



**MS4 Annual Report Cover Page****MCC form for period ending March 9,**

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

SPDES ID

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## MCC form for period ending March 9,

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## Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

[illegible]

**MCC form for period ending March 9,**

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[illegible]

5

[illegible][illegible][illegible][illegible]

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1

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[illegible]
$$\left( \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$
[illegible]

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	2	1
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Name of MS4 Village of Castleton

SPDES ID

N	Y	R	2	0	A	3	9	3
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## **Section 2 - Contact Information**

### Important Instructions - Please Read

Contact information must be provided for each 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
- ☐ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☒ Report Preparer

First Name

[illegible]

MI

R

Last Name

H	e	n	d	r	i	c	k	s					
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Title

[illegible]

Address

[illegible]

City

[illegible]

State

N	Y
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Zip

1	2	1	4	4
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-

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eMail

m	a	r	k	.	h	e	n	d	r	i	c	k	s	@	r	e	n	s	s	e	l	a	e	r	n	y	.	g	o	v
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Phone

$$( \begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array} ) \begin{array}{|c|c|c|} \hline 5 & 2 & 6 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 8 & 3 & 8 & 7 \\ \hline \end{array}$$

County

R	e	n	s	s	e	l	a	e	r				
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**MCC form for period ending March 9,**

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☐ Yes      ☐ No

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.

[illegible][illegible]

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[illegible][illegible]

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[illegible]
$$\left( \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} \right) \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} - \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array}$$

with GP-0-08-002 Part IV.G.?      ☐ Yes      ☐ No

[illegible][illegible][illegible][illegible][illegible][illegible]

\_\_\_\_\_

**MS4 Municipal Compliance Certification (MCC) Form**

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

Name of MS4 Village of Castleton

SPDES ID

N Y R 2 0 A 3 9 3

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☒ Yes ☐ 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.

Partner/Coalition Name

T o w n o f S a n d L a k e

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 1 1 9

Address

P O B o x 2 7 3

City

S a n d L a k e

State

N Y

Zip

1 2 1 5 3 -

eMail

m w a g n e r @ s a n d . l a k e . u s

Phone

( 5 1 8 ) 6 7 4 - 2 0 2 0

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)?

☒ MM1 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☐ MM6 T r a i n i n g

Additional tasks/responsibilities

☐ Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

**MS4 Municipal Compliance Certification (MCC) Form**

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

Name of MS4 Village of Castleton

SPDES ID

N Y R 2 0 A 3 9 3

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☒ Yes ☐ 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.

Partner/Coalition Name

C i t y o f T r o y

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 3 7 9

Address

4 3 3 R i v e r S t r e e t

City

T r o y

State

N Y

Zip

1 2 1 8 0 -

eMail

c h r i s . w h e l a n @ t r o y n y . g o v

Phone

( 5 1 8 ) 2 7 9 - 7 1 7 3

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)?

☒ MM1 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☐ MM6 T r a i n i n g

Additional tasks/responsibilities

- ☐ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.



**MS4 Municipal Compliance Certification (MCC) Form**

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

Name of MS4 Village of Castleton

SPDES ID

N Y R 2 0 A 3 9 3

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☒ Yes ☐ No

If Yes, complete information below.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

T o w n o f S c h a g h t i c o k e

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 1 1 6

Address

2 9 0 N o r t h l i n e D r i v e

City

M e l r o s e

State

N Y

Zip

1 2 1 2 1 -

eMail

s u p e r v i s o r @ t o w n o f s c h a g h t i c o k e . o r g

Phone

( 5 1 8 ) 7 5 3 - 6 9 1 5

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)?

☒ MM1 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☐ MM6 T r a i n i n g

Additional tasks/responsibilities

- ☐ Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

**MS4 Municipal Compliance Certification (MCC) Form**

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

Name of MS4 Village of Castleton

SPDES ID

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**Section 3 - Partner Information**

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If Yes, complete information below.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

T o w n o f S c h o d a c k

Partner/Coalition Name (cont.)

SPDES Partner ID - If applicable

N Y R 2 0 A 0 0 3

Address

2 6 5 S c h u r m a n R o a d

City

C a s t l e o n

State

N Y

Zip

1 2 0 3 3 -

eMail

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Phone

( 5 1 8 ) 4 7 7 - 7 9 3 8

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)?

☒ MM1 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☐ MM6 T r a i n i n g

Additional tasks/responsibilities

- ☐ Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

**MS4 Municipal Compliance Certification (MCC) Form**

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

Name of MS4 Village of Castleton

SPDES ID

N Y R 2 0 A 3 9 3

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☒ Yes ☐ 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.

Partner/Coalition Name

C i t y o f R e n s s e l a e r

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 1 2 5

Address

6 2 W a s h i n g t o n S t r e e t

City

R e n s s e l a e r

State

N Y

Zip

1 2 1 4 4 -

eMail

m a r k . h e n d r i c k s @ r e n s s e l a e r n y . g o v

Phone

( 5 1 8 ) 4 6 5 - 1 6 9 3

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)?

☒ MM1

M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☐ MM6

T r a i n i n g

Additional tasks/responsibilities

- ☐ Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

**MS4 Municipal Compliance Certification (MCC) Form**

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

Name of MS4 Village of Castleton

SPDES ID

N Y R 2 0 A 3 9 3

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☒ Yes ☐ 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.

Partner/Coalition Name

R e n s s e l a e r C o u n t y S o i l a n d W a t e r

Partner/Coalition Name (con't.)

C o n s e r v a t i o n D i s t r i c t

SPDES Partner ID - If applicable

N Y R 2 0 A

Address

5 5 S t a t e S t r e e t

City

T r o y

State

N Y

Zip

1 2 1 8 0 -

eMail

t o m . s a n f o r d @ n y . u s d a . g o v

Phone

( 5 1 8 ) 2 7 1 - 1 7 4 0

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)?

☒ MM1 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☐ MM6 T r a i n i n g

Additional tasks/responsibilities

- ☐ Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2021

Name of MS4 Village of Castleton

SPDES ID

N Y R 2 0 A 3 9 3

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☒ Yes ☐ 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.

Partner/Coalition Name

C a p i t a l D i s t r i c t R e g i o n a l

Partner/Coalition Name (con't.)

P l a n n i n g C o m m i s s i o n

SPDES Partner ID - If applicable

N Y R 2 0

Address

O n e P a r k P l a c e

City

A l b a n y

State

N Y

Zip

1 2 2 0 5 -

eMail

m d a l e y @ c d r p c . o r g

Phone

( 5 1 8 ) 4 5 3 - 0 8 5 0

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)?

☒ MM1 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☐ MM6 T r a i n i n g

Additional tasks/responsibilities

- ☐ Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

**MS4 Municipal Compliance Certification (MCC) Form**

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

Name of MS4 Village of Castleton

SPDES ID

N Y R 2 0 A 3 9 3

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☒ Yes ☐ 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.

Partner/Coalition Name

T o w n o f E a s t G r e e n b u s h

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 2 0 1

Address

2 2 5 C o l u m b i a T u r n p i k e

City

R e n s s e l a e r

State

N Y

Zip

1 2 1 4 4 -

eMail

a y a g e l s k i @ e a s t g r e e n b u s h . o r g

Phone

( 5 1 8 ) 2 7 0 - 2 9 2 1

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)?

☒ MM1 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☐ MM6 T r a i n i n g

Additional tasks/responsibilities

- ☐ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

**MCC form for period ending March 9,**

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Name of MS4

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"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."

First Name

[illegible]

MI

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Last Name

[illegible]

Title (Clearly print title of individual signing report)

[illegible]

Signature

\_\_\_\_\_

Date \_\_\_\_\_

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The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: [MS4compliance@dec.ny.gov](mailto:MS4compliance@dec.ny.gov). All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

## Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance  
Division of Water  
4th Floor  
625 Broadway  
Albany, New York 12233-3505

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## Water Quality Trends

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

- On behalf of an individual MS4
- On behalf of a coalition

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☐ Yes      ☐ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ 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.

[illegible][illegible][illegible][illegible]



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

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

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### **Minimum Control Measure 1. Public Education and Outreach**

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

- On behalf of an individual MS4
- On behalf of a coalition

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## 1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ☐ Construction Sites
  - ☐ General Stormwater Management Information
  - ☐ Household Hazardous Waste Disposal
  - ☐ Illicit Discharge Detection and Elimination
  - ☐ Infrastructure Maintenance
  - ☐ Smart Growth
  - ☐ Storm Drain Marking
  - ☐ Green Infrastructure/Better Site Design/Low Impact Development
  - ☐ Other:
  - ☐ Pesticide and Fertilizer Application
  - ☐ Pet Waste Management
  - ☐ Recycling
  - ☐ Riparian Corridor Protection/Restoration
  - ☐ Trash Management
  - ☐ Vehicle Washing
  - ☐ Water Conservation
  - ☐ Wetland Protection
  - ☐ None

[illegible]

Other

**2. Specific audiences targeted during this reporting period:**

- ☐ Public Employees
- ☐ Residential
- ☐ Businesses
- ☐ Restaurants
- ☐ Other:
- ☐ Contractors
- ☐ Developers
- ☐ General Public
- ☐ Industries
- ☐ Agricultural

[illegible]

Other

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Name of MS4/Coalition

SPDES ID

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## # Trained

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## # Mailings

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## # Locations

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# In List

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# In List

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# Days Run

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# Attendees

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# Attendees

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# Days Run

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Total # Distributed

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URL

[illegible][illegible][illegible]

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[illegible][illegible][illegible]

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

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

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

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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

#### 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?**

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(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?**

☐ Yes      ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

--

# 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

## **Minimum Control Measure 2. Public Involvement/Participation**

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

**1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:**

- |   |             |   |  |   |   |   |
|---|-------------|---|--|---|---|---|
| <input type="radio"/> Cleanup Events            | # Events    |   |  |   |   |   |
| <input type="radio"/> Comments on SWMP Received | # Comments  |   |  |   |   |   |
| <input type="radio"/> Community Hotlines        | Phone #     | ( |  |   | ) | - |
| Phone #   | (           |   |  | ) | - |   |
| Phone #   | (           |   |  | ) | - |   |
| Phone #   | (           |   |  | ) | - |   |
| Phone #   | (           |   |  | ) | - |   |
| Phone #   | (           |   |  | ) | - |   |
| <input type="radio"/> Community Meetings        | # Attendees |   |  |   |   |   |
| <input type="radio"/> Plantings                 | Sq. Ft.     |   |  |   |   |   |
| <input type="radio"/> Storm Drain Markings      | # Drains    |   |  |   |   |   |
| <input type="radio"/> Stakeholder Meetings      | # Attendees |   |  |   |   |   |
| <input type="radio"/> Volunteer Monitoring      | # Events    |   |  |   |   |   |
| <input type="radio"/> Other:                    |             |   |  |   |   |   |

**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?** ☐ Yes

- |  |            |  |  |  |  |  |
|--|------------|--|--|--|--|--|
| <input type="radio"/> List-Serve   | # In List  |  |  |  |  |  |
| <input type="radio"/> Newspaper Advertising                                  | # Days Run |  |  |  |  |  |
| <input type="radio"/> TV/Radio Notices                                       | # Days Run |  |  |  |  |  |
| <input type="radio"/> Other:   |            |  |  |  |  |  |
| <input type="radio"/> Web Page URL: Enter URL(s) on the following two pages. |            |  |  |  |  |  |

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Name of MS4/Coalition

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

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☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

MCM 2 Page 5 of 6

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

## 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?**

☐ Yes      ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

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Name of MS4/Coalition

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- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

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☐ Yes      ☐ No

			%
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☐ Yes    ☐ No

☐ Yes    ☐ No

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

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

SPDES ID

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- 11. What percent of staff in relevant positions and departments has received IDDE training?**
- |  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | % |
|--|--|--|--|---|

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

## 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?**

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(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?**

☐ Yes      ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

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## 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

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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

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

- ☐ On behalf of an individual MS4  
☐ On behalf of a coalition

How many MS4s contributed to this report?

  

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** ☐ Yes ☐ 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?** ☐ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

  

**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☐ Yes ☐ No

**6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:**

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority



## MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

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### 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?** ☐ NT

--	--	--

%

**4. What percent of active construction sites were inspected more than once?** ☐ NT

--	--	--

%

**5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?**

☐ Yes   ☐ No   ☐ NT

**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   ☐ NT

**If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?**

☐ Yes   ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.



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

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## 7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

--

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

--

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

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(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?**

☐ Yes      ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

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

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### **Minimum Control Measure 5. Post-Construction Stormwater Management**

How many MS4s contributed to this report?		
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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- MCM 5 Page 2 of 3

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

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SPDES ID

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**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?**

☐ Yes ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

--

## 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

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### 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  
☐ 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.**

<u>Operation/Activity/Facility</u>	<u>Self-Assessment</u>					
	<u>Operation/Activity/Facility</u>			<u>performed within the past 3</u>		
	<u>Addressed in SWMP?</u>			<u>years?</u>		
Street Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
Bridge Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
Winter Road Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
Salt Storage.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
Solid Waste Management.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
Right of Way Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
Marine Operations.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
Parks and Open Space.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
Municipal Building.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
Stormwater System Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
Vehicle and Fleet Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> No	
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	.....	<input type="radio"/> Yes	<input type="radio"/> 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 SPDES ID blank.

Name of MS4/Coalition

SPDES ID

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

- |  |         |  |  |   |  |  |   |  |
|--|---------|--|--|---|--|--|---|--|
| <input type="radio"/> Parking Lots Swept (Number of acres X Number of times swept)   | # Acres | <table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>  |  |   |  |  |   |  |
|  |         |  |  |   |  |  |   |  |
| <input type="radio"/> Streets Swept (Number of miles X Number of times swept)  | # Miles | <table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>  |  |   |  |  |   |  |
|  |         |  |  |   |  |  |   |  |
| <input type="radio"/> Catch Basins Inspected and Cleaned Where Necessary   | #       | <table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>  |  |   |  |  |   |  |
|  |         |  |  |   |  |  |   |  |
| <input type="radio"/> Post Construction Control Stormwater Management Practices<br>Inspected and Cleaned Where Necessary   | #       | <table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>  |  |   |  |  |   |  |
|  |         |  |  |   |  |  |   |  |
| <input type="radio"/> Phosphorus Applied In Chemical Fertilizer  | # Lbs.  | <table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>  |  |   |  |  |   |  |
|  |         |  |  |   |  |  |   |  |
| <input type="radio"/> Nitrogen Applied In Chemical Fertilizer  | # Lbs.  | <table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>  |  |   |  |  |   |  |
|  |         |  |  |   |  |  |   |  |
| <input type="radio"/> Pesticide/Herbicide Applied<br>(Number of acres to which pesticide/herbicide was applied X Number of<br>times applied to the nearest tenth.) | # Acres | <table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 10px; text-align: center;">.</td> <td style="width: 10px; height: 15px;"></td> </tr> </table> |  |   |  |  | . |  |
|  |         |  |  | . |  |  |   |  |

### 3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

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### 4. What was the date of the last training?

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

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

			%
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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

## 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?**

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(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?**

☐ Yes      ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

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## 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

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### Additional Watershed Improvement Strategy Best Management Practices

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?

**MS4s must answer the questions or check NA as indicated in the table below.**

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>	-	-	-
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
<b>Onondaga Lake Watershed</b>	-	-	-
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
<b>Greenwood Lake Watershed</b>	-	-	-
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
<b>Oyster Bay</b>	-	-	-
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
<b>Peconic Estuary</b>	-	-	-
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
<b>Oscawana Lake Watershed</b>	-	-	-
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
<b>LI 27 Embayments</b>	-	-	-
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   ☐ No   ☐ N/A

**2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?**

☐ Yes   ☐ No   ☐ N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

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 %

Estimate what percentage was mapped in this reporting period.

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 %

## MS4 Annual Report Form

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

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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

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**3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ☐ Yes ☐ No ☐ N/A

**4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** 



 %

**5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ☐ Yes ☐ No ☐ 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 phosphorus/nitrogen/pathogen loading?** ☐ Yes ☐ No ☐ N/A

**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?** ☐ Yes ☐ No ☐ 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 ☐ N/A

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

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SPDES ID

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**9. Has your MS4/Coalition developed and implemented a program of native planting?**

☐ Yes ☐ No ☐ N/A

**10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**

☐ Yes ☐ No ☐ N/A

**11. Does your MS4/Coalition have a pet waste bag program?**

☐ Yes ☐ No ☐ N/A

**12. Does your MS4/Coalition have a program to manage goose populations?**

☐ Yes ☐ No ☐ N/A