

TOWN OF AMHERST

ENGINEERING DEPARTMENT

ERIE COUNTY - NEW YORK

JEFFREY S. BURROUGHS, P.E. – TOWN ENGINEER

May 17, 2023

RE: Town of Amherst Year 20 Annual Stormwater Report

Enclosed, please find a draft copy of the Town of Amherst Municipal Compliance Certification (MCC) Form and the Stormwater Management Program Annual Report for the period ending March 9, 2023.

Should you have any questions, please contact me directly at (716) 631-7154 or <u>vreberholt@amherst.ny.us</u>.

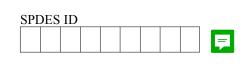
Sincerely,

Vaishali Reberholt, PE, CPESC Stormwater Management Officer

MS4 Annual Report Cover Page

MCC form for period ending March 9,

This cover page must be completed by the report preparer. Joint reports require only one cover page.



Choose one:

O This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Na	ne o	of M														

OR

O This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Name of Single Entity

OR

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

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

Name of Coalition

SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

SPDES ID
SPDES ID
SPDES ID
SPDES ID
SPDES ID
SPDES ID
SPDES ID
SPDES ID

						- r	
SPI	DES	ID	 				
SPI		П					
	JES	ID					
SPI	DES	ID					
SPI	DES	ID					
SPI	JES	ID					
SPI	DES	ID	•	•	•		
SPI	DES	ID	 				
SPI	DES	ID					
SPI	DES	ID	 				
SPI	DES	ID					
		ID					
SPI	JES	ID					
SPI	DES	ID	 I	I	I		
SPI	DES	ID	-	_	-		
SPI	DES	ID					
SPI	DES	Ш					
SPI	DES	ID					
SPI	DES	ID	 				
SPI	JES	Ш					
L			 I	L	I		

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

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

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

Name of MS4

SPDES ID

	SLT	JES	11

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: Duplicate this page as needed to include information for each contact.

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

Name of MS4

SPDES ID

	SLT	JES	11

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: Duplicate this page as needed to include information for each contact.

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

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,			
	SPDES ID		
Name of MS4			

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? \bigcirc Yes \bigcirc No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

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

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

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

Section 4 - Certification Statement

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

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

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

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

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

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

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

		SPI	DES	ID				
Name of MS4/Coalition								

Water Quality Trends

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

- On behalf of an individual MS4
- \bigcirc On behalf of a coalition . .1 104 Η

low many MS4s are contributed to this report?		
	low many MS4s are contributed to this report?	

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

If Yes, choose one of the following

- \bigcirc Report(s) attached to the annual report
- \bigcirc Web Page(s) where report(s) is/are provided below

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

 \odot No

URL																					
URI																					
URI																					
URI																					

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

$\bigcirc 0$	her:			$\bigcirc A$	Agri	icul	tura	al									

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

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

		SPI	DES	ID			
Name of MS4/Coalition							

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

$\circ c_{c}$	onstru	nstruction Site Operators Trained														Ŧ	#Tr	aine	ed												
⊖ Di	rect	Ma	ailin	gs																			#	Ma	ilin	gs					
⊖ Ki	osks	or	Otł	ner I	Dis	play	/S																#]	Loca	atio	ns					
⊖ Li	st-Se	rve	s																					# I:	n Li	ist					
ΟM	ailing	g L	ist																					# I:	n Li	ist					
○ Ne	ewsp	ape	er A	ds c	or A	Artio	cles																#]	Day	s Rı	ın					
⊖ Pu	ıblic	Ev	rent	s/Pro	ese	ntat	ions	5															#1	Atte	nde	es					
⊖ Sc	hool	Pr	ogra	am																			#1	Atte	nde	es					
ΟTV	V Sp	ot/I	Prog	gram	1																		#]	Day	s Rı	ın					
○ Pr	inted Loca					ries,	tow	n off	fices	, kio	sks)									Тс	otal	# D	istri	bute	ed					
\bigcirc Ot	her:																														
O W ហ	eb P	age	:	Pro nee			peci	ific	we	b ac	ldr	esse	es - 1	not	ho	me	pag	e. (Con	tinu	ie o	n ne	ext	pag	e if	ad	ditio	ona	l sp	ace	is
U	RL																														
·					•		•	•	•	•		•	•		•	•	•	•	•	•						•	·		,		

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

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

		SPD	ES.	ID			
Name of MS4/Coalition	1						

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

UR	JRL																						
UR	r.		_																				
UR	r																						
F																							
UR																							
UR	L																						
UR	Ĺ			1																			
UR	L															 	 	 			 		
	1			I	I	L		L	I	L	I		I	I	L	 				 			

This report is be	eing submitted for	the renorting n	period ending]	March 9.	
I ms report is by	ang submitted for	une reporting p	ci iou chuing i	viai (11),	

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

		SPL	DES	ID			
Name of MS4/Coalition							

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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

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

(ex.: samples/participants/events)

=

D.	Has vou	r MS4	made p	rogress	toward	this	Measurable	Goal	during	this re	porting p	eriod?
-												

 \bigcirc Yes \bigcirc No

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

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

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

		SPL)ES	ID			
Name of MS4/Coalition							

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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

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

(ex.: samples/participants/events)

D.	Has	your MS4	made prog	ress toward	this Measu	rable Goal d	luring this rep	porting period?

○ Yes ○ No

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

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

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

		SPI	DES	ID			
Name of MS4/Coalition							

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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

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

(ex.: samples/participants/events)

D.	. Has your MS4 made progress toward this Measurable Goal during this reportin	g period?	2
	Teacher education packages are a bi-ennial BMP.	Yes	No

- **E.** Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Ores ONO
- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

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

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

		SPI	DES	ID			
Name of MS4/Coalition							

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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

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

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

○ Yes ○ No

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

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

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

		SPI	DES	ID			
Name of MS4/Coalition							

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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

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

(ex.: samples/participants/events)

D.	Has	your MS4	made prog	ress toward	this Measu	rable Goal d	luring this rep	porting period?

○ Yes ○ No

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



MS4 Annual													
This report is being submitted for the rep If submitting this form as part of a joint report		•			0					bla	nk		
		Chan	01 a				ESI				шк. — — —		٦
Name of MS4/Coalition													
Minimum Control Measure 2.	Publ	lic Ir	nvo	lvem	ent	/P	<u>art</u>	<u>icip</u>	ati	<u>on</u>			
The information in this section is being reported (check	c one):	:											
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this re 	eport?	2											
1. What opportunities were provided for public development, evaluation and improvement o (SWMP) Plan during this reporting period?	f the	Stor	mw	ater N	/Ian				·	rar	n		
\bigcirc Cleanup Events							#Ε ν	vents]
\bigcirc Comments on SWMP Received					:	#Co	omm	ents					F
\bigcirc Community Hotlines	Pho	one#	()[_]
Phone # ()	Pho	one#	()[_]
Phone # () -	Pho	one#	()			-]
Phone # ()	Pho	one#	()			_				
Phone # ()	Pho	one#	()			-				
Phone # ()	Pho	one#	()			–]
• Community Meetings (All WNYSC meetings of	pen t	to pu	ıbl	ic)		# A	tten	dees] 📮
○ Plantings							Sc	l. Ft.					
○ Storm Drain Markings							#Dı	ains					
\bigcirc Stakeholder Meetings						# A	tten	dees]
O Volunteer Monitoring							#Εv	vents					
O Other:]
2. Was public notice of availability of this annu Program (SWMP) Plan provided?	ial re	port	anc	l Stor	mw	ate	r M	[ana		nen [:] Ye		○ No)
\bigcirc List-Serve							# In	List					
\bigcirc Newspaper Advertising						# E	Days	Run					
○ TV/Radio Notices						# E	Days	Run					
O Other:]

 \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.

UR	L	 										 										
		+																<u> </u>				
UR	L																					
		 -																<u> </u>	<u> </u>	F	\square	
		 _																	L			
UR	L	 				-						 	-		-	 						
UR																						
		 +		<u> </u>															<u> </u>	L	\square	
		_																	L	L		
UR	Ļ																					
	r																					
UR																						
		+																<u> </u>	<u> </u>			
		+																<u> </u>	L	L	\square	
UR	L	 	1	1	-	 	 	 			-			-								
																			L	L		
		 _				-																

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

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

SPI	DES	ID			

Name of MS4/Coalition

2. URL(s) con't.:

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

UR	Ĺ			 		 	 	 		 	 	 		 	 	
F													 		 	
UR																
UR	L	 						 								
UR	L															
UR	L							 								
UR	ſ.															
UR	L]

MS4 Annual Re	eport Form
This report is being submitted for the reporti	
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 this annual Program SWMP) Plan and submit comments on	
Enter address/contact info and select radio button to	indicate which document is available and
whether comments may be submitted at that location	n. Submit additional pages as needed.
O MS4/Coalition Office C Department	Annual Report O SWMP Plan O Comments
Address	
City	Zip
Phone (
○ Library C	Annual Report O SWMP Plan O Comments
Address	
Phone	
O Other C	Annual Report O SWMP Plan O Comments
City	Zip
Phone (
• Web Page URL:	Annual Report O SWMP Plan O Comments
Please provide specific address of page where rep	
• eMail	○ Comments

=

Ę

<u>MS4 Annual Report Form</u>		
This report is being submitted for the reporting period ending March 9,		
If submitting this form as part of a joint report on behalf of a coalition leave SPDE	S ID blank	ζ.
SPDES ID		
Name of MS4/Coalition		
4.a. If this report was made available on the internet, what date was it posted? Leave blank if this report was not posted on the internet.]/	
4.b. For how many days was/will this report be posted?		
If submitting a report for single MS4, answer 5.a If submitting a joint report, ans	wer 5.b	
5.a. Was an Annual Report public meeting held in this reporting period? If Yes, what was the date of the meeting?	○ Yes] /	○ No
If No, is one planned?	○ Yes	○ No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this this reporting period? WNY Stormwater Coalition - April 2023	report d u O Yes	uring O No
If No, is one planned for each?	○ Yes	○ No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.	○ Yes	○ No

=

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

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

		SPL	DES	ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 \bigcirc Yes \bigcirc No

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

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

		SPL	DES	5 ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 \bigcirc Yes \bigcirc No

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

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

		SPL	DES	ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 \bigcirc Yes \bigcirc No

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

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

		SPL	DES	ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 \bigcirc Yes \bigcirc No

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

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

		SPI	DES	ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

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

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

N/A

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 \bigcirc Yes \bigcirc No

<u>MS4 Ar</u>	nual Report Form
This report is being submitted for the	he 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 t 	his report?
1. Enter the number and approx. percent	of outfalls mapped:#% 📮
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a.What types of generating sites/sewersho reporting period?	eds were targeted for inspection during this
○ Auto Recyclers	\bigcirc Landscaping (Irrigation)
O Building Maintenance	○ Marinas
\bigcirc Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	○ Residential Carwashing
○ Distribution Centers	○ Restaurants
○ Food Processing Facilities	\bigcirc Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
\bigcirc Hospitals	\bigcirc Swimming Pools
\bigcirc Improper RV Waste Disposal	\bigcirc Vehicle Fueling

 \bigcirc Industrial Process Water

\circ (Dth	er:							0	No	ne								
\circ	Sew	vers	she	ds:														 	

○ Vehicle Maint./Repair Shops

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

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

Name of MS4/Coalition]		SPI	DES	ID]
3.b.What types of illicit discharges have	been f	ound	du	ring t	his	repo	rting	g pe	eriod?				
O Broken Lines From Sanitary Sewer	○ Indı	ıstrial	Co	nnectio	ons								
\odot Cross Connections	○ Infl	ow/Inf	ĩltra	tion									
○ Failing Septic Systems	○ Pun	np Stat	tion	Failu	e								
○ Floor Drains Connected To Storm Sewers	\odot San	itary S	Sew	er Ove	rflo	WS							
○ Illegal Dumping	○ Stra	ight P	ipe	Sewer	Dis	scharg	es						
○ Other:	○ Nor	ne											
]
 How many illicit discharges/potentia reporting period? How many illicit discharges have bee How many illicit discharges/illegal co period? 	en conf	ïrmec	l dı	ıring	this	s repo	ortin	ng p	eriod	?]
7. Has the storm sewershed mapping be If No, approximately what percent was		-					·		od?	0	Yes	O No	
8. Is the above information available in Is this information available on the w If Yes, provide URL(s):	veb?			1				4 1		0	Yes Yes	○ No ○ No	
Please provide specific address of page URL	where	map(s) ca	in be a	icce	essed	- no	t no	me pa	ige.			

URL

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

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

_ ~ _ _

		SPD	DES	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

UR	Ļ		 	 		 		 	 	 	 		 		 	 	
		-															
UR	L																
UR	Ĺ			1		1		1								 	
UR	L															 	
UR	Ĺ															 	

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? O Yes O No
- **10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?** O Yes O NO O NT

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

This report is be	eing submitted for	the renorting n	period ending]	March 9.	
I ms report is by	ang submitted for	une reporting p	ci iou chuing i	viai (11),	

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

		SPL	JES	ID			
Name of MS4/Coalition							

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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

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

(ex.: samples/participants/events)

=

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

○ Yes ○ No

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

○ Yes ○ No

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

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

		SPL	DES	ID			
Name of MS4/Coalition							

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 \bigcirc Yes \bigcirc No

This rer	oort is being	submitted for	or the reportion	ng period e	ending Mai	rch 9.	
	Juit is being	Submitted It	or the reporting	is periou v	inams mai	сп <i>></i> ,	

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

		SPL	DES	ID			
Name of MS4/Coalition							

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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

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

(ex.: samples/participants/events)

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

 \bigcirc Yes \bigcirc No

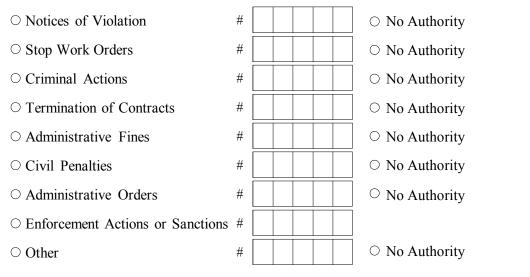
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

 \bigcirc Yes \bigcirc No

<u>MS4 Annual Report Form</u>
This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID Image: Sport MS4/Coalition
<u>Minimum Control Measures 4 and 5.</u> Construction Site and Post-Construction Control
The information in this section is being reported (check one):
 On behalf of an individual MS4 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?O Yes
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 cerfification or using the NYSDEC Gap Analysis Workbook?
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. \odot 09/2004 \odot 03/2006 \odot NT
2. Does your MS4/Coalition have a SWPPP review procedure in place? O Yes O 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?
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 ONO Via NYS 4 Hour Erosion & Sediment Control Training

F

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:



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.

		SPDE	ES 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

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

- 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
- 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
- 3. What percent of active construction sites were inspected during this reporting period? \odot NT

%

%

- 4. What percent of active construction sites were inspected more than once? ONT
- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Orgen ONO ONT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? O Yes O No

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

ins report is being submitted for the reporting period chains march y,	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	
Iname	01 WISH/COantion	

r	II D			

6. con't.:

Submit additional pages as needed.

Г

\bigcirc MS4/Coalition Office

De	epart	men	t																											
A	ddres	ss											1																	
Ci	ty																		L		Zip							1]
																										–				
Ph	one																				L		I			J		1]
(' [)				_																						
∖ ⊂Libra	.∟ rv			/									J																	
	ddres	55																												
		Ĩ																												
Ci	tv																				Zip							L		
]]_				
L Ph	one]		L		
(′ [)				_																						
(. [/																										
○ Other																														
A	ddres	ss														1		1										T		
Ci	ty									1			-			1	_				Zip					1				
																										_				
Ph	one							1					1																	
()				-																						
O Web]	Ρασε	LIR	et (s	s).	p	lea	se n	rov	ide	sne	cif	ic a	ddr	ess	wh	ere	SW	PP	Pso	ean	he :	1006	esse	d -	not	hoi	ne	nag	e	
UR		. 01	ш(.	<i>,</i> ,,,		1041	50 P	10,	Iuc	SP.		10 4	uur	• • • •		010	0			, all				u		1101	e	P ** 8	0.	
UR	21	1																											I	
L		1								I	I			I	I										I					

This report is being submitted	for the reporting period	l ending March 9.	
This report is being submitted	for the reporting period	i chung march 29	

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

		SPL	DES	ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 \bigcirc Yes \bigcirc No

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

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

		SPL	DES	ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

○ Yes ○ No

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

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

		SPL	DES	ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 \bigcirc Yes \bigcirc No

1

MS4 Annual Report Form

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

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

		SPD	DES	ID			
Name of MS4/Coalition							

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

eport?		

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	
\bigcirc Alternative Practices				
\bigcirc Filter Systems				
\bigcirc Infiltration Basins				_
\bigcirc Open Channels				P
\bigcirc Ponds				
\bigcirc Wetlands				
\bigcirc Other				

- 2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? O Yes O No
- 3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?
- Building Codes Municipal Comprehensive Plans

○ Overlay Districts ○ Open Space Preservation Program

- Zoning Local Law or Ordinance
- None Land Use Regulation/Zoning
- \bigcirc Watershed Plans \bigcirc Other Comprehensive Plan
- Other:

															1 1	
															1 1	1
																(L
																(L
L															·	

This report is being submitted for the reporting pe	eriod ending March 9,
If submitting this form as part of a joint report on behalf	of a coalition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
4a. Are the MS4s contributing to this report involved in a region	onal/watershed wide planning effort?
	\bigcirc Yes \bigcirc No
4b. Does the MS4 have a banking and credit system for stormw	vater management practices?
	\bigcirc Yes \bigcirc No
4c. Do the SWMP Plans for each MS4 contributing to this report and approval of banking and credit of alternative siting of a	A
	○ Yes ○ No
4d. How many stormwater management practices have been in	nplemented as part of this system in this
reporting period?	
5. What percent of municipal officials/MS4 staff responsible f	
training on Low Impace Development (LID), Better Site De Infrastructure principles in this reporting period?	esign (BSD) and other Green

This report is being submitted f	for the reporting period ending March 9,	
	perior enangementer signation signat	

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

		SPL	DES	5 ID			
Name of MS4/Coalition							

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

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

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

(ex.: samples/participants/events)

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

 \bigcirc Yes \bigcirc No

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

 \bigcirc Yes \bigcirc No

This report is being submitted	for the reporting period	l ending March 9.	
This report is being submitted	for the reporting period	i chung march 29	

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

	SPL	JES	ID)			
Name of MS4/Coalition							

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 \bigcirc Yes \bigcirc No

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

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

Name of MS4/Coalition

SPI	DES	ID			

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

○ On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?



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

			Self-Assessment							
			Operation/Activi	<u>ty/Facility</u>						
	L		performed within	the past 3	Ę					
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>	•						
Street Maintenance	O Yes	○ No	O Yes	\bigcirc No						
Bridge Maintenance	O Yes	○ No	○ Yes	\bigcirc No						
Winter Road Maintenance	O Yes	○ No	• Yes	\bigcirc No						
Salt Storage	····· O Yes	○ No	····· · · Yes	\bigcirc No						
Solid Waste Management	O Yes	○ No	O Yes	\bigcirc No						
New Municipal Construction and Land Disturba	nce \bigcirc Yes	○ No	• Yes	\bigcirc No						
Right of Way Maintenance	····· O Yes	○ No	○ Yes	\bigcirc No						
Marine Operations	····· OYes	○ No	• Yes	\bigcirc No						
Hydrologic Habitat Modification	• Yes	○ No	• Yes	\bigcirc No						
Parks and Open Space	····· · Yes	○ No	• Yes	\bigcirc No						
Municipal Building	O Yes	○ No	○ Yes	\bigcirc No						
Stormwater System Maintenance	O Yes	○ No	• Yes	\bigcirc No						
Vehicle and Fleet Maintenance		○ No	○ Yes	\bigcirc No						
Other	○ Yes	○ No	○ Yes	\bigcirc No						

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

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

		SPD	ES I	D			
Name of MS4/Coalition							

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

\bigcirc Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
\bigcirc Streets Swept (Number of miles X Number of times swept)	# Miles	
\bigcirc Catch Basins Inspected and Cleaned Where Necessary	#	
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#	
\bigcirc 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 t during this reporting period?	o municipa	al employees

- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

%

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

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

		SPI	DES	5 ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 \bigcirc Yes \bigcirc No

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

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

		SPL	DES	ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

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

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

(ex.: samples/participants/events)

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

○ Yes ○ No

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

 \bigcirc Yes \bigcirc No

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

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

		SPL	DES	ID			
Name of MS4/Coalition							

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

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

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

(ex.: samples/participants/events)

D.	Has you	r MS4 made	progress towar	rd this Measu	rable Goal dui	ring this repo	rting period?
υ.	IIas you	I MIST MAUL	progress towar	u unis micasu	i abic Guai uui	i mg tins i tipu	rung periou.

○ Yes ○ No

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



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

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

SPDES ID

Name of MS4/Coalition

Additional Watershed Improvement Strategy Best Management Practices N/A

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

○ On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

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

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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

Yes \bigcirc No \bigcirc N/A

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

 \bigcirc Yes \bigcirc No \bigcirc N/A

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period.



Additional BMPs Page 1 of 3

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

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

		SPI	DES	ID			
Name of MS4/Coalition							

- 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes O No O N/A
- 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?
- 5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? O Yes O No O N/A
- 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ○ Yes ○ No ○ N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or
phosphorus/nitrogen/pathogen loading?Oregin and the second secon
- 7b.How many projects have been sited in this reporting period?
- 7c. What percent of the projects included in 7b have been completed in this reporting period?
- 7d. What percent of projects planned in previous years have been completed?

○ No Projects Planned

%

%

- 8a.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? O Yes O No O N/A
- 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? O Yes O No O N/A

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