ 850,0	00 OR %	6 <u>15</u>
	Source:						Amount \$	OR %	6
D.	How many FTE program; not m						specifically for im	plementing	the storm water
E.	Do you share pr			•			7	✓ Yes	□No
	Entity			/Responsibility			Oversight/Account		5 37
9	Salt Lake County			on, Advertising			colation meetings,		

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)	g Frequency	Number of Locations
Nitrogen and Phosphorus	2002	6 months to 2 years	15
TSS and BOD	2002 6 months to 2 years		15
DO, ph, SC, and Ammonia	2017	6 months to 2 years	15
E. Coli	2022	Annually	15

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. E. coli TMDL Compliance Report

Section required for permittees that discharge to waters listed on the Utah 303(d) list as impaired for *E. coli* for which storm water is a contributing source per the *Jordan River Watershed Wide E. coli TMDL*. All other permittees leave this section blank.

Public	: Educati	on & Outreach
1.	What:	sources of E. coli have been identified in your MS4? (check all that apply)
		MS4s
	V] WWTPs
		Industrial Stormwater
		Construction Stormwater
		Urban (Impervious Surfaces, Recreationists and unhoused population, Stormwater
		Outfalls)
	✓	Agriculture (Livestock, irrigated pastures, canals with potential to discharge)
		Wildlife (Waterfowl, deer, elk, etc.)
		Onsite Wastewater Systems
		Domestic Pets
	✓	E. coli impaired upstream AUs
		Other (please list):
2.		audiences have you targeted for education and outreach based on the sources above? (list
		Agricultural areas, Dog Park
3.		use a collaborative program to meet E. coli TMDL permit requirements?
Illiait D		If yes, list: USWAC and Salt Lake County Stormwater Coalition
4.	_	e Detection and Elimination (IDDE) pany priority areas (that are potential sources of <i>E. coli</i>) within your MS4 have you
٦.	identifi	
	a.	Are there additional areas to be inventoried (yes/no) ?
	b.	How many priority areas were inspected in this reporting term? 3
5.	Has the	e MS4 created a plan to implement BMPs (structural or non-structural) for the E. coli
	sources	s identified in the inventory above (yes/no)? Yes
	a.	If yes, what BMPs have you prioritized? (check all that apply)
		☐ Increase sweeping at priority areas
		Clean-up of pet & waterfowl areas prior to storm events
		✓ Keep pet waste bags stocked
		Clean out pet waste receptacles regularly (so they don't overfill)
		Educate on regular septic system maintenance
		Partner with programs to work with unhoused populations
		☐ Require regular septic system maintenance
		☑ Regularly educate target audiences
		☐ Increase waste containment areas
		Run on diversion (from sources of E. coli)

		Identification and repair of illicit cross-connections
		☐ Updates to MS4 infrastructure
		☐ Installation of LID controls with bacterial listed as a medium to high
		effectiveness
		Others:
6.	Have	you implemented any BMPs specific to <i>E. coli</i> source reduction during this reporting period
		o)? No
	a.	If yes, what BMPs have you implemented? (check all that apply)
		☐ Increase sweeping at priority areas
		☐ Clean-up of pet & waterfowl areas prior to storm events
		☐ Keep pet waste bags stocked
		☐ Clean out pet waste receptacles regularly (so they don't overfill)
		☐ Educate on regular septic system maintenance
		☐ Partner with programs to work with unhoused populations
		Require regular septic system maintenance
		☐ Regularly educate target audiences
		☐ Increase waste containment areas
		Run on diversion (from sources of E. coli)
		☐ Identification and repair of illicit cross-connections
		☐ Updates to MS4 infrastructure
		☐ Installation of LID controls with bacterial listed as a medium to high
		effectiveness
		Others:
	onstruct	
7.	Which	LID controls do you promote (please list)? Infiltration, Natural Filters, Harvesting.
8.		ou added E. coli reduction to your retrofit plan for prioritizing retrofit sites (yes/no)?
	a.	If yes, have you retrofit any sites during this reporting period for E. coli reduction
		(yes/no)? No
	b.	If yes, please list the retrofit site:
Polluti	on Drove	ention & Good-Housekeeping
		any MS4-owned or operated sites were identified as having potential sources of E. coli
		list sites)? Bateman Park, Plum Creek, Dog Park
10		ny MS4-owned or operated added to the list of high-priority sites based on potential for
	E. coli o	contamination (yes/no)? Yes
	a.	yes, were assured to prevent 2. con contamination (yes, no):
		If yes, please list BMPs utilized or installed:
11.	Were S	OPs for street sweeping & storm sewer system maintenance updated (yes/no)?

 a. If yes, do the updated SOPs contain a schedule for maintenance of priority areas (yes/no)? Yes

Wet-Weather Monitoring

- 12. Did you collect fall & spring samples for E. coli in this reporting period (yes/no)? Yes
- 13. Do the sampling results indicate compliance with the Jordan River E. coli TMDL (yes/no)? Yes
 - a. If not, what is your plan to reduce *E. coli* contamination during the next reporting period? Education

11. 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

 $\frac{9/25/24}{\text{Date (mm/dd/yyyy)}}$