

Phase II (Small) MS4 Annual Report Form

TPDES General Permit Number TXR040000

A. General Information

Authorization Number: TXR040000

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

Annual Reporting Year Option Selected by MS4:

Calendar Year: Jan 1, 2023 to Dec. 31, 2023 ____

Permit Year: Jan 24, 2023 to Jan 23, 2024 ____ _

Fiscal Year: Oct 1, 2022 Last day of fiscal year: Sept 30, 2023

Reporting period beginning date: Jan 1, 2023

Reporting period end date: Dec 31, 2023

MS4 Operator Level: Small Name of MS4: City of Heath

Contact Name: Mike Shook Telephone Number: 972-961-4885

Mailing Address: 200 Laurence , Heath, TX 75032

E-mail Address: mshook@heathtx.com

A copy of the annual report was submitted to the TCEQ Region: YES X

Region the annual report was submitted to: TCEQ Yes X, Jan 29, 2024

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 | | While not 100% of MCM are done. We are on track and will be 100% soon. |
| Permittee is currently in compliance with recordkeeping and reporting requirements. | X | | This report should have us in good standing. |

| | | | |
|--|---|--|--|
| 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 | | SWMP is reviewed more than just for Annual Report. |

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) |
|--------|---|--|
| 1 | Public Education | City has a website: http://heath.tx with information posted. City Quarterly newsletter for Public awareness. |
| 2 | Illicit Discharge Detection & Elimination | Code enforcement & CIP inspector inspect & drive off street areas for dumping & illegal discharges |
| 3 | Maintain Library of Materials | Copies of brochures are available at permitting office and front lobby for public, website and quarterly newsletter. |
| 4 | Install Storm Water Signage | Staff installs stickers on storm water inlets to deter illegal dumping in inlets. |
| 5 | Construction Site Inspections | CIP inspector & Building inspectors monitor construction sites for SWPP's compliance & dirt in roadways. |
| 6 | Staff Education | 2 employees are certified stormwater inspectors thru the EPA program. Staff trains thru TCEQ webinar. |
| | | |

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) |
|------------|------------|-------------------------|-----------------|--------------|--|
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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. |
|---------------|--|---|
| 1 | Amount of Public Outreach & increase events | City will provide more public education outreach at public events; July 4 th , Home Town Christmas Celebration, etc. |
| 2 | Increase number of areas by driving or walking | Staff will walk into areas of outfall inspecting for illegal dumping. |
| 3 | Public availability of Materials | Staff will create a better area for library materials for public access. |
| 4 | Increase number of inlets w/stickers | Try to have additional staff install "no dumping" stickers on storm sewer inlets. |
| 5 | Construction site inspections increased | Try to do more frequent inspections on construction sites instead of just at building inspection time. |
| 6 | Staff education at 50% | We have 2 employees certified for EPA inspector. Goal is 100% inspectors certified. |

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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.?

No samples were taken. We do visual inspections, clean streets & clean inlets.

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.

No impaired waters, new or existing, has been identified.

2. 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.

No impaired waters identified.

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

No impaired waters have been identified.

4. 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 |
|---|------------------------|--|--------------------------|
| N/A | | | |
| | | | |
| | | | |

5. 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 |
|----------------------------|---------------------|--|
| N/A | | |
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6. If applicable, report on focused BMPs to address impairment for bacteria:

| Description of bacteria-focused BMP | Comments/ Discussion |
|--|-----------------------------|
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|---|--|
| #2. Routine drive-bys for illegal dumping | Amount of dumping has been reduced since drive-bys & enforcements. Helps reduce foreign material in the streams. |
| #4. Stickers on stormwater inlets. | Making public aware not to dump anything in the inlets. This has reduced amount of grass clippings in inlets. |
| #6. Staff education at 50% certified, need to increase to 100%. | Has made inspectors more aware of the issues & correct procedures. |
| | |

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 |
|---------------------------------------|---|
| Nine illegal dumpings worked in 2022 | Additional drive-bys & extra patrolling of known dump areas have decreased dumping. |
| Three illegal dumpings worked in 2023 | " |
| | |
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E. Stormwater Activities

Describe activities planned for the next reporting year:

| MCM(s) | BMP | Stormwater Activity | Description/Comments |
|--------|------------------|---------------------|---|
| #1 | Public awareness | | Did not perform public awareness program as wanted. Not enough staff available. |
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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) |
|--------|------------------------------|--|
|--------|------------------------------|--|

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|-----|-----|-----|
| N/A | N/A | N/A |
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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} |
|------------|--------------------|---|---|
| N/A | | | |
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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: N/A

Name and Explanation: N/A

Name and Explanation: N/A

Name and Explanation: N/A

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

Yes No

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

Yes No N/A

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

| | |
|--|------------------|
| Authorization Number: <u> N/A </u> | 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):

.....2.....

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

Yes 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 | |

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) : Mike Shook Title: Director, Public Works

Signature: _____ Date: {-J/-.)o:!/}

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 _____