

"A Historic Past"



"A Bright Future"

CITY OF DELAWARE CITY

407 Clinton Street - P.O. Box 4159
Delaware City, Delaware 19706
302-834-4573

March 20, 2015

Department of Special Services, NCC
187-A Old Churchmans Road
New Castle, DE 19720

Attention: Ellie Mortazavi
Stormwater Program Coordinator

RE: Delaware City's Annual Report 2015 NPDES Permit DE 0051071

Dear Ms. Mortazavi:

Enclosed please find the Annual NPDES Permit DE 0051071 Report for the City of Delaware City. At the March 16, 2015 Mayor & Council meeting, the report was presented for Council's review and approved. Hopefully, this helps with your report.

If you need any further information regarding this matter, please contact me at 302-834-4573.

Sincerely,

Richard C. Cathcart
City Manager

Enclosures

Delaware Department of Natural Resources and Environmental Control National Pollutant Discharge Elimination System MS 4 Report Form (Phase I and II)

Information to be completed by permittees and other parties as identified in any existing memoranda of agreement as part of the most current permit.

MS4 Information

City of Delaware City
Name of MS4

Richard C.
Name of Contact Person (First)

Cathcart
(Last)

City Manager
(Title)

302-834-4573
Telephone (including area code)

rcathcart@ci.delaware-city.de.us
Email

407 Clinton Street, P.O. Box 4159
Mailing Address

Delaware City
City

Delaware
State

19706
ZIP Code

What size population does your MS4 serve? 1700

What is the reporting period for this report? (mm/dd/yyyy) From March 25, 2014 to March 20, 2015

Federal NPDES Permit Number: DE 0051071

State NPDES Permit Number: WPCC 3063A/96

1. 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? Source was Del D.O.T. and New Castle County websites targeting: fertilizers, pesticides, herbicides, pet waste, vehicle fluids, yard waste, litter and debris, cigarette butts, and harmful chemicals. Articles are placed in our bi-monthly newsletter, The City News.

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

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

2. Illicit Discharge Detection and Elimination

A. Identify the number of outfalls in your storm sewer system. 10

B. Do you have documented procedures, including frequency for screening outfalls? Under Development Yes/No

C. How many outfalls were screened for dry weather discharges during this reporting period? Unknown

D. How many outfalls have been screened for dry weather discharges at any time since you obtained MS4 permit coverage? Unknown

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

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

- G. 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
- H. During this reporting period, how many illicit discharges/illegal connections have you discovered? **None**

Small MS4 Annual Report Form (cont)

- I. Of those illicit discharges/illegal connections that have been discovered or reported, how many have been eliminated? **N/A**
- J. How often do municipal employees receive training on the illicit discharge program? Under **Development for Twice a year**

3. Stormwater Management During Construction

A. Other than the state Sediment and Stormwater Regulations, do you have an ordinance or other regulatory mechanism stipulating: **Sections 3 A & B are under development- We just adopted a new Stormwater Ordinance on 3-4-15 and other Ordinances that give us the authority to do our own Inspections & Code Enforcement.**

- | | |
|---|--|
| Construction site stormwater requirements | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other construction waste control requirements | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Requirement to submit construction plans (stormwater quality/quantity) for review | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Re-development | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Enforcement authority | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- B. Do you have written procedures for:
- | | |
|------------------------------|--|
| Reviewing construction plans | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Performing inspections | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Responding to violations | <input type="checkbox"/> Yes <input type="checkbox"/> No |

C. Identify the number of active construction sites ≥ 1 acre in operation in your jurisdiction at any time during the reporting period. **None**

D. How many of the sites identified above did you inspect during this reporting period. **N/A**

E. Describe, on average, the frequency with which your program conducts construction site inspections on each site. **N/A have not had construction sites in recent years**

F. Describe, on average, the frequency with which Certified Construction Reviewers (CCRs) conduct site inspections. **N/A have not had construction sites in recent years**

G. Do you prioritize certain construction sites for more frequent inspections? **N/A** Yes No
 If Yes, based on what criteria? _____

H. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, **N/A**

- | | | | |
|------------------------------|-----------------------|---------|---------------------------------------|
| <input type="checkbox"/> Yes | Notice of violation | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Administrative fines | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Stop Work Orders | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Civil penalties | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Criminal actions | # _____ | No Authority <input type="checkbox"/> |
| <input type="checkbox"/> Yes | Administrative orders | # _____ | No Authority <input type="checkbox"/> |

D. List activities for which operating procedures or management practices specific to stormwater management have been developed (e.g., road repairs, catch basin cleaning). A contractor for the City performs and records when routine maintenance of existing catch basins takes place. Typical activities include regular visual inspection and debris removal once a month. The City maintains approximately eight (8) miles of streets. DelDOT has maintenance responsibility for SR 9 and Cox Neck Road within the city limits. The limited number of streets with curbs and gutters are cleaned by mechanical sweeper at least twice a year. In addition, sidewalks and gutters are cleaned from October 15th until 1st of the year by portable vacuum machine by our contractor or by store owners on a daily basis. The City's contractor has been keeping a log to document these inspections and maintenance activities. To minimize litter along roadways, trashcans and recycling receptacles are used downtown and are regularly emptied by the City. The City also monitors shoulders of roads for litter.

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? Under Development

G. Do all municipal employees and contractors overseeing planning and implementation of stormwater-related activities receive comprehensive training on stormwater management? Under Development ___ 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? _____

Certification Statement and Signature

I certify that all information provided in this report is, to the best of my knowledge and belief, true, accurate and complete. ___ 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.

J. C. Coe City Manager
Name of Certifying Official, Title

3/17/15
Date (mm/dd/yy)