

Annual Report Format



National Pollutant Discharge Elimination System Stormwater Program MS4 Annual Report Format



Check box if you are submitting an individual Annual Report with one or more cooperative program elements. ☐

Check box if you are submitting an individual Annual Report with individual program elements only. ☐

Check box if this is a new name, address, etc. ☐

1. MS4(s) Information

City of Santa Fe NMR040000

Name of MS4

Zoë Isaacson River and Watershed Manager

Name of Contact Person (First)

(Last)

(Title)

505-955-6853

zrisaacson@santafenm.gov

Telephone (including area code)

E-mail

P.O. Box 909/ 200 Lincoln Avenue

Mailing Address

Santa Fe

NM

87501

City

State

ZIP code

What size population does your MS4(s) serve? 93,165 NPDES number 40,000

What is the reporting period for this report? (mm/dd/yyyy) From July 1, 2023 to June 30, 2024

2. Water Quality Priorities

A. Does your MS4(s) discharge to waters listed as impaired on a state 303(d) list? ☒ Yes ☐ No

B. If yes, identify each impaired water, the impairment, whether a TMDL has been approved by EPA for each, and whether the TMDL assigns a wasteload allocation to your MS4(s). Use a new line for each impairment, and attach additional pages as necessary.

Impaired Water	Impairment	Approved TMDL	TMDL assigns WLA to MS4
Santa Fe River	E.coli	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Santa Fe River	Total Nitrogen, Total Phosphorus	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Santa Fe River	Polychlorinated Biphenyls (PCBs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. B. Continued

Impaired Water	Impairment	Approved TMDL		TMDL assigns WLA to MS4	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. What specific sources contributing to the impairment(s) are you targeting in your stormwater program?

Pet waste, household hazardous waste, trash and debris (including natural vegetation), sediments, wastewater overflows (E.Coli, Chlorine, Ammonia) and food handling facilities discharges.

D. Do you discharge to any high-quality waters (e.g., Tier 2, Tier 3, outstanding natural resource waters, or other state or federal designation)? ☐ Yes ☒ No

E. Are you implementing additional specific provisions to ensure their continued integrity? ☐ Yes ☒ No

3. Public Education and Public Participation

A. Is your public education program targeting specific pollutants and sources of those pollutants? ☒ Yes ☐ No

B. If yes, what are the specific sources and/or pollutants addressed by your public education program?

Pet waste, household hazardous and green waste, trash and debris, sediment, auto industry, food handling facilities, construction site runoff and waste generated by homeless encampments

C. Note specific successful outcome(s) (e.g., quantified reduction in fertilizer use; NOT tasks, events, publications) fully or partially attributable to your public education program during this reporting period.

290 tons of trash removed from waterways and designated open space, 1500 lane miles were swept, 2,486 drop inlets were cleaned and 650 tons of sediment was removed from stormwater infrastructure

D. Do you have an advisory committee or other body comprised of the public and other stakeholders that provides regular input on your stormwater program? ☒ Yes ☐ No

4. Construction

A. Do you have an ordinance or other regulatory mechanism stipulating:

Erosion and sediment control requirements? ☒ Yes ☐ No

Other construction waste control requirements? ☒ Yes ☐ No

Requirement to submit construction plans for review? ☒ Yes ☐ No

MS4 enforcement authority? ☒ Yes ☐ No

B. Do you have written procedures for:

Reviewing construction plans? ☒ Yes ☐ No

Performing inspections? ☒ Yes ☐ No

Responding to violations? ☒ Yes ☐ No

C. Identify the number of active construction sites \geq 1 acre in operation in your jurisdiction at any time during the reporting period.

D. How many of the sites identified in 4.C did you inspect during this reporting period?

E. Describe, on average, the frequency with which your program conducts construction site inspections.

Construction site inspections are performed after rain events $>.25$ " ; discharge violations that are reported and/or observed.

F. Do you prioritize certain construction sites for more frequent inspections? ☒ Yes ☐ No

If Yes, based on what criteria?

Sites that are near waterways such as arroyos or the river, and or have a history of non-compliance ☒

G. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

- | | | | | |
|---|-----------------------|--------------------------------|--------------|-------------------------------------|
| <input checked="" type="checkbox"/> Yes | Notice of violation | <input type="text" value="1"/> | No Authority | <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Administrative fines | <input type="text"/> | No Authority | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Yes | Stop Work Orders | <input type="text" value="5"/> | No Authority | <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Civil penalties | <input type="text"/> | No Authority | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Yes | Criminal actions | <input type="text"/> | No Authority | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Yes | Administrative orders | <input type="text"/> | No Authority | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Yes | Other | <input type="text"/> | | |

H. 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? ☒ Yes ☐ No

I. What are the 3 most common types of violations documented during this reporting period?

Illegal dumping, illicit discharges, and lack of appropriate control measures/(BMPs).

J. How often do municipal employees receive training on the construction program?

5. Illicit Discharge Elimination

A. Have you completed a map of all outfalls and receiving 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 system? ☐ Yes ☒ No

C. Identify the number of outfalls in your storm sewer system.

D. Do you have documented procedures, including frequency, for screening outfalls? ☒ Yes ☐ No

E. Of the outfalls identified in 5.C, how many were screened for dry weather discharges during this reporting period?

F. Of the outfalls identified in 5.C, how many have been screened for dry weather discharges at any time since you obtained MS4 permit coverage?

G. What is your frequency for screening outfalls for illicit discharges? Describe any variation based on size/type.

All outfalls that discharge into the Santa Fe River are monitored for illicit discharges at least once every other month. All other outfalls are inspected on a complaint/ as needed basis.

H. Do you have an ordinance or other regulatory mechanism that effectively prohibits illicit discharges? ☒ Yes ☐ No

I. Do you have an ordinance or other regulatory mechanism that provides authority for you to take enforcement action and/or recover costs for addressing illicit discharges? ☒ Yes ☐ No

J. During this reporting period, how many illicit discharges/illegal connections have you discovered?

K. Of those illicit discharges/illegal connections that have been discovered or reported, how many have been eliminated?

L. How often do municipal employees receive training on the illicit discharge program?

6. Stormwater Management for Municipal Operations

A. Have stormwater pollution prevention plans (or an equivalent plan) been developed for:

All public parks, ball fields, other recreational facilities and other open spaces	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
All municipal construction activities, including those disturbing less than 1 acre	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
All municipal turf grass/landscape management activities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
All municipal vehicle fueling, operation and maintenance activities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
All municipal maintenance yards	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
All municipal waste handling and disposal areas	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Other

B. Are stormwater 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 stormwater management have been developed (e.g., road repairs, catch basin cleaning).

E. 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?

G. Do all municipal employees and contractors overseeing planning and implementation of stormwater-related activities receive comprehensive training on stormwater management? ☒ Yes ☐ No

H. If yes, do you also provide regular updates and refreshers? ☒ Yes ☐ No

I. If so, how frequently and/or under what circumstances?

7. Long-term (Post-Construction) Stormwater Measures

A. Do you have an ordinance or other regulatory mechanism to require:

Site plan reviews for stormwater/water quality of all new and re-development projects?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Long-term operation and maintenance of stormwater management controls?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Retrofitting to incorporate long-term stormwater management controls?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

B. If you have retrofit requirements, what are the circumstances/criteria?

C. What are your criteria for determining which new/re-development stormwater plans you will review (e.g., all projects, projects disturbing greater than one acre, etc.)?

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 ☒ Yes ☐ No

Peak discharge rates ☒ Yes ☐ No

Discharge frequency ☐ Yes ☒ No

Flow duration ☐ Yes ☒ No

F. Please provide the URL/reference where all post-construction stormwater management standards can be found.

<https://santafenm.gov/public-works/parks-and-open-space/river-and-watershed>

G. How many development and redevelopment project plans were reviewed during the reporting period to assess impacts to water quality and receiving stream protection?

H. How many of the plans identified in 7.G were approved?

I. How many privately owned permanent stormwater management practices/facilities were inspected during the reporting period?

J. How many of the practices/facilities identified in I were found to have inadequate maintenance?

K. How long do you give operators to remedy any operation and maintenance deficiencies identified during inspections?

L. Do you have authority to take enforcement action for failure to properly operate and maintain stormwater practices/facilities? ☒ Yes ☐ No

M. How many formal enforcement actions (i.e., more than a verbal or written warning) were taken for failure to adequately operate and/or maintain stormwater management practices?

N. Do you use an electronic tool (e.g., GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

O. Do all municipal departments and/or staff (as relevant) have access to this tracking system? ☐ Yes ☒ No

P. How often do municipal employees receive training on the post-construction program?

8. Program Resources

A. What was the annual expenditure to implement MS4 permit requirements this reporting period?

B. What is next year's budget for implementing the requirements of your MS4 NPDES permit?

C. This year what is/are your source(s) of funding for the stormwater program, and annual revenue (amount or percentage) derived from each?

Source: Amount \$ OR %

Source: Amount \$ OR %

Source: Amount \$ OR %

D. How many FTEs does your municipality devote to the stormwater program (specifically for implementing the stormwater program; not municipal employees with other primary responsibilities)?

E. Do you share program implementation responsibilities with any other entities? ☐ Yes ☐ No

Entity	Activity/Task/Responsibility	Your Oversight/Accountability Mechanism
NM DOT	BMP Implementation Water Quality M+	Oversight by each entity
Santa Fe County	BMP Implementation Water Quality M+	Oversight by each entity

9. Evaluating/Measuring Progress

A. What indicators do you use to evaluate the overall effectiveness of your stormwater 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)	Frequency	Number of Locations
<i>Example: E. coli</i>	2003	Weekly April–September	20
NMED Physical/Chemical and Biological	2010-2020	Triennial	28
E.coli Souce Study	2017	Not yet determined	Various locatio+
ESRI tracking of customer requests	2020	Not yet detemined	City of Santa Fe

B. What environmental quality trends have you documented over the duration of your stormwater program? Reports or summaries can be attached electronically, or provide the URL to where they may be found on the Web.

Impairments (E. Coli, PCBs, and total recoverable Aluminum) have remained constant in the upper reach of the SF River. Customers continue to submit requests about areas of the City that require attention.

10. Additional Information

Please attach any additional information on the performance of your MS4 program, including information required in Parts I.C, I.D, and III.B. If providing clarification to any of the questions above, 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 ☐ No

Federal regulations require this application to be signed as follows: **For a municipal, State, Federal, or other public facility:** by either a principal executive or ranking elected official.

Signature

Name of Certifying Official, Title Date (mm/dd/yyyy)