MS4 Annual Report Cover Page

		MO	CC for	m for					/arc	h 9,								
			_	,						,		SPDES	ID					_
is cover _l nt repor							rt p	rep	arer.									L
oose on		·		•	0													
7831 ·			•	•44	•		10	c	•	1.	• 1		TC.	4				
This re							ali	01 8	an in	alv	1 01	uai N	154	ł.				
Fill in S Name of 1) in upp	er rigi	nt han	d co	rner.												
Name of 1	VI 54																	
														Ш				_
This is	a ioint	repor	t beir	าฮ รม	hmi	itted	on	beł	nalf (of a	CO	aliti	on.					
	ū	-																
Provide		ID of ea	ach pe	rmitte	d M	S4 in	clud	led i	n this	rep	ort.	. Use	pag	ge 2	if r	iee	ded	1
Name of C	Coalition															$\overline{}$	$\overline{}$	Г
																		L
																		-
						-							-					_
SPDES ID)			SPI	DES I	ID						SPDES	SID					
												DI DEC						-
SPDES ID))			SPI	DES I	ID						SPDES	ID					-
																		-
SPDES ID)			SPI	DES 1	ID ID						SPDES	SID					_
SPDES ID				SPI	DES 1	ID_						SPDES	ID				_	_
SPDES ID				SPI	DES 1	ID						SPDES	ID				_	_
SPDES ID)			SPI	DES I	ID						SPDES	ID				_	_
SPDES ID)			SPI	DES	ID						SPDES	ID				_	_
SPDES ID)			SPI	DES I	ID						SPDES	ID				_	_
																		1
SPDES ID)			SPI	DES I	ID_						SPDES	ID					_
																		-
SPDES ID)			SPI	DES I	ID ID						SPDES	SID					_
																		_

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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
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
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,

Required Forms

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices*.

Reporting Requirements

- * Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.
- * Joint reports may be submitted by permittees with legally binding agreements as follows:
 - > <u>Each</u> MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
 - > A coalition may submit information on behalf of its members as follows:
 - 1. Submit one form for each of the Minimum Measures (and if required, Additional Watershed Improvement Strategy Best Management Practices) on behalf of all the MS4s in the coalition, or
 - 2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.

Instructions for completing forms

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.

MCC form for period ending March 9,	
Name of MS4	SPDES ID
Each MS4 must submit an MCC form.	
Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted to certify endorsemen	nt or acceptance of:
An Annual Report for a single MS4	
A Joint Report	
Joint reports may be submitted by permittees with legally b	oinding agreements.
If Joint Report, enter coalition name:	

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

	SPL	JES	ID						
Name of MS4 Town of Ontario	N	Y	R	2	0	А	0	9	8

Section 2 - Contact Information

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
 - Executive Officer or Ranking Elected Official
 - O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

1 11 1	St I	Name														MI		Las	LINA	ame									 	
R	С	b	е	r	t													K	е	1	s	С	h							
Titl	e																													
Т	C	o w	n		S	u	р	е	r	v	i	ន	0	r																
Ado	dre	ess																												
1	8	3 5	0		R	i	d	g	е		R	0	a	d																
Cit	y																			S	tate		Zip)						
City	y n	ı t	a	r	i	0														1 [Y	Zip 1	4	5	1	9	_		
Г.	n		a	r	i	0														1 [5	1	9	_		
0	n		a	r	i	0 @	0	n	t	a	r	i	0	t	0	W	n	•	0	1 [5	1	9] -		
eM	n ail e	e 1					0	n	t	a	r	i	0	t	0	w		·		r					5	1	9] -		

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

		SPI	DES	ID						
Name of MS4	Town of Ontario	N	Y	R	2	0	А	0	9	8

Section 2 - Contact Information

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For	each	contact,	select	all	that	apply:
-----	------	----------	--------	-----	------	--------

- O Signatory Authority (choose one of the following)
 - O Executive Officer or Ranking Elected Official
 - O Duly Authorized Representative
- Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

rirst.	Name	•													MI		Las	t Na	ame										
T	a m	m	У														G	0	е	t	z								
Title																													
S	0	r	m	W	a	t	е	r		С	1	е	r	k															
Addr	ess																												
2	2 0	0		L	a	k	е		R	0	a	d																	
City																			\underline{S}	tate		Zip)				_	 	
	n t	a	r	i	0																Y	Zip 1	4	5	1	9	_		
		а	r	i	0																\neg			5	1	9	_		
O r		a	r	i @	0	n	t	а	r	i	0	t	0	W	n	•	0	r			\neg			5	1	9] -		
O r	o e					n	t	a	r	i	0	t	0	W	n		O Cou		g		\neg			5	1	9] -		

				M	CC	forn	n fo	r pe	erio	d ei	ndiı	ng N	lar	ch 9),[
															_			SPI	DES	ID					
Nar	ne of MS	S4																							
<u>Sec</u>	tion 2 -	- Cor	<u>ıtact</u>	Inf	orm	ati	<u>on</u>																		
Prov	vide cont	tact in	forma	ation	for a	all o	f the	e fol	llow	ing	COI	ntaci	ts:												
	The Princ GP-0-08-	_			Offi	cer,	Chi	ef E	lect	ed (Offi	cial	or (othe	r q	ua	lifi	ed i	ind	ivid	lual	(p	er		
2.	The Loca	ıl Stoı	mwat	ter P	ublic	Co	ntac	t (re	equi	red	per	GP-	-0-0	8-0	02	Pa	rt V	/II.	Α.2	2.c.).				
	The Stori			_			_	,		MP)) Co	ord	inat	or (Ind	liv	idu	al r	esp	ons	sibl	e fo	or		
4. I	Report P	repare	er (Co	nsulí	tants	may	y pro	ovid	le co	omp	any	nar	ne i	n th	ie s	pa	ce j	oro	vid	ed)					
Sub	mit a se	narat	e she	et fo	r eac	ch c	onta	ıct.																	
⊃ Si ⊃ La ⊃ St	each contagnatory A O Execu O Duly ocal Storm ormwater eport Prep	Author of Authornwater Mana	ity (ch Officer orized Publi	noose or R Repr ic Co	one anki esent ontact	of thing E	lecte	ed O	Offici	ial	ıtor														
First	Name									M	I	Las	t Na	me											
Title										L															
1 Itile																									
Addr	ess																								
City												_		Sta	ite	7	Zip		1	1		1			
																						_			
eMai	1									\top		Τ													
Phon	e e											Cou	ıntv											<u> </u>	
7	<u> </u>)] _ [

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

		SPL)ES	ш						
Name of MS4	Town of Ontario	N	Y	R	2	0	A	0	9	8

Section 2 - Contact Information

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

- O Signatory Authority (choose one of the following)
 - O Executive Officer or Ranking Elected Official
 - O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name	MI Last Name
A d a m	D C u m m i n g s
Title	
T o w n E n g i n e e r	
Address	
2 4 8 0 B r o w n c r o f t	B 1 v d
City	State Zip
City R o c h e s t e r	State Zip N Y 1 4 6 2 5 -
Rochester	N Y 1 4 6 2 5 -
eMail	N Y 1 4 6 2 5 -

						M	CC	c fo	rm	fo	r p	erio	od	end	lin	g N	Iar	ch !	9,[
		Г																				SPI	DES	ID						
Name of	f MS	S4_																												<u> </u>
Section	n 3	- F	ar	tn	er	In	for	m	ati	<u>on</u>	- S	lubi	nit	a s	epa	ırat	e sł	nee	t fo	r ea	ach	pai	tne	er.						
oid your eriod?	MS	4 w	ork	wit	th p	artı	ners	/co	alit	ion	to o	com	ple	te s	om	e oı	all	pei	rmi	rec	quir	em	ents	du	ring	g th	is r	epo	rtin	g
f Yes, c f No, pr	-									atic	on S	State	em	ent.												С) Y∈	es	0	No
artner/Co	oaliti	ionl	Vam	ie	ı	ı										1		1		1		1	ı	1			1		ı	_
																														L
artner/Co	oaliti	ion l	Nan	ne (c	on't	.)						1				1	1		1		٦	SPI	DES	Par	tne	r ID) - If	app	lica	ıble
																														L
ddress				ı		ı		ı		T							T		T		T		ı							_
ity																		St	tate	_	Zip)								
																										-				
Mail																		_								u				
hone ()				_											wi	th G	F-0	-08	-002	Agre 2 Pa	rt IV	V.G.	?	С	Y	es		N
What tas	sks/	res	on	sib	iliti	ies	are	sh	are	d w	ith	this	s pa	artn	er	(e.g	g. M	IM	1 S	cho	ol	Pro	gra	ms	or	Mι	ıltij	ple	Tas	sks
MM1																														
MM2																														
MM3																														
MM4																														
MM5			1																											
									1		-																_			
MM5 MM6 Addition	nal t	ask	s/re	espe	ons	ibi	∟ liti€	es	1			1												•						

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

		SPI	DES	ID						
Name of MS4	Town of Ontario	N	Y	R	2	0	A	0	9	8

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 R o b e r t	MI	Last Name K e 1 s c h
Title T o w n S u p e r v i s o r		
Signature Rath J. Kulsh		Date 06/10/2009

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

7	Γ his rep e If submi		-	-					-	_	-			_				1 1	D b	lank		
Name of M													our		SPD							
						<u>W</u>	⁄ateı	r Q	ua	lity [<u> Fre</u>	nds	•									
The infor	mation in	this se	ection	is be	ing 1	repo	rted (che	ck o	ne):												
○ On beh ○ On beh Ho		oalitio	1		ibut	ed to	o this	rep	ort'	?												
1. Has relat	this MS ed to sto			pro	duc	ed a	ny ro	epo	rts	docu	men	ting	g wa	iter	qua	lity	tr	end	s ()	Yes	0	No
If Yes, ch	noose one	of the	follo	wing																		
O Report	(s) attach	ed to th	ne anı	nual r	epor	t																
O Web P	age(s) wh Please p	-			_				vhe	re rep	ort(s) ca	ın b	e ac	cess	ed ·	- no	ot ho	ome	pag	e.	
	URL																					
														+							\Box	
	URL																					
	URL																					
						+								+						+	$\parallel \parallel$	
	URL																					
	URL																					
																					П	

This report is being submitted for the reporting period	d 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 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 d	uring this reporting period:
○ Construction Sites	O Pesticide and Fertilizer Application
O General Stormwater Management Information	O Pet Waste Management
O Household Hazardous Waste Disposal	○ Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance	○ Trash Management
○ Smart Growth	O Vehicle Washing
O Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
2. Specific audiences targeted during this reporting period:	
○ Agricultural ○ Contractors	
○ Residential ○ Developers	
O Businesses O General Public	
○ Restaurants ○ Industries	
Other:	

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. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: O Construction Site Operators Trained #Trained O Direct Mailings # Mailings O Kiosks or Other Displays # Locations ○ List-Serves # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run O Public Events/Presentations # Attendees O School Program # Attendees ○ TV Spot/Program # Days Run O Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) Other: O Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed. URL URL URL

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

		f sub																		ion	leav	ve S	SPD	ES	ID	bla	nk.	J	
																		1			SPL	DES	ID						_
ame c	of MS	4/Coa	alitic	on																									
. W		age (con	't.:	Pro	ovi	de s	spec	cifi	c w	eb	add	lres	sses	- n	ot]	hon	ne j	pag	e.					I				_
																													L
																													L
URL																													
URL																													
URL																													_
			<u> </u>																										L
URL																													
URL	,																										 		_
																													L
URL																													
URL																													L
URL																													
URL																													
OKL																													
			1																										\perp

This report	is being submitt	ed for the reporting p	period ending March 9,
If submittin	ig this form as part	of a joint report on behal	f of a coalition leave SPDES ID blank.
1			SPDES ID
Name of MS4/Coalition			
4. Evaluating/Mea	asuring Progress	MCM 1	
What indicators do	you use to evaluat	e the overall effectiven	less of your Education and Outreach
Program, how long	have you been trac	cking them and at what	t frequency?
Example*:			
Indicator:			
indicator.			
Began Tracking:	(year)	Frequency:	(ex.: annual, monthly, biweekly)
#			(ciii. aiiiiiaii, iiioiiiiiy, oiriceiiy)
<i>π</i>		(ex.: samples/participants/e	events)
D 4			
Results:			
* This indicator is pr	ovided as an exam _l	ple only.	
Indicator:			
Began Tracking:		Frequency:	
Degan Trucking.	(year)	Trequency.	(ex.: annual, monthly, biweekly)
#			
		(ex.: samples/participants/e	events)
Results:			

Submit additional pages as needed.

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/Participa	<u>atio</u>	<u>n</u>									
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 P (SWMP) Plan during this reporting period? Check all that apply:	-	am									
○ Cleanup Events #Events											
○ Comments on SWMP Received #Comments											
○ Community Hotlines Phone # ()]-[
Phone # (Phone # ()	- [
Phone # () Phone # ()] - [
Phone # () Phone # ()] - [
Phone # () Phone # ()] - [
Phone # () Phone # ()] - [
O Community Meetings # Attendees											
○ Plantings Sq. Ft.											
O Storm Drain Markings #Drains											
○ Stakeholder Meetings # Attendees											
O Volunteer Monitoring #Events											
Other:											
2. Was public notice of availability of annual report and Stormwater Manageme (SWMP) Plan provided?		Progra Yes	am O No								
○ List-Serve # In List											
O Newspaper Advertising # Days Run											
○ TV/Radio Notices # Days Run											
Other:											
O Web Page URL: Enter URL(s) on the following two pages.											

MM 2 Page 1 of 6

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. URL URL URL URL URL URL URL URL 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. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL URL URL 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. SPDES ID Name of MS4/Coalition 3. Where can the public access copies of the 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 O Annual Report ○ SWMP Plan ○ Comments Department Address City Zip Phone ○ Library O SWMP Plan O Annual Report ○ Comments Address City Zip Phone Other O Annual Report O SWMP Plan Comments Address City Zip Phone O Web Page URL: O Annual Report ○ SWMP Plan O Comments Please provide specific address of page where report can be accessed - not home page. ○ Comments O eMail

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 4. Were comments received during this reporting period? ○ Yes \bigcirc No If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b.. 5.a. Was an Annual Report public meeting held in this reporting period? ○ Yes \bigcirc No If Yes, what was the date of the meeting? If No, is one planned? ○ Yes \bigcirc No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ○ Yes \bigcirc No If No, is one planned for each? ○ 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. SPDES ID Name of MS4/Coalition 6. Evaluating/Measuring Progress MCM 2 What indicators do you use to evaluate the overall effectiveness of your Public Involvement/Participation Program, how long have you been tracking them and at what frequency? Example*: Indicator: Began Tracking: Frequency: (year) (ex.: annual, monthly, biweekly) # (ex.: samples/participants/events) Results: * This indicator is provided as an example only. Indicator: Began Tracking: Frequency: (year) (ex.: annual, monthly, biweekly) # (ex.: samples/participants/events) Results:

Submit additional pages as needed.

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 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 this report? 1. Enter the number and approx. percent of outfalls mapped: % # 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period? O Auto Recyclers ○ Landscaping (Irrigation) O Building Maintenance ○ Marinas O Churches O Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Commercial Laundry/Dry Cleaners O Parking Lot Maintenance O Construction Vehicle Washouts Printing O Cross-Connections O Residential Carwashing O Distribution Centers Restaurants O Schools and Universities O Food Processing Facilities O Garbage Truck Washouts O Septic Maintenance Hospitals ○ Swimming Pools O Improper RV Waste Disposal O Vehicle Fueling O Industrial Process Water O Vehicle Maint./Repair Shops Other: O None O Sewersheds:

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.b. What types of illicit discharges have been found during this reporting period? O Broken Lines From Sanitary Sewer O Industrial Connections O Cross Connections ○ Inflow/Infiltration O Failing Septic Systems O Pump Station Failure O Floor Drains Connected To Storm Sewers O Sanitary Sewer Overflows O Illegal Dumping O Straight Pipe Sewer Discharges Other: ○ None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 5. How many illicit discharges have been confirmed during this reporting period? 6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 7. Has the storm sewershed mapping been completed? O Yes \bigcirc No If No, approximately what percent has been completed? 용 8. Is the above information available in GIS? ○ Yes \bigcirc No Is this information available on the web? ○ Yes ○ No If Yes, provide URL(s): Please provide specific address of page where map(s) can be accessed - not home page. URL URL URL

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 8. URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page URL URL URL URL URL URL 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? ○ Yes ○ No 10. Has an attorney certified law(s) adopted by traditional MS4s to be equivalent to the NYS **Model IDDE law?** ○ Yes ○ No 11. What percent of staff in relevant positions and departments has received IDDE training?

용

			l for the repor							<u> </u>	
If submit	ting this form	as part of	a joint report or	behalt of a	coalition			ES I	D bla	nk.	
Name of MS4/Coaliti	on					SPDES	SID				
12. Evaluating/M	leasuring Pr	ogress M	ICM 3								
What indicators d Program, how lon	•				•	icit Di	sch	arge	Elim	iina	tion
Example*:											
Indicator:											
Began Tracking:	(year)		Frequency:		(ex.: annı	ual, moni	hly, E	iweek	ly)		
#											
			(ex.: samples/parti	cipants/events)							
Results:											
* This indicator is	provided as a	n example	e only.								
Indicator:											
Began Tracking:	(year)		Frequency:		(ex.: annı	ual, moni	hly, E	iweek	ly)		
#											
			(ex.: samples/parti	cipants/events)							
Results:											

Submit additional pages as needed.

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 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? 1. Has each Town, City and/or Village contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equal protection to the NYS SPDES General **Permit for Stormwater Discharges from Construction Activities?** ○ Yes ○ No If Yes, provide date of equivalent NYS Sample Local Law. \bigcirc 09/2004 \bigcirc 03/2006 2. Does your MS4/Coalition have a SWPPP review procedure in place? ○ Yes \bigcirc No 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ○ Yes \bigcirc No 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? O Yes 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: O Notices of Violation # ○ No Authority O Stop Work Orders O No Authority O Criminal Actions # ○ No Authority O Termination of Contracts # ○ No Authority O Administrative Fines O No Authority O Civil Penalties # ○ No Authority O Administrative Orders # ○ No Authority Other # O No 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. SPDES 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 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? % 4. What percent of active construction sites were inspected more than once? % 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS **Construction Stormwater Inspection Manual?** O Yes O No 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ○ Yes ○ No If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

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 6. con't.: Submit additional pages as needed. ○ MS4/Coalition Office Department Address City Zip Phone ○ Library Address City Zip Phone Other Address City Zip Phone ○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL 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. SPDES ID Name of MS4/Coalition 7. Evaluating/Measuring Progress MCM 4 What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency? Example*: Indicator: Began Tracking: Frequency: (year) (ex.: annual, monthly, biweekly) # (ex.: samples/participants/events) Results: * This indicator is provided as an example only. Indicator: Began Tracking: Frequency: (year) (ex.: annual, monthly, biweekly) (ex.: samples/participants/events) Results:

Submit additional pages as needed.

This report is being sub	mitted for the r	eporting perio	d ending March	19,
If submitting this form as	part of a joint rep	ort on behalf of a	a coalition leave S	PDES ID blank.
			SPDES	ID
Name of MS4/Coalition				
Minimum Control Me	easure 5. Post	-Constructio	on Stormwater	r Management
The information in this section is be	eing reported (che	ck one):		
On behalf of an individual MS4				
On behalf of a coalition How many MS4s coalition	ntributed to this	report?		
1. How many and what type of p MS4/Coalition inventoried, in	ost-construction	stormwater ma		ees has your
	# Inventoried	# Inspections	# Times Maintained	
O Alternative Practices				
O Filter Systems				
O Infiltration Basins				
Open Channels				
○ Ponds				
○ Wetlands				
Other				
2. Do you use an electronic too BMPs, inspections and main	` ` ` '	abase, spreads	heet) to track po	ost-construction O Yes O No
3. What types of non-structural Development/Better Site De	-		-	Impact
O Building Codes				
O Comprehensive Planning				
Overlay Districts				
\bigcirc Zoning				
○ None				
Othor:				

This rep	ort is being submi	itted for the reportin	g period endi	ing Mar	ch 9	,			
If subm	itting this form as par	rt of a joint report on be	half of a coalit	ion leave	SPD	ES	ID bla	nk.	
				SPDE	ES ID				
Name of MS4/Coalit	tion								
G	Measuring Progres		٠	D			Q .		
	_	ate the overall effective you been tracking to	•				on Sto	rmv	water
Example*:									
Indicator:									
Began Tracking:	(year)	Frequency:	(ex.:	annual, moi	nthly, b	oiweek	zly)		
#									
		(ex.: samples/participal	nts/events)						
Results:									
* This indicator is	s provided as an exai	mple only.							
Indicator:									
Began Tracking:	(year)	Frequency:	(ex.:	annual, mo	nthly, b	oiweek	tly)		
#									
		(ex.: samples/participa	nts/events)						
Results:									

Submit additional pages as needed.

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 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

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

This report is being submitted for the reporting period	d 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. Provide the following information about municipal operations good housekeeping programs:		
O Parking Lots Swept	# Acres	
○ Streets Swept	# Miles	
O Catch Basins Inspected and Cleaned Where Necessary	#	
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#	
O Phosphorus Applied In Chemical Fertilizer	# Lbs.	
O Nitrogen Applied In Chemical Fertilizer	# Lbs.	
O Pesticide/Herbicide Applied As Pure Product	# Lbs.	
3. How many stormwater management trainings have been p during this reporting period?	provided to municipa	ll 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, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. Name of MS4/Coalition 7. Evaluating/Measuring Progress MCM 6 What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency? Example*: Indicator: Began Tracking: Frequency: (ex.: annual, monthly, biweekly) (year) # (ex.: samples/participants/events) Results: * This indicator is provided as an example only. Indicator: Began Tracking: Frequency: (year) (ex.: annual, monthly, biweekly) (ex.: samples/participants/events) Results:

Submit additional pages as needed.

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 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 Check NA (POC) <u>Answer</u> **NYC EOH Watershed** Traditional Land Use 1,2,3,4,5,6,7,8a,8b,9 10,11,12 Phosphorus Traditional Non-Land Use 1,2,3,4,7,8a,8b,9 5,10,11,12 Phosphorus 1,2,7,8a,8b,9 3,4,5,10,11,12 Non-Traditional Phosphorus Onondaga Lake Watershed 2,3,4,5,8b,10,11,12 Traditional Land Use 1,6,7,8a,9 Phosphorus Traditional Non-Land Use 1,6,7,8a,9 2,3,4,5,8b,10,11,12 Phosphorus Non-Traditional 1,6,7,8a,9 2,3,4,5,8b,10,11,12 Phosphorus **Greenwood Lake Watershed** 1,4,6,7,8a,9 2,3,5,8b,10,11,12 Traditional Land Use Phosphorus Traditional Non-Land Use 1,4,6,7,8a,9 2,3,5,8b,10,11,12 Phosphorus 1,4,6,7,8a,9 2,3,5,8b,10,11,12 Non-Traditional Phosphorus **Oyster Bay** Traditional Land Use 1,4,7,8a,9,10,11,12 2,3,5,6,8b Pathogens Traditional Non-Land Use 1,4,7,8a,9,10,11,12 2,3,5,6,8b Pathogens Non-Traditional 1,4,7,8a,9 2,3,4,5,8b,10,11,12 Pathogens **Peconic Estuary** Traditional Land Use 1,4,7,8a,9,10,11,12 2,3,5,6,8b Pathogens and Nitrogen 1,4,7,8a,9,10,11,12 Traditional Non-Land Use 2,3,5,6,8b Pathogens and Nitrogen Non-Traditional 2,3,4,5,8b,10,11,12 Pathogens and Nitrogen 1,4,7,8a,9 1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? \bigcirc Yes \bigcirc No \bigcirc N/A 2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? \bigcirc N/A \bigcirc Yes \bigcirc No 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. 3. Does your MS4/Coalition have a Stormwater Conveyance System(infrastructure) Inspection

 \bigcirc No

 \bigcirc N/A

○ Yes

and Maintenance Plan Program?

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 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 NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ○ Yes \bigcirc No \bigcirc 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 ○ Yes ○ No \bigcirc N/A Standards? 7. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ○ Yes \bigcirc No \bigcirc N/A 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 \bigcirc 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 \bigcirc N/A 9. Has your MS4/Coalition developed and implemented a program of native planting? ○ Yes ○ No \bigcirc N/A 10.Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ○ Yes \bigcirc No \bigcirc N/A 11. Does your MS4/Coalition have a pet waste bag program? \bigcirc N/A ○ Yes \bigcirc No **12.Does your MS4/Coalition have a program to manage goose populations?** Yes \bigcirc No