# MS4 Annual Report Cover Page

		MC	C fo	rm	for	pe	rio	ı eı	lan	ng .	Ma	rch	19,									
is cover pag nt reports r			_		-			epo	rt p	orej	par	er.			SPL	DES	ID			I		
oose one:																						
This repo	rt is bei	ing s	ubn	nitt	ted	or	ı be	eha	alf	of	an	in	div	'id	ual	M	[ <b>S</b> 4	Į.				
Fill in SPD	ES ID in																					
Name of MS4	<u> </u>																			T		
				'						'	•		•	•		•	•		-	_		
Thia ia a i	oint noi	nont	hoi	200	al		:44,	. <b>.</b> .	on	ha	hal	f c	e e		a l	:4:7						
This is a j	oint rep	port	ben	ng :	sui	)M	1116	ea (	on	be	naı	1 (	)I &	ı co	)ai	IU(	)n.					
Provide SP	DES ID	of eac	ch pe	ermi	itte	d M	IS4	inc	lud	ed	in tl	his	rep	ort	. U	se	pag	ge 2	2 if	ne	ed	ec
Name of Coal			•										•					,				
	+++			+	+	+	+		+		_							$\vdash$	$\vdash$	$\pm$	+	_
					$\perp$														<u></u>			
SPDES ID				İ	SPD	ES	ID								SPI	DES	ID		T	$\overline{}$	_	
																		L	L	$\perp$		
SPDES ID				l	SPE	ES	$\frac{\text{ID}}{}$			$\overline{}$		$\top$	$\neg$		SPI	DES	ID		_	$\top$	$\top$	
																TO	ID					
SPDES ID				i	SPD	DES	ID								SPI	)ES	ID	_				
																				I		
SPDES ID SPDES ID					SPE SPE										SPE					I		
SPDES ID					SPE	DES	ID								SPL	DES	ID				I I	
						DES	ID									DES	ID				I I	
SPDES ID SPDES ID					SPE	DES DES	ID ID								SPE	DES DES	ID ID					
SPDES ID					SPE	DES DES	ID ID								SPL	DES DES	ID ID					
SPDES ID SPDES ID SPDES ID					SPE SPE SPE	DES DES DES	ID ID ID								SPL	DES DES	ID ID					
SPDES ID SPDES ID					SPE	DES DES DES	ID ID ID								SPE	DES DES	ID ID					
SPDES ID SPDES ID SPDES ID SPDES ID					SPE SPE SPE	DES DES DES	ID ID ID								SPI SPI SPI	DES DES	ID ID					
SPDES ID SPDES ID SPDES ID					SPE SPE SPE	DES DES DES	ID ID ID								SPL	DES DES	ID ID					
SPDES ID  SPDES ID  SPDES ID  SPDES ID  SPDES ID					SPE SPE SPE	DES DES DES DES	ID ID ID ID ID								SPI SPI SPI SPI	DES DES DES	ID ID ID					
SPDES ID SPDES ID SPDES ID SPDES ID					SPE SPE SPE	DES DES DES DES	ID ID ID ID ID								SPI SPI SPI	DES DES DES	ID ID ID					

# MS4 Annual Report Cover Page

MCC form for period ending March 9,

Provide SPDES ID of each perm	nitted MS4 included in this report.	
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	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,

#### **Required Forms**

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices*.

#### **Reporting Requirements**

- \* Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.
- \* Joint reports may be submitted by permittees with legally binding agreements as follows:
  - > <u>Each</u> MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
  - > A coalition may submit information on behalf of its members as follows:
    - 1. Submit one form for each of the Minimum Measures (and if required, Additional Watershed Improvement Strategy Best Management Practices) on behalf of all the MS4s in the coalition, or
    - 2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.

### **Instructions for completing forms**

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	
Name of MS4	SPDES ID
Each MS4 must submit an MCC form.	
Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted to certify endorsement	nt or acceptance of:
An Annual Report for a single MS4	
A Joint Report	
Joint reports may be submitted by permittees with legally b	oinding agreements.
If Joint Report, enter coalition name:	

eMail

Phone

# MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **Section 2 - Contact Information** Provide contact information for *all* of the following contacts: 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J). 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.). 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP). 4. Report Preparer (Consultants may provide company name in the space provided). Submit a separate sheet for each contact. For each contact, select all that apply: O Signatory Authority (choose one of the following) O Executive Officer or Ranking Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name MI Last Name Title Address City State Zip

County

# MS4 Municipal Compliance Certification (MCC) Form

f No, proceed to Section 4 - Certification Statement.  artner/CoalitionName  artner/CoalitionName(con't.)  SPDES Partner ID - If applicable address  State Zip  Mail  hone  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes Now North Address  MM1  MM2  MM3  MM4  MM5  MM6  Additional tasks/responsibilities							M	CC	C fo	rm	fo	r p	eri	od	enc	din	g N	Iaro	ch 9	9,[											
Section 3 - Partner Information - Submit a separate sheet for each partner.  Joint your MS4 work with partners/coalition to complete some or all permit requirements during this reporting erriod?  If Yes, complete information below.  If No, proceed to Section 4 - Certification Statement.  Separate ID - If applicable and the second section of the section of the second section of the section of the second section of the section of the second section of the seco	Jama of	г <b>х</b> л	<b>S</b> 1																				SPI	DES	ID						
Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting eriod?  If Yes, complete information below.  If No, proceed to Section 4 - Certification Statement.  STATICE/CoalitionName  SPDES Partner ID - If applicable and in a containing and a containing an	vame of	IVI	<b>5</b> 4																				<u> </u>								
eriod?  f Yes, complete information below.  f No, proceed to Section 4 - Certification Statement.  artner/CoalitionName  artner/CoalitionName (con't.)  SPDES Partner ID - If applicable  address  State Zip  Mail  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes Now Now North Additional tasks/responsibilities  MM1  MM3  MM4  MM6  MM6  Additional tasks/responsibilities	Section	n 3	<b>-</b> ]	Pai	<u>rtn</u>	er	In	<u>for</u>	m	<u>ati</u>	<u>on</u>	- 5	Subi	mit	a s	sepa	rat	e sh	ieet	t fo	r ea	ach	pa	rtne	er.						
f No, proceed to Section 4 - Certification Statement.  artner/CoalitionName  artner/CoalitionName(con't.)  SPDES Partner ID - If applicable artner/CoalitionName(con't.)  State Zip  Mail  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? O Yes N What tasks/responsibilities are shared with this partner (e.g., MM1 School Programs or Multiple Tasks)  MM1  MM2  MM3  MM4  MM4  MM5  MM6  MM6  MM6  MM6  MM6	-	MS	54 v	vork	wi	th p	artı	ners	s/co	alit	ion	to	com	ple	te s	som	e oı	all	per	mi	rec	quii	em	ents	s du	ırinş	g th	is r	epo	rtin	g
artner/Coalition Name (con't.)  SPDES Partner ID - If applicable didress  ity  State Zip  Mail  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes Now What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks of MM1  MM2  MM3  MM4  MM5  MM6  MM6  MM6  MM6  MM6  MM6			-								atic	on S	Stat	em	ent												С	) Y∈	es	0	No
ddress  State Zip  Mail  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes Now What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks MM1  MM2  MM4  MM5  MM6  MM6  MM6  MM6  MM6  MM6	artner/Co	oalit	ion	Nan	ne												I								1						
ddress  State Zip  Mail  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes N  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks  MM1  MM2  MM3  MM4  MM5  MM6  MM6  MM6  MM6  MM6  MM6																															
ity State Zip	artner/Co	oalit	ion	Nan	ne (c	con't	t.)							1	I		1					1	SPI	DES	Pa	rtne	r ID	) - If	app	lica	ble
State Zip  Mail  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes Now What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks MM1  MM2  MM4  MM5  MM6  MM6  MM6  MM6  MM6  MM6																															
Mail  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes Now Now Note tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks MM1  MM2  MM3  MM4  MM6  MM6  Additional tasks/responsibilities	ddress						1																				1		1		
Mail    Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  \( \) Yes \( \) No    What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks of MM1  \( \) MM2  \( \) MM3  \( \) MM4  \( \) MM5  \( \) MM6  \( \) MM6  \( \) Additional tasks/responsibilities																															L
Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes N  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks  MM1	ity																1		St	ate	_	Zip	)				1				
Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes Now What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks MM1 MM2 MM3 MM4 MM5 MM6 MM6 MM6 MM6 MM6 MM6 MM6 MM6 MM6																											-				
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks MM1 MM2 MM4 MM5 MM6 MM6 MM6 MM6 MM6 MM6 MM6 MM6 MM6	Mail																			1											_
Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes Now What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks MM1 MM2 MM4 MM6 MM6 MM6 MM6 MM6 MM6 MM6 MM6 MM6																															
with GP-0-08-002 Part IV.G.? Yes Now What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks MM1 MM2 MM3 MM4 MM5 MM6 MM6 MM6 MM6 MM6 MM6 MM6 MM6 MM6	hone																	La	~o.11	D.	di		۸ ۵۰۰۰		ant.	<b>:</b>		don			
MM1	(		)				-																							0	N
MM1	`	'	_ ^		-		_					_																			
MM2  MM3  MM4  MM5  MM6  Additional tasks/responsibilities	What tas	sks/	/res	por	ısib	ilit	ies	are	sh	are	d w	ith	thi	s pa	artr	ner	(e.g	g. M	[M	1 S	cho	ol	Pro	gra	ıms	or	Μι	ıltij	ole	Tas	sks
MM3  MM4  MM5  MM6  Additional tasks/responsibilities	MM1																														
MM3  MM4  MM5  MM6  Additional tasks/responsibilities																	1														
MM4	MM2																														
MM4	) MM3																														
MM6 MM6 Additional tasks/responsibilities	1411413	L								_																					
MM6 Additional tasks/responsibilities	MM4																														
MM6 Additional tasks/responsibilities																															
Additional tasks/responsibilities	MM5																														
Additional tasks/responsibilities	MM6			Τ						Π																					
-	1411410																	Ш													
West and all Landson and Court and Doct Management Duranting against for MCAs in immediated		nal	tasl	ks/r	esp	ons	sibi	litie	es																						
Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.	Addition							. 4 C	+10 CT	tom	., D	ost	$M_{\alpha}$	mai	ดอท	non	t Pi	ract	ice	s re	2011	irea	1 fc	r N	/SI	10 11	ı in	nna	ire	1	
	Wat															ien	, , ,	uci	icc	5 10	944	1100	<i>a</i> 10	/1 1V	15-	to 11	.1 111	пра	.11 ()		
	Wat																							/1 IV	10-		.1 11	пра	.11 (		

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period	ending March 9,	
		SPDES ID
Name of MS4		
<b>Section 4 - Certification Statement</b>		
"I certify under penalty of law that this document	and all attachments were	prepared under my
direction or supervision in accordance with a syst	em designed to assure tha	at qualified personnel
properly gathered and evaluated the information s	•	
persons who manage the system, or those persons	• •	-
the information submitted is, the best of my know	_	
aware that there are significant penalties for subn fine and imprisonment for knowing violations."	itting false information, i	including the possibility of
Time and imprisonment for knowing violations.		
This form must be signed by either a principal ex	ecutive officer or ranking	gelected official, or duly
authorized representative of that person as describ	oed in GP-0-08-002 Part	VI.J.
First Name	MI Last Name	
Title		
Title		
Signature		
	Dat	te

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

7	<b>Γhis re</b> If subi																					ID	bla	nk		
	11 5001		5 4113	101111	us F	Juit	OI (	u jo	1110	Ср	OI t	J11 U	ciia	11 0	ıuc	oui	1110		PDE			ш	ora	ııx.		
Name of M	IS4/Coa	lition																								
							<u>V</u>	Va	<u>ter</u>	· Q	<u>ua</u>	lity	<b>T</b> 1	<u>rer</u>	<u>ıds</u>											
The infor	mation	in this	s sect	ion is	bei	ing	rep	orte	d (0	che	ck c	ne):														
○ On beh ○ On beh Ho		a coali	tion			but	ed	to t	his	rep	ort	?														
1. Has relat	this M ed to s			_	rod	duc	ed :	any	re	e <b>po</b> i	rts	doc	um	en	ting	Wa	atei	c qu	ıalit	ty t	ren		Ye	ès	0.	No
If Yes, ch	noose o	ne of	the fo	llowi	ng																					
O Report	(s) atta	ched to	o the	annua	al re	epor	t																			
O Web P			_			_																				
	Please	prov	ide s <sub>l</sub>	pecif	ic a	ddr	ess	of	pag	ge v	vhe	re re	epo	rt(s	) ca	n b	e a	cce	ssec	l - n	ot l	hon	ne p	age	<b>).</b>	
	URL																									
													Ť												T	ヿ
	URL																					-				
	URL																									
	URL																									
																										司
	URL							<u> </u>													-	1				

This report is being submitted for the reporting period	od ending March 9,
If submitting this form as part of a joint report on behalf of	a coalition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
Minimum Control Measure 1. Public Ed	ucation and Outreach
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</li></ul>	
How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
○ Construction Sites	O Pesticide and Fertilizer Application
O General Stormwater Management Information	O Pet Waste Management
O Household Hazardous Waste Disposal	○ Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	O Trash Management
○ Smart Growth	O Vehicle Washing
O Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
2. Specific audiences targeted during this reporting period:	
○ Agricultural ○ Contractors	
○ Residential ○ Developers	
○ Businesses ○ General Public	
○ Restaurants ○ Industries	
Other:	

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: O Construction Site Operators Trained #Trained O Direct Mailings #Mailings O Kiosks or Other Displays # Locations O List-Serves # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run O Public Events/Presentations # Attendees O School Program # Attendees ○ TV Spot/Program # Days Run O Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) Other: O Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed. URL URL URL

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

			ubn										_									SPI				
ne.	of M	1S4/0	~റമി	itio	n																					Γ
iic ·	OI IV	154/1	Coai	1110	'II														_							
W	Veb	Pag	re co	on'i	t.:	Pro	ovio	le s	spec	cific	c w	eb	add	lres	ses	- n	ot	hon	ne i	กลุด	e.					
URI			,						T			_								r c						_
																										Ī
LL URI	L																									L
																										F
L URI	L																									L
٠٠٠	_																									Γ
																										L
URI	ī																									
UKI	L																									Γ
	+																									L
URI	L		Ι																							Γ
																										L
URI	L																									Τ
URI	L																									_
																										Ī
URI	L																								_	_
																										İ
URI	L L																									L
	Ī																									Γ
	+																									F
URI	L																									Γ
																										L

This repo	ort is being submit	ted for the reporting <b>p</b>	period ending March 9,
If submit	ting this form as part	of a joint report on beha	lf of a coalition leave SPDES ID blank.
			SPDES ID
Name of MS4/Coalitie	on		
4. Evaluating/M	leasuring Progress	MCM 1	
	•		ness of your Education and Outreach
Program, how lon	g have you been tra	cking them and at wha	t frequency?
Example*:			
Indicator:			
Began Tracking:	(year)	Frequency:	(ex.: annual, monthly, biweekly)
#			
, [		(ex.: samples/participants/	events)
Results:			
Resuus.			
* This indicator is p	provided as an exam	ple only.	
Indicator:			
Began Tracking:		Frequency:	
Degan Tracking.	(year)	rrequency.	(ex.: annual, monthly, biweekly)
#			
		(ex.: samples/participants/	events)
Results:			

Submit additional pages as needed.

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 t	olank.	
SPDES ID  Name of MS4/Coalition			
Minimum Control Measure 2. Public Involvement/Particip	atio	n	
The information in this section is being reported (check one):	<u>ano</u>	<u>11</u>	
<ul> <li>○ On behalf of an individual MS4</li> <li>○ On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>			
1. What opportunities were provided for public participation in implementation development, evaluation and improvement of the Stormwater Management P (SWMP) Plan during this reporting period? Check all that apply:		am	
○ Cleanup Events # Events			
○ Comments on SWMP Received #Comments			
○ Community Hotlines Phone # (	] - [		
Phone # (	] - [		
Phone # (	] - [		
Phone # ( ) Phone # ( )	] - [		
Phone # ( Phone # ( )	] <b>-</b> [		
Phone # ( Phone # ( )	Ī <b>-</b> [		
○ Community Meetings # Attendees			
○ Plantings Sq. Ft.			
○ Storm Drain Markings #Drains			
○ Stakeholder Meetings # Attendees			
○ Volunteer Monitoring #Events			
Other:			
2. Was public notice of availability of annual report and Stormwater Manageme (SWMP) Plan provided?		Progr Yes	am O No
○ List-Serve # In List			
O Newspaper Advertising # Days Run			
○ TV/Radio Notices # Days Run			
Other:			

MM 2 Page 1 of 6

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

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page. URL URL URL URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3. Where can the public access copies of the annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents? Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. ○ MS4/Coalition Office O Annual Report O SWMP Plan ○ Comments Department Address City Zip Phone ○ Library O Annual Report O SWMP Plan ○ Comments Address City Zip Phone Other O Annual Report O SWMP Plan ○ Comments Address City Zip Phone O Web Page URL: O Annual Report O SWMP Plan O Comments Please provide specific address of page where report can be accessed - not home page. O Comments O eMail

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 4. Were comments received during this reporting period? ○ Yes  $\bigcirc$  No If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b.. 5.a. Was an Annual Report public meeting held in this reporting period? O Yes  $\bigcirc$  No If Yes, what was the date of the meeting? If No, is one planned?  $\bigcirc$  Yes  $\bigcirc$  No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? O Yes  $\bigcirc$  No If No, is one planned for each? ○ Yes  $\bigcirc$  No

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 6. Evaluating/Measuring Progress MCM 2 What indicators do you use to evaluate the overall effectiveness of your Public Involvement/Participation Program, how long have you been tracking them and at what frequency? Example\*: Indicator: Began Tracking: Frequency: (ex.: annual, monthly, biweekly) (year) # (ex.: samples/participants/events) Results: \* This indicator is provided as an example only. Indicator: Began Tracking: Frequency: (year) (ex.: annual, monthly, biweekly) (ex.: samples/participants/events) Results:

Submit additional pages as needed.

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measure 3. Illicit Discharge Detection and Elimination The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. Enter the number and approx. percent of outfalls mapped: % 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period? O Auto Recyclers ○ Landscaping (Irrigation) O Building Maintenance ○ Marinas O Churches O Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Parking Lot Maintenance O Commercial Laundry/Dry Cleaners O Construction Vehicle Washouts Printing O Cross-Connections O Residential Carwashing O Distribution Centers O Restaurants O Schools and Universities O Food Processing Facilities O Garbage Truck Washouts O Septic Maintenance O Hospitals ○ Swimming Pools O Improper RV Waste Disposal O Vehicle Fueling O Industrial Process Water O Vehicle Maint./Repair Shops Other: ○ None O Sewersheds:

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3.b. What types of illicit discharges have been found during this reporting period? O Broken Lines From Sanitary Sewer O Industrial Connections O Cross Connections ○ Inflow/Infiltration O Failing Septic Systems O Pump Station Failure O Floor Drains Connected To Storm Sewers O Sanitary Sewer Overflows O Illegal Dumping O Straight Pipe Sewer Discharges Other: ○ None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 5. How many illicit discharges have been confirmed during this reporting period? 6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 7. Has the storm sewershed mapping been completed? O Yes  $\bigcirc$  No If No, approximately what percent has been completed? % 8. Is the above information available in GIS? O Yes  $\bigcirc$  No Is this information available on the web? ○ Yes ○ No If Yes, provide URL(s): Please provide specific address of page where map(s) can be accessed - not home page. URL URL URL

**MS4 Annual Report Form** This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 8. URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page URL URL URL URL URL URL 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ○ Yes ○ No 10. Has an attorney certified law(s) adopted by traditional MS4s to be equivalent to the NYS Model IDDE law? ○ Yes ○ No 11. What percent of staff in relevant positions and departments has received IDDE training?

%

		nitted for the repor								
If submit	tting this form as p	part of a joint report or	n behalf of a				ES I	D bla	nk.	
Name of MS4/Coaliti	ion				SPDES	SID				
12. Evaluating/M	Ieasuring Progr	ress MCM 3								
	•	luate the overall effe tracking them and a		•	cit Di	sch	arge	Elim	ina	tion
Example*:										
Indicator:										
Began Tracking:	(year)	Frequency:		(ex.: annu	al, mont	hly, b	iweek	ly)		
#										
		(ex.: samples/part	cipants/events)							
Results:										
* This indicator is	provided as an ex	cample only.								
Indicator:										
Began Tracking:	(year)	Frequency:		(ex.: annu	al, mont	hly, b	iweek	ly)		
#										
		(ex.: samples/part	cipants/events)							
Results:										

Submit additional pages as needed.

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measures 4 and 5. **Construction Site and Post-Construction Control** The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. Has each Town, City and/or Village contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equal protection to the NYS SPDES General **Permit for Stormwater Discharges from Construction Activities?** ○ Yes  $\bigcirc$  No If Yes, provide date of equivalent NYS Sample Local Law.  $\bigcirc$  09/2004  $\bigcirc$  03/2006 2. Does your MS4/Coalition have a SWPPP review procedure in place?  $\bigcirc$  No ○ Yes 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? O Yes  $\bigcirc$  No If Yes, how many public comments were received during this reporting period? 5. Does your MS4/Coalition provide education and training for contractors about the local **SWPPP** process? O Yes 6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority: O Notices of Violation O No Authority O Stop Work Orders O No Authority O Criminal Actions # O No Authority O Termination of Contracts # O No Authority O Administrative Fines O No Authority O Civil Penalties # ○ No Authority O Administrative Orders # O No Authority Other # O No Authority

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measure 4. Construction Site Stormwater Runoff Control The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 3. What percent of active construction sites were inspected during this reporting period? % 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 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ○ Yes ○ No If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 6. con't.: Submit additional pages as needed. ○ MS4/Coalition Office Department Address City Zip Phone ○ Library Address City Zip Phone Other Address City Zip Phone ○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 7. Evaluating/Measuring Progress MCM 4 What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency? Example\*: Indicator: Began Tracking: Frequency: (ex.: annual, monthly, biweekly) (year) # (ex.: samples/participants/events) Results: \* This indicator is provided as an example only. Indicator: Began Tracking: Frequency: (year) (ex.: annual, monthly, biweekly) (ex.: samples/participants/events) Results:

Submit additional pages as needed.

This report is being sub	omitted for the r	eporting perio	d ending March	19,
If submitting this form as	part of a joint rep	ort on behalf of a	a coalition leave S	PDES ID blank.
			SPDES	ID
Name of MS4/Coalition				
Minimum Control Me	easure 5. Post	-Constructio	on Stormwater	: Management
The information in this section is be	eing reported (che	ck one):		
On behalf of an individual MS4				
On behalf of a coalition  How many MS4s coalition	ntributed to this	report?		
1. How many and what type of p MS4/Coalition inventoried, in			_	es has your
	# Inventoried	# Inspections	# Times Maintained	
O Alternative Practices				
○ Filter Systems				
O Infiltration Basins				
Open Channels				
○ Ponds				
○ Wetlands				
○ Other				
2. Do you use an electronic too BMPs, inspections and main	_	abase, spreads	heet) to track po	ost-construction ○ Yes ○ No
3. What types of non-structura Development/Better Site De	_		-	Impact
O Building Codes				
O Comprehensive Planning				
Overlay Districts				
○ Zoning				
○ None				
Othors				

_	_	_	behalf of a coalition leave SPDES ID blank.
			SPDES ID
Name of MS4/Coalin	tion		
4. Evaluating/N	Measuring Progress N	MCM 5	
	_		tiveness of your Post-Construction Stormwat g them and at what frequency?
Example*:			
Indicator:			
Began Tracking:		Frequency:	
	(year)		(ex.: annual, monthly, biweekly)
#			
		(ex.: samples/participe	pants/events)
Results:			
* This indicator is	s provided as an exampl	le only.	
Indicator:			
		_	
Began Tracking:	(year)	Frequency:	(ex.: annual, monthly, biweekly)
#			
"		(ex.: samples/participe	pants/events)
D 1.			·
Results:			

Submit additional pages as needed.

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
Name of MS4/Coalition SPDES ID
Minimum Control Measure 6. Stormwater Management for Municipal Operations
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         How many MS4s contributed to this report?</li> </ul>

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

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

			performed within	1 the past 3
<b>Operation/Activity/Facility</b>	Addressed in	n SWMP?	<u>years?</u>	<b>)</b> <del>_</del>
Street Maintenance	O Yes	○ No	○ Yes	$\bigcirc$ No
Bridge Maintenance	O Yes	○ No	○ Yes	$\bigcirc$ No
Winter Road Maintenance	O Yes	○ No	○ Yes	$\bigcirc$ No
Salt Storage	○ Yes	○ No	○ Yes	$\bigcirc$ No
Solid Waste Management	O Yes	○ No	○ Yes	$\bigcirc$ No
New Municipal Construction and Land Disturba	nce O Yes	○ No	○ Yes	$\bigcirc$ No
Winter Road Maintenance	O Yes	○ No	○ Yes	$\bigcirc$ No
Right of Way Maintenance	O Yes	○ No	○ Yes	$\bigcirc$ No
Marine Operations	O Yes	○ No	○ Yes	$\bigcirc$ No
Hydrologic Habitat Modification	• Yes	○ No	○ Yes	$\bigcirc$ No
Parks and Open Space	O Yes	○ No	○ Yes	$\bigcirc$ No
Municipal Building	O Yes	○ No	○ Yes	$\bigcirc$ No
Stormwater System Maintenance	○ Yes	○ No	○ Yes	$\bigcirc$ No
Vehicle and Fleet Maintenance	○ Yes	○ No	○ Yes	$\bigcirc$ No
Other	O Yes	○ No	O Yes	$\bigcirc$ No

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

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

If submitting this form as part of a joint report on behalf of a coa	lition leave SPDES	ID blank.			
	SPDES ID				
Name of MS4/Coalition					
2. Provide the following information about municipal operation	s good housekeep	ing programs:			
O Parking Lots Swept	# Acres				
○ Streets Swept	# Miles				
O Catch Basins Inspected and Cleaned Where Necessary	#				
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#				
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				
O Nitrogen Applied In Chemical Fertilizer	# Lbs.				
O Pesticide/Herbicide Applied As Pure Product	# Lbs.				
3. How many stormwater management trainings have been providuring this reporting period?	vided to municipa	l employees			
4. What was the date of the last training?		/			
5. How many municipal employees have been trained in this rep	orting 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. Name of MS4/Coalition 7. Evaluating/Measuring Progress MCM 6 What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency? Example\*: Indicator: Began Tracking: Frequency: (ex.: annual, monthly, biweekly) (year) # (ex.: samples/participants/events) Results: \* This indicator is provided as an example only. Indicator: Began Tracking: Frequency: (year) (ex.: annual, monthly, biweekly) (ex.: samples/participants/events) Results:

Submit additional pages as needed.

	MS4 Annu	ial Report Form		
This report is being	g submitted for the r	eporting period ending	g March 9,	
If submitting this fo	rm as part of a joint rep	ort on behalf of a coalition	leave SPDES ID blank.	
			SPDES ID	
Name of MS4/Coalition				
Additional Wate	rshed Improveme	nt Strateov Rest Ma	anagement Practices	
		in strategy best in	magonione i racercos	
The information in this section	n is being reported (chec	ck one):		
On behalf of an individual N	MS4			
On behalf of a coalition	4			
How many MS	4s contributed to this	report?		
MS4s must answer the qu	estions or check NA	as indicated in the tabl	e below.	
11-20 10 1-1-00 W-1 0-1 0-10 <b>q</b> -1				
1604 D		CI. I NA	The Co	
MS4 Description NYC EOH Watershed	Answer	Check NA	(POC)	
Traditional Land Use	1,2,3,4,5,6,7,8a,8b,9	10,11,12	Phosphorus	
Traditional Non-Land Use	1,2,3,4,7,8a,8b,9	5,10,11,12	Phosphorus	
Non-Traditional	1,2,7,8a,8b,9	3,4,5,10,11,12	Phosphorus	
Onondaga Lake Watershed		-		
Traditional Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus	
Traditional Non-Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus	
Non-Traditional	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus	
Greenwood Lake Watershed Traditional Land Use	- 1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus	
Traditional Non-Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus	
Non-Traditional	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus	
Ovster Bay	-	-	-	
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens	
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens	
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens	
Peconic Estuary	- 1 4 7 9 9 10 11 12	- 225601	- 1NT	
Traditional Land Use Traditional Non-Land Use	1,4,7,8a,9,10,11,12 1,4,7,8a,9,10,11,12	2,3,5,6,8b 2,3,5,6,8b	Pathogens and Nitrogen Pathogens and Nitrogen	
Non-Traditional	1,4,7,8a,9,10,11,12	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen	
TVOIT TRACTIONAL	1,7,7,04,7	2,3,4,3,00,10,11,12	r unogens and retrogen	
1. Does your MS4/Coaliti	on have an education	n nrogram addressing i	impacts of	
•		1 0	•	
phosphorus/nitrogen/p	atnogens on waterbo	oaies?	$\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ N/.	
2. Has 100% of the MS4/	Coalition conveyance	e system been mapped :	in GIS?	
			$\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ N/.	
If N/A, go to question 3.				
If No, estimate what per	centage of the convey	ance system has been ma	apped so far.	
Estimate what percentag	e was mapped in this	reporting period.	%	
0 D 3504/0 334	<b>1</b>		/• B	
3. Does your MS4/Coaliti	on have a Stormwate	er Conveyance System(	(infrastructure) Inspection	
and Maintenance Plan	Program?		$\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ N/	
	- <del>-</del>		○ 100 ○ 1V/	

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 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 NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal ○ Yes ○ No  $\bigcirc$  N/A Standards? 7. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A 8a.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ○ Yes ○ No  $\bigcirc$  N/A 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ○ Yes ○ No  $\bigcirc$  N/A 9. Has your MS4/Coalition developed and implemented a program of native planting? O Yes  $\bigcirc$  No  $\bigcirc$  N/A 10.Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? O Yes  $\bigcirc$  No  $\bigcirc$  N/A 11.Does your MS4/Coalition have a pet waste bag program? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 12.Does your MS4/Coalition have a program to manage goose populations? Yes  $\bigcirc$  No