

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.

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MCC form for period ending March 9,

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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.

Partner/Coalition Name

[illegible]

SPDES Partner ID - If applicable

[illegible]

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[illegible]

Zip

[illegible]

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☐ Yes ☐ No

○ MM1

[illegible]

○ MM2

[illegible]

○ MM3

[illegible]

○ MM4

[illegible]

○ MM5

[illegible]

○ MM6

[illegible]

- *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

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

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

First Name

[illegible]

MI

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Last Name

[illegible]

Title (Clearly print title of individual signing report)

[illegible]

Signature

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Date _____

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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

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.

SPDES ID

Name of MS4/Coalition

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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

How many MS4s are contributed to this report?

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- 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.**

☐ Yes ☐ 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.

URL

URL

URL

URL

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.

1. _____

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

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

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☐ Yes ☐ No

☐ Yes ☐ No

MS4 Annual Report Form

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

If submitting this form as part of a joint report on behalf of a coalition leave 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:

- | | | | | | | |
|---|-------------|---|--|---|---|---|
| ☐ Cleanup Events | # Events | | | | | |
| ☐ Comments on SWMP Received | # Comments | | | | | |
| ☐ Community Hotlines | Phone # | (| | |) | - |
| Phone # | (| | |) | - | |
| Phone # | (| | |) | - | |
| Phone # | (| | |) | - | |
| Phone # | (| | |) | - | |
| Phone # | (| | |) | - | |
| ☐ Community Meetings | # Attendees | | | | | |
| ☐ Plantings | Sq. Ft. | | | | | |
| ☐ Storm Drain Markings | # Drains | | | | | |
| ☐ Stakeholder Meetings | # Attendees | | | | | |
| ☐ Volunteer Monitoring | # Events | | | | | |
| ☐ Other: | | | | | | |

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

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

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

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URL

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Name of MS4/Coalition

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URL

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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. Where can the public access copies of this annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

○ MS4/Coalition Office ○ Annual Report ○ SWMP Plan ○ Comments

[illegible][illegible][illegible]

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☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

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☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

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☐ Web Page URL: ☐ Annual Report ☐ SWMP Plan ☐ Comments

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☐ eMail ☐ Comments

[illegible][illegible]

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☐ Yes ☐ No

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☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

MCM 2 Page 5 of 6

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

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Name of MS4/Coalition

SPDES ID

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

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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.

[illegible]

How many MS4s contributed to this report?		
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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

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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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Name of MS4/Coalition

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

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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.

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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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Name of MS4/Coalition

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☐ Yes ☐ No

☐ Yes ☐ No ☐ NT

☐ 09/2004 ☐ 03/2006 ☐ NT

☐ Yes ☐ No

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☐ Yes ☐ No ☐ NT

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☐ 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:

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

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9,**

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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?

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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

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3. What percent of active construction sites were inspected during this reporting period? ☐ NT

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

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 %

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.

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Name of MS4/Coalition

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☐ Yes ☐ No

☐ Yes ☐ No

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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

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

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

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☐ Infiltration Basins			
☐ Open Channels			
☐ Ponds			
☐ Wetlands			
☐ Other			

☐ Yes ☐ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes
- ☐ Overlay Districts
- ☐ Zoning
- ☐ None
- ☐ Watershed Plans
- ☐ Other:
- ☐ Municipal Comprehensive Plans
- ☐ Open Space Preservation Program
- ☐ Local Law or Ordinance
- ☐ Land Use Regulation/Zoning
- ☐ Other Comprehensive Plan

[illegible]

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

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- 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
- ☐ Yes ☐ No
- 4b. Does the MS4 have a banking and credit system for stormwater management practices?
- ☐ Yes ☐ No
- 4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
- ☐ Yes ☐ No
- 4d. How many stormwater management practices have been implemented as part of this system in this reporting period?
-
5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?
- %

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

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☐ Yes ☐ No

☐ Yes ☐ No

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

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

- | | |
|---|--|
| How many MS4s contributed to this report? | |
|---|--|

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

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	☐ Yes	☐ No	☐ Yes	☐ No
Bridge Maintenance.....	☐ Yes	☐ No	☐ Yes	☐ No
Winter Road Maintenance.....	☐ Yes	☐ No	☐ Yes	☐ No
Salt Storage.....	☐ Yes	☐ No	☐ Yes	☐ No
Solid Waste Management.....	☐ Yes	☐ No	☐ Yes	☐ No
New Municipal Construction and Land Disturbance..	☐ Yes	☐ No	☐ Yes	☐ No
Right of Way Maintenance.....	☐ Yes	☐ No	☐ Yes	☐ No
Marine Operations.....	☐ Yes	☐ No	☐ Yes	☐ No
Hydrologic Habitat Modification.....	☐ Yes	☐ No	☐ Yes	☐ No
Parks and Open Space.....	☐ Yes	☐ No	☐ Yes	☐ No
Municipal Building.....	☐ Yes	☐ No	☐ Yes	☐ No
Stormwater System Maintenance.....	☐ Yes	☐ No	☐ Yes	☐ No
Vehicle and Fleet Maintenance.....	☐ Yes	☐ No	☐ Yes	☐ No
Other.....	☐ Yes	☐ No	☐ Yes	☐ No

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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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?

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

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

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Name of MS4/Coalition

SPDES ID

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

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(ex.: samples/participants/events)

☐ Yes ☐ No

☐ Yes ☐ No

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MS4 Annual Report Form

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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)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?

☐ Yes ☐ 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

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Name of MS4/Coalition

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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?

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 %
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?

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- 7c. What percent of the projects included in 7b have been completed in this reporting period?

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 %
- 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

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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