

## 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.

| SPI | DES | ID |  |  |  |
|-----|-----|----|--|--|--|
|     |     |    |  |  |  |
|     |     |    |  |  |  |

#### **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 | S4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|
|    |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |
|    |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |
|    |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |

# OR

# **O** 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

# ○ This is a joint report being submitted on behalf of a coalition.

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

Name of Coalition

| SPDES ID | SPDES ID | SPDES ID |
|----------|----------|----------|
|          |          |          |
| SPDES ID | SPDES ID | SPDES ID |
|          |          |          |
| SPDES ID | SPDES ID | SPDES ID |
|          |          |          |
| SPDES ID | SPDES ID | SPDES ID |
|          |          |          |
| SPDES ID | SPDES ID | SPDES ID |
|          |          |          |
| SPDES ID | SPDES ID | SPDES ID |
|          |          |          |

# MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

| SPDES ID |
|----------|
|          |
| SPDES ID |
|          |
|          |
| SPDES ID |
|          |
|          |
| SPDES ID |
|          |
|          |
| SPDES ID |
|          |
|          |
| SPDES ID |
|          |
| SPDES ID |
|          |
| SPDES ID |
|          |
|          |

|     |     |    |       |   |   | - r |  |
|-----|-----|----|-------|---|---|-----|--|
| SPI | DES | ID | <br>  |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI |     | Ш  |       |   |   |     |  |
|     | JES | ID |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | ID |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | ID |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | JES | ID |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | ID | •     | • | • |     |  |
|     |     |    |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | ID | <br>  |   |   |     |  |
|     |     |    |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | ID |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | ID | <br>  |   |   |     |  |
|     |     |    |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | ID |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
|     |     | ID |       |   |   |     |  |
| SPI | JES | ID |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | ID | <br>I | I | I |     |  |
|     |     |    |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | ID | -     | _ | - |     |  |
|     |     |    |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | ID |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | Ш  |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | ID |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | DES | ID | <br>  |   |   |     |  |
|     |     |    |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| SPI | JES | Ш  |       |   |   |     |  |
|     |     |    |       |   |   |     |  |
| L   |     |    | <br>I | L | I |     |  |

| SPDES | ID |   | 1 |   |   |  |
|-------|----|---|---|---|---|--|
|       |    |   |   |   |   |  |
| SPDES | ID |   | I |   | I |  |
|       |    |   |   |   |   |  |
|       |    |   |   |   |   |  |
| SPDES | ID |   | 1 |   |   |  |
|       |    |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
|       |    |   |   |   |   |  |
| SPDES |    |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
|       |    |   |   |   |   |  |
| SPDES | ID |   | - | - | - |  |
|       |    |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
|       |    |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
|       |    |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
|       |    |   |   |   |   |  |
|       |    |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
|       |    |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
|       |    |   |   |   |   |  |
|       | ID |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
|       |    |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
|       |    |   |   |   |   |  |
|       | ID |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
|       |    |   |   |   |   |  |
| SPDES | ID |   | - | - | - |  |
|       |    |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
|       |    |   |   |   |   |  |
|       |    |   |   |   |   |  |
| SPDES | ID |   |   |   |   |  |
|       |    |   |   |   |   |  |
| SPDES | ID | L | I |   | L |  |
|       |    |   |   |   |   |  |
|       |    |   |   |   |   |  |
|       |    |   |   |   |   |  |

|             | <b>MS4 Municipal Compliance Certification</b> | on(MO | CC) Forr | <u>n</u> |  |  |
|-------------|---|-------|----------|----------|--|--|
|             | MCC form for period ending March 9,           |       |          |          |  |  |
|             |   |       | SPDES ID |          |  |  |
| Name of MS4 |   |       |          |          |  |  |

Each MS4 must submit an MCC form.

# Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

|             |  | 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
- $\odot$  Stormwater Management Program (SWMP) Coordinator
- Report Preparer

| First Name  | MI | Last Name   |
|-------------|----|-------------|
|             |    |             |
| Title       |    |             |
|             |    |             |
| Address     |    |             |
|             |    |             |
| City        |    | State Zip   |
|             |    | 1 4 0 9 4 - |
|             |    |             |
| eMail       |    |             |
| eMail       |    |             |
| eMail Phone |    | County      |

## MS4 Municipal Compliance Certification(MCC) Form

SPDES ID

MCC form for period ending March 9,

Name of MS4

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

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

## MS4 Municipal Compliance Certification(MCC) Form

SPDES ID

MCC form for period ending March 9,

Name of MS4

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

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

## MS4 Municipal Compliance Certification (MCC) Form

| MCC form for period ending March 9, |          |  |  |
|-------------------------------------|----------|--|--|
|                                     | SPDES 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?  $\bigcirc$  Yes  $\bigcirc$  No

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.

| Part     | ner/  | Coali | itior     | nNa        | me   |      |      |         |      |    |     |     |           |     |      |      |     |      |   |       | _    | _    | _    |      |      |     |      |      | _      |      |       |             |
|----------|-------|-------|-----------|------------|------|------|------|---------|------|----|-----|-----|-----------|-----|------|------|-----|------|---|-------|------|------|------|------|------|-----|------|------|--------|------|-------|-------------|
|          |       |       |           |            |      |      |      |         |      |    |     |     |           |     |      |      |     |      |   |       |      |      |      |      |      |     |      |      |        |      |       |             |
| Part     | ner/  | Coal  | itio      | 1 Na       | ıme  | (cc  | on't | .)      |      |    | -   |     |           |     |      |      |     | -    |   |       | -    |      | _    | SPI  | DES  | Pa  | rtne | r ID | ) - It | fapr | olica | ble         |
|          |       |       |           |            |      |      |      |         |      |    |     |     |           |     |      |      |     |      |   |       |      |      |      |      |      |     |      |      |        |      |       |             |
| Add      | lress |       |           |            |      |      |      | 1       |      |    |     |     |           |     |      |      |     |      |   |       |      |      | _    |      |      |     |      |      |        |      |       |             |
|          |       |       |           |            |      |      |      |         |      |    |     |     |           |     |      |      |     |      |   |       |      |      |      |      |      |     |      |      |        |      |       |             |
| City     | 7     |       |           |            |      |      |      |         |      |    |     |     |           |     |      |      |     |      | _ | S     | tate | _    | Zip  | )    |      |     |      |      |        |      |       |             |
|          |       |       |           |            |      |      |      |         |      |    |     |     |           |     |      |      |     |      |   |       |      |      |      |      |      |     |      | -    |        |      |       |             |
| eMa      | uil   |       |           | -          |      |      |      |         | 1    |    | -   | 1   | -1        | 1   | _    | _    | -1  |      |   |       | !    |      | I    | -    |      | 1   |      | 1    |        |      |       |             |
|          |       |       |           |            |      |      |      |         |      |    |     |     |           |     |      |      |     |      |   |       |      |      |      |      |      |     |      |      |        |      |       |             |
| Pho<br>( |       | asks  | ]]<br>/re | ) [<br>spo | onsi | ibil | liti | -<br>es | are  | sh | are | d w | ]<br>/ith | thi | is p | artı | ner | (e.s | W | ith ( | GP-( | )-08 | 8-00 | 2 Pa | rt Γ | V.G |      | С    | ) Y    | es   |       | No<br>sks)' |
|          | /M    |       |           |            |      |      |      |         |      |    |     |     |           |     |      |      |     |      |   |       |      |      |      |      |      |     |      |      |        |      |       |             |
| O N      | /M2   | 2     |           |            |      |      |      |         |      |    |     |     |           |     |      |      |     |      |   |       |      |      |      |      |      |     |      |      |        |      |       |             |
| O N      | /M3   | 3     |           |            |      |      |      |         |      |    |     |     |           |     |      |      |     |      |   |       |      |      |      |      |      |     |      |      |        |      |       |             |
| O N      | /M4   | 1     |           |            |      |      |      |         |      |    |     |     |           |     |      |      |     |      |   |       |      |      |      |      |      |     |      |      |        |      |       |             |
| O N      | /M    | 5     |           |            |      |      |      |         |      |    |     |     |           |     |      |      |     |      |   |       |      |      |      |      |      |     |      |      |        |      |       |             |
| O N      | ΛMe   | 5     |           |            |      |      |      |         |      |    |     |     |           |     |      |      |     |      |   |       |      |      |      |      |      |     |      |      |        |      |       |             |
| Ad       | diti  | onal  | tas       | sks/       | 'res | spo  | ns   | ibi     | liti | es |     |     |           |     |      |      |     |      |   |       |      |      |      |      |      |     |      |      |        |      |       |             |

## 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> | on(M | CC) [ | For  | <u>m</u> |  |  |
|---|------|-------|------|----------|--|--|
| MCC form for period ending March 9          | ,    |       |      |          |  |  |
|   |      | SPDE  | S ID |          |  |  |
| Name of MS4                                 |      |       |      |          |  |  |

## Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

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

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

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

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

| This report is being sub | bmitted for the reporting p | eriod ending March 9, |     |  |
|--------------------------|-----------------------------|-----------------------|-----|--|
|                          |                             |                       | 1 1 |  |

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

|                       |  | SPI | DES | ID |  |  |  |  |
|-----------------------|--|-----|-----|----|--|--|--|--|
| Name of MS4/Coalition |  |     |     |    |  |  |  |  |

## 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 . .1 104 Η

| low many MS4s are contributed to this report? |   |  |
|---|---|--|
| · · ·   | low 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. ○ Yes

If Yes, choose one of the following

- $\bigcirc$  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.

 $\odot$  No

| URL | <br> |  |  |  |  |  | <br> |  |  |  |  |  |  |  |  |
|-----|------|--|--|--|--|--|------|--|--|--|--|--|--|--|--|
|     |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
|     |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
|     |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
| URI |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
|     |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
|     |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
|     |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
| URI |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
|     |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
|     |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
|     |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
| URI |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
|     |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
|     |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |
|     |      |  |  |  |  |  |      |  |  |  |  |  |  |  |  |

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

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

ODD DO ID

|                       |  | SPD | PES | 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:

| $\odot$ Construction Sites  |   | $\bigcirc$ Pesticide and Fertilizer Application     |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|
| ○ General Stormwater  | Management Information                      | $\bigcirc$ Pet Waste Management                     |  |  |  |  |  |  |  |  |  |  |
| ○ Household Hazardo   | us Waste Disposal                           | $\bigcirc$ Recycling                                |  |  |  |  |  |  |  |  |  |  |
| ○ Illicit Discharge De  | tection and Elimination                     | $\bigcirc$ Riparian Corridor Protection/Restoration |  |  |  |  |  |  |  |  |  |  |
| ○ Infrastructure Main   | tenance                                     | $\bigcirc$ Trash Management                         |  |  |  |  |  |  |  |  |  |  |
| $\bigcirc$ Smart Growth   |   | $\bigcirc$ Vehicle Washing                          |  |  |  |  |  |  |  |  |  |  |
| ○ Storm Drain Markir  | ng  | $\bigcirc$ Water Conservation                       |  |  |  |  |  |  |  |  |  |  |
| ○ Green Infrastructure  | e/Better Site Design/Low Impact Development | $\bigcirc$ Wetland Protection                       |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>Other:</li> <li>Other</li> <li>2. Specific audience</li> </ul> | ces targeted during this reporting period:  | ○ None  |  |  |  |  |  |  |  |  |  |  |
| O Public Employees  | $\bigcirc$ Contractors                      |   |  |  |  |  |  |  |  |  |  |  |
| ○ Residential   | $\bigcirc$ Developers                       |   |  |  |  |  |  |  |  |  |  |  |
| ○ Businesses  | $\bigcirc$ General Public                   |   |  |  |  |  |  |  |  |  |  |  |
| $\bigcirc$ Restaurants  | $\bigcirc$ Industries                       |   |  |  |  |  |  |  |  |  |  |  |

| 0 | Oth | er: |  |  | 07 | Agr | icul | tura | al |  |  |  |  |  |
|---|-----|-----|--|--|----|-----|------|------|----|--|--|--|--|--|
|   |     |     |  |  |    |     |      |      |    |  |  |  |  |  |

Other

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

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

|                       |  | SPI | DES | 5 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:

| ○ Construction Site Operators Trained # Trained  |       |     |     |    |
|--|-------|-----|-----|----|
| O Direct Mailings #Mailings  |       |     |     |    |
| $\odot$ Kiosks or Other Displays (24 WNYSWC, 1 Town) #Locations                                    |       |     |     |    |
| ○ List-Serves # In List  |       |     |     |    |
| ○ Mailing List # In List   |       |     |     |    |
| <ul> <li>Newspaper Ads or Articles</li> <li># Days Run</li> </ul>                                  |       |     |     |    |
| ○ Public Events/Presentations # Attendees  |       |     |     |    |
| ○ School Program # Attendees   |       |     |     |    |
| ○ TV Spot/Program # Days Run   |       |     |     |    |
| • 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 addit needed. | ional | spa | ace | is |
|  |       |     |     |    |
|  |       |     |     |    |
|  |       |     |     |    |
| 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.

|                       |   | SPD | ES. | ID |  |  |  |
|-----------------------|---|-----|-----|----|--|--|--|
| Name of MS4/Coalition | 1 |     |     |    |  |  |  |
|                       |   |     |     |    |  |  |  |

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

| UR | Ĺ  | <br> |   |   |   | <br>  |   |   |   | <br>  |   |   | <br> |      |      | <br> |      |      |  |  |
|----|----|------|---|---|---|-------|---|---|---|-------|---|---|------|------|------|------|------|------|--|--|
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
| UR | r. | _    |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
| UR | r  |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
| F  |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      | <br> |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
| UR |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      | <br> |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
| UR | L  |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
| UR | Ĺ  |      | 1 |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
| UR | L  |      |   |   |   | <br>  |   |   |   | <br>  |   |   | <br> | <br> | <br> |      |      | <br> |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    |    |      |   |   |   |       |   |   |   |       |   |   |      |      |      |      |      |      |  |  |
|    | 1  |      | I | I | L | <br>L | I | L | I | <br>I | I | L | <br> |      |      |      | <br> |      |  |  |

| 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 |  |     |     |    |  |  |  |

#### 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. | Hasy | your MS4 | made p | orogress | toward t | his M | easurable | Goal | during | this rep | porting <b>j</b> | period? |
|----|------|----------|--------|----------|----------|-------|-----------|------|--------|----------|------------------|---------|
|    |      |          |        |          |          |       |           |      |        |          |                  |         |

○ Yes ○ No

| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? | $\bigcirc$ 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 | )ES | 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 prog | ress toward | this Measu | rable Goal d | luring this rep | porting period? |
|----|-----|----------|-----------|-------------|------------|--------------|-----------------|-----------------|
|    |     |          |           |             |            |              |                 |                 |

○ Yes ○ No

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

|                       |  | 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 reportin | g period? | 2  |
|----|---|-----------|----|
|    | Teacher education packages are a bi-ennial BMP.                               | Yes       | No |

- **E.** Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Ores ONO
- 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, |     |  |
|---|-----|--|
|   | í I |  |

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.

| (24 WN | YSWC, 1 | Town) |
|--------|---------|-------|
|--------|---------|-------|

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

(ex.: samples/participants/events)

| D. | Has | your MS4 | made progress | s toward this N | <b>Ieasurable Goa</b> | l during this r | eporting period? |
|----|-----|----------|---------------|-----------------|-----------------------|-----------------|------------------|
|    |     |          |               |                 |                       |                 |                  |

 $\bigcirc$  Yes  $\bigcirc$  No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** O Yes O No

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

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

|                       |  | SPI | DES | ID |  |  |  |
|-----------------------|--|-----|-----|----|--|--|--|
| Name of MS4/Coalition |  |     |     |    |  |  |  |

#### 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 prog | ress toward | this Measu | rable Goal d | luring this rep | porting period? |
|----|-----|----------|-----------|-------------|------------|--------------|-----------------|-----------------|
|    |     |          |           |             |            |              |                 |                 |

○ Yes ○ No

| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? | $\bigcirc$ Yes | ○ No |
|---|----------------|------|
|---|----------------|------|



| 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 SPD  | ES ID blank.           |
| Name of MS4/Coalition SPDES ID  |                        |
| Minimum Control Measure 2. Public Involvement/Partici   | ipation                |
| The information in this section is being reported (check one):  |                        |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition<br/>How many MS4s contributed to this report?</li> </ul>  |                        |
| 1. What opportunities were provided for public participation in implementati development, evaluation and improvement of the Stormwater Management (SWMP) Plan during this reporting period? Check all that apply:   | · ·                    |
| ○ Cleanup Events (543 WNYSWC, 0 Town) #Even   | ts                     |
| • Comments on SWMP Received #Comment  | ts                     |
| ○ Community Hotlines Phone # ( )  | -                      |
| Phone #         (         )         -         Phone #         (         )   | -                      |
| Phone #         (         )         -         Phone #         (         )         I   | -                      |
| Phone #         I         I         I         Phone #         I         < | -                      |
| Phone #         I         I         I         Phone #         I         < | -                      |
| Phone # ( ) Phone # ( )   | -                      |
| O Community Meetings (All WNYSC meetings open to public) #Attended  | es                     |
| ○ Plantings (123 WNYSWC, TBD Town) Sq. F  | ìt.                    |
| ○ Storm Drain Markings #Drain   | 18                     |
| ○ Stakeholder Meetings #Attended  | es                     |
| ○ Volunteer Monitoring # Even   | ts                     |
| Other:  |                        |
| 2. Was public notice of availability of this annual report and Stormwater Mar<br>Program (SWMP) Plan provided?  | nagement<br>○ Yes ○ No |
| ○ List-Serve # In Li  | st                     |
| O Newspaper Advertising # Days Ru   | in East                |
| ○ TV/Radio Notices # Days Ru  | in East                |
| O Other:  |                        |

 $\odot$  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.

| SPL | DES | ID |  |  |  |
|-----|-----|----|--|--|--|
|     |     |    |  |  |  |

#### Name of MS4/Coalition

### 2. URL(s) con't.:

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

| UR | L      |   |  | URL |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|----|--------|---|--|-----|---|---|--|--|---|--|--|--|--|--|------|------|--|--|------|--|------|------|--|
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
| UR | r      |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  | <br> | <br> |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
| UR |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  | <br> | <br> |  |  |      |  |      | <br> |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  | <br> |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
| UR | L      |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
| UR | L      |   |  |     |   |   |  |  |   |  |  |  |  |  | <br> |      |  |  |      |  | <br> |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
| UR | L      |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
| UR | <br>I. | I |  |     | I | I |  |  | I |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |
|    |        |   |  |     |   |   |  |  |   |  |  |  |  |  |      |      |  |  |      |  |      |      |  |

## 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 notices can be accessed - not home page.

| UR | Ĺ  |      |      | <br> |  | <br> | <br> | <br> |  | <br> | <br> | <br> |      | <br> | <br> | <br> |
|----|----|------|------|------|--|------|------|------|--|------|------|------|------|------|------|------|
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
| F  |    |      |      |      |  |      |      |      |  |      |      |      | <br> |      | <br> | <br> |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
| UR |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      | <br> | <br> | <br> |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
| UR | L  | <br> |      |      |  |      |      | <br> |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      | <br> |      |  |      |      |      |  | <br> | <br> | <br> | <br> |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
| UR | L  |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      | <br> |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
| UR | L  |      |      |      |  |      |      | <br> |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
| UR | ſ. |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      | <br> |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
| UR | L  |      |      |      |  |      |      |      |  |      |      |      |      |      |      | ]    |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |
|    |    |      |      |      |  |      |      |      |  |      |      |      |      |      |      |      |

|               |               |         |         |       |      |      |      |      | Ι   | MS   | <b>54</b> A | <u></u> ۱       | nu       | al   | Re   | po         | rt   | Fo          | rm   | 1    |          |      |        |      |      |      |        |            |      |
|---------------|---------------|---------|---------|-------|------|------|------|------|-----|------|-------------|-----------------|----------|------|------|------------|------|-------------|------|------|----------|------|--------|------|------|------|--------|------------|------|
| 1             | Thi           | s re    | poi     | rt i  | s be | eing | g si | ubr  | nit | ted  | for         | <sup>.</sup> th | e r      | epo  | orti | ng         | pe   | rio         | d ei | ıdi  | ng       | Ma   | rcl    | h 9, | ,    |      |        |            |      |
|               | If            | sub     | mi      | tting | g th | is f | orm  | ı as | pai | t of | faj         | oin             | t re     | port | on   | bel        | half | fof         | a co | bali |          |      |        |      | DES  | S II | ) bl   | ank.       |      |
|               |               |         |         |       |      |      |      |      |     |      |             |                 |          |      |      |            |      |             | 7    |      |          | SPE  | DES    | ID   |      |      |        |            |      |
| Name of I     | MS4/          | 'Coa    | litic   | on    |      |      |      |      |     |      |             |                 |          |      |      |            |      |             |      |      |          |      |        |      |      |      |        |            |      |
| 3. Wh<br>Pro  |               |         |         | -     |      |      |      |      |     | -    |             |                 |          |      |      |            | -    |             |      |      |          |      | Ma     | ana  | ige  | me   | nt     |            |      |
| Ente          |               |         |         |       |      |      |      |      |     |      |             |                 |          |      |      |            |      |             |      |      |          |      |        |      |      |      |        |            | l    |
| whe           |               |         |         |       |      | nay  | be   | sul  | omi | itte | d at        | th              | at l     | oca  |      |            |      |             |      |      |          | -    | -      |      |      |      |        |            |      |
| ⊃ MS4/<br>De  | Coal<br>epart |         |         | ttic  | e    |      |      |      |     |      |             |                 |          |      | C    | A          | nnu  | al l        | Rep  | ort  | C        | S    | WN     | 1P 1 | Plar | 1    | 0      | Com        | ment |
|               |               |         |         |       |      |      |      |      |     |      |             |                 |          |      |      |            |      |             |      |      |          |      |        |      |      |      |        |            |      |
| A             | ddres         | s       |         |       |      |      |      |      |     |      |             |                 |          |      |      |            |      |             |      |      |          |      |        |      |      |      |        |            |      |
| C             | 4             |         |         |       |      |      |      |      |     |      |             |                 |          |      |      |            |      |             |      |      | 7.0      |      |        |      |      |      |        |            |      |
| Ci            |               |         |         |       |      |      |      |      |     |      |             |                 |          |      |      |            | 1    | И.          | Y    |      | Zip<br>1 | 4    | 0      | 9    | 4    | _    |        |            |      |
| Pł            | none          |         |         |       |      |      |      |      |     |      |             |                 |          |      |      |            | Ľ    |             | -    |      | -        | 1    | 0      |      | 1    |      |        |            |      |
| (             | 7             | 1       | 6       | )     | 4    | 3    | 9    | _    | 9   | 5    | 2           | 4               |          |      |      |            |      |             |      |      |          |      |        |      |      |      |        |            |      |
| `<br>∩ Libraı |               |         |         | ,     |      |      |      | J    |     |      |             |                 |          |      | C    |            |      | <u>_1</u> 1 | Dan  | ort  | C        | ) S' | 375    | נתו  | Dlar |      | $\sim$ | Com        | mont |
| ⊂ Librai      | ddres         | s       |         |       |      |      |      |      |     |      |             |                 |          |      |      | A          | nnu  |             | Rep  |      |          | 5    | VI IV. |      |      | 1    |        |            | ment |
|               |               |         |         |       |      |      |      |      |     |      |             |                 |          |      |      |            |      |             |      |      |          |      |        |      |      |      |        |            |      |
| Ci            | ty            |         |         |       |      |      |      |      |     |      |             |                 |          |      |      |            | Г    |             |      |      | Zip      |      |        |      |      |      |        |            |      |
| Dł            | none          |         |         |       |      |      |      |      |     |      |             |                 |          |      |      |            | L    |             |      |      |          |      |        |      |      | -    |        |            |      |
| (             |               |         |         | )     |      |      |      | _    |     |      |             |                 |          |      |      |            |      |             |      |      |          |      |        |      |      |      |        |            |      |
| (             |               |         |         | /     |      |      |      |      |     |      |             |                 |          |      |      |            |      |             |      |      |          |      |        |      |      |      |        |            |      |
| Other         | ddres         | s       |         |       |      |      |      |      |     |      |             |                 |          |      | С    | A          | nnu  | al l        | Rep  | ort  | C        | S    | WN     | 1P 1 | Plar | 1    | 0      | Com        | ment |
|               |               |         |         |       |      |      |      |      |     |      |             |                 |          |      |      |            |      |             |      |      |          |      |        |      |      |      |        |            |      |
| Ci            | ty            |         |         |       |      |      |      |      |     |      |             |                 |          |      |      |            |      |             |      |      | Zip      |      |        |      |      |      |        |            |      |
|               |               |         |         |       |      |      |      |      |     |      |             |                 |          |      |      |            |      |             |      |      |          |      |        |      |      | -    |        |            |      |
| Ph            | none          |         |         | 、     |      |      |      | ]    |     |      |             |                 |          |      |      |            |      |             |      |      |          |      |        |      |      |      |        |            |      |
|               |               |         |         | )     |      |      |      | -    |     |      |             |                 |          |      |      |            |      |             |      |      |          |      |        |      |      |      |        |            |      |
|               |               |         |         |       |      |      |      |      |     |      |             |                 |          |      | C    | ) <b>A</b> | nnu  | al I        | Rep  | ort  | C        | ) S' | WN     | 1P 1 | Dlar | h    | $\cap$ | Com        |      |
| ) Web I       | Page          | UR      | Ŀ       |       |      |      |      |      |     |      |             |                 |          |      |      |            |      |             |      |      |          |      |        |      | Iai  |      |        | $\sim 0 m$ | ment |
|               |               |         |         | k     | n    | 0    | r    | +    |     | C    | 0           | m               | /        | a    |      |            |      |             | _    | m    | e        | n    | t      | /    |      | 1    |        |            | ment |
| (<br>Web I    |               | UR<br>O | L:<br>C | k     | p    | 0    | r    | t    | •   | С    | 0           | m               | /        | g    | 0    | v          |      |             | n    | m    | e        | n    | t      | /    |      |      |        |            |      |
|               |               |         |         | k     | р    | 0    | r    | t    | •   | С    | 0           | m               | /        | g    |      |            |      |             | _    | m    | e        | n    | t      | /    |      | 1    |        |            |      |
| e             |               | 0       | C       |       |      |      |      |      |     |      |             |                 | /        |      | 0    | v          | e    | r           | n    |      |          |      |        | /    |      |      |        |            |      |
| e<br>P        | e 1           | 0       | C       |       |      |      |      |      |     |      |             |                 | /<br>whe |      | 0    | v          | e    | r           | n    |      |          |      |        | /    |      |      | ge.    |            |      |
| e             | e 1           | 0       | C       |       |      |      |      |      |     |      |             |                 | /<br>whe |      | 0    | v          | e    | r           | n    |      |          |      |        | /    |      |      | ge.    |            | ment |

| <u>MS4 Annual Report Form</u>  |                |      |  |  |  |  |  |  |
|--|----------------|------|--|--|--|--|--|--|
| 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   | S ID blank     | ί.   |  |  |  |  |  |  |
| Name of MS4/Coalition SPDES ID   |                |      |  |  |  |  |  |  |
| 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.   | /              |      |  |  |  |  |  |  |
| <b>4.b. For how many days was/will this report be posted?</b><br>Annual report will be posted and will be available for inspection on the Town website for the entire year.  |                |      |  |  |  |  |  |  |
| If submitting a report for single MS4, answer 5.a If submitting a joint report, ans  | wer 5.b        |      |  |  |  |  |  |  |
| 5.a. Was an Annual Report public meeting held in this reporting period?         If Yes, what was the date of the meeting?  | ○ Yes<br>/     | ○ No |  |  |  |  |  |  |
| If No, is one planned?   | ○ Yes          | ○ No |  |  |  |  |  |  |
| <b>5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?</b> WNY Stormwater Coalition - April 2023 O Yes O No |                |      |  |  |  |  |  |  |
| If No, is one planned for each?  | $\bigcirc$ Yes | ○ No |  |  |  |  |  |  |
| 6. Were comments received during this reporting period?<br>If Yes, attach comments, responses and changes made to  | ○ Yes          | ○ No |  |  |  |  |  |  |

SWMP in response to comments to this report.

| This report is being submitted for the reporting period ending March | ), |  |
|--|----|--|
|  |    |  |

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?

 $\bigcirc$  Yes  $\bigcirc$  No

| This report is being submitted for the | ne 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?

 $\bigcirc$  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.

|                       |  | 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?

| Number of participants: |  |  |
|-------------------------|--|--|
|-------------------------|--|--|

(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

| This report is being submitted | for the reporting period | d ending March 9. |  |
|--------------------------------|--------------------------|-------------------|--|
| 1 0                            | 1 91                     | 8 / /             |  |

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?

 $\bigcirc$  Yes  $\bigcirc$  No

| This report is being submitted for the reporting period ending March | ), |  |
|--|----|--|
|  |    |  |

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

|                       |  | SPI | DES | ID |  |  |  |
|-----------------------|--|-----|-----|----|--|--|--|
| Name of MS4/Coalition |  |     |     |    |  |  |  |

#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

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

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

N/A

(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

#### 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.

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

| ○ Auto Recyclers                         | $\bigcirc$ Landscaping (Irrigation)  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| ○ Building Maintenance                   | ○ Marinas                            |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Churches                               | $\bigcirc$ Metal Plateing Operations |  |  |  |  |  |  |  |  |  |  |  |  |
| $\bigcirc$ Commercial Carwashes          | $\bigcirc$ Outdoor Fluid Storage     |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Commercial Laundry/Dry Cleaners        | ○ Parking Lot Maintenance            |  |  |  |  |  |  |  |  |  |  |  |  |
| $\bigcirc$ Construction Vehicle Washouts | ○ Printing                           |  |  |  |  |  |  |  |  |  |  |  |  |
| $\bigcirc$ Cross-Connections             | $\bigcirc$ Residential Carwashing    |  |  |  |  |  |  |  |  |  |  |  |  |
| $\bigcirc$ Distribution Centers          | ○ Restaurants                        |  |  |  |  |  |  |  |  |  |  |  |  |
| $\bigcirc$ Food Processing Facilities    | $\bigcirc$ Schools and Universities  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\bigcirc$ Garbage Truck Washouts        | ○ Septic Maintenance                 |  |  |  |  |  |  |  |  |  |  |  |  |
| $\bigcirc$ Hospitals                     | $\bigcirc$ Swimming Pools            |  |  |  |  |  |  |  |  |  |  |  |  |
| $\bigcirc$ Improper RV Waste Disposal    | $\bigcirc$ Vehicle Fueling           |  |  |  |  |  |  |  |  |  |  |  |  |
| $\bigcirc$ Industrial Process Water      | ○ Vehicle Maint./Repair Shops        |  |  |  |  |  |  |  |  |  |  |  |  |
| Other:                                   | ○ None                               |  |  |  |  |  |  |  |  |  |  |  |  |
| 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?    |   |
| $\bigcirc$ Broken Lines From Sanitary Sewer                                     | $\bigcirc$ Industrial Connections           |   |
| $\bigcirc$ Cross Connections  | $\bigcirc$ Inflow/Infiltration              |   |
| $\bigcirc$ Failing Septic Systems   | $\bigcirc$ Pump Station Failure             |   |
| $\bigcirc$ Floor Drains Connected To Storm Sewers                               | $\bigcirc$ Sanitary Sewer Overflows         |   |
| ○ Illegal Dumping   | ○ Straight Pipe Sewer Discharges            |   |
| O Other:  | ○ None                                      |   |
| 4. How many illicit discharges/potential reporting period?                      | l illegal connections have been detected du | uring this  |
| 5. How many illicit discharges have bee   | n confirmed during this reporting period    | ?   |
| 6. How many illicit discharges/illegal co<br>period?                            | onnections have been eliminated during th   | is reporting  |
| 7. Has the storm sewershed mapping be If No, approximately what percent was     | 1 1 01                                      | ○ Yes ○ No  |
| 8. Is the above information available in Is this information available on the w |   | <ul><li>○ Yes</li><li>○ No</li><li>○ Yes</li><li>○ No</li></ul> |
| If Yes, provide URL(s):   |   |   |
| Please provide specific address of page   | where map(s) can be accessed - not home pa  | ge.   |

| URL | ,<br>, |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 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 |   |     |     |    |  |  |      |
|                       | 1 |     |     |    |  |  | <br> |

#### 8. URL(s) con't.:

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

| UK |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|----|---|--|---|--|--|---|---|---|---|---|---|--|--|---|--|--|--|------|--|--|------|-------------|--|--|
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
| UR | r |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
| UR | Ĺ |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      | · · · · · · |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
| UR | Ĺ |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  | <br> |             |  |  |
| UR | Ĺ |  | I |  |  | I |   |   | I | I |   |  |  | I |  |  |  |      |  |  | I    |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
|    |   |  |   |  |  |   |   |   |   |   |   |  |  |   |  |  |  |      |  |  |      |             |  |  |
| L  |   |  | I |  |  | I | I | 1 | I | I | ! |  |  | I |  |  |  | <br> |  |  |      |             |  |  |

- 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?

○ Yes ○ No

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

 $\bigcirc$  Yes  $\bigcirc$  No

| This report is being submitted | for the reporting period ending March 9, |  |
|--------------------------------|--|--|
| 1 0                            | 1 01 0 1                                 |  |

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

|                       |  | SPL | DES | ID |  |  |  |
|-----------------------|--|-----|-----|----|--|--|--|
| Name of MS4/Coalitior |  |     |     |    |  |  |  |

#### 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

| This report is being submitted | for the reporting period ending March 9, |  |
|--------------------------------|--|--|
| 1 0                            | 1 01 0 1                                 |  |

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

|                       |  | SPL | DES | ID |  |  |  |
|-----------------------|--|-----|-----|----|--|--|--|
| Name of MS4/Coalition |  |     |     |    |  |  |  |

#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 $\bigcirc$  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.

|                       |       |  | SI   | PDES | ID |  |  |  |
|-----------------------|-------|--|------|------|----|--|--|--|
| Name of MS4/Coalition |       |  |      |      |    |  |  |  |
|                       | <br>_ |  | <br> |      |    |  |  |  |

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

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

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

How many MS4s contributed to this report?

- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory<br/>mechanism that provides equivalent protection to the NYS SPDES General Permit for<br/>Stormwater Discharges from Construction Activities?O YesO 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
   NT

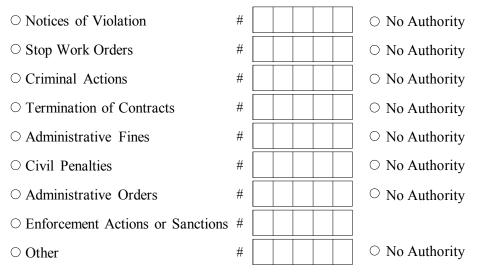
   If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
   09/2004
   03/2006
   NT

   2. Does your MS4/Coalition have a SWPPP review procedure in place?
   Yes
   No
- 3. How many Construction Stormwater Pollution Prevention Plans (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
   O NO

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?  $\lor$   $\bigcirc$  Yes  $\bigcirc$  No Via NYS 4 Hour Erosion & Sediment Control Training 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.

|                       |  | SPD | ES I | D |  |  |  |
|-----------------------|--|-----|------|---|--|--|--|
| 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

 $\bigcirc$  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?
- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? O Yes O NO O NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? O Yes O 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 o | f MS4/Coalition |
|--------|-----------------|

| - | <br> |  |  |  |
|---|------|--|--|--|
|   |      |  |  |  |
|   |      |  |  |  |
|   |      |  |  |  |
|   |      |  |  |  |
|   |      |  |  |  |
|   |      |  |  |  |
|   |      |  |  |  |

#### 6. con't.:

Submit additional pages as needed.

Г

#### ○ MS4/Coalition Office

| I      | Dep  | art  | men  | t    |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
|--------|------|------|------|------|-----|---|------|------|-----|------|----------|------|----------|-----|----------|----------|-----|----------|----------|------|----------|-----|-----|------|------|-----|----------|----|----------|-------------|----|
|        |      |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
| 1      | Add  | lres | s    |      |     | 1 |      | 1    |     | 1    |          | 1    |          | 1   | 1        | 1        | -   | 1        |          | 1    | 1        | -   | 1   | 1    | I    |     | 1        |    | -1       | 1           | ·1 |
|        |      |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
| (      | City | /    |      |      | L   |   | L    |      |     |      |          |      |          |     |          |          |     |          |          |      |          | Zip | )   |      |      |     |          |    | _        | 1           |    |
|        |      |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          | 1   | 4   | 0    | 9    | 4   | -        |    |          |             |    |
| F      | Pho  | ne   |      |      |     |   |      |      | 1   |      | 1        |      |          | 7   |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
|        | (    | 7    | 1    | 6    | )   | 4 | 3    | 9    | -   | 9    | 5        | 2    | 4        |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
| ) Libr | ary  | 7    |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
| 1      | Add  | lres | S    |      |     | - |      | 1    | 1   | 1    |          |      |          |     | 1        |          | -   |          | 1        |      |          | -   |     |      | 1    | 1   |          |    |          | <del></del> |    |
|        |      |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
|        | City | 1    |      |      |     |   |      |      |     |      |          |      |          |     |          |          | -   |          |          |      |          | Zip | )   |      |      |     | -        |    |          |             |    |
|        |      |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     | -        |    |          |             |    |
| F      | Pho  | ne   |      |      |     |   |      |      |     |      |          |      |          |     |          | -        | _   | -        |          |      |          |     |     |      |      |     | _        |    | -        |             |    |
|        | (    |      |      |      | )   |   |      |      | -   |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
| Othe   | er   |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
|        |      | lres | s    |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
| ſ      |      |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
| L<br>( | City | /    |      |      |     |   |      |      |     |      |          |      |          |     |          | -        | -   | -        |          |      |          | Zip | )   |      |      |     |          |    |          |             |    |
|        |      |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     | ]_       |    |          |             |    |
| Ŀ      | Pho  | ne   |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
|        | (    |      |      |      | )   |   |      |      | –   |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
| Web    | o Pa | age  | UF   | RL(s | s): | Р | leas | se p | rov | ride | spe      | ecif | ic a     | ddr | ess      | wh       | ere | SW       | /PP      | Ps o | can      | be  | acc | esse | ed - | not | t ho     | me | pag      | je.         |    |
| Ľ      | JRL  |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             | ,  |
|        |      |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
| Γ      |      |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          | Ì   |     |      |      |     | İ        |    | İ        |             |    |
| L      |      |      |      |      |     |   |      | <br> |     |      |          |      |          |     | <u> </u> | <u> </u> | -   | <u> </u> | <u> </u> | -    | <u> </u> |     |     |      |      |     | <u> </u> |    | <u> </u> | $\square$   |    |
|        |      |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
| τ      | JRL  |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
|        |      |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
| L      |      |      | <br> |      |     |   |      |      |     |      | <u> </u> | <br> | <u> </u> |     |          |          |     |          | <u> </u> |      |          |     |     |      |      |     | 1        |    | <u> </u> |             |    |
| Ļ      | _    |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     | <u> </u> |    | <u> </u> |             | Щ  |
|        |      |      |      |      |     |   |      |      |     |      |          |      |          |     |          |          |     |          |          |      |          |     |     |      |      |     |          |    |          |             |    |
| L      |      |      |      |      |     |   |      |      |     |      | •        | ·    | •        | +   | •        |          |     |          |          | •    |          |     |     |      |      |     | •        |    | 4        |             |    |

| This report is being submitted for the reporting period ending March | ), |  |
|--|----|--|
|  |    |  |

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

|                       |  | SPL | DES | ID |  |  |  |
|-----------------------|--|-----|-----|----|--|--|--|
| Name of MS4/Coalition |  |     |     |    |  |  |  |

### 7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 $\bigcirc$  Yes  $\bigcirc$  No

| This report is being submitted for the reporting period ending March | ), |  |
|--|----|--|
|  |    |  |

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

|                       |  | SPL | DES | ID |  |  |  |
|-----------------------|--|-----|-----|----|--|--|--|
| Name of MS4/Coalition |  |     |     |    |  |  |  |

### 7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 $\bigcirc$  Yes  $\bigcirc$  No

| This rep  | ort is being | submitted for | or the reporti | ng period | ending Ma | rch 9.   |  |
|-----------|--------------|---------------|----------------|-----------|-----------|----------|--|
| I mo i ep | ore is being | Submitted to  | ' the report   | ng periou | chang hie | 1011 / 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 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

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.

|                       |  | SPD | ES | ID |  |  |  |
|-----------------------|--|-----|----|----|--|--|--|
| 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?

|                |  | 1 |
|----------------|--|---|
|                |  |   |
| -              |  |   |
| ort?           |  |   |
| $\alpha r_{1}$ |  |   |
| ort:           |  |   |

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

|                                | #<br>Inventoried | #<br>Inspections | # Times<br>Maintained |
|--------------------------------|------------------|------------------|-----------------------|
| ○ 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:

|  |  |  |  | 1 |  |  |  |  |  |  |  |  |  |  | . 1 |  |
|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|-----|--|
|  |  |  |  |   |  |  |  |  |  |  |  |  |  |  | . 1 |  |
|  |  |  |  | 1 |  |  |  |  |  |  |  |  |  |  | . 1 |  |
|  |  |  |  | 1 |  |  |  |  |  |  |  |  |  |  | . 1 |  |
|  |  |  |  | 1 |  |  |  |  |  |  |  |  |  |  | . 1 |  |
|  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |     |  |

| This report is being submitted for the reporting pe  | eriod 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 region  | onal/watershed wide planning effort?      |
|  | $\bigcirc$ Yes $\bigcirc$ No              |
| 4b. Does the MS4 have a banking and credit system for stormw   | vater management practices?               |
|  | $\bigcirc$ Yes $\bigcirc$ No              |
| 4c. Do the SWMP Plans for each MS4 contributing to this report and approval of banking and credit of alternative siting of a | <b>A</b>                                  |
|  | ○ Yes ○ No                                |
| 4d. How many stormwater management practices have been in  | nplemented as part of this system in this |
| reporting period?  |   |
| 5. What percent of municipal officials/MS4 staff responsible f   |   |
| training on Low Impace Development (LID), Better Site De<br>Infrastructure principles in this reporting period?              | esign (BSD) and other Green               |

| 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 |  |     |     |    |  |  |  |

### 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?

○ Yes ○ No

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

 $\bigcirc$  Yes  $\bigcirc$  No

| This report is being submitted | for the reporting period ending March 9, |  |
|--------------------------------|--|--|
| 1 0                            |  |  |

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

|                       |  | SPL | DES | IDe | 5 |  |  |  |
|-----------------------|--|-----|-----|-----|---|--|--|--|
| Name of MS4/Coalitior |  |     |     |     |   |  |  |  |
|                       |  |     |     |     |   |  |  |  |

#### 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

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

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

Name of MS4/Coalition

| SPI | DES | ID |  |  |  |
|-----|-----|----|--|--|--|
|     |     |    |  |  |  |

## Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

○ On behalf of an individual MS4

 $\bigcirc$  On behalf of a coalition

How many MS4s contributed to this report?



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

|  |                    |                | Self-Assessment                  |               |  |  |  |  |  |
|--|--------------------|----------------|----------------------------------|---------------|--|--|--|--|--|
|  |                    | <u>Ope</u>     | <b>Operation/Activity/Facili</b> |               |  |  |  |  |  |
|  |                    | <u>perf</u>    | ormed withir                     | the past 3    |  |  |  |  |  |
| <b>Operation/Activity/Facility</b>           | Addressed in       | <u>n SWMP?</u> | <u>years?</u>                    | •<br>-        |  |  |  |  |  |
| Street Maintenance                           | O Yes              | ○ No           | O Yes                            | $\bigcirc$ No |  |  |  |  |  |
| Bridge Maintenance                           | O Yes              | ○ No           | O Yes                            | $\bigcirc$ No |  |  |  |  |  |
| Winter Road Maintenance                      | ····· · Yes        | ○ No           | O Yes                            | ○ No          |  |  |  |  |  |
| Salt Storage                                 | O Yes              | ○ No           | O Yes                            | $\bigcirc$ No |  |  |  |  |  |
| Solid Waste Management                       | O Yes              | ○ No           | O Yes                            | ○ No          |  |  |  |  |  |
| New Municipal Construction and Land Disturba | nce $\bigcirc$ Yes | ○ No           | O Yes                            | $\bigcirc$ No |  |  |  |  |  |
| Right of Way Maintenance                     | ····· · Yes        | ○ No           | O Yes                            | $\bigcirc$ No |  |  |  |  |  |
| Marine Operations                            | ○ Yes              | ○ No           | O 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                           | ····· · Yes        | ○ No           | ····· O Yes                      | $\bigcirc$ No |  |  |  |  |  |
| Stormwater System Maintenance                | O Yes              | ○ No           | O Yes                            | $\bigcirc$ No |  |  |  |  |  |
| Vehicle and Fleet Maintenance                | ○ Yes              | ○ No           | • Yes                            | $\bigcirc$ No |  |  |  |  |  |
| Other  | ○ Yes              | ○ No           | ○ Yes                            | $\bigcirc$ No |  |  |  |  |  |

Salt Storage, parks and open space, municipal buildings, and vehicle maintenance do not occur within the limits of the current designated MS4.

### 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 |  |     |     |    |  |  |  |
| Name of MS4/Coantion  |  |     |     |    |  |  |  |

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

| $\bigcirc$ Parking Lots Swept (Number of acres X Number of times swept)  | # Acres |  |
|--|---------|--|
| ○ Streets Swept (Number of miles X Number of times swept)  | # Miles |  |
| $\bigcirc$ Catch Basins Inspected and Cleaned Where Necessary  | #       |  |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>  | #       |  |
| O Phosphorus Applied In Chemical Fertilizer  | # Lbs.  |  |
| $\bigcirc$ Nitrogen Applied In Chemical Fertilizer   | # Lbs.  |  |
| <ul> <li>Pesticide/Herbicide Applied<br/>(Number of acres to which pesticide/herbicide was applied X Number of<br/>times applied to the nearest tenth.)</li> </ul> | # Acres |  |

- 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.

|                       |  | SPL | 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?

○ Yes ○ No

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

 $\bigcirc$  Yes  $\bigcirc$  No

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

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

|                       |  | SPL | 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?

 $\bigcirc$  Yes  $\bigcirc$  No

| This report is being submitted for the reporting period ending Mar | ch 9, |     |  |
|--|-------|-----|--|
|  | ,     | I I |  |

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 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 pro | ogress tow | ard this | Measurable | <b>Goal durin</b> | g this re | porting p | eriod? |
|----|-----|----------|----------|------------|----------|------------|-------------------|-----------|-----------|--------|
|    |     |          |          |            |          |            |                   |           |           |        |

○ Yes ○ No

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

## Additional Watershed Improvement Strategy Best Management Practices N/A

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?

#### 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  $\bigcirc$  No  $\bigcirc$  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.

|                       |  | SPI | DES | 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? O Yes O No O 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 Standards? ○ Yes ○ No ○ N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or<br/>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

| <b>This report is being submitted for the reporting period ending</b><br>If submitting this form as part of a joint report on behalf of a coalition | - L                    | ID blan | <br>k.             |
|---|------------------------|---------|--------------------|
| Name of MS4/Coalition   | SPDES ID               |         |                    |
| 9. Has your MS4/Coalition developed and implemented a program of  | f native plan<br>O Yes |         | ○ N/A              |
| 10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?   | on municipa<br>○ Yes   |         | rties and<br>O N/A |
| 11. Does your MS4/Coalition have a pet waste bag program?   | $\bigcirc$ Yes         | ○ No    | ○ N/A              |
| 12. Does your MS4/Coalition have a program to manage goose populations?   | $\odot$ Yes            | ○ No    | ○ N/A              |