MS4 Annual Report Cover Page

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MS4 Annual Report Cover Page

MCC form for period ending March 9,

Provide SPDES ID of each 1	permitted MS4 included in this re-	port.
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MS4 Municipal Compliance Certification(MCC) Form

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

Phone

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES 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: O Principal Executive Officer/Chief Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

County

Phone

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES 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: O Principal Executive Officer/Chief Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

County

MS4 Municipal Compliance	Certification(MCC) Form
MCC form for period end	ing March 9,
Name of MS4	SPDES ID
Section 2 - Contact Information	
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Contact information must be provided for <i>each</i> of the	following positions as indicated below:
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2. Duly Authorized Representative (Information for t Authorized Representative is signing this form)	his contact must only be submitted if a Duly
3. The Local Stormwater Public Contact (required pe	er GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordination/implementation of SWMP).	Coordinator (Individual responsible for
5. Report Preparer (Consultants may provide compar	ny name in the space provided).
A separate sheet must be submitted for each positifiled by the same individual. If one individual fill once and check all positions that apply to that individual	s multiple roles, provide the contact information
If a new Duly Authorized Representative is signin provided and a signature authorization form, signe Elected Official must be attached.	
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinato	or
O Report Preparer	
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MS4 Municipal Compliance Certification (MCC) Form

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

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Name of MS4	New York State Thruway Authority	N	Y	R	2	0	A	0	2	4

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 R i c h a r d	MI W	Last Name Lee, P.E.
Title (Clearly print title of individual signing report)		
Chief Engineer		
Signature Signature		Date 05/28/2021

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

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This report is being submitted for the reporting period end	ling 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	
Minimum Control Measure 1. Public Educati	ion and Outreach
The 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?	
1 M	
1. Targeted Public Education and Outreach Best Management Pr	actices
Check all topics that were included in Education and Outreach during	this reporting period:
○ Construction Sites ○ Pe	esticide and Fertilizer Application
○ General Stormwater Management Information ○ Pe	et Waste Management
○ Household Hazardous Waste Disposal ○ Re	ecycling
○ Illicit Discharge Detection and Elimination ○ Ri	parian Corridor Protection/Restoration
○ Infrastructure Maintenance ○ Tr	rash Management
○ Smart Growth ○ Ve	ehicle Washing
○ Storm Drain Marking ○ W	ater Conservation
○ Green Infrastructure/Better Site Design/Low Impact Development ○ W	etland Protection
Other: ONe	one
Other	
Other2. Specific audiences targeted during this reporting period:	
2. Specific addictions different during time reporting period.	
○ Public Employees ○ Contractors	
O Residential O Developers	
○ Businesses ○ General Public	
○ Restaurants ○ Industries	
Other: 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. SPDES 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: O Construction Site Operators Trained #Trained O Direct Mailings #Mailings O Kiosks or Other Displays # Locations O List-Serves # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run O Public Events/Presentations # Attendees O School Program # Attendees ○ TV Spot/Program # Days Run O Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) Other: O Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed. URL

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

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Evaluating Progress Toward Measurable Goals MCM 1 set this page to report on your progress and project plans toward achieving measurable goals entified in your Stormwater Management Program Plan (SWMPP), including requirements in Part .C.1. Submit additional pages as needed. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. How many times was this observation measured or evaluated in this reporting period? [Aux.: samples/part/cipants/	This report is being submitted for the reporting period ending Marc	h 9,				
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	4	
Minimum Control Measure 2. Public Involvement/Participa	tion	
The 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? 		
1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Pr (SWMP) Plan during this reporting period? Check all that apply:		
○ Cleanup Events # Events		
○ Comments on SWMP Received #Comments		
O Community Hotlines Phone # ()	-	
Phone # () Phone # ()	-	
Phone # () Phone # ()	-	
Phone # (Phone # ()	-	
Phone # () Phone # ()	-	
Phone # () Phone # ()	-	
O Community Meetings # Attendees		
○ Plantings Sq. Ft.		
O Storm Drain Markings #Drains		
O Stakeholder Meetings # Attendees		
○ Volunteer Monitoring #Events		
Other:		
2. Was public notice of availability of this annual report and Stormwater Manag Program (SWMP) Plan provided?	ement ○ Yes	○ No
O List-Serve # In List		
O Newspaper Advertising # Days Run		
○ TV/Radio Notices # Days Run		

 \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. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page. URL URL URL URL URL URL

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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. 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 \bigcirc No If Yes, what was the date of the meeting? If No, is one planned? O Yes \bigcirc No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? O Yes \bigcirc No If No, is one planned for each? O Yes \bigcirc No 6. Were comments received during this reporting period? ○ Yes \bigcirc 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, 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 3. Illicit Discharge Detection and Elimination The 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? 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? O Auto Recyclers ○ Landscaping (Irrigation) O Building Maintenance ○ Marinas O Churches O Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Parking Lot Maintenance O Commercial Laundry/Dry Cleaners O Construction Vehicle Washouts Printing O Cross-Connections O Residential Carwashing O Distribution Centers O Restaurants O Schools and Universities O Food Processing Facilities O Garbage Truck Washouts O Septic Maintenance O Hospitals ○ Swimming Pools O Improper RV Waste Disposal O Vehicle Fueling O Industrial Process Water O Vehicle Maint./Repair Shops Other: ○ None O 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. SPDES ID Name of MS4/Coalition 3.b. What types of illicit discharges have been found during this reporting period? O Broken Lines From Sanitary Sewer O Industrial Connections O Cross Connections ○ Inflow/Infiltration O Failing Septic Systems O Pump Station Failure O Floor Drains Connected To Storm Sewers O Sanitary Sewer Overflows O Illegal Dumping O Straight Pipe Sewer Discharges Other: ○ None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 5. How many illicit discharges have been confirmed during this reporting period? 6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 7. Has the storm sewershed mapping been completed in this reporting period? O Yes \bigcirc No If No, approximately what percent was completed in this reporting period? % 8. Is the above information available in GIS? ○ Yes \bigcirc No Is this information available on the web? ○ Yes ○ No If Yes, provide URL(s): Please provide specific address of page where map(s) can be accessed - not home page. URL URL

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12. Evaluating Progress Toward Measurable Goals MCM 3			
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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. SPDES ID Name of MS4/Coalition Minimum Control Measures 4 and 5. **Construction Site and Post-Construction Control** The 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 other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for **Stormwater Discharges from Construction Activities?** ○ Yes \bigcirc No 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 certification or using the NYSDEC Gap **Analysis Workbook?** ○ Yes ○ No \circ NT If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. \bigcirc 09/2004 \bigcirc 03/2006 \circ NT 2. Does your MS4/Coalition have a SWPPP review procedure in place? O Yes \bigcirc No 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? O Yes \bigcirc No \circ 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? ○ Yes ○ 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:

O Notices of Violation	#		O No Authority
O Stop Work Orders	#		O No Authority
O Criminal Actions	#		O No Authority
○ Termination of Contracts	#		O No Authority
O Administrative Fines	#		O No Authority
O Civil Penalties	#		O No Authority
O Administrative Orders	#		O No Authority
O Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

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 4. Construction Site Stormwater Runoff Control The 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? 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? \bigcirc NT % 4. What percent of active construction sites were inspected more than once? \circ NT % 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS **Construction Stormwater Inspection Manual?** O Yes 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ○ Yes \bigcirc No \bigcirc NT If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes \bigcirc No 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, 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. ○ MS4/Coalition Office Department Address City Zip Phone ○ Library Address City Zip Phone Other Address City Zip Phone ○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL

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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?
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D. Has your MS4 made progress toward this measurable goal during this reporting period?
Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
\bigcirc Yes \bigcirc 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.
SPDES 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/even
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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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			SPDES	ID
Name of MS4/Coalition				
Minimum Control Mea	sure 5. Post	-Constructio	on Stormwate	r Management
The information in this section is being	ng reported (chec	ck one):		
○ On behalf of an individual MS4○ On behalf of a coalition				
How many MS4s control	ributed to this	report?		
1. How many and what type of pos MS4/Coalition inventoried, insp			_	ces has your
	# Inventoried	# Inspections	# Times Maintained	
O Alternative Practices				
O Filter Systems				
O Infiltration Basins				
Open Channels				
○ Ponds				
O Wetlands				
Other				
 Do you use an electronic tool BMPs, inspections and maint What types of non-structural Development/Better Site Design 	anance? practices have	e been used to	implement Low	○ Yes ○ No
O Building Codes O Municipal C	Comprehensive P	lans		
Overlay Districts Open Space	Preservation Pro	ogram		
○ Zoning ○ Local Law o	or Ordinance			
○ None ○ Land Use Re	egulation/Zoning	3		
○ Watershed Plans ○ Other Comp	rehensive Plan			
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. SPDES ID Name of MS4/Coalition 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? ○ Yes \bigcirc No 4b. Does the MS4 have a banking and credit system for stormwater management practices? O Yes \bigcirc No 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? \bigcirc Yes \bigcirc 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? %

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6. Briefly summarize the stormwater activities planned to meet the goals of this MCM during	E. Is your MS4 on schedule to meet the deadline set forth in the S	
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Jes this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part	This report is being submitted for the reporting period end	ding March 9,
Evaluating Progress Toward Measurable Goals MCM 5 See this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. 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) (ex.: samples/participants) (ex.: one of No. (ex.:	If submitting this form as part of a joint report on behalf of a coali	ition leave SPDES ID blank.
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6. Briefly summarize the stormwater activities planned to meet the goals of this MCM during	E. Is your MS4 on schedule to meet the deadline set forth in the S	
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VISA 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	
Minimum Control Measure 6. Stormwater Management for Municipal Operation	ns
The 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? 	

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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

		<u>perfor</u>	<u>med withir</u>	1 the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>	<u>-</u>
Street Maintenance	○ 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	O Yes	○ No	O Yes	\bigcirc No
New Municipal Construction and Land Disturba	nce O Yes	○ No	O Yes	\bigcirc No
Right of Way Maintenance	O Yes	○ No	O Yes	\bigcirc No
Marine Operations	O Yes	○ No	O 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	O Yes	○ No	O Yes	\bigcirc No
Stormwater System Maintenance	Yes	○ No	O Yes	\bigcirc No
Vehicle and Fleet Maintenance	O 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. SPDES ID Name of MS4/Coalition 2. Provide the following information about municipal operations good housekeeping programs: # Acres O Parking Lots Swept (Number of acres X Number of times swept) # Miles (Number of miles X Number of times swept) O Streets Swept # O Catch Basins Inspected and Cleaned Where Necessary O Post Construction Control Stormwater Management Practices # Inspected and Cleaned Where Necessary # Lbs. O Phosphorus Applied In Chemical Fertilizer # Lbs. O Nitrogen Applied In Chemical Fertilizer O Pesticide/Herbicide Applied # Acres

3.	How many stormwater management trainings have been provided to municipal	l ei	mp	loy	ees	
	during this reporting period?					

(Number of acres to which pesticide/herbicide was applied X Number of

times applied to the nearest tenth.)

4. What was the date of the last training?

5. How many municipal employees have been trained in this reporting period?

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? \$%\$

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
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/event
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).

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E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? $ \bigcirc \ Yes \bigcirc \ No $
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		al Report Form			
		porting period ending			
If submitting this for	rm as part of a joint repo	rt on behalf of a coalition	leave SPDES ID blank.		
			SPDES ID		
e of MS4/Coalition					
Additional Water	rshed Improvemer	nt Strategy Best Ma	nagement Practices		
information in this continu	is being noncuted (about).			
information in this section		cone):			
On behalf of an individual N On behalf of a coalition	AS4				
	4s contributed to this re	eport?			
110 w many wis	is continued to this it	port.			
AS4s must answer the questions or check NA as indicated in the table below.					
MS4 Description	Answer	Check NA	(POC)		
NYC EOH Watershed	12245670 480 860	- 10.11.12	- Dhoomhomus		
raditional Land Use raditional Non-Land Use	1,2,3,4,5,6,7a-d,8a,8b,9 1,2,3,4,7a-d,8a,8b,9	10,11,12 5,10,11,12	Phosphorus Phosphorus		
on-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus		
Onondaga Lake Watershed	-	-	-		
raditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus		
raditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus		
on-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus		
Greenwood Lake Watershed	- 1467 10 0	- 22591101112	- DI I		
raditional Land Use raditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus		
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus		
Oyster Bay	1,4,0,74-4,04,7	2,3,3,60,10,11,12	- Thosphorus		
raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens		
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens		
on-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens		
Peconic Estuary	<u>-</u>	-	-		
raditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen		
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen		
on-Traditional Oscawana Lake Watershed	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen		
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
LI 27 Embayments	-	-	-		
raditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens		
raditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens		
on-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens		
D MC4/C1:4:	1				
Does your MS4/Coaliti			mpacts of		
phosphorus/nitrogen/p	athogens on waterboo	dies?	\bigcirc Yes \bigcirc No \bigcirc		
Hag 1000/ of the MC4/	Caslitian conveyance	system been manned	in CIC2		
Has 100% of the MS4/	Coantion conveyance	system been mapped			
			\bigcirc Yes \bigcirc No \bigcirc		
If N/A, go to question 3.					
, , ,					
If No, estimate what per	centage of the conveva	nce system has been ma	apped so far.		
•	•	•			
Estimate what percentag	ge was mapped in this r	eporting 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. Name of MS4/Coalition 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes \bigcirc No \bigcirc 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? ○ Yes \bigcirc No \bigcirc N/A 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 \bigcirc Yes \bigcirc No \bigcirc N/A **Standards?** 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes \bigcirc N/A \bigcirc No 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? O 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? ○ Yes \bigcirc No \bigcirc 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? \bigcirc Yes \bigcirc No \bigcirc N/A

populations?

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 9. Has your MS4/Coalition developed and implemented a program of native planting? O Yes \bigcirc No \bigcirc N/A 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ○ Yes \bigcirc No \bigcirc N/A 11. Does your MS4/Coalition have a pet waste bag program? \bigcirc Yes \bigcirc No \bigcirc N/A 12. Does your MS4/Coalition have a program to manage goose

 \bigcirc Yes \bigcirc No \bigcirc N/A