MS4 Annual Report Form

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

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

Name of MS4/Coalition _____

SPDES ID NYR20 ____

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

○ Parking Lots Swept (Number of acres X Number of times swept) # Acres ____

○ Streets Swept (Number of miles X Number of times swept) # Miles ____

○ Catch Basins Inspected and Cleaned Where Necessary # ____

○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # ____

○ Phosphorus Applied In Chemical Fertilizer # Lbs. ____

○ Nitrogen Applied In Chemical Fertilizer # Lbs. ____

○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres ____.__

3. How many stormwater management trainings have been provided to 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? ____ %