



**Florida Department of Environmental Protection
Phase II MS4 Annual Report
NPDES Two-Step Generic Permit for Stormwater Discharges from Phase II MS4s**

Phase II MS4 Annual Report for Permit ID # [Click to enter permit ID#](#). Cycle # [Click to enter permit cycle #](#).

Permit Year: 1 2 3 4 5 Specify Other: [Click to enter text](#).

Reporting period covers: [Click to enter date](#) to [Click to enter date](#)

Part I. Instructions

This annual report form shall be completed and submitted to the NPDES Stormwater Program to satisfy reporting requirements under Part VI of the NPDES Two-Step Generic Permit for Discharge of Stormwater from Phase II Municipal Separate Storm Sewer (MS4) Systems subsection 62-621.300(7)(a), Florida Administrative Code (F.A.C.), herein referred to as the Phase II MS4 generic permit. Permittees must use approved Stormwater Management Program, as described in Appendix A of DEP Form 62-621.300(7)(b) to complete this annual report form.

Submit this completed form and supporting documentation to the NPDES Stormwater Notice Center, 2600 Blair Stone Rd., M.S. #3585, Tallahassee, FL 32399. Electronic submittal is preferred. Assistance with electronic submittal may be obtained by calling 1.866.336.6312 (toll-free) or 850-245-7522.

Part II. MS4 Operator Information

MS4 Operator Name: [City, Town, County, Special District, association, FDOT District, Facility owned or operated by the United States or entity that owns or operates the Phase II MS4.](#)

Name of the Responsible Authority: [Principal executive officer, ranking elected official, or senior officer having the responsibility for overall operations of a principal geographic unit of the agency.](#)

Title: [Enter Responsible Authority \(RA\) title.](#)

Mailing Address (Street or P.O. Box): [Enter RA street/P.O. Box.](#)

City: [Enter RA city.](#) Zip Code: [Enter RA zip code.](#) County: [Enter RA county.](#)

Phone Number: [Enter RA phone number.](#) E-mail Address: [Enter RA email.](#)

Name of the Designated Phase II MS4 Stormwater Management Program Contact:

[Enter name of person who has direct responsibility to manage, gather and evaluate information for this permit.](#)

Title: [Enter MS4 Contact title.](#)

Mailing Address (Street or P.O. Box): [Enter MS4 Contact street/P.O. Box.](#)

City: [Enter MS4 Contact city.](#) Zip Code: [Enter MS4 Contact zip code.](#)

County: [Enter MS4 Contact county.](#)

Phone Number: [Enter MS4 Contact phone number.](#) E-mail Address: [Enter MS4 Contact email.](#)

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Part III. Summary of Stormwater Management Program Activities

1. Public Education and Outreach Minimum Control Measure [Part V.B.1 of the Phase II MS4 generic permit]

Table 1. Public Education and Outreach BMPs

BMP #	BMP Description and/or Subject or Topic	Target Audience	Delivery Method	Measurable Goal	Schedule for Implementation	Summary of Results
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.
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Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.

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2. Public Involvement/Participation Minimum Control Measure [Part V.B.2 of the Phase II MS4 Generic Permit]

Table 2. Public Involvement/Participation BMPs

BMP #	BMP Description and/or Subject or Topic	Target Audience	Delivery Method	Measurable Goal	Schedule for Implementation	Summary of Results
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.
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Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.
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Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.

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3. Illicit Discharge Detection and Elimination (IDDE) Minimum Control Measure [Parts V.B.3.a-d of the Phase II MS4 Generic Permit]

Table 3. Illicit Discharge Detection and Elimination (IDDE) BMPs

BMP #	BMP Description / Subject or Topic for Element 3d	Target Audience for Element 3d	Delivery Method for Element 3d	Measurable Goal	Schedule for Implementation	Summary of Results
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
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Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.

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4. Construction Site Stormwater Runoff Control Minimum Control Measure [Part V.B.4.a-f of the Phase II MS4 Generic Permit]

Table 4. Construction Site Stormwater Runoff Control BMPs

BMP #	BMP Description	Measurable Goal	Schedule for Implementation	Summary of Results
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
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Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.

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5. Post-Construction Stormwater Management in New Development and Redevelopment Minimum Control Measure [Part V.B.5.a-c of the Phase II MS4 Generic Permit]

Table 5. Post-Construction Stormwater Management in New Development and Redevelopment BMPs

BMP #	BMP Description	Measurable Goal	Schedule for Implementation	Summary of Results
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Select Schedule	Choose an item.

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6. Pollution Prevention/Good Housekeeping in Municipal Operations Minimum Control Measure [Part V.B.6.a-b of the Phase II MS4 Generic Permit]

Table 6. Pollution Prevention/Good Housekeeping in Municipal Operations BMPs

BMP #	BMP Description	Number of Structures (for structural controls/BMPs)	Number of Structures (for structural controls/BMPs) or Training Topic	Measurable Goal (Specify units of measure for structural controls/BMPs)	Schedule for Implementation	Summary of Results
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Choose an item.	Select Schedule	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.
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Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.
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BMP #	BMP Description	Number of Structures (for structural controls/BMPs)	Number of Structures (for structural controls/BMPs) or Training Topic	Measurable Goal (Specify units of measure for structural controls/BMPs)	Schedule for Implementation	Summary of Results
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click or tap here to enter text.
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Part IV. TMDL Prioritization and Implementation Status [Part X of the Phase II MS4 Generic Permit]

A. For Permit Year 4, attach a prioritized list of waterbodies to which the regulated Phase II MS4 discharges, and for which the Department-adopted a TMDL pursuant to Chapter 62-304, F.A.C., include the wasteload allocation that was established in the TMDL for regulated MS4 discharges and the factors used to rank the prioritized list.

- Prioritized list is attached. (Permit Year 4)
- Prioritized list is **NOT** attached. (Permit Years 1, 2, 3 or 5)

B. Report progress on the activities that are implemented in accordance with Part X.B of the Phase II MS4 generic permit, including those activities that are ongoing, but were initiated in a previous cycle. Refer to Tables 7 and 8 in Appendix A of the NOI to populate the table:

BMAP/ RAP/ Prioritized TMDL: Identify the Basin Management Action Plan (BMAP), Reasonable Assurance Plan (RAP), and prioritized TMDL, if applicable, that are addressed in the SWMP including those activities that became part of the SWMP in previous cycles, but for which you continue to implement.

Description of Activity: List the activity(s) as provided in Tables 7 and 8 in Appendix A of the final Notice of Intent. Include any new or revised BMPs/Activities.

Permit Cycle the Activity was Incorporated Into SWMP: You must continue to address BMAPs and RAPs in accordance with the schedules identified in each respective plan. You must continue to address Prioritized TMDLs in accordance with the schedule identified in the SWMP. List all activities undertaken to meet Part X.B of the permit, including those which were initiated in a previous permit cycle.

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Table 7. BMAP/RAP/ Prioritized TMDL

BMAP/RAP/Prioritized TMDL Name	Description of Activity(s)	Measurable Goal (for Prioritized TMDL)	Summary of Results	Permit Cycle the Activity was incorporated into SWMP
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

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Part V. Changes to Stormwater Management Program [Part VI.B.4 of the Phase II MS4 Generic Permit]

Assess the appropriateness of each BMP that has been implemented and provide a list of changes in the space below. Include proposed changes to BMPs, measurable goals, or schedule for implementation, and justification for changes. Also report new BMPs that have been added to the Stormwater Management Program in this section. Add additional lines and/or pages if more room is needed. Unless a new BMP is being added to the SWMP, include the BMP number as it is listed on the approved NOI. Assign a number to new BMPs to uniquely identify it in the SWMP.

Table 8. Changes to the Stormwater Management Program

BMP #	Modified or Added BMP Description	Measurable Goal	Schedule for Implementation	Justification
Click to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.
Click to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.
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Click to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Select Schedule	Click or tap here to enter text.

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Part VI. Independent Monitoring and Reliance on Another Entity

A. Indicate whether the Phase II MS4 operator performed independent monitoring per Part VI.B.2 of the Phase II MS4 Generic Permit.

- Yes, independent monitoring was performed. (Attach monitoring data collected during the reporting period)
- No, independent monitoring was not performed during the reporting period.

B. Use the table below to indicate which elements of the SWMP the permittee relied on another entity to implement in accordance with Part VIII.B.2 of the Phase II MS4 generic permit.

Table 9. Reliance on Another Entity to Implement BMPs in the SWMP

BMP #	Name of Entity Implementing the BMP
Click to enter text.	Click or tap here to enter text.
Click to enter text.	Click or tap here to enter text.
Click to enter text.	Click or tap here to enter text.
Click to enter text.	Click or tap here to enter text.
Click to enter text.	Click or tap here to enter text.
Click to enter text.	Click or tap here to enter text.

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Part VII. Certification¹

I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision, and 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 knowingly committing violations.

Name of the Phase II MS4 Responsible Authority (type or print):

Title:

Signature:

Date signed: Click or tap to enter a date. Phone Number:

Email Address:

¹ Signatory requirements are contained in Rule 62-620.305, F.A.C.