

I. Permittee Information	
Permittee Name City of Asotin	Permittee Coverage Number WAR-046500
Contact Name Patti Hansen, Clerk	Phone Number 1-509-243-4411
Mailing Address 130 2nd Street	
City Asotin	State Zip + 4 WA 99402
Email Address asotin@cableone.net	

II. Regulated Small MS4 Location							
Jurisdiction	Entity Type: Put an X in the box that applies						
	<table border="1"> <tr> <th>County</th> <th>City/Town</th> <th>Other</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	County	City/Town	Other			
County	City/Town	Other					
Major Receiving Water(s)							

III. Relying on another Governmental Entity	
<p>If you are relying on another governmental entity to satisfy one or more of the permit obligations, list the entity and briefly describe the permit obligation(s) they are implementing on your behalf below. <i>Attach a copy of your agreement with the other entity to provide additional detail.</i></p>	
Name of Entity:	Permit Obligation(s):

IV. Certification

All annual reports must be signed and certified by the responsible official(s) of permittee or co-permittees. Please print and sign this page of the reporting form and mail it (with an original signature) to Ecology at the address noted below. An electronic signature will not suffice.

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.

Name _____ Title _____ Date _____

VI. Status Report Covering Calendar Year 2007

Jurisdiction: City of Asotin

PLEASE label information in any attachments with corresponding question numbers.

PLEASE fill out your jurisdiction in line 1 above.

PLEASE refer to the INSTRUCTIONS tab for assistance filling out this table.

PLEASE review your work for completeness and accuracy. Save this worksheet as you go!

Question		Y/N/ NA	Comments (50 word limit)	Name of Attachment & Page Number, if applicable
1	Attached annual written update of Permittee's Stormwater Management Program (SWMP), including applicable requirements under S5.A.3 and S9?	Y		City of Asotin Stormwater Management Program
2	Attached a copy of any annexations, incorporations or boundary changes resulting in an increase or decrease in the Permittee's geographic area of permit coverage during the reporting period, and implications for the SWMP as per S9.E.3?	NA	No changes were made during 2007.	
3	Have NPDES permit coverage for all applicable construction projects and industrial facilities? (S5.B.6.a.i)	N	We are working towards achieving compliance with the construction projects.	
4	Provided information to construction site operators and design professionals about training available on how to comply with the MTRs in Appendix I and the BMPs in the SWMMEW, or an equivalent document? (S5.B.4.d)	N	We will create a handout to provide to all construction site operators and design professionals about where they may go for training on BMPs and the MTRs in Appendix 1. This handout will be created and made available by April 30, 2008.	
5	Gathered information about your storm drainage infrastructure? Attach estimated and verified numbers or miles (or feet) of open ditches, storm sewers, outfalls, catch basins, detention facilities, retention facilities, treatment facilities (and types), and regional facilities, if any. (S5.B.6.a.i)	NA	This item is not yet due. We are in the process of mapping our MS4.	

Question		Y/N/ NA	Comments (50 word limit)	Name of Attachment & Page Number, if applicable
6	Conducted spot checks of stormwater facilities after major storms? (S5.B.6.a.ii)	NA	This item is not yet due. Some spot checks are made after very major events.	
7	Provided adequate training for staff to carry out the SWMP? (S5.B.6.b)	NA	This item is not yet due. Key staff and elected leaders were provided informational meetings about NPDES and UIC permitting regulations by consultant.	
8	Notified Ecology of the failure to comply with the permit terms and conditions within 30 days of becoming aware of the non-compliance? (G20 and S4.F)	NA		
8b	[Attached a summary of the status of implementation of any actions taken pursuant to S4.F and any information from an assessment and evaluation procedures collected during the reporting period. (S4.F.2.d)]	NA		
9	Notified Ecology immediately in cases where the Permittee becomes aware of a discharge from the Permittee's MS4 which may cause or contribute to an imminent threat to human health or the environment? (G20 and S4.F)	NA	We do notify Ecology of any discharges within our jurisdiction that are brought to our attention.	

Information Collection, S8.B.1 Description of Monitoring Studies

If applicable, you are required to provide information to fulfill permit requirement S8.B.1 in each annual report. You must describe any stormwater monitoring or studies conducted by you during the reporting period. If stormwater monitoring was conducted on your behalf, or if studies or investigations conducted by other entities were reported to you, you must briefly describe the type of information gathered or received during the reporting period.

Please note in row #1 of the table below if you have no information to report.

NOTE: Please limit your entries to 255 characters per cell. You may include additional information in your Supplemental Documentation attachment and reference it below with the page number.

Information Collection

Briefly describe any stormwater monitoring, studies, or type of information collected and analyzed during the reporting period. (S8.B.1)	Who/how to contact for additional information?
1. Nothing to report	
2.	
3.	
4.	
5.	
6.	