



**City of Kalispell**

**MPDES Stormwater Small MS4 Annual Report**

**Permit Year – 2013**

**Permit No: MTR040005**



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**Submitted by  
City of Kalispell**

Submitted in accordance with the requirements of Montana Pollution Discharge Elimination System  
(MPDES) Permit Number MTR040005



Montana Department of  
**ENVIRONMENTAL QUALITY**

WATER PROTECTION BUREAU

Agency Use

Permit No.:

Date Rec'd

Rec'd By

FORM  
**MS4-AR**

**MPDES Storm Water Small MS4 Annual Report Form**

This form is to be completed by each permittee or co-permittee authorized to discharge storm water under the *General Permit for Storm Water Discharge Associated with Small Municipal Separate Storm Sewer System (MS4)*. All authorized permittees or co-permittees are required to complete this Annual Report Form for each calendar year the facility is authorized as required in Part IV.I. of the General Permit and to submit it (postmarked) no later than March 1<sup>st</sup> following the respective calendar year reporting period. For co-permittees authorized under one permit authorization and for co-permittees with multiple permit authorizations, you are required to complete this form and all items on it exclusively for your particular Small MS4 and Storm Water Management Program (SWMP) within your respective regulated Small MS4 area. The Department has attached instructions for this form in order to help with the completion of item responses. **If additional space is needed for item responses, you may include attachments noting the section and item number.**

**Section A - Permit Authorization Number for Facility** MTR04 0 0 0 5  
 MS4 Annual Report for Calendar Year 2013  
 What size population does your MS4 serve? 19,927 (2010 census data)

**Section B - Facility or Site Information** (See instructions.):

Small MS4 Name City of Kalispell  
 Zip Code 59901 County Flathead  
 Latitude 48 degree, 11 min, 48 sec Longitude -114 degree, 18 min, 39 sec  
 Small MS4 Type: Federal  State  County  City/Town  Other

**Section C - Applicant (Owner/Operator) Information**

Contact Person: Name Susie Turner Title Public Works Director/City Engineer  
 Owner or Operator City of Kalispell  
 Mailing Address PO Box 1997  
 City, State, and Zip Code Kalispell, MT 59903  
 Phone Number ( ) 406-758-7852

**Section D - Water Quality Priorities**

1. Does your MS4 discharge to waters listed as impaired on the Montana 303(d) List?  Yes  No

2. 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. Use a new line for each impairment, and attach additional pages as necessary.

Impaired Water	Impairment	Approved TMDL	TMDL assigns WLA to MS4
Whitefish River	See attached sheet Section D	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Stillwater River	See attached sheet Section D	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Ashley Creek	See attached sheet Section D	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spring Creek	See attached sheet Section D	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. What specific sources contributing to the impairment(s) are you targeting in your Storm Water Management Program?

See attached sheet Section D

4. Do you discharge to any "high-quality waters" (as defined in 75-5-103, MCA)?  Yes  No

5. Are you implementing additional specific provisions to ensure their continued integrity?  Yes  No

If yes, what are they?

See attached sheet Section D

### Section E - Public Education and Public Participation

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

2. If yes, what are the specific sources and/or pollutants addressed by your public education program?  
Residential and commercial pollutants: household, fertilizers, auto, construction, & pet wastes.

3. Note specific successful outcome(s) (e.g., quantified reduction in fertilizer use; Do Not List tasks, events, publications) fully or partially attributable to your public education program during this reporting period.  
See Section L

4. Do you have an advisory committee or other body comprised of the public and other stakeholders that provides regular input on your SWMP?  Yes  No

### Section F - Construction

1. 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

2. Do you have written procedures for:

- Reviewing construction plans?  Yes  No
- Performing inspections?  Yes  No
- Responding to violations?  Yes  No

