MS4 Annual Report Cover Page

	MCC for	m for period ending March	9,
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Choose one:			
○ This report i	s being subm	itted on behalf of an ind	lividual MS4.
_	ID in upper righ		
Name of MS4			
R			
\bigcirc This report i	s being subm	itted on behalf of a Sing	gle Entity
,	of GP-0-10-002)		
Name of Single E	ntity		
		g submitted on behalf of mitted MS4 included in this	f a coalition. report. Use page 2 if needed.
Name of Coalition	1	V	
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MS4 Annual Report Cover Page

MCC form for period ending March 9,

Provide SPDES ID of each perm	litted MS4 included in this report.	
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MS4 Municipal Compliance Certification(MCC) Form

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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

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me of MS4											
	ı				1	1	-			-	
ection 3 - Partner Information							. 1				
I your MS4 work with partners/coalition to complete some or all permits iod?	nt re	quii	rem	ents	s au	rınş	-	11S 1) Y	_		ng) N
Yes, complete information below. Submit a separate sheet for each partner. Information provided is accepted. If your MS4 cooperated with a coalition, submit one separate sheet for each coalition. It is not necessary to include a separate sheet for each No, proceed to Section 4 - Certification Statement.	sheet	t wi	ith t	the	nan	ne	of				
tner/CoalitionName											
tner/Coalition Name (con't.)			SPI	DES	Par	tne	r ID) - I	f ap	plic	ab
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

	SPDE	SID				
Name of MS4						
Section 4 - Certification Statement						
"I certify under penalty of law that this document and all attachments we direction or supervision in accordance with a system designed to assure properly gathered and evaluated the information submitted. Based on me persons who manage the system, or those persons directly responsible for the information submitted is, the best of my knowledge and belief, true aware that there are significant penalties for submitting false information fine and imprisonment for knowing violations."	e that quany inquir for gather accurate on, include	lified y of t ring t e, and ling t	d pers he pe he int d com the po	rson forma plete ossibi	or ation ation ation ation	n
This form must be signed by either a principal executive officer or rank authorized representative of that person as described in GP-0-08-002 Pa	_	ea oi	mciai	, or a	iuiy	
First Name MI Last Name						
Title (Clearly print title of individual signing report)						
Signature						

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

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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 Measure 1. Public Education 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. Targeted Public Education and Outreach Best Management Practices
Check all topics that were included in Education and Outreach during this reporting period:
○ Construction Sites ○ Pesticide and Fertilizer Application
○ General Stormwater Management Information ○ Pet Waste Management
○ Household Hazardous Waste Disposal ○ Recycling
○ Illicit Discharge Detection and Elimination ○ Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance ○ Trash Management
○ Smart Growth ○ Vehicle Washing
○ Storm Drain Marking ○ Water Conservation
○ Green Infrastructure/Better Site Design/Low Impact Development ○ Wetland Protection
○ Other: ○ None
Other
2. Specific audiences targeted during this reporting period:
○ Public Employees ○ Contractors
○ Residential ○ Developers
O Businesses O 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,

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

	March 9,
If submitting this form as part of a joint report on behalf of a coalition le	eave SPDES ID blank.
	SPDES ID
ame of MS4/Coalition	
Evaluating Progress Toward Measurable Goals MCM 1	
Ise this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), includI.C.1. Submit additional pages as needed.	_
. Briefly summarize the Measurable Goal identified in the SWMPP in	n this reporting period.
3. Briefly summarize the observations that indicated the overall effecti	veness of this Measurable
Goal.	
C. How many times was this observation measured or evaluated in this	reporting period?
2. How many times was this observation measured or evaluated in this	reporting period?
2. How many times was this observation measured or evaluated in this	reporting period? (ex.: samples/participants,
C. How many times was this observation measured or evaluated in this D. Has your MS4 made progress toward this Measurable Goal during	(ex.: samples/participants/
	(ex.: samples/participants/
	(ex.: samples/participants/ this reporting period? O Yes O No
). Has your MS4 made progress toward this Measurable Goal during	this reporting period? • Yes • No • Yes • No
D. Has your MS4 made progress toward this Measurable Goal during to the SWMI on schedule to meet the deadline set forth in the SWMI or Briefly summarize the stormwater activities planned to meet the goal	this reporting period? • Yes • No • Yes • No
D. Has your MS4 made progress toward this Measurable Goal during to the SWMI on schedule to meet the deadline set forth in the SWMI or Briefly summarize the stormwater activities planned to meet the goal	this reporting period? • Yes • No • Yes • No
D. Has your MS4 made progress toward this Measurable Goal during to the set of the set o	this reporting period? • Yes • No • Yes • No

This report is being submitted for the rep	orting pe	rio	l e	– ndi	ng	Marc	ch 9	,					
If submitting this form as part of a joint report	t on behalf	of a	co	aliti					ID	bla	nk.		
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Name of MS4/Coalition	D 111 T					4 70	4.		4•				
Minimum Control Measure 2.		<u>nvo</u>	IV	<u>em</u>	<u>en</u>	t/Pa	<u>rtic</u>	ipa	<u>tti(</u>	<u>)n</u>			
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 re 	eport?												
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	f the Stor	mw	ate	er N	A ar	nagen				ran	n		
○ Cleanup Events						#	Ever	ıts					
○ Comments on SWMP Received						# Con	nmer	nts					
O Community Hotlines	Phone #	()			-				
Phone # () -	Phone #	()			-				
Phone # () -	Phone #	()			_				
Phone # () -	Phone #	()	T		_				
Phone # () -	Phone #	()			_				
Phone # () -	Phone #	()			-				
O Community Meetings	J	\ 1				# Att	ende	ees					
○ Plantings							Sq. l	Ft.					
○ Storm Drain Markings						#	Drai	ns					
O Stakeholder Meetings						# Att	ende	ees					
O Volunteer Monitoring						#	Ever	nts					
Other:													
2. Was public notice of availability of this annu Program (SWMP) Plan provided?	al report	and	l S	tor	mw	ater	Ma	nag	•	ent Ye		0	No
○ List-Serve						#	In L	ist					
O Newspaper Advertising						# Da	ys R	un					
○ TV/Radio Notices						# Da	ys R	un					
Other:													

MCM 2 Page 1 of 6

 \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

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 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL 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 3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents? Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. ○ MS4/Coalition Office O Annual Report ○ SWMP Plan ○ Comments Department Address City Zip Phone O Library Address O Annual Report O SWMP Plan ○ Comments Zip City Phone O Annual Report O SWMP Plan ○ Comments Other Address City Zip Phone O Annual Report O SWMP Plan ○ Comments O Web Page URL: Please provide specific address of page where report can be accessed - not home page. O eMail O Comments

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? O 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	g March 9,
If submitting this form as part of a joint report on behalf of a coalition	n leave SPDES ID blank.
	SPDES 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 dentified in your Stormwater Management Program Plan (SWMPP), incl. 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 effec	ctiveness of this Measurable
Goal.	ettiveness of this wiedsurable
C. How many times was this observation measured or evaluated in the	nis reporting period?
C. How many times was this observation measured or evaluated in the	nis reporting period?
C. How many times was this observation measured or evaluated in the	
·	(ex.: samples/participants
·	(ex.: samples/participants. g this reporting period?
D. Has your MS4 made progress toward this measurable goal during	(ex.: samples/participants, g this reporting period? • Yes • No
·	(ex.: samples/participants, g this reporting period? • Yes • No
D. Has your MS4 made progress toward this measurable goal during	(ex.: samples/participants, g this reporting period? • Yes • No MPP? • Yes • No
D. Has your MS4 made progress toward this measurable goal during E. Is your MS4 on schedule to meet the deadline set forth in the SWN F. Briefly summarize the stormwater activities planned to meet the g	(ex.: samples/participants, g this reporting period? • Yes • No MPP? • Yes • No
D. Has your MS4 made progress toward this measurable goal during E. Is your MS4 on schedule to meet the deadline set forth in the SWN F. Briefly summarize the stormwater activities planned to meet the g	(ex.: samples/participants, g this reporting period? • Yes • No MPP? • Yes • No
D. Has your MS4 made progress toward this measurable goal during E. Is your MS4 on schedule to meet the deadline set forth in the SWN F. Briefly summarize the stormwater activities planned to meet the g	(ex.: samples/participants, g this reporting period? • Yes • No MPP? • Yes • No
D. Has your MS4 made progress toward this measurable goal during E. Is your MS4 on schedule to meet the deadline set forth in the SWN F. Briefly summarize the stormwater activities planned to meet the g	(ex.: samples/participants, g this reporting period? • Yes • No MPP? • 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. 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 Landscaping (Irrigation) O Auto Recyclers O Building Maintenance Marinas O Churches Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Commercial Laundry/Dry Cleaners O Parking Lot Maintenance 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

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 8. URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page URL URL URL URL 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 \bigcirc No 10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ○ Yes ○ No ○ NT 11. What percent of staff in relevant positions and departments has received IDDE training? %

This report is being submitted for the reporting period ending M	Iarch 9,
If submitting this form as part of a joint report on behalf of a coalition lea	ave SPDES ID blank.
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Name of MS4/Coalition	
2. Evaluating Progress Toward Measurable Goals MCM 3	
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Use this page to report on your progress and project plans toward achieving a dentified in your Stormwater Management Program Plan (SWMPP), includi 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 effective	veness of this Measurable
Goal.	veness of this weasurable
C. How many times was this observation measured or evaluated in this	reporting period?
·	
	(ex.: samples/participants/e
D. Has your MS4 made progress toward this measurable goal during th	is reporting period?
	\bigcirc Yes \bigcirc No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMP.	P?
	\bigcirc Yes \bigcirc No
F. Briefly summarize the stormwater activities planned to meet the goal the next reporting cycle (including an implementation schedule).	ls of this MCM during

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 cerfification 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
O 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	#	O 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? O 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

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/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?
\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 repor	t is being subn	nitted for the r	eporting perio	d ending March 9	,
If submitting	ng this form as p	art of a joint repo	ort on behalf of a	a coalition leave SPD	ES ID blank.
Name of MS4/Coalition				SPDES ID	
Minimum	Control Mea	sure 5. Post-	<u>Constructio</u>	on Stormwater I	<u>Management</u>
The information in the	nis section is bein	ng reported (chec	k one):		
○ On behalf of an inc○ On behalf of a coa				\neg	
How m	nany MS4s cont	ributed to this r	report?		
1. How many and MS4/Coalition is	• • •			nagement practices eporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ees				
O Filter Systems					
O Infiltration Basins					
Open Channels					
○ Ponds					
O Wetlands					
Other					
2. Do you use an BMPs, inspecti			base, spreads	heet) to track post	-construction O Yes O No
3. What types of a Development/E		-		-	npact
O Building Codes	O Municipal C	Comprehensive Pl	lans		
Overlay Districts	Open Space	Preservation Pro	gram		
○ Zoning	O Local Law o	or Ordinance			
○ None	O Land Use R	egulation/Zoning			
O 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? ○ 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? %

If submitting this form as part of a joint report on behalf of a coaliti	ing March 9,
	ion leave SPDES ID blank.
	SPDES ID
ame of MS4/Coalition	
Evaluating Progress Toward Measurable Goals MCM 5	
se this page to report on your progress and project plans toward achievelentified in your Stormwater Management Program Plan (SWMPP), in I.C.1. Submit additional pages as needed.	
. Briefly summarize the Measurable Goal identified in the SWMI	PP in this reporting period.
3. Briefly summarize the observations that indicated the overall ef	fectiveness of this Measurable
Goal.	
C. How many times was this observation measured or evaluated in	this reporting period?
C. How many times was this observation measured or evaluated in	this reporting period?
C. How many times was this observation measured or evaluated in	
	(ex.: samples/participants,
	(ex.: samples/participants, ng this reporting period?
). Has your MS4 made progress toward this measurable goal duri	(ex.: samples/participants, ng this reporting period? O Yes O No
D. Has your MS4 made progress toward this measurable goal duri	(ex.: samples/participants, ng this reporting period? • Yes • No VMPP?
C. How many times was this observation measured or evaluated in D. Has your MS4 made progress toward this measurable goal during E. Is your MS4 on schedule to meet the deadline set forth in the SV F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule)	(ex.: samples/participants, ng this reporting period? • Yes • No • Yes • No • Yes • No • goals of this MCM during
D. Has your MS4 made progress toward this measurable goal during. E. Is your MS4 on schedule to meet the deadline set forth in the SV. F. Briefly summarize the stormwater activities planned to meet the	(ex.: samples/participants, ng this reporting period? • Yes • No • Yes • No • Yes • No • goals of this MCM during
D. Has your MS4 made progress toward this measurable goal during. E. Is your MS4 on schedule to meet the deadline set forth in the SV. F. Briefly summarize the stormwater activities planned to meet the	(ex.: samples/participants, ng this reporting period? • Yes • No • Yes • No • Yes • No • goals of this MCM during
D. Has your MS4 made progress toward this measurable goal during. E. Is your MS4 on schedule to meet the deadline set forth in the SV F. Briefly summarize the stormwater activities planned to meet the	(ex.: samples/participants, ng this reporting period? • Yes • No • Yes • No • Yes • No • goals of this MCM during
D. Has your MS4 made progress toward this measurable goal during. E. Is your MS4 on schedule to meet the deadline set forth in the SV E. Briefly summarize the stormwater activities planned to meet the	(ex.: samples/participants, ng this reporting period? • Yes • No • Yes • No • Yes • No • goals of this MCM during

This report is being submitted for the re			
-		_	·
If submitting this form as part of a joint repo	ort on behalf	of a coalition leave S	PDES ID blank.
Name of MS4/Coalition		SPDES	ID
Minimum Control Measure 6. Stormw	ater Mana	agement for Mu	nicinal Onerations
Minimum Control Measure of Stormw	atti iviani	agement for what	
The information in this section is being reported (chec	k one):		
On behalf of an individual MS4			
On behalf of a coalition	40		
How many MS4s contributed to this r	eport?		
1. Choose/list each municipal operation/facilit	v that conti	ihutes or may note	entially contribute
Pollutants of Concern to the MS4 system. I	•	v 1	•
operation/facility has been addressed in the	_	=	
Program(SWMP) Plan and whether a self-a			
reporting period. A self-assessment is performance.			
potentially generated by the permittee's ope			
effectiveness of existing programs and 3) id		* *	
that will be addressed by the pollution prev			
not done already.	ention and	good nousekeeping	g program, n n s
not done an eady.			
			elf-Assessment
		•	
			ion/Activity/Facility
		perform	ion/Activity/Facility ned within the past 3
	Addressed i	perform n SWMP?	ion/Activity/Facility ned within the past 3 years?
Street Maintenance	O Yes	n SWMP?	ion/Activity/Facility led within the past 3 years? O Yes O No
Street Maintenance	○ Yes ○ Yes	<u>perform</u> n SWMP? ○ No ○ No	ion/Activity/Facility ned within the past 3 vears? . O Yes O No . O Yes O No
Street Maintenance Bridge Maintenance Winter Road Maintenance	○ Yes ○ Yes ○ Yes	perform n SWMP? ○ No	ion/Activity/Facility led within the past 3 vears? O Yes O No O Yes O No O Yes O No
Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage	○ Yes ○ Yes ○ Yes ○ Yes	perform n SWMP? ○ No ○ No ○ No	ion/Activity/Facility led within the past 3 vears? . O Yes O No
Street Maintenance. Bridge Maintenance. Winter Road Maintenance. Salt Storage. Solid Waste Management.	○ Yes ○ Yes ○ Yes ○ Yes ○ Yes ○ Yes	perform	ion/Activity/Facility led within the past 3 years? . O Yes O No
Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance.	 Yes Yes Yes Yes Yes Yes Yes Yes Yes 	perform	Con/Activity/Facility Con/
Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance	○ Yes		ion/Activity/Facility led within the past 3 vears? Yes No
Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance Marine Operations	 Yes 		Sign
Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance Marine Operations Hydrologic Habitat Modification	 Yes 		ion/Activity/Facility led within the past 3 vears? . O Yes O No
Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbanking of Way Maintenance Marine Operations Hydrologic Habitat Modification Parks and Open Space	 Yes 		ion/Activity/Facility led within the past 3 vears? .
Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance Marine Operations Hydrologic Habitat Modification Parks and Open Space Municipal Building	 ∴ ○ Yes 		Sign
Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance Marine Operations Hydrologic Habitat Modification Parks and Open Space Municipal Building Stormwater System Maintenance	 ○ Yes 		ion/Activity/Facility led within the past 3 vears? .
Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance Marine Operations Hydrologic Habitat Modification Parks and Open Space Municipal Building	 Yes 		ion/Activity/Facility led within the past 3 vears? .

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 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 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? O 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).

If submitting this form	submitted for the re		
		porting period ending	March 9,
OMONO IVI	n as part of a joint repo	rt on behalf of a coalition	leave SPDES ID blank.
CARGA/G IV			SPDES ID
ame of MS4/Coalition			
Additional Waters	shed Improvemen	nt Strategy Best Ma	nagement Practices
ne information in this section i	s being reported (check	c one):	
On behalf of an individual MS		i one).	
On behalf of a coalition) +		
How many MS4s	contributed to this re	eport?	
·			
S4s must answer the ques	tions or check NA a	s indicated in the table	e below.
MS4 Description	Angyyon	Check NA	(POC)
NYC EOH Watershed	Answer -	- CHECK NA	- (FOC)
Fraditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Γraditional 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 Fraditional Land Use	1670 480 0	2,3,4,5,8b,10,11,12	- Dhoomhomis
Fraditional Non-Land Use	1,6,7a-d,8a,9 1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Fraditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Γraditional 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		-	
Fraditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Γraditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional Peconic Estuary	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Fraditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Fraditional 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	-	-	-
Fraditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
	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
Fraditional Non-Land Use Non-Traditional			
Γraditional Non-Land Use Non-Traditional LI 27 Embayments	- 1 2 3 4 7a-d 9 10 11 12		- Pathogens
Fraditional Non-Land Use Non-Traditional	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b 5,6,8a,8b	Pathogens Pathogens

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

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 populations?