MS4 Annual Report Cover Page

MCC form for period ending March 9,

SPDES ID

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.

Na	me o	of M														
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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
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SPDES ID	SPDES ID	SPDES ID
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SPDES ID	SPDES ID	SPDES ID
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MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

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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

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,

		SPE	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

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.

Partner	c/Co	aliti	onN	Jam	e				1							1															
Partne	r/Co	aliti	onl	Varr	ne (c	on't	.)															-	SPI	DES	Pa	rtne	r ID) - If	apr	olica	ble
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Additional tasks/responsibilities

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

<u>MS4 Municipal Compliance Certificati</u>	ion(MCC) Form
MCC form for period ending March 9	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 Nam	ne					
Title (Clearly print title of individual <u>signing</u> report)								
Signature Jeonglabs-				Date]/[/		

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

- On behalf of an individual MS4
- \bigcirc 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

URI	_									 					
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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							

Minimum Control Measure 1. Public Education and Outreach

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. 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 Hazardou	us Waste Disposal	
\bigcirc 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	g	\bigcirc Water Conservation
○ Green Infrastructure	/Better Site Design/Low Impact Development	\bigcirc Wetland Protection
O Other:		○ None
2. Specific audience	es targeted during this reporting period:	
\bigcirc Public Employees	\bigcirc Contractors	
\bigcirc Residential	\bigcirc Developers	
○ Businesses	\bigcirc General Public	

Restaurants
Other:
Agricultural

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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:

⊖ Co	○ Construction Site Operators Trained # Tra														aine	ed															
⊖ Di	rect	t M	ailir	ngs																			#	Ma	ilin	gs					
○ Kie	osk	s or	Ot	her]	Disp	olay	'S																#]	Loca	atio	ns					
⊖ Lis	st-S	erve	es																					# I	n Li	ist					
⊖ Ma	ailin	ng L	List																					# I	n Li	ist					
Newspaper Ads or Articles# Days Run												ın																			
○ Public Events/Presentations # Attendees													es																		
○ School Program # Attendees												es																			
○ TV Spot/Program # Days Run																															
○ Pri																					Т	otal	# D	istri	bute	ed					
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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			_	SPD	DES	ID			
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3. Web Page con't.:	Provide specific web addresses - not home page.
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This report is being submitted for the reporting period ending Marcl	h 9.		
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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							

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 p	eriod?
---	--------

○ Yes ○ No

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



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MS4 Annual Report Form													
This report is being submitted for the rep	porting period ending March 9,												
If submitting this form as part of a joint report	t on behalf of a coalition leave SPDES ID blank.												
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Name of MS4/Coalition													
Minimum Control Measure 2.	Public Involvement/Participation												
The information in this section is being reported (check	c one):												
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this reduced to the second secon	eport?												
 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 													
○ Cleanup Events	# Events												
\bigcirc Comments on SWMP Received	# Comments												
\bigcirc Community Hotlines	Phone # ()												
Phone # ()	Phone # () -												
Phone # ()	Phone # () -												
Phone # ()	Phone # () -												
Phone # ()	Phone # ()												
Phone # ()	Phone # () -												
○ Community Meetings	# Attendees												
\bigcirc Plantings	Sq. Ft.												
	54.11.												

 \bigcirc Stakeholder Meetings

○ Volunteer Monitoring #Events																											
○ Other:																											

Attendees

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

Program (SWMP) Plan provided?	\bigcirc Yes	\bigcirc No										
○ List-Serve # In List												
○ Newspaper Advertising # Days Run												
○ TV/Radio Notices # Days Run												
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.

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Name of MS4/Coalition

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

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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

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

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MS4 Annual	Report Form
This report is being submitted for the repo	orting 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 ann Program SWMP) Plan and submit comments	
Enter address/contact info and select radio button	to indicate which document is available and
whether comments may be submitted at that loca	tion. Submit additional pages as needed.
O MS4/Coalition Office	○ Annual Report ○ SWMP Plan ○ Comments
Address	
City	Zip
Phone	
\odot Library	○ Annual Report ○ SWMP Plan ○ Comments
Address	
City	
Phone	
○ Other	○ Annual Report ○ SWMP Plan ○ Comments
Address	
City	Zip
Phone	
\bigcirc Web Page URL:	○ Annual Report ○ SWMP Plan ○ Comments
Please provide specific address of page where	
○ eMail	Comments

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	
4.a. If this report was made available on the internet, what date was 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 joint report, answer 5.b	
5.a. Was an Annual Report public meeting held in this reporting period? O Yes If Yes, what was the date of the meeting? Image: Comparison of the meeting?	○ No
If No, is one planned? O Yes	○ No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this report dur this reporting period?	r ing ○ No
If No, is one planned for each? O 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.
 ○ Yes
 ○ 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.

		SPL	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?

○ Yes ○ 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

MS4 Annual Report Form

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This report	is being submitted for the reporting period ending	g Ma	arc	h 9,				
If submittin	g this form as part of a joint report on behalf of a coalitior	ı leav	ve S	SPDE	ES I	D bla	ınk.	
		SPI	DES	ID				
of MS4/Coalition								

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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. 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	\bigcirc Marinas												
\bigcirc Churches	\bigcirc Metal Plateing Operations												
\bigcirc Commercial Carwashes	\bigcirc Outdoor Fluid Storage												
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance												
\bigcirc Construction Vehicle Washouts	○ Printing												
\odot 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												
O Other:	O 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?
O Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections
\bigcirc Cross Connections	\bigcirc Inflow/Infiltration
○ Failing Septic Systems	○ Pump Station Failure
○ Floor Drains Connected To Storm Sewers	○ Sanitary Sewer Overflows
O Illegal Dumping	○ Straight Pipe Sewer Discharges
O Other:	O None
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected during this
5. How many illicit discharges have been	en confirmed during this reporting period?
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting
7. Has the storm sewershed mapping b If No, approximately what percent was	
8. Is the above information available in Is this information available on the v If Yes, provide URL(s):	
Please provide specific address of page	where map(s) can be accessed - not home page.

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.

	SPL	DES	ID			
Name of MS4/Coalition						

8. URL(s) con't.:

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

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- 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,	

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

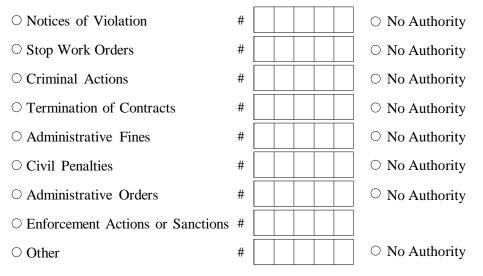
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

○ 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).

	MS4 Annual Report Form			
	This report is being submitted for the reporting period ending Mai	rch 9,		
	If submitting this form as part of a joint report on behalf of a coalition leave	e SPDES	ID blank.	
Nan	ne of MS4/Coalition	ES ID		
	<u>Minimum Control Measures 4 and 5.</u> <u>Construction Site and Post-Construction Con</u>	<u>trol</u>		
The	e information in this section is being reported (check one):			
	On behalf of an individual MS4 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 mechanism that provides equivalent protection to the NYS SPDES Gen Stormwater Discharges from Construction Activities?		•	○ No
1b	Has each Town, City and/or Village contributing to this report docume equivalent to a NYSDEC Sample Local Law for Stormwater Managen Sediment Control through either an attorney cerfification or using the Analysis Workbook?	nent and	Erosion	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample \odot 09/20		aw. 03/2006	○ NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?		○ Yes	○ No
3.	How many Construction Stormwater Pollution Prevention Plans (SWI reviewed in this reporting period?	PPPs) ha	ve been	
4.	Does your MS4/Coalition have a mechanism for receipt and considerate comments related to construction SWPPPs?	tion of p ○ Yes	ublic O No	○ NT
	If Yes, how many public comments were received during this reporting per	iod?		
5.	Does your MS4/Coalition provide education and training for contracto SWPPP process?	ors abou	t the loca O Yes	al 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.

		SPL	DES	ID			
Name of MS4/Coalition							

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 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?

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.

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

6. con't.:

Submit additional pages as needed.

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○ MS4/Coalition Office

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

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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.

SI DES 1			
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
- \bigcirc Watershed Plans \bigcirc Other Comprehensive Plan
- O Other:

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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?
\odot Yes \odot 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? ○ Yes ○ No
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,	

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							

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

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

Name of MS4/Coalition	ame of MS4/Coalition	

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.	
O Nitrogen Applied In Chemical Fertilizer	# Lbs.	
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# Acres	
3. How many stormwater management trainings have been provided to during this reporting period?	to municipa	l employees
4. What was the date of the last training?	/	/
5. How many municipal employees have been trained in this reporting	g period?	
6. What percent of municipal employees in relevant positions and dep stormwater management training?	artments re	eceive %

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							

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).

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	4/Coaliti	on	

Additional Watershed Improvement Strategy Best Management Practices

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?

SPDES ID

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?

Yes O No O N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

 \bigcirc Yes \bigcirc No \bigcirc N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

Estimate what percentage was mapped in this reporting period.

%

Additional BMPs Page 1 of 3

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									

- 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes O No O N/A
- 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?
- 5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? Oregonal Statement Oregonal Sta
- 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ○ Yes ○ No ○ N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or
phosphorus/nitrogen/pathogen loading?Oregin and the second secon
- 7b.How many projects have been sited in this reporting period?
- 7c. What percent of the projects included in 7b have been completed in this reporting period?
- 7d. What percent of projects planned in previous years have been completed?

○ No Projects Planned

%

%

- 8a.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? O Yes O No O N/A
- 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? O Yes O No O N/A

This report is being submitted for the reporting period ending							
If submitting this form as part of a joint report on behalf of a coalition	leave SPDES	ID blan	ς.				
Name of MS4/Coalition	SPDES ID						
9. Has your MS4/Coalition developed and implemented a program of	native plan O Yes	0	○ N/A				
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and							
prohibiting goose feeding?	○ Yes		○ N/A				
11. Does your MS4/Coalition have a pet waste bag program?	○ Yes	○ No	○ N/A				
12. Does your MS4/Coalition have a program to manage goose populations?	\bigcirc Yes	○ No	○ N/A				