



**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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Name of MS4

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SPDES ID

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

☐ 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.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

[illegible]

Partner/Coalition Name (con't.)

[illegible]

SPDES Partner ID - If applicable

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Address

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City

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State

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Zip

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eMail

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Phone

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Legally Binding Agreement in accordance  
with GP-0-08-002 Part IV.G.?      ☐ Yes

☐ Yes    ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- [illegible]

### 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."

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]

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Last Name

[illegible]

Title (Clearly print title of individual signing report)

[illegible]

Signature

*Drew Dillingham*

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


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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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Name of MS4/Coalition

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☐ Yes      ☐ No

☐ Yes      ☐ No

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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

## **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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Name of MS4/Coalition

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URL

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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.

SPDES ID

Name of MS4/Coalition

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

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

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

Department

Address

City

Zip

Phone

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

City

Zip

Phone

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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

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

☐ eMail ☐ Comments



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☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

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Name of MS4/Coalition

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☐ Yes    ☐ No

☐ Yes    ☐ No

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Name of MS4/Coalition

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Name of MS4/Coalition

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☐ Yes      ☐ No

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☐ Yes      ☐ No

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

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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.**

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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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## 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 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?

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**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?**

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**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?

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**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
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<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



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Name of MS4/Coalition

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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

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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.**

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

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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.

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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
<input type="radio"/> Alternative Practices	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Filter Systems	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Infiltration Basins	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Open Channels	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Ponds	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Wetlands	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ 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

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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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- 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?  

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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?  

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**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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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.

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(ex.: samples/participants/events)

☐ Yes    ☐ No

☐ Yes      ☐ No

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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 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.**

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.....	<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

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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

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SPDES ID

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**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.**

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

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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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# 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

## 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 

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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? 

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 %  
☐ 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

**Progress Report for Part IX.D**

Permit #

Watershed Name

MS4 Name

Reporting Period Ending

(mm/dd/yyyy)

 /  / **Watershed Improvement Strategy**

Describe the strategy to reduce the discharge of nitrogen to this waterbody. Include new sources that may have been identified and any modifications to the strategy to better address new sources.

**Public Education & Outreach**

1. Description of the education program

2. Who is the target audience and what is the message delivered to each target audience?

3. Identify how many educational materials have been developed and distributed

4. Identify how many educational materials have been developed and distributed that focus on:

a. understanding the Nitrogen issues

b. Septic systems as a source of Nitrogen

Non-Traditional MS4 ☐

c. Nitrogen concerns with fertilizer use

d. Nitrogen concerns with grass clippings and leaves entering the MS4

Permit #

## 5. Education plan and goals for the next 6 months

**Illicit Discharge Detection and Elimination**

6. Number of Illicit Discharges detected within sewershed of listed waterbody in this reporting period.

a. Number reported in 6 that have been eliminated

b. List of Illicit Discharge locations that have not been eliminated in this reporting period and the target date for elimination

Location

Target Date (mm/dd/yyyy)

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**Post Construction Stormwater Management**

7. Number of Stormwater Management Practices (SMPs) located in sewersheds that drain to the listed waterbody

a. Number reported in 7 that have been inspected in this reporting period

b. Number of SMPs in need of maintenance or rehabilitation

c. Number of SMPs where maintenance or rehabilitation has been performed in this reporting period.

d. Number of SMPs where Nitrogen pollutant problems have been identified.

e. Number reported in 11d where the pollutant problem has been addressed.

f. Who is responsible for performing SMP inspections?

Permit #

- g. Is the criteria in Chapter 5 and 6 of the NYS Stormwater Management Design Manual being applied? (If no, please describe any deviations) Y N  
☐ ☐

- h. State procedures to identify sites with Post Construction Controls that are not functioning as designed (ie, rill erosion, pollutant bypass, outlet structure failure)

8. Describe the retrofit program. Include the funding sources and design description of retrofits. Identify all retrofits that have been constructed and maintained during this reporting period.

9. Post-Construction Stormwater Management plan and goals for the next 6 months

**Municipal Operations Pollution Prevention/Good Housekeeping**

10. Amount by weight in pounds of turf fertilizer containing Nitrogen that was applied on municipally owned lands in this reporting period.

11. Describe turf management practices implemented during this reporting period. Include strategies implemented to introduce native plants to reduce fertilization and mowing

12. Who supervises the application of Turf fertilizer containing Nitrogen?

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*Drew Dillingham*

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



**Progress Report for Part IX.D**

Permit #

Watershed Name

MS4 Name

Reporting Period Ending

(mm/dd/yyyy)

 /  / **Watershed Improvement Strategy**

Describe the strategy to reduce the discharge of nitrogen to this waterbody. Include new sources that may have been identified and any modifications to the strategy to better address new sources.

**Public Education & Outreach**

1. Description of the education program

2. Who is the target audience and what is the message delivered to each target audience?

3. Identify how many educational materials have been developed and distributed

4. Identify how many educational materials have been developed and distributed that focus on:

a. understanding the Nitrogen issues

b. Septic systems as a source of Nitrogen

Non-Traditional MS4 ☐

c. Nitrogen concerns with fertilizer use

d. Nitrogen concerns with grass clippings and leaves entering the MS4

Permit #

## 5. Education plan and goals for the next 6 months

**Illicit Discharge Detection and Elimination**

6. Number of Illicit Discharges detected within sewershed of listed waterbody in this reporting period.

a. Number reported in 6 that have been eliminated

b. List of Illicit Discharge locations that have not been eliminated in this reporting period and the target date for elimination

Location

Target Date (mm/dd/yyyy)

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**Post Construction Stormwater Management**

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a. Number reported in 7 that have been inspected in this reporting period

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c. Number of SMPs where maintenance or rehabilitation has been performed in this reporting period.

d. Number of SMPs where Nitrogen pollutant problems have been identified.

e. Number reported in 11d where the pollutant problem has been addressed.

f. Who is responsible for performing SMP inspections?

Permit #

- g. Is the criteria in Chapter 5 and 6 of the NYS Stormwater Management Design Manual being applied? (If no, please describe any deviations) Y N  
☐ ☐

- h. State procedures to identify sites with Post Construction Controls that are not functioning as designed (ie, rill erosion, pollutant bypass, outlet structure failure)

8. Describe the retrofit program. Include the funding sources and design description of retrofits. Identify all retrofits that have been constructed and maintained during this reporting period.

9. Post-Construction Stormwater Management plan and goals for the next 6 months

**Municipal Operations Pollution Prevention/Good Housekeeping**

10. Amount by weight in pounds of turf fertilizer containing Nitrogen that was applied on municipally owned lands in this reporting period.

11. Describe turf management practices implemented during this reporting period. Include strategies implemented to introduce native plants to reduce fertilization and mowing

12. Who supervises the application of Turf fertilizer containing Nitrogen?

## **MS4 Semi Annual Report Form Certification**

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(MMDDYYYY)

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**Certification Statement** - MS4 Official (Principal Executive Officer or Ranking Elected Official) or a Duly Authorized Representative of the MS4 Official

"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, to 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-0-15-003 Part VI.J.

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*Drew Dillingham*

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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

**Progress Report for Part IX.D**

Permit #

Watershed Name

MS4 Name

Reporting Period Ending

(mm/dd/yyyy)

 /  / **Watershed Improvement Strategy**

Describe the strategy to reduce the discharge of nitrogen to this waterbody. Include new sources that may have been identified and any modifications to the strategy to better address new sources.

**Public Education & Outreach**

1. Description of the education program

2. Who is the target audience and what is the message delivered to each target audience?

3. Identify how many educational materials have been developed and distributed

4. Identify how many educational materials have been developed and distributed that focus on:

a. understanding the Nitrogen issues

b. Septic systems as a source of Nitrogen

Non-Traditional MS4 ☐

c. Nitrogen concerns with fertilizer use

d. Nitrogen concerns with grass clippings and leaves entering the MS4

Permit #

## 5. Education plan and goals for the next 6 months

**Illicit Discharge Detection and Elimination**

6. Number of Illicit Discharges detected within sewershed of listed waterbody in this reporting period.

a. Number reported in 6 that have been eliminated

b. List of Illicit Discharge locations that have not been eliminated in this reporting period and the target date for elimination

Location

Target Date (mm/dd/yyyy)

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**Post Construction Stormwater Management**

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e. Number reported in 11d where the pollutant problem has been addressed.

f. Who is responsible for performing SMP inspections?

Permit #

- g. Is the criteria in Chapter 5 and 6 of the NYS Stormwater Management Design Manual being applied? (If no, please describe any deviations) Y N  
☐ ☐

- h. State procedures to identify sites with Post Construction Controls that are not functioning as designed (ie, rill erosion, pollutant bypass, outlet structure failure)

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9. Post-Construction Stormwater Management plan and goals for the next 6 months

**Municipal Operations Pollution Prevention/Good Housekeeping**

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11. Describe turf management practices implemented during this reporting period. Include strategies implemented to introduce native plants to reduce fertilization and mowing

12. Who supervises the application of Turf fertilizer containing Nitrogen?

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*Drew Dillingham*

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



**Progress Report for Part IX.D**

Permit #

Watershed Name

MS4 Name

Reporting Period Ending

(mm/dd/yyyy)

 /  / **Watershed Improvement Strategy**

Describe the strategy to reduce the discharge of nitrogen to this waterbody. Include new sources that may have been identified and any modifications to the strategy to better address new sources.

**Public Education & Outreach**

1. Description of the education program

2. Who is the target audience and what is the message delivered to each target audience?

3. Identify how many educational materials have been developed and distributed

4. Identify how many educational materials have been developed and distributed that focus on:

a. understanding the Nitrogen issues

b. Septic systems as a source of Nitrogen

Non-Traditional MS4 ☐

c. Nitrogen concerns with fertilizer use

d. Nitrogen concerns with grass clippings and leaves entering the MS4

Permit #

## 5. Education plan and goals for the next 6 months

**Illicit Discharge Detection and Elimination**

6. Number of Illicit Discharges detected within sewershed of listed waterbody in this reporting period.

a. Number reported in 6 that have been eliminated

b. List of Illicit Discharge locations that have not been eliminated in this reporting period and the target date for elimination

Location

Target Date (mm/dd/yyyy)

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**Post Construction Stormwater Management**

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d. Number of SMPs where Nitrogen pollutant problems have been identified.

e. Number reported in 11d where the pollutant problem has been addressed.

f. Who is responsible for performing SMP inspections?

Permit #

- g. Is the criteria in Chapter 5 and 6 of the NYS Stormwater Management Design Manual being applied? (If no, please describe any deviations) Y N  
☐ ☐

- h. State procedures to identify sites with Post Construction Controls that are not functioning as designed (ie, rill erosion, pollutant bypass, outlet structure failure)

8. Describe the retrofit program. Include the funding sources and design description of retrofits. Identify all retrofits that have been constructed and maintained during this reporting period.

9. Post-Construction Stormwater Management plan and goals for the next 6 months

**Municipal Operations Pollution Prevention/Good Housekeeping**

10. Amount by weight in pounds of turf fertilizer containing Nitrogen that was applied on municipally owned lands in this reporting period.

11. Describe turf management practices implemented during this reporting period. Include strategies implemented to introduce native plants to reduce fertilization and mowing

12. Who supervises the application of Turf fertilizer containing Nitrogen?

**L**

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N	Y	R	2	0	A			
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[illegible][illegible]

*Drew Dillingham*

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