# Submittal of Annual Reports and Other Compliance Documents for Municipal Separate Storm Sewer System (MS4) Permits

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. After 120 days your draft is **deleted.** 

Form 3400-224(R8/2021)

#### **Reporting Information:**

Will you be completing the Annual Report or other submittal type? 

Annual Report Other

Project Name: 2023 Annual Report

County: Sheboygan

Municipality: Sheboygan County

Permit Number: S050075

Facility Number: 33639

**Reporting Year:** 2023

Is this submittal also satisfying an Urban Nonpoint Source Grant funded deliverable? Ores Ores

#### **Required Attachments and Supplemental Information**

Please complete the contents of each tab to submit your MS4 permit compliance document. The information included in this checklist is necessary for a complete submittal. A complete and detailed submittal will help us review about your MS4 permit document. To help us make a decision in the shortest amount of time possible, the following information must be submitted:

#### **Annual Report**

- Review related web site and instructions for Municipal storm water permit eReporting [Exit Form]
- Complete all required fields on the annual report form and upload required attachments
- Attach the following other supporting documents as appropriate using the attachments tab above
  - Public Education and Outreach Annual Report Summary
  - Public Involvement and Participation Annual Report Summary
  - Illicit Discharge Detection and Elimination Annual Report Summary
  - Construction Site Pollution Control Annual Report Summary
  - Post-Construction Storm Water Management Annual Report Summary
  - Pollution Prevention Annual Report Summary
    - Leaf and Yard Waste Management
    - Municipal Facility (BMP) Inspection Report
    - Municipal Property SWPPP
    - Municipally Property Inspection Report
    - Winter Road Maintenance
  - Storm Sewer Map Annual Report Attachment
  - Storm Water Quality Management Annual Report Attachment
  - TMDL Attachment
  - Storm Water Consortium/Group Report

- Municipal Cooperation Attachment
- Other Annual Report Attachment
- Attach the following permit compliance documents as appropriate using the attachments tab above
  - Storm Water Management Program
    - Public Education and Outreach Program
    - Public Involvement and Participation Program
    - Illicit Discharge Detection and Elimination Program
    - Construction Site Pollutant Control Program
    - Post-Construction Storm Water Management Program
    - Pollution Prevention Program
      - Municipal Storm Water Management Facility (BMP) Inventory
      - Municipal Storm Water Management Facility (BMP) Inspection and Maintenance Plan
  - Total Maximum Daily Load documents (\*If applicable, see permit for due dates.)
    - TMDL Mapping\*
    - TMDL Modeling\*
    - TMDL Implementation Plan\*
    - Fecal Coliform Screening Parameter \*
    - Fecal Coliform Inventory and Map (\$050075-03 general permittees Appendix B B.5.2 document due to the department by March 31, 2022)
    - Fecal Coliform Source Elimination Plan (S050075-03 general permittees Appendix B document due to the department by October 31,2023)
- · Sign and Submit form

## **Municipal Contact Information- Complete**

**Notice:** Pursuant to s. NR 216.07(8), Wis. Adm. Code, an owner or operator of a Municipal Separate Storm Sewer System (MS4) is required to submit an annual report to the Department of Natural Resources (Department) by March 31 of each year to report on activities for the previous calendar year ("reporting year"). This form is being provided by the Department for the user's convenience for reporting on activities undertaken in each reporting year of the permit term. Personal information collected will be used for administrative purposes and may be provided to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.]. **Note:** Compliance items must be submitted using the Attachments tab

Municipality Information	the Attachments tab.	
Name of Municipality	Shehovgan County	
Facility ID # or (FIN):	33639	
Updated Information:	☐ Check to update mailing address information	
Mailing Address:	508 New York Ave	
Mailing Address 2:		
City:	Sheboygan County	
State:	WI	
Zip Code:	53081 xxxxx or xxxxx-xxxx	
·		
<b>Primary Municipal Contact Person</b>	(Authorized Representative for MS4 Permit)	
charged with compliance and oversight of permit documents to the Department (i.e. Engineer).	horized Municipal Contact" includes the municipal officing of the permit conditions, and has signature authority for e., Mayor, Municipal Administrator, Director of Public W	submitting
Select to <i>create new</i> primary contact	ct	
First Name:	Aaron	
Last Name:	Brault	
Select to <i>update</i> current contact info	rmation	
Title:	Director	
Mailing Address:	508 New York Avenue	
Mailing Address 2:		
City:	Sheboygan	
State:	<u>WI</u>	
Zip Code:	53081-4126 xxxxx or xxxxx-xxxx	
Phone Number:	920-459-3060 Ext: xxx-xxx-xxxx	
Email:	aaron.brault@sheboygancounty.com	
<b>Additional Contacts Information (O</b>	ptional)	
	☐ I&E Program	

☐ IDDE Program

☐ IDDE Response Procedure Manual

Individual with responsibility for: (Check all that apply)	<ul><li>☐ Municipal-wide</li><li>☐ Ordinances</li><li>☐ Pollution Preve</li><li>☐ Post-Constructi</li><li>✓ Winter roadwa</li></ul>	n		
First Name:	Bryan			
Last Name:	Olsen			
Title:	Highway Commiss	ioner		
Mailing Address:	W5741 CTH JJ			
Mailing Address 2:				
City:	Plymouth			
State:	<u>WI</u>			
Zip Code:	53073	xxxxx or xxxxx-xxxx		
Phone Number:	920-459-3822	Ext:	xxx-xxx-xxxx	
Email:	bryan.olsen@sheb	ooygancounty.com		
✓ Select to <i>create new</i> Billing contact  First Name:  Last Name:  V Select to <i>update</i> current contact info  Title:  Mailing Address:  Mailing Address 2:  City:  State:  Zip Code:  Phone Number:  Email:	Aaron Brault rmation  508 New York Avei 3rd Floor - Plannin Sheboygan  WI	g & Conservation  xxxxx or xxxxx-xxxx  Ext: x	XX-XXX-XXXX	
<ol> <li>Does the municipality rely on another €</li> <li>Yes ○ No</li> </ol>	entity to satisfy some	e of the permit red	uirements?	
	C, Camp Y-Koda Outdo	or Skills Center		
☐ Public Involvement and Participation				
Illicit Discharge Detection and Elimination				
Construction Site Pollutant Control				

☐ Post-Construction Storm Water Management
Pollution Prevention
<ul> <li>2. Has there been any changes to the municipality's participation in group efforts towards permit compliances (i.e., the municipality has added or dropped consortium membership)?</li> <li>○ Yes  No</li> </ul>

Minimum Control Measures- Section 1: Com	plete	
1. Public Education and Outreach		
<ul><li>a. Does MS4 conduct any educational efforts</li><li>No</li></ul>	s or events	:s independently (not with a group) ○ Ye
<ul> <li>b. How many total educational events were leaders.</li> <li>c. Were any of the public education and outreporting year active or interactive?  Yes</li> <li>d. Please select all storm water topics, target reporting year</li> </ul>	reach deli	ivery mechanisms conducted during the
Public Education and Outreach Delivery Mechanisms	(Active and	d Passive)
Active/Interactive Mechanisms	Passive M	1echanisms
<ul> <li>✓ Education activities (school presentations, summer camps)</li> <li>☐ Information booth at event</li> <li>✓ Targeted group training (contractors, consultants, etc.)</li> <li>✓ Government event (public hearing, council meeting)</li> <li>☐ Workshops</li> <li>☐ Tours</li> <li>☐ Other:</li> </ul>	✓ Distribut mail or emai	offerings (radio and TV ads, press release, etc.) nedia posts
Topics Covered		Target Audience
☐ Illicit discharge detection and elimination  ✓ Household hazardous waste disposal/pet waste manageme washing  ✓ Yard waste management/pesticide and fertilizer application  ✓ Stream and shoreline management  ☐ Residential infiltration  ☐ Construction sites and post-construction storm water mana  ✓ Pollution prevention  ✓ Green infrastructure/low impact development  ✓ Other: Soil health	1	✓ General Public  □ Public Employees  ✓ Residents  ✓ Businesses  □ Contractors  □ Developers  □ Industries  □ Public Officials  □ Other:
e. Will additional information/summary of these	brief exp	olanation box below. <i>Limit response to 25</i> 0

#### Minimum Control Measures - Section 2 : Complete

#### 2. Public Involvement and Participation

**a**. <u>Permit Activities</u>. Select all of the following topics the Permittee did to engage public participation and involvement.

Topics Covered	Target Audience	Estimated People Reached (Optional)	Regional Effort (Optional)
✓ MS4 Annual Report	☑ General Public ☐	<u>101 +</u>	○ Yes ○ No
☐ Storm Water Management	Public Employees		
Program	✓ Residents		
☐ Storm Water related ordinance	✓ Businesses		
✓ Other:	☐ Contractors		
Newsletters, handouts at public	☐ Developers		
	☐ Industries		
	✓ Public Officials		
	✓ Other		

**b**. <u>Volunteer Activities</u>. Select all of the following audiences targeted for volunteer involvement and participation related to storm water.

☐ NA (Individual Permittee)

Topics Covered	Target Audience	_	Regional Effort (Optional)
Volunteer Opportunity	☑ General Public	101 +	○Yes ○No
	☐ Public Employees		
	☐ Residents		
	☐ Businesses		
	☐ Contractors		
	☐ Developers		
	☐ Industries		
	✓ Public Officials		
	☑ Other		

**c**. Brief explanation on Public Involvement and Participation reporting. *Limit response* to 250 characters and/or attach supplemental information on the attachments page.

Volunteer tree planting with local troop next to river. Volunteer tree planting at two stream restoration sites. Stormwater education discussed at both events. Over 100 volunteers.

Form 3400-224 (R8/2021)

		FORM 3400-224 (R8/2021
Minimum Control Measures - Section 3: Complete		
3. Illicit Discharge Detection and Elimination		
a. How many total outfalls does the municipality have?	108	
b. How many outfalls did the municipality evaluate as part of their routine ongoing field screening program?	5	

C.	c. From the municipality's routine screening, how many were confirmed illicit discharges?		0
d.	How many illicit discharge complaints did the muni	0	
e.	From the complaints received, how many were condischarges?	firmed illicit	0
f.	How many of the identified illicit discharges did the eliminate in the reporting year (from both routine scomplaints)?  (If the sum of 3.c. and 3.e. does not equal 3.f., please explain below.)	• •	0
g.	What types of regulatory mechanisms does the mucompliance with this program? Check all that are a were used in the reporting year.		-
	✓ Verbal Warning	0	
	✓ Written Warning (including email)	0	
	✓ Notice of Violation	0	
	✓ Civil Penalty/ Citation	0	
		stian an tha attaci	nmantc naaa
	250 characters and/or attach supplemental informa	ation on the attaci	
IV	linimum Control Measures - Section 4: Complete	ation on the attaci	nments page. Form 3400-224 (R8/202
		ation on the attac	
	linimum Control Measures - Section 4: Complete	more of land	
4.	Inimum Control Measures - Section 4: Complete Construction Site Pollutant Control How many total construction sites with one acre or disturbing construction activity were active at any process.	more of land point in the	Form 3400-224 (R8/202
<b>4</b> .	Inimum Control Measures - Section 4: Complete Construction Site Pollutant Control How many total construction sites with one acre or disturbing construction activity were active at any preporting year? How many construction sites with one acre or more disturbing construction activity did the municipality	more of land point in the e of land r issue permits for icipality complete	Form 3400-224 (R8/202
<b>4</b> . a. b.	Inimum Control Measures - Section 4: Complete Construction Site Pollutant Control  How many total construction sites with one acre or disturbing construction activity were active at any preporting year?  How many construction sites with one acre or more disturbing construction activity did the municipality in the reporting year?  How many erosion control inspections did the munin the reporting year (at sites with one acre or more disturbing construction activity)?  What types of regulatory mechanisms does the mucompliance with this program? Check all that are a were used in the reporting year.	more of land point in the e of land r issue permits for icipality complete e of land nicipality have ava vailable and how	Form 3400-224 (R8/202  9  6  14  nilable to compel
<b>4.</b> a. b.	Inimum Control Measures - Section 4: Complete Construction Site Pollutant Control How many total construction sites with one acre or disturbing construction activity were active at any preporting year? How many construction sites with one acre or more disturbing construction activity did the municipality in the reporting year? How many erosion control inspections did the munin the reporting year (at sites with one acre or more disturbing construction activity)? What types of regulatory mechanisms does the municompliance with this program? Check all that are a	more of land point in the e of land r issue permits for icipality complete e of land	Form 3400-224 (R8/202  9  6  14  nilable to compel

	✓ Civil Penalty/ Citation	0		
	✓ Stop Work Order	0		
	☐ Forfeiture of Deposit			
	☐ Other - Describe below			
e.	Brief explanation on Construction Site Pollutant Conti Unsure for any questions above, justify the reasoning. and/or attach supplemental information on the attack	Limit response t	•	
N	linimum Control Measures - Section 5: Complete			Form 3400-224 (R8/2021)
5.	. Post-Construction Storm Water Management			
a.	How many new structural storm water management Practice (BMP) have received local approval?  *Engineered and constructed systems that are designed to provide storm	· ·		1
b.	wet detention ponds, constructed wetlands, infiltration basins, grassed:  Does the MS4 have procedures for inspecting and mawater facilities?	swales, permeable pav	ement,	○ Yes <b>●</b> No
C.	If Yes, how many privately owned storm water managinspected in the reporting year? Inspections completed by princluded in the reported number.	•		1
d.	Does the municipality utilize privately owned storm was BMP in its pollutant reduction analysis?	ater manageme	nt	○ Yes <b>●</b> No
e.	Does MS4 have maintenance authority on these priva	ately owned BMF	Ps?	
	Yes			
f.	How many municipally operated (private) storm water were inspected in the reporting year? 0	er management E	3MPs	
g.	What types of enforcement actions does the municip compliance with the regulatory mechanism? Check a each used in the reporting year.	-		
	✓ Verbal Warning	0		
	✓ Written Warning (including email)	0		
	✓ Notice of Violation	0		
	☑ Civil Penalty/ Citation	0		
	✓ Forfeiture of Deposit	0		
	✓ Complete Maintenance	0		

	☑ Bill Responsible Party	0			
	☐ Other - Describe below				
e.	Brief explanation on Post-Construction Storm Water marked 'Unsure' on any questions above, justify your 250 characters and/or attach supplemental informat	reasoning. Li	mit your r	esponse to	ס
	linimum Control Magazina Continu Co. Complete			Form 3400	0-224 (R8/2021)
	Inimum Control Measures - Section 6: Complete  Pollution Prevention				
				li a a la la	
اک a.	corm Water Management Best Management Practice I	•	• •		
u.	Enter the total number of municipally owned or oper owned BMPs) structural storm water management be practices.	•	•	2	
b.	How many new municipally owned storm water mana management practices were installed in the reporting	_		0	
c.	How many municipally owned (public) storm water management practices were inspected in the reporting	_	est	2	
d.	What elements are looked at during inspections (250	) character lim	nit)?		
	Rilling, unvegetated areas, erosion concerns, invasive	e species			
e.	How many of these facilities required maintenance?			0	
f.	Brief explanation on Storm Water Management Best reporting. If you marked Unsure for any questions aboresponse to 250 characters and/or attach supplement attachments page.	ove, justify the	reasoning	•	
	Visited the 2 sites, and then often visited one of the 2 mowed depression in a lawn, the other is a pond. The a large Superfund restoration effort took place at the	e pond site is			
	ublic Works Yards & Other Municipally Owned Propert revention plan (SWPPP)* <a href="#"></a>	ies that requi	re a storm\	water poll	ution
С	ollection Services - <i>Street Sweeping Program</i>	pplicable			
l.	Did the municipality conduct street sweeping during  ● Yes ○ No	the reporting	year?		
m.	If known, how many tons of material was removed?		0		
n.	Does the municipality have a <u>low hazard exemption</u> f material?	or this	○ Yes ●	No	

If street sweeping is identified as a storm water best management practice in the pollutant loading analysis, was street cleaning completed at the assumed frequency?				
	○ Yes - Explain frequency	•		
	O No - Explain			
	Not Applicable			
C	ollection Services - <i>Catch Basin Sump Cleaning Program</i>	icable		
p.	Did the municipality conduct catch basin sump cleaning during the year?  • Yes	-		
q.	How many catch basin sumps were cleaned in the reporting year?	40		
r.	If known, how many tons of material was collected?	0		
S.	Does the municipality have a low hazard exemption for this material?	○Yes   No	_	
t.	If catch basin sump cleaning is identified as a storm water best main the pollutant loading analysis, was cleaning completed at the ass	•		
	○ Yes- Explain frequency			
	○ No - Explain			
	Not Applicable			
С	ollection Services - <i>Leaf Collection Program</i> Not Applicable			
u.	Does the municipality conduct curbside leaf collection?	○ Yes ● No		
٧.	Does the municipality notify homeowners about pickup?	○ Yes ○ No		
w.	Where are the residents directed to store the leaves for collection?  □ Pile on terrace □ Pile in street □ Bags on terrace			
	☐ Other - Describe			
х.	What is the frequency of collection?			
у.	Is collection followed by street sweeping?	○ Yes ○ No		
Z.	Brief explanation on Collection Services reporting. <i>Limit response</i> to 250 characters and/or attach supplemental information on the attachments page		]	
٧	/inter Road Management □ Not Applicable			
*N	ote: We are requesting information that goes beyond the reporting year, ans	wer the best you can.		
aa	How many lane-miles of roadway is the municipality responsible for doing snow and ice control? (One mile of a two-way road equals to lane miles.)			
ab	Provide amount of de-icing products used by month last winter sea Solids (tons) (ex. sand, or salt-sand)	ason?		

Product	Oct	Nov	Dec	Jan	Feb	Mar	
Salt/sand mix	0	917	2375	2533	2501	1158	
Liquido (gallano) (ay hri	m a \						
Liquids (gallons) (ex. bri	Oct	Nov	Dec	Jan	Feb	Mar	
Brine	0	99999	99999	99999	99999	99999	
c. Was salt applying machi	plying machinery calibrated in the reporting year? • Yes O No						
d. Have municipal personn the reporting year?	nel attende	ed salt red	uction stra	itegy traini	ing in O Y	es   No	
Training Date	Tı	raining Name		i	# Attendance		
e. Brief explanation on Winte questions above, justify the supplemental information of	e reasoning.	Limit respo	onse to 250		-	•	
You should increase the m	aximum an	nount allowe	ed in the bo	xes.			
Internal (Staff) Education (	Commun	ication					
Internal (Staff) Education 8  af. Has the municipality p						es <b>●</b> No	
or education to staff implementing the municipality's procedures for each of the pollution prevention program element?  If yes, describe what training was provided (250 character limit):  ag. Describe how the municipality has kept the following local officials and municipal staff aware of the municipal storm water discharge permit programs, procedures and pollution prevention program requirements.  Elected Officials							
Share report, newslet	ters and e	ducationa	l efforts at	regular m	eetings		
Municipal Officials							
Share newsletters and	d educatio	nal efforts					
Appropriate Staff ( suc	ch as opera	ators, Dep	artment h	eads, and t	those that	interact	
Share report, newslet	ters and e	ducationa	l efforts in	ternally			
ah. Brief explanation on Ir questions above, justij attach supplemental in	fy the reas	oning. Lim	it respons	e to 250 ch		-	
						Form 3	

# Minimum Control Measures - Section 7: Complete

# 7. Storm Sewer System Map

<sup>a.</sup> Did the municipality update their storm sewer map this year?

	○ Yes • No
	If yes, check the areas the map items that got updated or changed:
	☐ Storm water treatment facilities
	☐ Storm pipes
	☐ Vegetated swales
	☐ Outfalls
	☐ Other - Describe below
b.	Brief explanation on Storm Sewer System Map reporting. If you marked Unsure for an question for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.
T	here were no changes to update.

## **Final Evaluation - Complete**

#### **Fiscal Analysis**

Complete the fiscal analysis table provided below. For municipalities that do not break out funding into permit program elements, please enter the monetary amount to your best estimate of what funding may be going towards these programs.

Annual	Budget	Budget	Source of Funds
<b>Expenditure</b> Reporting Year	Reporting Year	Upcoming Year	
lement: Public E	ducation and Out	reach	
1500	1500	1500	<u>Other</u>
Element: Public I	nvolvement and P	articipation	
1500	1500	1500	<u>Other</u>
Element, Illisit Di	scharge Detection	and Eliminat	ion
4000	scharge Detection 4000	4000	General revenue fund
4000	4000	4000	<u>Jeneral revenue fana</u>
<b>Element:</b> Constru	iction Site Pollutar	nt Control	
1000	1000	1000	Permit fee and/or deposit/escrow
<b>Element</b> : Post-Co	onstruction Storm	Water Mana	gement
1000	1000	1000	Permit fee and/or deposit/escrow
<b>Element:</b> Pollution	on Prevention		
40000	40000	90000	General revenue fund
Other (describe)			
			Select
Other (describe)	tification for a NON on	Annad in the Ci	
Please provide a just	tification for a "U" er	itered in the Fi	scal Analysis. <i>Limit response to 250 character</i>
Water Quality			
a. Ware there any	, known water aus	ality improver	ments in the receiving waters to which th
•	rm sewer system (		_

**b**: Were there any known water quality degradation in the receiving waters to which the

If Yes, explain below:

municipality's storm sewer system directly discharges to?

○Yes • No ○ Unsure

c: Have any of the receiving waters that the municipality discharges to been added to the impaired waters list during the reporting year?  ○ Yes ● No ○ Unsure
<b>d</b> : Has the municipality evaluated their storm water practices to reduce the pollutants of concern? ● Yes ○ No ○ Unsure
Storm Water Quality Management
a. Has the municipality completed or updated modeling in the reporting year (relating to developed urban area performance standards of s. NR 151.13(2)(b)1., Wis. Adm. Code)? ○ Yes ● No
<b>b</b> . If yes, enter percent reduction in the annual average mass discharging from the entire MS4 to surface waters of the state as compared to implementing no storm water management controls:
Total suspended solids (TSS)
Total phosphorus (TP)
Additional Information
Based on the municipality's storm water program evaluation, describe any proposed changes to the municipality's storm water program. <i>If your response exceeds the 250 character limit, attach supplemental information on the attachments page.</i>
County received a UNSP Planning Grant to update its modeling and planning. The
project will be completed in 2024 by the County's consultant. Draft plan was
submitted for County/DNR review in January, 2023.

# **Requests for Assistance on Understanding Permit Programs**

Would the municipality like the Department to contact them about providing more information on understanding any of the Municipal Separate Storm Sewer Permit programs?

Please select all that apply:
☐ Public Education and Outreach
☐ Public Involvement and Participation
$\square$ Illicit Discharge Detection and Elimination
☐ Construction Site Pollutant Control
☐ Post-Construction Storm Water Management
☐ Pollution Prevention
☐ Storm Water Quality Management
☐ Storm Sewer System Map
☐ Water Quality Concerns
☐ Compliance Schedule Items Due
☐ MS4 Program Evaluation

## **Required Attachments and Supplemental Information**

Any other MS4 program information for inclusion in the Annual Report may be attached on here. Use the Add Additional Attachments to add multiple documents.

Upload Required Attachments (15 MB per file limit) - <u>Help reduce file size and trouble shoot file uploads</u>
\*Required Item

Note: To replace an existing file, use the 'Click here to attach file ' link or press the to delete an item.

Attach - Other Supporting Documents					
AR EO  File Attachment	Education and Outreach Report 2023.docx				
AR WintRdMain  File Attachment	Salt & brine totals.xlsx				
AR EO  File Attachment	The Bay Lake Buzz - Spring 2023.pdf				
AR EO  File Attachment	The Bay-Lake Buzz - Fall 2023.pdf				
AR EO  File Attachment	Fall 2023 Newsletter (4).pdf				
AR EO  File Attachment	Winter 2023 Newsletter.pdf				
AR IP    File Attachment	Sheboygan Stormwater Coalition Informational Poster.pdf				
AR_EO  File Attachment	2023 Stormwater Flyer.pdf				
AR SWMap  U File Attachment	MS4 2023.pdf				

(To remove items, use your cursor to hover over the attachment section. When the drop down arrow appears, select remove item)

## **Attach - Permit Compliance Documents**

(To remove items, use your cursor to hover over the attachment section. When the drop down arrow appears, select remove item)

#### **Sign and Submit Your Application**

#### Steps to Complete the signature process

- 1. Read and Accept the Terms and Conditions
- 2. Press the Submit and Send to the DNR button

**NOTE**: For security purposes all email correspondence will be sent to the address you used when registering your WAMS ID. This may be a different email than that provided in the application. For information on your WAMS account click <u>HERE</u>.

#### **Terms and Conditions**

**Certification:** I hereby certify that I am an authorized representative of the municipality covered under Sheboygan County MS4 Permit for which this annual report or other compliance document is being submitted, and that the information contained in this submittal and all attachments were gathered and prepared under my direction or supervision. Based on my inquiry of the person or persons under my direction or supervision involved in the preparation of this document, to the best of my knowledge, the information is true, accurate, and complete. I further certify that the municipality's governing body or delegated representatives have reviewed or been apprised of the contents of this annual report. I understand that Wisconsin law provides severe penalties for submitting false information.

Signee (must check current role prior to accepting terms and conditions)

- Authorized municipal contact using WAMS ID.
- O Delegation of Signature Authority (Form 3400-220) for agent signing on the behalf of the authorized municipal contact.
- Agent seeking to share this item with authorized municipal contact (authorized municipal contact must get WAMS id and complete signature).

Nam	Aaron Brault	
Tit	le: Planning & Conservation Director	
Authorized Signature.  ✓ I accept the above terms and conditions.	Signed by: i:0#.f wamsmembership abrault on 2024-03-14T10:47:42  You have already signed and submitted this application to the DNR. Please contact the Wisconsin DNR for assistance.	

After providing the final authorized signature, the system will send an email to the authorized party and any agents. This email will include a copy to the final read only version of this application.