



Water Quality Program

Stormwater Discharge Permit Annual Report

Permittee: WASHINGTON STATE UNIVERSITY PULLMAN

Permit Number: WAR046700

Site Address: WASHINGTON STATE UNIVERSITY
PULLMAN, WA 99164-1172

Submittal Name: MS4 Annual Report Secondary

Version: 1

Due Date: 3/31/2023

Questionnaire

| Number | Permit Section | Question | Answer |
|--------|----------------|--|--|
| 1 | S9.D.5 | Attach a notification of any jurisdictional boundary changes resulting in an increase or decrease in the Secondary Permittee's geographic area of coverage during the reporting period. (Required annually, S9.E.5.) | Not Applicable |
| 2 | S6.D.1.a. | Labeled all storm drain inlets owned or operated by the Secondary Permittee that are located in maintenance yards, in parking lots, along sidewalks, and at pedestrian access points. (Required no later than four years from initial date of permit coverage, S6.D.1.a.) | Yes |
| 3 | S6.D.1.a. | Re-labeled all storm drain inlets with labels when no longer clearly visible and/or easily readable within 90 days. (Required no later than four years from initial date of permit coverage, S6.D.1.a.) | Yes |
| 4 | S6.D.1.b. | (Public ports, colleges, and universities only) Distributed educational information to tenants and residents about the impact of stormwater discharges on receiving waters and steps that can be taken to reduce pollutants in stormwater runoff. (Required no later than three years from initial date of permit coverage, S6.D.1.b.) | Yes Comment: Food vendor tenants on campus are not capable of contaminating stormwater based on their location and operation inside buildings, therefore no information was provided to them. |
| 5 | S6.D.2.a. | Made the annual report and SWMP Plan available on website. (Required no later than May 31, annually, S6.D.2.a.) | Yes |
| 6 | S6.D.3.a. | Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern non-stormwater discharges. (Required after initial date of permit coverage, S6.D.3.a.) | Yes |
| 7 | S6.D.3.b. | Implemented policies to prohibit illicit discharges and identified enforcement mechanisms. (Required no later than one year from initial date of permit coverage, S6.D.3.b.) | Yes |
| 8 | S6.D.3.b. | Implemented an enforcement plan to ensure compliance with policies to prohibit illicit discharges. (Required no later than 18 months from initial date of permit coverage, S6.D.3.b.) | Yes |

| | | | |
|-----|-----------|---|--|
| 9 | S6.D.3.c. | Developed a map of the storm sewer system showing all known storm drain outfalls, receiving waters, and areas contributing runoff to each outfall. (Required no later than four and one half years from initial date of permit coverage, S6.D.3.c.) | Yes |
| 10 | S6.D.3.c. | Maintained a map of the MS4 showing all known storm drain outfalls, receiving waters, and areas contributing runoff to each outfall. Made the map available on request to Ecology or others. (Required no later than four and one half years from initial date of permit coverage, S6.D.3.c.) | Yes |
| 11 | S6.D.3.d. | Conducted field inspections and visually inspected for illicit discharges at approximately one third of all known MS4 outfalls. (Required no later than two years from initial date of permit coverage, S6.D.3.d.) | Yes |
| 12 | S6.D.3.d. | Implemented procedures to identify and remove illicit discharges. (Required no later than two years from initial date of permit coverage, S6.D.3.d.) | Yes |
| 13 | S6.D.3.d. | Number of illicit discharges, including illicit connections, eliminated during the reporting period. (S6.D.3.d.) | 1 |
| 13a | S6.D.3.d. | Attach a summary of each illicit discharge discovered and actions taken to eliminate each of the discharges. (S6.D.3.d.) | Chiller Water Discharge 10-13- _13a_03022023142052 Comment: See Attachment |
| 14 | S6.D.3.e. | Implemented a spill response plan that includes coordination with a qualified spill responder. (Required no later than four and one-half years from initial date of permit coverage, S6.D.3.e.) | Yes |
| 15 | S6.D.3.f. | Provided staff training or coordinated with existing training to educate staff on proper BMPs for preventing illicit discharges, including spills, as described in S6.D.3.f. (Required no later than two years from initial date of permit coverage) | Yes |
| 16 | S6.D.4.a. | Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern construction phase stormwater pollution prevention activities, if applicable. (Required after initial date of permit coverage, S6.D.4.a.) | Yes |
| 17 | S6.D.4.b. | Ensured that all applicable construction projects under the functional control of the Secondary Permittee obtained NPDES permit coverage. (Required after initial date of permit coverage, S6.D.4.b.) | Yes |
| 18 | S6.D.4.c. | Coordinated with local jurisdictions on construction projects owned or operated by other entities that discharge into Secondary Permittee's MS4 as per S6.D.4.c. (Required after initial date of permit coverage) | Yes |

| | | | |
|----|--------------|---|--|
| 19 | S6.D.4.d. | Provided training for relevant staff in erosion and sediment control BMPs and requirements, or hired trained contractors to perform the work for all construction projects owned and operated by the Secondary Permittee. (Required after initial date of permit coverage, S6.D.4.d.) | Yes |
| 20 | S6.D.4.e. | Provided access, as requested, for inspection of construction sites under the control of the Secondary Permittee during the land disturbing activity and/or construction period. (Required after initial date of permit coverage, S6.D.4.e.) | Yes Comment: Access was not requested. |
| 21 | S6.D.5.a. | Complied with all relevant ordinances, rules, and regulations of the local jurisdiction(s) that govern post-construction stormwater pollution prevention activities, including proper operation and maintenance of the MS4. (Required after initial date of permit coverage date, S6.D.5.a.) | Yes |
| 22 | S6.D.5.b. | Coordinated with local jurisdiction regarding projects owned or operated by other entities which discharge into the Secondary Permittee's MS4. (Required after initial date of permit coverage, S6.D.5.b.) | Yes |
| 23 | S6.D.6.a. | Implemented an Operation and Maintenance program. (Required no later than three years from initial date of permit coverage, S6.D.6.a.) | Yes |
| 24 | S6.D.6.a.i. | Established and implemented maintenance standards for stormwater collection and conveyance systems as described in S6.D.6.a.i. (Required no later than three years from initial date of permit coverage) | Yes |
| 25 | S6.D.6.a.i. | Conducted spot checks of potentially damaged permanent stormwater facilities after major storms. (Required no later than three years from initial date of permit coverage, S6.D.6.a.i.) | Not Applicable Comment: No qualifying storm events of 2 inches or greater in a 24 hour period. |
| 26 | S6.D.6.a.vi. | Developed and implemented a Stormwater Pollution Prevention Plan (SWPPP) for material storage areas, heavy equipment maintenance or storage yards not covered by another NPDES permit that authorizes stormwater discharges associated with the activity. (Required no later than three years from initial date of permit coverage, S6.D.6.a.vi.) | Yes |
| 27 | S6.D.6.b. | Have NPDES permit coverage for Industrial Stormwater General Permit for all applicable industrial facilities operated by the Permittee, or another NPDES permit that authorizes surface water discharges associated with the activity. (Required after initial date of permit coverage, S6.D.6.b.) | Yes Comment: No industrial facilities present that require NPDES coverage under the Industrial Stormwater General Permit (ISGP), or another NPDES permit. |
| 28 | S6.D.6.d. | Implemented a program designed to train staff to carry out the Operations and Maintenance plan as described in S6.D.6.d. (Required no later than three years from initial date of permit coverage) | Yes |

| | | | |
|----|-----------|--|--|
| 29 | S7. | Is there an approved Total Maximum Daily Load (TMDL) applicable to stormwater discharges from a MS4 owned or operated by the Permittee? (S7.) | Yes |
| 30 | S7.A. | Complied with the specific requirements identified in Appendix 2. (S7.A.) | No |
| 31 | S7.A. | Attach status report of TMDL implementation. (S7.A.) | WSU Pullman 2022 TMDL Status R_31_03022023141837 Comment: Attached |
| 32 | G20. | Notified Ecology of the failure to comply with the permit terms and conditions within 30 days of becoming aware of the non-compliance. (G20.) | Yes Comment: G20 Letter submitted 4-19-22 regarding a Duly Authorized Representative. |
| 33 | G3. | Notified Ecology immediately in cases where the Permittee becomes aware of a discharge into or from the Permittee's MS4 which may constitute a threat to human health, welfare, or the environment. (G3.) | Yes Comment: Chiller water discharge on 10-13-22. |
| 34 | G3.A. | Took appropriate action to correct or minimize discharges into or from the MS4 which could constitute a threat to human health, welfare, or the environment. (G3.A.) | Yes |
| 35 | S4.F.3.d. | If applicable, attach a summary of the status of implementation of any actions taken pursuant to S4.F., and the status of any monitoring, assessment, or evaluation efforts conducted during the reporting period. (S4.F.3.d.) | Not Applicable |

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 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 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.

Gene Patterson

3/2/2023 2:22:59 PM

Signature

Date

WSU Sanitary Sewer Overflow / Illicit Discharge Field Report

DOE ERTS No: _____

** indicates Required fields*

| | | | |
|---|---|---------|-----------------------------|
| * Event Type: <input type="checkbox"/> Sanitary Sewer Overflow <input checked="" type="checkbox"/> Stormwater Illicit Discharge | | | |
| Reported By | | | |
| *Name: | Gene Patterson | | *Business Name: |
| | | | Washington State University |
| *Email: | gpatters@wsu.edu | | *Phone Number: |
| | | | 509-335-3041 |
| *Report Date: | 10-13-22 | | *Time: |
| | | | ~ 3:45 PM |
| Discharge Information | | | |
| *Date Discharge Discovered: | 10-13-22 | | Time: |
| | | | ~ 3:00 PM |
| *Location Address: | Corner of Stadium Way and Grimes Way | | |
| | City: | Pullman | State: |
| | | | WA |
| Description of Discharge | | | |
| *Medium: | Chilled water | | |
| *Material: | Chilled water contains a green dye which is an approved food additive. | | |
| *Source: | Chilled water system | | |
| Cause: | Broken line by contractor | | |
| *Receiving Water (if applicable): | South Fork of Palouse River | | |
| Duration of Overflow: | ~ 45 minutes | | |
| Volume of Overflow: | ~ 315,000 gallons | | |
| Other Comments: | Valved off broken line. | | |
| Notifications | | | |
| City of Pullman Shilo Sprouse e-mail: shilo.sprouse@pullman-wa.gov ; ph: 509-432-9052 Trevor Cook e-mail: trevor.cook@pullman-wa.gov ; ph: 509-338-3233 | | | Date: 10-13-22 |
| Whitman County Health Department, Environmental Health Director Chris Skidmore e-mail: Chris.Skidmore@co.whitman.wa.us ; ph: 509-332-6752, 509-397-6280 | | | Date: |
| Department of Ecology: Senior Compliance Specialist Rob Buchert e-mail: rbuc461@ecy.wa.gov ; ph: 509-329-3536; 509-209-1586 | | | Date: |
| Department of Ecology: Municipal Stormwater Permit Planner Main Number 509-329-3400 | | | Date: 10-13-22 |
| State Waste (Sanitary Sewer) Discharge Permit Manager Vijay Kubsad e-mail: vkub461@ecy.wa.gov ; ph: 509-329-3473; 509-655-9129 | | | Date: |
| Chris Madunich, ERTS Coordinator (cmad461@ecy.wa.gov), will log this event into the ERTS system and notify WSU Pullman of the assigned ERTS number. Mainline: 509-329-3400 | | | Date: |
| Response (include additional pages if necessary) | | | |
| Cleanup Method: | Street sweeper for streets and larger walkways, hand broom and shovel smaller walkways, and corners of the parking lot. | | |
| Steps to prevent reoccurrence: | Recommend all utilities in the path of directional drilling be potholed prior to drilling. | | |

March 2, 2023

Department of Ecology
Water Quality Program
4601 N. Monroe, Suite 202
Spokane, WA 99205-1295

Re: WSU Pullman 2022 TMDL Status Report

Dear Ecology:

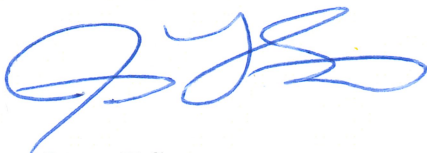
WSU hired a contractor to investigate illicit discharges on Cougar Way in January 2020. Unfortunately, COVID hit just after the contractor was hired so the investigation was not completed. Once the campus was back to normal after COVID, WSU has repeatedly reached out to the contractor to resume the investigation however they have not responded. WSU has had difficulty finding any contractor to complete the investigation.

Regarding the bacteriological sampling / flows at the outfalls, to date none of the data that has been obtained is valid, and as a result is a waste of state resources. This is due to the following issues with the flows, which Ecology confirmed several years ago during an on-site visit:

1. Only two of the three outfalls have enough flow to obtain samples.
2. Typically, the amount of flow from the outfalls is: 1) either too low for the flow measuring equipment to get a reading, or; 2) the outfall is partially submerged, or; 3) the river backflows into the outfall, or; 4) only one out of the two outfalls has a measurable flow at Missouri Flat Creek.

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 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 willful violations.

Sincerely,



Jason T Sampson
Director, Environmental Health and Safety

April 19, 2022

Department of Ecology
Water Quality Program
4601 N. Monroe, Suite 202
Spokane, WA 99205-1295

Re: WSU Pullman G20 Notification for MS4 Permit Section G19.

Dear Ecology,

WSU Pullman's previous EHS Director retired and on January 1, 2020 Jason Sampson became the Director for EHS Operations. However, per Section G19 of the Permit, WSU Pullman did not authorize Mr. Sampson to be the Duly Authorized Representative when he became Director. Per G20 from the Permit:

- The non-compliance was from January 1, 2020 to April 19, 2022.
- The ESAF for Mr. Sampson is attached.
- WSU Pullman will be more cognizant of this permit requirement in the future.

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 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 willful violations.

Sincerely,



Bill Gardner
Associate Vice President, VP for Finance and Administration

April 19, 2022

Department of Ecology
Water Quality Program - ERO
N. 4601 Monroe
Spokane, WA 99205-1295

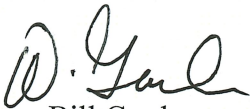
Re: Washington State University (WSU) Pullman Legally Responsible Official
for MS4 Permits #WAR04-6700 and WAR04-6701 and
State Waste Discharge Permit #ST0005362

Per Sections G19.B.2 of the Eastern Washington MS4 Permit and G1 of WSU's State Waste Discharge Permit, and as the Associate VP, VP for Finance and Administration, I duly authorize Jason Sampson to be the "Duly Authorized Representative" responsible for certifying, signing and submitting MS4 and State Waste Discharge Permit reports and applications to the Washington State Department of Ecology.

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 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 willful violations.

Please contact me at 509-335-4484 if you have any questions.

Sincerely,



Bill Gardner
Associate VP, VP for Finance and Administration

pc: Jason Sampson
Gene Patterson
Amy Speargas

Electronic Signature Agreement Form

ESAF

Washington State Department of Ecology Water Quality Program

Headquarters: (360) 407-7097
Web site: www.ecy.wa.gov/programs/wq

| For Ecology Use Only | | Date Received: | |
|----------------------|----------|----------------|----------|
| Form | Reviewed | Entered | Verified |
| ESAF | | | |

1. Site Location Information

If you are applying for multiple facilities/permits, please include a list containing the site location information and permit numbers for all requested facilities/permits.

Site/Facility Name: Washington State University Pullman / WSU Spokane
Site Location Address: 2425 Grimes Way, Environmental Health & Safety, Mail Stop 1172
City/State/Zip: Pullman, WA 99164-1172
Permit Number: WAR04-6700 MS4 Permit / WAR04-6701 MS4 Permit / ST0005362 State Waste Discharge Permit

2. Electronic Signer Contact Information

Role: ☐ Facility Signer ☒ Facility Coordinator

Signature Account User Name: _____
Full Name: Jason Sampson
Work Mailing Address: 2425 Grimes Way, Environmental Health & Safety, Mail Stop 1172
City/State/Zip: Pullman, WA 99164-1172
Work Phone No. (Ext): 509-335-9564
Work Email Address: sampsonj@wsu.edu

3. Proof of Identity

Please include a copy of one of the following documents, with your name on the document, with your ESAF to prove your association with the facility-(ies).

- Your permit's letter of coverage
- Your permit's cover sheet
- A previously submitted DMR
- A correspondence from Ecology that has both the facility name and permit number on the same page
- Signature authority delegation letter signed by the permittee (responsible official).

4. Electronic Signature Agreement and Certification Statement

By completing and submitting this form to Ecology, I agree to follow the rules and procedures governing the Electronic Signature account. I also agree that the reports and documents I submit under my Electronic Signature will be used as the corresponding paper report would. I want to submit the following report(s) or document(s) using WQWebPortal with an electronic signature.

☒ Discharge Monitoring Reports/Submittals ☒ Notice of Intent (Permit Applications) ☒ Certificate of No Exposure

5. Clean Water Act Certification Statement

All submittals to the Department of Ecology under this WQWebPortal application are subject to the following certification, as required by federal and state regulations:

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 gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

6. Certification Statement


| | |
|---|--|
| <p>I agree that I will:</p> <ul style="list-style-type: none">• Protect my Electronic Signature account, which includes my answers to the verification questions and my password;• Review the content and meaning of my submitted Annual Reports and Notifications;• Within 24 hours of discovery, report to Ecology if:<ul style="list-style-type: none">○ My Electronic Signature account is lost, stolen or used by someone else;○ There is any difference between the information I submitted and the information displayed in WebDMR;○ My role as a signer for this organization changes. <p>Agree: <u>JS</u> (initial here)</p> | <p>I agree that I will <i>not</i>:</p> <ul style="list-style-type: none">• Let anyone else use my Electronic Signature account. <p>Agree: <u>JS</u> (initial here)</p> |
|---|--|

I, Jason Sampson (print Electronic Signer's name), understand that:

1. My electronic signature is legally the same as my handwritten signature for the purpose of compliance with the relevant environmental regulations;
2. A failure to timely notify Ecology of a possible misuse of my Electronic Signature account may result in my liability for the information submitted;
3. There are significant penalties for submitting false information, including possible fines and imprisonment, related to the federal Department of Justice and federal environmental program;
4. I will be asked to verify that I am following the rules outlined in this agreement when I electronically submit documents.

7. Signature of Electronic Signer


This form cannot be processed without a handwritten signature.

| | |
|--|--|
|  Electronic Signer's Signature | <u>4-6-22</u> Date |
| <u>Jason Sampson</u> Name (print or type) | <u>Director, EHS Operations</u> Title |

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, Bill Gardner (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Washington State University Pullman (insert site/facility name) and is authorized to submit documents on the site's/facility's behalf. I understand that I will be contacted by Ecology to validate the account holder's employment at the site/facility name listed above.

| | |
|--|---|
|  Signature | <u>4-19-22</u> Date |
| <u>Bill Gardner</u> Name (print or type) | <u>Associate VP, VP for Finance & Administration</u> Title |

Note: You may skip this section if the responsible official has written, signed, and attached a delegation letter to this form or if the responsible official completes this form.

If you need this document in a version for the visually impaired call the Water Quality Program at 360-407-6401. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.

9. Assign Administrator

This section cannot be processed without a handwritten signature.

I, Not Applicable (insert name of permittee or responsible official) acknowledge that
 (person being assigned) is authorized to be an administrator on the site's/facility's
 behalf. I understand that I will be contacted by Ecology to validate the account holder's employment at the site/facility name listed
 above.

Signature

Date _____

Name (print or type)

Title

Note: You may skip this section if the responsible official has written, signed, and attached a delegation letter to this form, if the responsible official completes this form, or if the responsible official is not assigning a person to the administrator role.

Mail the signed electronic signature agreement and additional document(s) to one of the following Ecology office.

Stormwater Permit Facilities – Industrial and Construction Stormwater

Major Industrial Unit

**Washington Department of Ecology
Water Quality Program Stormwater Unit
PO Box 47696
Olympia, WA 98504-7696
360-407-7097**

**Washington Department of Ecology
Major Industrial Unit
PO Box 47600
Olympia, WA 98504-7600
360-407-6945**

For all other permits, please contact one of the follow offices.

Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Mason, Lewis, Pacific, Pierce, Skamania, Thurston, and Wahkiakum counties

*Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant,
Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, and
Whitman counties*

**Washington Department of Ecology
Water Quality Program - SWRO
PO Box 47775
Olympia, WA 98504-7775
360-407-6300**

**Washington Department of Ecology
Water Quality Program - ERO
N. 4601 Monroe
Spokane, WA 99205-1295
509-329-3400**

*Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan,
and Yakima counties*

Island, King, Kitsap, San Juan, Skagit, Snohomish, and Whatcom counties

Washington Department of Ecology
Water Quality Program - CRO
1250 W ALDER ST
UNION GAP WA 98903-0009
509-575-2490

**Washington Department of Ecology
Water Quality Program - NWRO
ATTN: Chris Smith
3190 - 160th Ave. SE
Bellevue, WA 98008-5452
425-649-7000**

Issuance Date: July 1, 2019
Effective Date: August 1, 2019
Expiration Date: July 31, 2024

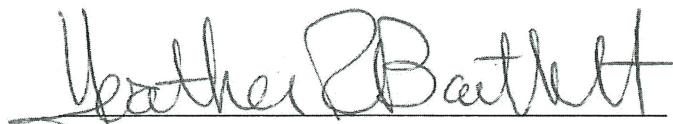
Eastern Washington Phase II Municipal Stormwater Permit

National Pollutant Discharge Elimination System and
State Waste Discharge General Permit for Discharges
from Small Municipal Separate Storm Sewers
in Eastern Washington

State of Washington
Department of Ecology
Olympia, WA 98504-7600

In compliance with the provisions of
The State of Washington Water Pollution Control Law
Chapter 90.48 Revised Code of Washington
and
The Federal Water Pollution Control Act
(The Clean Water Act)
Title 33 United States Code, Section 1251 et seq.

Until this Permit expires, is modified, or revoked, Permittees that have properly obtained coverage under this Permit are authorized to discharge to waters of the State in accordance with the special and general conditions which follow.



Heather R. Bartlett
Water Quality Program Manager
Department of Ecology