MS4 Annual Report Cover Page

MCC form for period ending March 9,

This cover page must be completed by the report preparer. Joint reports require only one cover page.

Choose one:

• This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Name o	of M	S4													

OR

• This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Name of Single Entity

OR

\bigcirc This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID

MS4 Annual Report Cover Page

MCC form for period ending March 9,

 _	

Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID		
SPDES ID	· · ·	
SPDES ID	 1 1	
SPDES ID	1 1	
SPDES ID		
SPDES ID		
SPDES ID		
SPDES ID		
SPDES ID		
SPDES ID		
SPDES ID		
SPDES ID		
SPDES ID	 	
SPDES ID		
SPDES ID		
SPDES ID		
SPDES ID		
SPDES ID		

					_	
SPDES	ID					
SPDES						
SPDES	ID					
SPDES						
SPDES	ID					
SPDES	ID	1		1		
SPDES						
SPDES	ID					
SPDES						
SPDES	ID					
SPDES	ID					
SPDES						
SPDES						
SPDES	ID	1				
SPDES		 I		I		
SPDES	ID					
SPDES	ID					
		 I		I		
SPDES						
SPDES	ID					

SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	
SPDES ID	

MS4 Municipal Compliance Certification	on(MCC) Form	
MCC form for period ending March 9,		
	SPDES ID	
Name of MS4		

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- \bigcirc An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

		SPI	DES	ID			
Name of MS4							

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- \bigcirc Duly Authorized Representative
- \bigcirc Local Stormwater Public Contact
- \bigcirc Stormwater Management Program (SWMP) Coordinator
- \bigcirc Report Preparer

First Name	MI Last Name
Title	
Address	
City	State Zip
eMail	
Phone	County
(

MS4 Municipal Compliance Certification(MCC) Form

SPDES ID

MCC form for period ending March 9,

Name of MS4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- \bigcirc Duly Authorized Representative
- \bigcirc Local Stormwater Public Contact
- \bigcirc Stormwater Management Program (SWMP) Coordinator
- \bigcirc Report Preparer

First Name	MI Last Name
Title	
Address	
City	State Zip
eMail	
Phone	County
(

MS4 Municipal Compliance Certification(MCC) Form

SPDES ID

MCC form for period ending March 9,

Name of MS4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- \bigcirc Duly Authorized Representative
- \bigcirc Local Stormwater Public Contact
- \bigcirc Stormwater Management Program (SWMP) Coordinator
- \bigcirc Report Preparer

First Name	MI Last Name
Title	
Address	
City	State Zip
eMail	
Phone	County
(

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,					
	SPDES	5 ID			
Name of MS4					

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partne	er/Co	paliti	onN	lam	e				1					_				I													
Partne	er/Co	oaliti	onl	Vam	ne (c	on't	t.)		1									1					SPI	DES	Pa	rtne	r ID	- If	apr	olica	ble
Addre	ss								1				1	-	1		1	1				-	1						1		
City																			 □	tate		Zip]				
																											-				
eMail														1																	
Phone																															
<i>(</i>)]_												egall ith C									dan Ye		\cap	No
)				J																								
Wha	t tas	sks/1	esp	on	sib	iliti	les	are	sh	are	d w	vith	thi	s p	artn	ler	(e.g	g. N	ИM	1 S	cho	ool	Pro	gra	ms	or	Μι	ıltip	ple	Tas	ks)
O MN	M 1																														
																													I 		
O MN	М2																														
O MN	M 3																														
\cap M	ЛЛ																												 		
○ MN	v 14																														
\circ MN	M5																														
O MN	M 6																														
- 1,11														<u> </u>																	
144	4:	. 1 4	~ ~1-	alm		~ ~ ~	:1.:	1:4:	• •																						

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

MS4 Municipal Compliance Certificati	ion(M	CC) I	Form		
MCC form for period ending March 9	,				
		SPDES	ID		
Name of MS4					

Section 4 - Certification Statement

"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 the information, the information submitted is, 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."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI	Last Name
Title (Clearly print title of individual signing report)		
Signature		Date

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	 SPDES ID													
Name of MS4/Coalition														

Water Quality Trends

The information in this section is being reported (check one):

- \bigcirc On behalf of an individual MS4
- On behalf of a coalition How many MS4s are contributed to this report?
- 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. \bigcirc Yes
- If Yes, choose one of the following
- Report(s) attached to the annual report
- \bigcirc Web Page(s) where report(s) is/are provided below

Please provide specific address of page where report(s) can be accessed - not home page.

 \bigcirc No

URL		 													
URL	,														
URI	_														
URL	_														

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID													
Name of MS4/Coalition														

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- On behalf of an individual MS4
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

\bigcirc Construction Sites		\bigcirc Pesticide and Fertilizer Application
\bigcirc General Stormwater	Management Information	\bigcirc Pet Waste Management
○ Household Hazardon	us Waste Disposal	
○ Illicit Discharge Det	tection and Elimination	\bigcirc Riparian Corridor Protection/Restoration
○ Infrastructure Maint	tenance	\bigcirc Trash Management
\odot Smart Growth		\bigcirc Vehicle Washing
○ Storm Drain Markin	ng	\bigcirc Water Conservation
○ Green Infrastructure	/Better Site Design/Low Impact Development	\bigcirc Wetland Protection
O Other:		O None
Other		
2. Specific audience	es targeted during this reporting period:	
\bigcirc Public Employees	\bigcirc Contractors	
\bigcirc Residential	\bigcirc Developers	
○ Businesses	\bigcirc General Public	

○ Restaurants \bigcirc Industries

○ Agricultural Other

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID			
Name of MS4/Coalition							

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

\bigcirc Co	nstr	ucti	ion	Site	e Op	oera	tors	s Tr	ain	ed													ŧ	# Tr	aine	ed					
○ Dir	ect	Ma	ailir	igs																			#	Ma	ilin	gs					
○ Kie	osks	s or	Otl	ner]	Disp	olay	/S																# I	Loca	atio	ns					
⊖ Lis	t-So	erve	es																					# I	n Li	ist					
○ Ma	ilin	g L	ist																					# I	n Li	ist					
○ Ne	wsp	oape	er A	ds o	or A	rtic	eles																# I	Day	s Rı	ın					
○ Pul	blic	Ev	vent	s/Pr	eser	ntat	ions	5															# /	Atte	nde	es					
○ Scł	nool	l Pr	ogr	am																			# /	Atte	nde	es					
○ TV	′ Sp	ot/I	Prog	gran	1																		# I	Day	s Rı	ın					
	Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks)																														
	Locations (e.g. libraries, town offices, kiosks)																														
\bigcirc Oth	○ Other:																														
⊖ We		Page	:		ovid edec		peci	ific	wel	b ad	ldre	esse	s - 1	not	hor	ne p	age	e. C	Con	tin	ie o	n ne	ext j	pag	e if	ad	ditio	onal	l sp	ace	is
					<u> </u>																										
UR	L																														
		+																													

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition						

3. Web Page con't.: Provide specific web addresses - not home page.

UR																									
UR	r I																								
																				 					<u> </u>
																									Ĺ
URI																									
UR	L											•									•	 •	 		
URI	L																								
	L		I	I		I		I		I		I		I		L	L	I			I	 I			L
	 ,																							. <u> </u>	Ĺ
URI																									

This report is being submitted for the reporting period ending March	9.		
	- 7	1 1	

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	 SPDES ID											
Name of MS4/Coalition												

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

C. How many times was this observation measured or evaluated in this reporting period?

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

 \bigcirc Yes \bigcirc No

- **E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** O Yes O No
- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).



1901103103														
MS4 Am	nual Report Form													
This report is being submitted for the	e reporting period ending March 9,													
If submitting this form as part of a joint r	report on behalf of a coalition leave SPDES ID blank.													
Name of MS4/Coalition	SPDES ID													
Minimum Control Measure	2. Public Involvement/Participation													
The information in this section is being reported (a	check one):													
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply: 														
○ Cleanup Events	# Events													
\bigcirc Comments on SWMP Received	#Comments													
○ Community Hotlines	Phone # ()													
Phone # ()	Phone # () -													
Phone # ()	Phone # ()													
Phone # () -	Phone # () -													
Phone # ()	Phone # ()													
Phone # ()	Phone # ()													
\odot Community Meetings	# Attendees													

○ Plantings Sq. Ft.													
○ Storm Drain Markings	# Drains												
\bigcirc Stakeholder Meetings	# Attendees												
○ Volunteer Monitoring	# Events												
O Other:													

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

Prog	grai	n (21	VIVI	P).	Pla	m ľ	ого	via	ea	•											C	16	-8	\cup	100
○ List-Se	erve	;																	# I	n Li	ist					
○ Newsp	Newspaper Advertising # Days Run															un										
○ TV/Ra	○ TV/Radio Notices # Days Run																									
\bigcirc Other:																										

 \bigcirc Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

NPL	DES				

Name of MS4/Coalition

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

UR	Ļ		 	 	 				 	 	 	 		 		 		
URI	- r	-	 	 	 	L		L]
URI	L																	
UR	L			 														
URI	Ĺ					,		,										
	. Г.]
		1																
URI																		

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPI	DES	ID			

Name of MS4/Coalition

2. URL(s) con't.:

Please provide specific address(es) where notices can be accessed - not home page.

URI	Ļ														 			 	
URI	[
				 											_				
URI																			
										 			 		 _				
URI	L																		
URI	L																		
URI	L																		
															 _				
URI	ц		I		L	I		I						I					
															_				
	1																		

MS4 Annual F	Report Form
This report is being submitted for the repor	rting period ending March 9,
If submitting this form as part of a joint report	on behalf of a coalition leave SPDES ID blank.
[SPDES ID
Name of MS4/Coalition	
3. Where can the public access copies of this annu Program SWMP) Plan and submit comments of	
Enter address/contact info and select radio button	to indicate which document is available and
whether comments may be submitted at that location	ion. Submit additional pages as needed.
O MS4/Coalition Office	\bigcirc Annual Report \bigcirc SWMP Plan \bigcirc Comments
Address	
City	Zip
Phone	
$^{\circ}$ Library	○ Annual Report ○ SWMP Plan ○ Comments
Address	
Phone	
○ Other Address	○ Annual Report ○ SWMP Plan ○ Comments
City	Zip
Phone () -	
○ Web Page URL:	○ Annual Report ○ SWMP Plan ○ Comments
Please provide specific address of page where re	
0 eMail	○ Comments

MS4 Annual Report Form	
This report is being submitted for the reporting period endi	ng March 9,
If submitting this form as part of a joint report on behalf of a coali	tion leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
4.a. If this report was made available on the internet, what date wa	s it posted?
Leave blank if this report was not posted on the internet.	
4.b. For how many days was/will this report be posted?	
If submitting a report for single MS4, answer 5.a If submitting a j	oint report, answer 5.b
5.a. Was an Annual Report public meeting held in this reporting po If Yes, what was the date of the meeting?	eriod? • Yes • No
If No, is one planned?	○ Yes ○ No
5.b. Was an Annual Report public meeting held for all MS4s contri this reporting period?	buting to this report during \bigcirc Yes \bigcirc No
If No, is one planned for each?	○ Yes ○ No

6. Were comments received during this reporting period?
 ○ Yes
 ○ No
 If Yes, attach comments, responses and changes made to
 SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9,		
	1 1	

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

C. How many times was this observation measured or evaluated in this reporting period?

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

 \bigcirc Yes \bigcirc No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

○ Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

This report is being submitted for the reporting period ending March 9,				
If submitting this form as part of a joint report on behalf of a coalition leave SPDI	1 27	٦ŀ	Jan	Ŀ

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPL)ES	ID			
Name of MS4/Coalition							
Name of MS4/Coalition							

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

#

%

The information in this section is being reported (check one):

- \bigcirc On behalf of an individual MS4
- \bigcirc On behalf of a coalition
 - How many MS4s contributed to this report?
- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?
- **3.a.**What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	\bigcirc Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
○ Churches	○ Metal Plateing Operations
\bigcirc Commercial Carwashes	\bigcirc Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
\bigcirc Construction Vehicle Washouts	\bigcirc Printing
\bigcirc Cross-Connections	\bigcirc Residential Carwashing
\bigcirc Distribution Centers	○ Restaurants
\bigcirc Food Processing Facilities	\bigcirc Schools and Universities
\bigcirc Garbage Truck Washouts	○ Septic Maintenance
\bigcirc Hospitals	\bigcirc Swimming Pools
\bigcirc Improper RV Waste Disposal	\bigcirc Vehicle Fueling
\bigcirc Industrial Process Water	○ Vehicle Maint./Repair Shops
Other:	○ None
○ Sewersheds:	

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	SPDES ID		
3.b.What types of illicit discharges have	e been found during this reporting period?		
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections		
\bigcirc Cross Connections	\bigcirc Inflow/Infiltration		
○ Failing Septic Systems	\bigcirc Pump Station Failure		
○ Floor Drains Connected To Storm Sewers	\bigcirc Sanitary Sewer Overflows		
O Illegal Dumping	\bigcirc Straight Pipe Sewer Discharges		
O Other:	O None		
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected du	Iring this	
5. How many illicit discharges have be	en confirmed during this reporting period	?	
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during th	is reporting	
7. Has the storm sewershed mapping b If No, approximately what percent was	een completed in this reporting period? s completed in this reporting period?	○ Yes ○	No] %
8. Is the above information available in	n GIS?	⊖Yes ⊖	No
Is this information available on the v If Yes, provide URL(s):	web?	\bigcirc Yes \bigcirc	No
Please provide specific address of page	where map(s) can be accessed - not home pa	ge.	

URL	4															 				 	 		
URL	RL																						

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID									
Name of MS4/Coalition										
	1	L								

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page URL

UR			 	 	 								 			 				 	 	
	r					-																
UR	r	I			 <u> </u>						<u> </u>											
	L																					
UR	L				 																 	
		!			 !		I	I	·	I	!	I	 !	I	!	 I		 	!		 	

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? O Yes O No
- **10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?** O Yes O NO O NT
- 11. What percent of staff in relevant positions and departments has received IDDE training?

8

This report is being submitted for the reporting period ending March 9,		
	 (I	1

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPL	DES	ID			
Name of MS4/Coalition							

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

C. How many times was this observation measured or evaluated in this reporting period?

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

 \bigcirc Yes \bigcirc No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

○ Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Name of MS4/Coalition

<u>MS4 Annual Report Fo</u>	orm						
This report is being submitted for the reporting period	d ending	Marc	:h 9,	,			
If submitting this form as part of a joint report on behalf of a	coalition	leave	SPD	ES	IDł	olar	ık.
	_	SPDE	S ID				
MS4/Coolition							

<u>Minimum Control Measures 4 and 5.</u> <u>Construction Site and Post-Construction Control</u>

The information in this section is being reported (check one):

- On behalf of an individual MS4
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory
mechanism that provides equivalent protection to the NYS SPDES General Permit for
Stormwater Discharges from Construction Activities?O YesO No

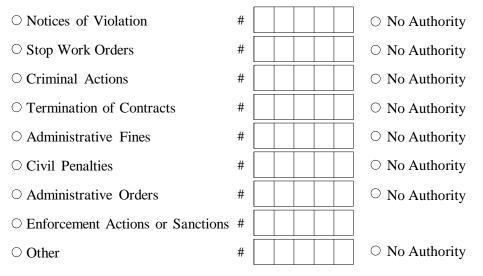
1b	1b.Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap												
	Analysis Workbook?	Yes	○ No	0	NT								
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Loc $$\odot 09/2004$$			0	NT								
2.	Does your MS4/Coalition have a SWPPP review procedure in place?		○ Yes	С) No								
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs reviewed in this reporting period?	s) hav	e been	1 									

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? O Yes O NO O NT

If Yes, how many public comments were received during this reporting period?

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? O Yes O No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:



1

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID												
Name of MS4/Coalition													
value of MD4/Countroll													

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

 \bigcirc On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

- 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
- 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
- 3. What percent of active construction sites were inspected during this reporting period? \odot $_{
 m NT}$

%

%

- 4. What percent of active construction sites were inspected more than once? \bigcirc NT
- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Orgen ONO ONT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

r

MS4 Annual Report Form

),	ending March 9,	reporting period	g submitted for the	report is being	Fhis :
--	--	----	-----------------	------------------	---------------------	-----------------	---------------

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name o	f MS4/Coalition	

SPI	DES	ID			

6. con't.:

Submit additional pages as needed.

Г

○ MS4/Coalition Office

De	parti	nen	t –																											
Ad	ldres	s					1		1		1				1										1	1				
Cit	y																				Zip									
																										-				
Ph	one																				-					_		•		
()				-																						
Librar	у																													
Ad	ldres	s				1	1	1		1	1	1	1	1	1	-	1	-	1	1	-	1	1	1	-		1		1	
Cit	y																_		_		Zip					-				
																										-				
Ph	one															-										_				
()				-																						
Other																														
	ldres	s																												
Cit	y																				Zip									
																										–				
Ph	one															J		_			L									
()				-																						
Web I	Page	UR	L(s):	P	leas	se p	rov	vide	spe	cif	ic a	ddr	ess	wh	ere	SW	PP	Ps c	can	be a	acce	esse	ed -	not	: ho	me	pag	ge.	
UR	L						1			1				1	1						1				1				1	
			_												 										<u> </u>					
UR	L							-																_						
		T																												
		-																			1					1				
																									<u> </u>			<u> </u>		
L	1															•		•								•		•		

This report is being submitted for the reporting period ending March 9,		
	1 1	

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPL	DES	ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

C. How many times was this observation measured or evaluated in this reporting period?

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

 \bigcirc Yes \bigcirc No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

○ Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition			

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- On behalf of an individual MS4
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

report?		

CDDEC ID

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
\bigcirc Alternative Practices			
\bigcirc Filter Systems			
\bigcirc Infiltration Basins			
\bigcirc Open Channels			
\bigcirc Ponds			
\bigcirc Wetlands			
\bigcirc Other			

- 2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? O Yes O No
- **3.** What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?
- Building Codes Municipal Comprehensive Plans

○ Overlay Districts ○ Open Space Preservation Program

- Zoning Local Law or Ordinance
- None Land Use Regulation/Zoning
- Watershed Plans Other Comprehensive Plan
- O Other:

L L															

MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
Name of MS4/Coalition SPDES ID
4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
\bigcirc Yes \bigcirc No
4b. Does the MS4 have a banking and credit system for stormwater management practices?
4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
4d. How many stormwater management practices have been implemented as part of this system in this reporting period?
5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

This report is being submitted for the reporting period ending March 9,		
	1 1	

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID			
Name of MS4/Coalition							

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

C. How many times was this observation measured or evaluated in this reporting period?

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

 \bigcirc Yes \bigcirc No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

○ Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPI	DES	ID			

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

○ On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?



1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

		<u>S</u>	Self-Assess	<u>ment</u>
		<u>Opera</u>	tion/Activi	ity/Facility
		perfor	med within	<u>n the past 3</u>
Operation/Activity/Facility	Addressed in	<u>n SWMP?</u>	<u>vears?</u>	2
Street Maintenance	O Yes	○ No	O Yes	\bigcirc No
Bridge Maintenance	O Yes	○ No	O Yes	\odot No
Winter Road Maintenance		○ No	O Yes	\bigcirc No
Salt Storage	O Yes	○ No	O Yes	\bigcirc No
Solid Waste Management	O Yes	○ No	O Yes	\bigcirc No
New Municipal Construction and Land Disturba	nce \bigcirc Yes	○ No	O Yes	\bigcirc No
Right of Way Maintenance	O Yes	○ No	\odot Yes	\bigcirc No
Marine Operations	····· O Yes	○ No	\odot Yes	\bigcirc No
Hydrologic Habitat Modification	O Yes	○ No	O Yes	\bigcirc No
Parks and Open Space	• Yes	○ No	O Yes	\bigcirc No
Municipal Building		○ No	O Yes	\bigcirc No
Stormwater System Maintenance		○ No	O Yes	\bigcirc No
Vehicle and Fleet Maintenance		○ No	O Yes	\bigcirc No
Other	····· · Yes	○ No	O Yes	\bigcirc No

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPE	DES	ID			
Name of MS4/Coalition							
Name of MIS4/Coantion							

2. Provide the following information about municipal operations good housekeeping programs:

\bigcirc Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
○ Streets Swept (Number of miles X Number of times swept)	# Miles	
\bigcirc Catch Basins Inspected and Cleaned Where Necessary	#	
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#	
O Phosphorus Applied In Chemical Fertilizer	# Lbs.	
\bigcirc Nitrogen Applied In Chemical Fertilizer	# Lbs.	
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) 	# Acres	
3. How many stormwater management trainings have been provide during this reporting period?	ed to municipa	l employees
4. What was the date of the last training?		/
5. How many municipal employees have been trained in this report	ting period?	
6. What percent of municipal employees in relevant positions and o stormwater management training?	lepartments re	eceive %

This report is being submitted for the reporting period ending March 9,		
	1 1	н

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID									
Name of MS4/Coalition										

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

C. How many times was this observation measured or evaluated in this reporting period?

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

 \bigcirc Yes \bigcirc No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

○ Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).