

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 8

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

SPDES ID
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Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

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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

B r o o m e - T i o g a S t o r m w a t e r
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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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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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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:

- 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:

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

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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 a y MI: L Last Name: S t a n d i s h

Title (Clearly print title of individual signing report): C i t y E n g i n e e r

Signature: 

Date: 04 / 27 / 2018

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4

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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
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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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name MI Last Name

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4

SPDES ID

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for **each** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name

MI

Last Name

Title

Address

City

State

Zip

eMail

Phone

County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4

SPDES ID

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4

SPDES ID
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If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

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Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Section 2 - Contact Information

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For each contact, select all that apply:

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
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4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID
N Y R 2 0 A 2 5 5

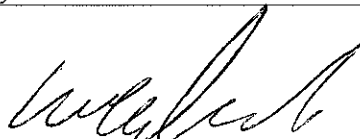
Section 4 - Certification Statement

"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
0 5 / 0 1 / 2 0 1 8

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID
N Y R 2 0 A 2 5 5

Section 2 - Contact Information

Important Instructions - Please Read

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For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4 Town of Conklin

SPDES ID

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Section 2 - Contact Information

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Contact information must be provided for *each* of the following positions as indicated below:

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- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name

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Title

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City

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Section 2 - Contact Information

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
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First Name

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

Name of MS4

SPDES ID

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.

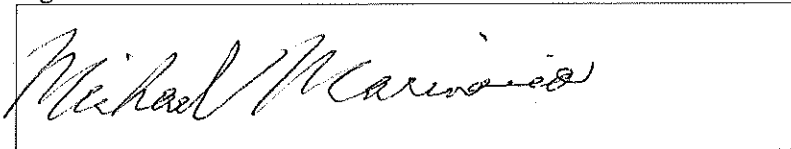
First Name

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 TOWN OF DICKINSON

SPDES ID
N Y R 2 0 A 1 4 3

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name MI Last Name

M I C H A E L M A R I N A C C I O

Title

S U P E R V I S S O R

Address

5 3 1 O l d F r o n t S t r e e t

City State Zip

T o w n o f D i c k i n s o n N Y 1 3 9 0 5 -

eMail

M M A R I N A 1 9 1 @ A O L . C O M

Phone County

(6 0 7) 7 2 3 - 9 4 0 1 B r o o m e

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID
N Y R 2 0 A 1 4 9

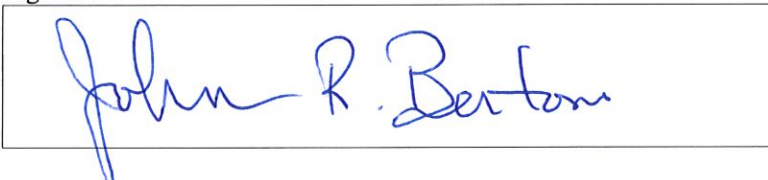
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First Name MI Last Name

Title (Clearly print title of individual signing report)

Signature


Date
05 / 04 / 2018

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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|---------------------|
| Village of Endicott |
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SPDES ID

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Section 2 - Contact Information

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5. Report Preparer (Consultants may provide company name in the space provided).

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If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

| | | |
|---|-------------|---------------|
| First Name | MI | Last Name |
| J o h n | R | B e r t o n i |
| Title | | |
| M a y o r | | |
| Address | | |
| 1 0 0 9 E a s t M a i n S t r e e t | | |
| City | State | Zip |
| E n d i c o t t | N Y | 1 3 7 6 0 - |
| eMail | | |
| V O E M A Y O R @ e n d i c o t t n y . c o m | | |
| Phone | County | |
| (6 0 7) 7 5 7 - 2 4 2 0 | B R O O M E | |

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4 Village of Endicott

SPDES ID
N Y R 2 0 A 1 4 9

Section 2 - Contact Information

Important Instructions - Please Read

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If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name Kent MI D Last Name Rapp

Title Engineering Aide

Address 1009 East Main Street

City Endicott State NY Zip 13760

eMail engineer@endicottny.com

Phone (607) 757-2425 County Broome

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4:

SPDES ID

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID
N Y R 2 0 A 0 7 8

Section 2 - Contact Information

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If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

| | | |
|---|-------------|-------------------|
| First Name | MI | Last Name |
| R i c h a r d | R | A r m s t r o n g |
| Title | | |
| A s s t . T o w n E n g i n e e r | | |
| Address | | |
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| City | State | Zip |
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| t f e n t o n - e n g i n e e r @ s t n y . r r . c o m | | |
| Phone | County | |
| (6 0 7) 6 4 8 - 4 8 0 0 | B r o o m e | |

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4

SPDES ID
N Y R 2 0 A 1 0 1

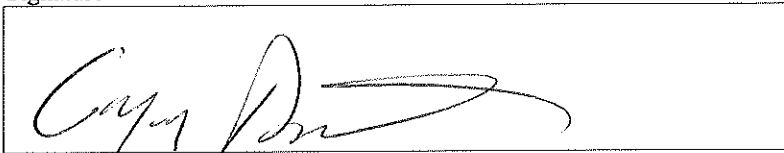
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First Name MI Last Name

Title (Clearly print title of individual signing report)

Signature


Date
0 4 / 2 4 / 2 0 1 8

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4 Village of JohnsonCity

SPDES ID
N Y R 2 0 A 1 0 1

Section 2 - Contact Information

Important Instructions - Please Read

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For each contact, select all that apply:

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

First Name MI Last Name
G r e g o r y W D e e m i e

Title
M a y o r

Address
2 4 3 M a i n S t r e e t

City State Zip
J o h n s o n C i t y N Y 1 3 7 9 0 -

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Phone County
(6 0 7) 7 9 8 - 7 8 6 1 B r o o m e

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Village of JohnsonCity

SPDES ID
N Y R 2 0 A 1 0 1

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name
R o b e r t A B e n n e t t

Title
D i r e c t o r o f P u b l i c S e r v i c e s

Address
2 4 3 M a i n S t r e e t

City State Zip
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eMail
j c d o p s @ v i l l a g e o f j c . c o m

Phone County
(6 0 7) 7 9 7 - 3 0 3 1 B r o o m e

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID
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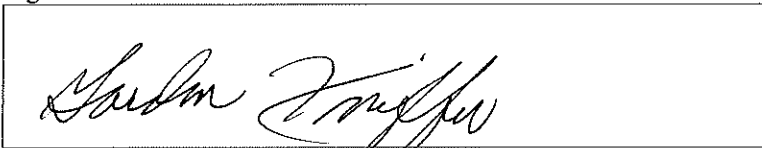
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First Name MI Last Name

Title (Clearly print title of individual signing report)

Signature


Date
0 4 / 2 7 / 2 0 1 8

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4

SPDES ID

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Section 2 - Contact Information

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For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID

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- Duly Authorized Representative
- 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, 2018

Name of MS4

SPDES ID
N Y R 2 0 A 0 7 2

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- Duly Authorized Representative
- 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, 2018

Name of MS4

SPDES ID

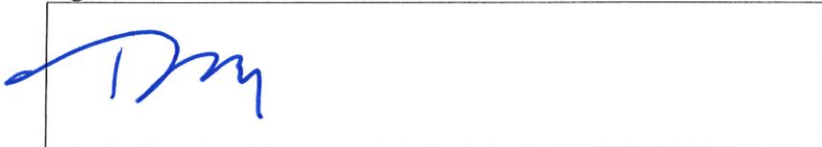
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First Name MI Last Name

Title (Clearly print title of individual signing report)

Signature


Date
 / /

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID

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Section 2 - Contact Information

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- 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, 2018

Name of MS4

SPDES ID

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For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 VILLAGE OF PORT DICKINSON

SPDES ID
N Y R 2 0 A 0 8 0

Section 2 - Contact Information

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name
K E V I N M B U R K E

Title
M A Y O R

Address
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City State Zip
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Phone County
(6 0 7) 7 7 1 - 8 2 3 3 B R O O M E

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID
N Y R 2 0 A 0 5 0


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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID
N Y R 2 0 A 0 5 0

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID
N Y R 2 0 A 0 6 4

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4

SPDES ID
N Y R 2 0 A 0 6 4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4

SPDES ID
N Y R 2 0 A 3 3 2

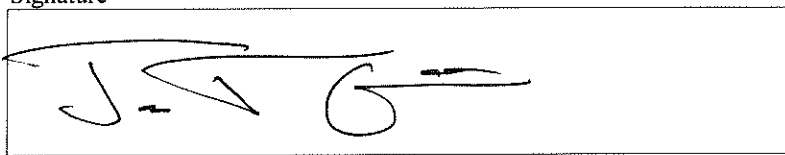
Section 4 - Certification Statement

"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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

| | | |
|------------|----|-------------|
| First Name | MI | Last Name |
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| Title |
| C O U N T Y E X E C U T I V E |

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| Phone | County |
| (6 0 7) 7 7 8 - 2 1 0 9 | B R O O M E |

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 BROOME COUNTY

SPDES ID
N Y R 2 0 A 3 3 2

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for *each* of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name L E S L I E MI G Last Name B O U L T O N

Title C O M M I S S I O N E R O F P U B L I C W O R K S

Address 6 0 H A W L E Y S T R E E T - P O B O X 1 7 6 6

City B I N G H A M T O N State N Y Zip 1 3 9 0 2 - 1 7 6 6

eMail L B o u l t o n @ c o . b r o o m e . n y . u s

Phone (6 0 7) 7 7 8 - 2 4 9 0 County B R O O M E

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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| Broome-Tioga Stormwater Coalition |
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SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

| | | |
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| First Name | MI | Last Name |
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| S e n i o r P l a n n e r / B T S C C h a i r |

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| Address |
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| Phone | County |
| (6 0 7) 7 7 8 - 2 3 7 5 | B r o o m e |

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 TIOGA COUNTY

SPDES ID
N Y R 2 0 A 0 4 7


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 M A R T H A MI C Last Name S A U E R B R E Y

Title (Clearly print title of individual signing report)
T I O G A C O U N T Y L E G I S L A T U R E C H A I R

Signature


Date 04 / 27 / 2018

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4 TIOGA COUNTY

SPDES ID
N Y R 2 0 A 0 4 7

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)
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- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name E L A I N E MI D Last Name J A R D I N E

Title C O U N T Y P L A N N I N G D I R E C T O R

Address 5 6 M A I N S T R E E T

City O W E G O State N Y Zip 1 3 8 2 7 -

eMail j a r d i n e e @ c o . t i o g a . n y . u s

Phone (6 0 7) 6 8 7 - 8 2 5 7 County T I O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID
N Y R 2 0 A 0 4 7

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)
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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).

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If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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Section 2 - Contact Information

Important Instructions - Please Read

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2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
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4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 TIOGA COUNTY

SPDES ID

N Y R 2 0 A 0 4 7

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for *each* of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

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| First Name | MI | Last Name |
| G A R Y | | H A M M O N D |
| Title | | |
| C O M M I S S I O N E R O F P U B L I C W O R K S | | |
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| eMail | | |
| h a m m o n d g @ c o . t i o g a . n y . u s | | |
| Phone | County | |
| (6 0 7) 6 8 7 - 0 3 0 2 | T I O G A | |

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

-

eMail

Phone

() -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

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

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

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Name of MS4

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Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

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Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G? Yes No

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

- MM1

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- MM4

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- MM5

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- MM6

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Additional tasks/responsibilities

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

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

-

eMail

Phone

() -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

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

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

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Name of MS4

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| Broome-Tioga Stormwater Coalition |
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SPDES ID

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Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

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Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

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

- MM1

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- MM6

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Additional tasks/responsibilities

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

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID
N Y R 2 0 C 0 0 2

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

B r o o m e C o u n t y S o i l a n d W a t e r

Partner/Coalition Name (con't.)

C o n s e r v a t i o n D i s t r i c t SPDES Partner ID - If applicable
N Y R 2 0

Address

1 1 6 3 U p p e r F r o n t S t r e e t

City

B i n g h a m t o n State Zip
N Y 1 3 9 0 5 -

eMail

c m c e l w e e @ b r o o m e s w c d . o r g

Phone

(6 0 7) 7 2 4 - 9 2 6 8

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

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

- MM1 M u l t i p l e E d & O u t r e a c h T a s k s
- MM2 P u b l i c E v e n t s a n d T r a i n i n g
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4

Broome-Tioga Stormwater Coalition

SPDES ID

N Y R 2 0 C 0 0 2

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S o u t h e r n T i e r 8

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

4 9 C o u r t S t r e e t , S u i t e 2 2 2

City

B i n g h a m t o n

State

N Y

Zip

1 3 9 0 1 -

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Phone

(6 0 7) 7 2 4 - 1 3 2 7

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

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

MM1 P r o g r a m s / G r a n t a p p a n d a d m i n

MM2 P u b l i c E v e n t s a n d T r a i n i n g

MM3 M a p p i n g A s s i s t a n c e

MM4

MM5

MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Broome-Tioga Stormwater Coalition

SPDES ID NYR20C002

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name Broome - Tioga Stormwater Coalition

Partner/Coalition Name (con't.) SPDES Partner ID - If applicable NYR20

Address Broome County Planning, POB 1766

City Binghamton State NY Zip 13902 - 1766

eMail BLucas@co.broome.ny.usa

Phone (607) 778 - 2375

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

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

- MM1 Pub Ed Planning / Programming
MM2 Vol Events / Annual Rep / Mtgs
MM3 Mapping Assistance
MM4
MM5
MM6 Training

Additional tasks/responsibilities

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

[Empty text box for additional information]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Broome-Tioga Stormwater Coalition

SPDES ID: NYR20C002

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report? 015

1. Targeted Public Education and Outreach Best Management Practices

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

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

T o w n C l e a n u p D a y s , F l o o d i n g

Other

2. Specific audiences targeted during this reporting period:

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

Other

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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| Broome-Tioga Stormwater Coalition |
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SPDES ID

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

- | | | | | | | | |
|--|---------------------|---|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>1</td><td>5</td><td>1</td></tr></table> | | | 1 | 5 | 1 |
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| <input type="radio"/> Direct Mailings | # Mailings | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
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| <input type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
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| <input checked="" type="radio"/> List-Serves | # In List | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>4</td><td>0</td></tr></table> | | | 4 | 0 | |
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| <input checked="" type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>2</td><td>0</td><td>2</td></tr></table> | | | 2 | 0 | 2 |
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| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="display: inline-table;"><tr><td></td><td>3</td><td>2</td><td>8</td><td>2</td></tr></table> | | 3 | 2 | 8 | 2 |
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| <input type="radio"/> School Program | # Attendees | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> TV Spot/Program | # Days Run | <table border="1" style="display: inline-table;"><tr><td></td><td>1</td><td>3</td><td>3</td><td>0</td></tr></table> | | 1 | 3 | 3 | 0 |
| | 1 | 3 | 3 | 0 | | | |
| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td></td><td>3</td><td>6</td><td>3</td><td>7</td></tr></table> | | 3 | 6 | 3 | 7 |
| | 3 | 6 | 3 | 7 | | | |

Locations (e.g. libraries, town offices, kiosks)

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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition

SPDES ID
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3. Web Page cont': Provide specific web addresses - not home page.

URL
www.broometiogastormwater.com/co
ntractors

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www.broometiogastormwater.com/mi
nmeasures

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www.broometiogastormwater.com/mu
nicipalities

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www.broometiogastormwater.com/re

URL
www.broometiogastormwater.com/re
sources

URL
www.gobroomecounty.com/solidwast
e/recycling

URL
www.WaterFromRain.org

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

Broome-Tioga Stormwater Coalition

SPDES ID

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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.

Work with partner Broome EMC to promote stormwater awareness and education for the general public through BTSC events and mailings. Topics include green infrastructure, general stormwater information, best management practices, kids activities, solid waste, composting, grasscycling, hazardous waste management. Promote websites, www.BroomeTiogaStormwater.com and www.waterfromrain.org at these events. Incorporate hands on activities when possible.

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

2017-2018 Events: Earth Day Southern Tier Earth Fest, 2000 people; Broome Riverbank Cleanup participants, info distributed to 236 people. Owego Farm to Fork: 60 people reached, Luma Festival reached a total of 600 people, USC Forum: reached 65 people, Baseball Games: 104 people reached, First Friday: 30 people, Discovery Center: reached 46 people.

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).

Expand the variety of materials distributed and the audiences reached. Incorporate events that reach a broader demographic (i.e. downtown festivals, sporting events) Continue to distribute materials developed through the Water From Rain public education and outreach marketing campaign.

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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| Broome-Tioga Stormwater Coalition |
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SPDES ID

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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.

Continued implementation of the Water From Rain public education campaign. This includes a website, TV ads, radio ads, and print material. Post to Facebook page for sharing educational information about stormwater management and details about events. Distribute promotional items including stickers, t-shirts, magnets, umbrellas and totes.

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

834 Water From Rain Commercials Aired
Brochures were printed and distributed at various events (500 distributed).
Facebook page utilized regularly for educational postings. (834 likes on the web page and posts)
Promotional items for Water from Rain were distributed, about 500 total.

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).

Will continue to promote program and air commercials in the coming year. Will continue promotion via Facebook page. Continue use of intern to focus on social media aspect as part of their duties.

MS4 Annual Report Form

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

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Name of MS4/Coalition

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| Broome-Tioga Stormwater Coalition |
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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.

Broome County Division of Solid Waste continued promotion of its program, serving both Broome and Tioga Counties. Topics include HHW, electronics recycling, grasscycling, composting, illegal dumping, and disposal of agricultural plastic, freon units, oil and antifreeze, batteries, and prescription drugs.

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

- 3 Newspaper ads with HHW collection schedule, and 15,000 mobile and desktop impressions
- 372 TV and Radio ads promoting HHW, electronics recycling and curbside recycling
- 2200 recycling guides
- 5 landfill tours were held
- 124 Grasscycling commercials

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).

Continue Solid Waste Outreach are established and when new opportunities arise. Further develop promotional materials for use in local media and educational campaigns. Develop additional topical brochures.

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

Broome County

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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.

Inform local businesses and developers about best management practices for pollution prevention and stormwater management.

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

Development proposals submitted for review under GML 239 are reviewed for stormwater impacts. Advice is given regarding BMP's for uses that may have stormwater impacts. There were a total of 204 reviews this reporting year.

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).

Continue to provide guidance for businesses and developers through the 239 review process.

MS4 Annual Report Form

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

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Name of MS4/Coalition

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| BROOME-TIOGA STORMWATER COALITION |
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SPDES ID

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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Tioga County met or exceeded all MCM 1 goals:

- Two community events (Lockheed Martin Earth Day & Leadership Tioga) to around 133 people
- Stormwater principles have been integrated into municipal and county comprehensive plans and ordinances, and pertinent land use trainings
- Contractor training sessions were conducted to a total of 151 attendees

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

No illicit discharges detected.

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 SWMP?

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, 2018

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

Name of MS4/Coalition: Broome-Tioga Stormwater Coalition

SPDES ID: NYR 20C 002

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? 015

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

Cleanup Events # Events: 2

Comments on SWMP Received # Comments:

Community Hotlines
 Phone # (607) 778-3867
 Phone # () -
 Phone # () -
 Phone # () -
 Phone # () -
 Phone # () -
 Phone # () -

Community Meetings # Attendees: 40

Plantings Sq. Ft.:

Storm Drain Markings # Drains: 185

Stakeholder Meetings # Attendees:

Volunteer Monitoring # Events:

Other: H H W / E l e c t r o n i c s , T r e e S a l e s

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes No

List-Serve # In List: 40

Newspaper Advertising # Days Run:

TV/Radio Notices # Days Run:

Other: W e b s i t e

Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition

SPDES ID
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2. URL(s) con't.:

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

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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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| Broome-Tioga Stormwater Coalition |
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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.

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4.b. For how many days was/will this report be posted?

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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 No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

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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| Broome-Tioga Stormwater Coalition |
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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.

Expand public involvement in development of stormwater programs and reporting of stormwater issues or concerns.

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

Fact sheet - "Detecting and Reporting Illicit Discharges". Educates the public on how to recognize an illicit discharge and who to call to report it. Distributed to riverbank cleanup participants who were also asked to report anything they noticed during the cleanup (236 people).

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).

Continue distribution of fact sheet.

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

Broome-Tioga Stormwater Coalition

SPDES ID

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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.

Promote benefits of community participation in stream and river cleanup programs. Aim to improve water quality by reducing non-point source pollution. Inform public about sources of and solutions to water pollution. Involve the public, students, and local service organizations.

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

Broome County Riverbank Cleanup (10/7/17) - 236 volunteers, 1.5 tons of trash collected

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).

- Continue with annual cleanup events.
- Continued recruitment of volunteer groups.

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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| BROOME-TIOGA STORMWATER COALITION |
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SPDES ID

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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.

Tioga County met or exceeded most MCM 2 Goals:
Stream Cleanup - 8 participants and cleaned up over a ton of waste
14 out of 15 municipalities collected and disposed of 120 tons of tires
-HHW program collected and properly disposed of 13.3 tons of household hazardous waste
-E-Waste Program collected and properly disposed of 73.4 tons of electronic waste

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

NO ILLICIT DISCHARGES DETECTED

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).

Continued formation of volunteer watershed groups and recruiting members
-Continue annual tire clean up by municipalities with goal of 50 tons of tires collected; Continue annual stream clean up volunteer organizations; Continue annual Household Hazardous Waste and Electronics collections; Focus more on website/Facebook advertisement and promotion of activities to recruit volunteers for participation activities, even on an individual basis

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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| BROOME COUNTY |
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SPDES ID

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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.

MEASURABLE GOAL #3A -- To verify that 100% of County-owned outfalls have been mapped and identified within the MS4 boundaries, including those located at all County-owned facilities. SWMP includes schedule to confirm mapping and check outfalls at all facilities.

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

All of the outfalls within the County roadways (and within the designated MS4 boundaries) were verified and relocated using GPS equipment during the summer of 2013. Seventeen (17) facilities within the MS4 boundaries have been mapped/surveyed and two (2) remain to be completed in 2018. During the 2016 self-assessment surveys at the 19 MS4 County facilities, additional outfalls were located and mapped.

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).

During the summer of 2018 DPW staff will screen approximately 20% of the identified roadway and facility outfalls and confirm/map any new ones. Detail mapping / survey at the remaining 2 (two) MS4 facilities will be completed in 2018.

MS4 Annual Report Form

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

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Name of MS4/Coalition

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| BROOME COUNTY |
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SPDES ID

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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.

MEASURABLE GOAL #3B -- To complete reconnaissance inventory and dry weather inspections of 20% of County-owned outfalls within the MS4 boundary annually.

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

Goal objectives have been met during this reporting year. During the 2017 summer season, DPW staff conducted dry weather inspections within Area #5 (area #4 was skipped), which is comprised of 81 outfalls.

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).

Continue with inspection program as developed - by inspecting those outfalls in Area #4 (approximately 20%), including outfalls along County roads and at County facilities.

MS4 Annual Report Form

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

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Name of MS4/Coalition

BROOME COUNTY

SPDES ID

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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #3C -- To develop and implement local IDDE regulations in Broome County in accordance with the State's model IDDE law.

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

Goal objectives have not been met in the 2017-2018 reporting period.

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 SWMP?

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).

The SWMP identifies that this local law/regulation will be established and enacted by Broome County. A draft of the IDDE local law/regulation has been developed and is under review, and the goal will be to pass this law/regulation during the 2018-2019 reporting period.

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.

MEASURABLE GOAL #3D -- To install markers on 100% of the County-owned storm drain CB's and DI's within the MS4 area; to be completed each year within areas of dry weather inspections (at a minimum).

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

During 2017, markers were installed in Area #5. 185 aluminum markers were applied within Area #5.

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).

County staff will continue to install drain markers within areas of dry weather inspections each year (at a minimum). In 2018, drain markers will be installed in Area #4.

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

BROOME COUNTY

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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.

MEASURABLE GOAL #3E -- To establish a dedicated IDDE hotline and to advertise this hotline and list it on the storm water website. This goal also includes creating centralized tracking and reporting of IDDE complaints with information related to follow-up.

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

Broome County has a stormwater page on the County website which includes a fillable form for reporting IDDE. This form was not used during this reporting period, so we need to determine a more effective method to publicize this feature. No additional progress was made on this goal during the 2017-2018 reporting period.

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).

During this next reporting period we want to further this goal by pulling the Health Department - Division of Environmental Health tracking and reporting system into this loop as well as teh Highway Department, and to publicize the IDDE tracking and reporting form (see MCM-3F goal).

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

BROOME COUNTY

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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.

MEASURABLE GOAL #3F -- To educate and inform 100% of Broome County staff about IDDE's - what they are, how to report them, and how to address them. This goal is cross referenced with coalition activities related to public education, but will be directed specifically to county employees.

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

DPW staff have been working directly with facility managers to educate these staff regarding IDDE's and SPCC's. Staff also identified where additional training is needed. Several employee educational brochures have been developed relating to IDDE's and stormwater/MS4 in general; however distribution of this material has not been accomplished as anticipated.

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).

During the 2018-2019 reporting year DPW staff will distribute the brochures and set up training for those staff specifically identified during the 2016 self-assessments, and our yearly reporting from each facility manager.

MS4 Annual Report Form

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

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Name of MS4/Coalition

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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.

MEASURABLE GOAL #3G -- To inform and educate businesses and industries about the negative environmental impacts of illegal dumping, as well as chemical and hazardous waste spills, and to encourage the use of BMP's to prevent and control these. This is to be done through the County 239 review process, which is an advisory capacity only.

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

Broome County Planning and Engineering staff continue to review and analyze 239 development reviews where BMP's were incorporated or included as advisory comments to municipalities as appropriate. Additionally, Broome County Planning has been providing training for municipal staff regarding stormwater issues and IDDE - 2 trainings were held during this past reporting period. No additional progress related to tracking was made during the 2016-2017 reporting year.

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).

For this next reporting period we need to create a better tracking system through County Planning to count the number of times these educational issues are being addressed through the 239 review process. Besides this modification, the program goal is to continue these reviews as established, and to continue the outreach to municipal officials.

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

TIOGA COUNTY

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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.

-Tioga County Public Works continues to follow the best management practices as defined in the "Tioga County and Town of Owego Stormwater Management Program Plan", which was updated and is effective through 2020.
- No new catch basins or outfalls have been constructed or discovered since the last report.

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

Minimal litter and sediment were observed on catchment basins during biannual inspections. No illicit discharges were observed during biannual inspections of outfalls.

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).

-Catchment basins (55) and outfalls (6) will continue to be inspected 2 times per year, once in the spring and once in the fall.
-Tioga County will schedule street sweeping of its MS4 area of jurisdiction on Pennsylvania Ave with Town of Owego Highway Department per the intermunicipal agreement.
-2018 spring catchment basins inspection, cleaning and street sweeping is scheduled for May 14th.

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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3.b. What types of illicit discharges have been found during this reporting period?

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

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4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

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5. How many illicit discharges have been confirmed during this reporting period?

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6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

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7. Has the storm sewershed mapping been completed in this reporting period? Yes No
If No, approximately what percent was completed in this reporting period?

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8. Is the above information available in GIS? Yes 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.

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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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| City of Binghamton |
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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.

Conducted outfall reconnaissance inventory. Updated outfall map and inventory. Update database of SWPPP's, Review IDDE Ordinance. Update City of Binghamton IDDE program manual. Investigated and eliminated all reported illicit discharge. Cleanup and inspected catchbasins. Updated list of non stormwater discharge. Implement educational measures through distribution of water bills.

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

Outfall mapping is in progress to make the inventory 100%. Reviewing of ordinances is ongoing. Replaced 38 catchbasins. Replaced 5 manholes. 665 drain structures were cleaned and inspected. Installed 190 new castings. 12 "No Dumping Drains to River" markers installed on catchbasins. Repaired 49 catchbasins. Repaired 27 manholes.

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).

Continue outfall reconnaissance inventory. Review of ordinance, catchbasins, cleaning, illicit discharge detention investigation, and installation of catchbasin markers will be ongoing. Training in IDDE for all staff. Continued to implement BMP's.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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
N Y R 2 0 A 0 0 9

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 5 # 1 0 0 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 2 5

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

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| <input type="radio"/> Auto Recyclers | <input checked="" type="radio"/> Landscaping (Irrigation) |
| <input checked="" type="radio"/> Building Maintenance | <input type="radio"/> Marinas |
| <input type="radio"/> Churches | <input type="radio"/> Metal Plateing Operations |
| <input type="radio"/> Commercial Carwashes | <input checked="" type="radio"/> Outdoor Fluid Storage |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input checked="" type="radio"/> Parking Lot Maintenance |
| <input checked="" type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input type="radio"/> Cross-Connections | <input type="radio"/> Residential Carwashing |
| <input type="radio"/> Distribution Centers | <input checked="" type="radio"/> Restaurants |
| <input type="radio"/> Food Processing Facilities | <input checked="" type="radio"/> Schools and Universities |
| <input type="radio"/> Garbage Truck Washouts | <input checked="" type="radio"/> Septic Maintenance |
| <input type="radio"/> Hospitals | <input type="radio"/> Swimming Pools |
| <input type="radio"/> Improper RV Waste Disposal | <input checked="" type="radio"/> Vehicle Fueling |
| <input type="radio"/> Industrial Process Water | <input checked="" type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other: | <input type="radio"/> None |

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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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| Town of Binghamton |
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SPDES ID

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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.

Measurable goal is to annually inspect the outfalls during dry weather conditions and identify and eliminate illicit discharges if found.

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

Since the local IDDE Law was passed the Town has not detected any illicit discharges.

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).

Continue to do annual outfall inspections to identify illicit discharges especially during dry weather conditions. Continue public outreach through the use of flyers and pamphlets explaining illicit discharges and how they can and should be avoided.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition

SPDES ID
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3.b. What types of illicit discharges have been found during this reporting period?

- Broken Lines From Sanitary Sewer
- Industrial Connections
- Cross Connections
- Inflow/Infiltration
- Failing Septic Systems
- Pump Station Failure
- Floor Drains Connected To Storm Sewers
- Sanitary Sewer Overflows
- Illegal Dumping
- 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 sewer shed mapping been completed in this reporting period? Yes No
If No, approximately what percent was completed in this reporting period?

%

8. Is the above information available in GIS? Yes 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.

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MS4 Annual Report Form

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

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Name of MS4/Coalition

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| Town of Chenengo |
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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.

Finding no illicit discharges. The Town website now includes information on Illicit Discharges, as well as links to the NYSDEC for complaint reporting and Town of Chenengo "Illicit Discharge Report Citizen Complaint Form".

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

No discharges found.

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).

Develop mapping areas investigated and a log. Possibly initiate water sampling program at outfalls. Develop storm watershed map of areas contributing to each outfall.

MS4 Annual Report Form

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

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Name of MS4/Coalition

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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? Yes No NT

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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| 2 | 0 | 1 | 8 |
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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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|-----------------|
| Town of Conklin |
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SPDES ID

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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.

Measurable goal is to annually inspect 25% of the outfalls during dry weather conditions and identify and eliminate illicit discharges if found.

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

Since the local IDDE Law was passed the Town has not detected any illicit discharges.

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

| | | | |
|--|--|--|---|
| | | | 1 |
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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).

Continue to do annual outfall inspections on a four year cycle to identify illicit discharges especially during dry weather conditions. Continue public outreach through the use of flyers and pamphlets explaining illicit discharges and how they can and should be avoided.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition TOWN OF DICKINSON

SPDES ID
N Y R 2 0 A 1 4 3

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: 6 0 # 1 0 0 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 3 5

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Auto Recyclers <input checked="" type="radio"/> Building Maintenance <input checked="" type="radio"/> Churches <input type="radio"/> Commercial Carwashes <input type="radio"/> Commercial Laundry/Dry Cleaners <input type="radio"/> Construction Vehicle Washouts <input type="radio"/> Cross-Connections <input type="radio"/> Distribution Centers <input type="radio"/> Food Processing Facilities <input type="radio"/> Garbage Truck Washouts <input checked="" type="radio"/> Hospitals <input type="radio"/> Improper RV Waste Disposal <input type="radio"/> Industrial Process Water <input type="radio"/> Other: | <ul style="list-style-type: none"> <input type="radio"/> Landscaping (Irrigation) <input type="radio"/> Marinas <input type="radio"/> Metal Plateing Operations <input type="radio"/> Outdoor Fluid Storage <input checked="" type="radio"/> Parking Lot Maintenance <input type="radio"/> Printing <input type="radio"/> Residential Carwashing <input checked="" type="radio"/> Restaurants <input type="radio"/> Schools and Universities <input type="radio"/> Septic Maintenance <input type="radio"/> Swimming Pools <input checked="" type="radio"/> Vehicle Fueling <input type="radio"/> Vehicle Maint./Repair Shops <input type="radio"/> None |
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Sewersheds:

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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3.b. What types of illicit discharges have been found during this reporting period?

- | | |
|--|--|
| <input type="radio"/> Broken Lines From Sanitary Sewer | <input type="radio"/> Industrial Connections |
| <input type="radio"/> Cross Connections | <input type="radio"/> Inflow/Infiltration |
| <input type="radio"/> Failing Septic Systems | <input type="radio"/> Pump Station Failure |
| <input type="radio"/> Floor Drains Connected To Storm Sewers | <input type="radio"/> Sanitary Sewer Overflows |
| <input type="radio"/> Illegal Dumping | <input type="radio"/> Straight Pipe Sewer Discharges |
| <input type="radio"/> Other: | <input checked="" type="radio"/> None |

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4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

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| | | 3 |
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5. How many illicit discharges have been confirmed during this reporting period?

| | | |
|--|--|---|
| | | 3 |
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6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

| | | |
|--|--|---|
| | | 3 |
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7. Has the storm sewershed mapping been completed in this reporting period? Yes No
 If No, approximately what percent was completed in this reporting period?

| | | | |
|--|--|---|---|
| | | 0 | % |
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8. Is the above information available in GIS? Yes 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

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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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|-------------------|
| TOWN OF DICKINSON |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 1 | 4 | 3 |
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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.

ILLCIT DISCHARGES FOUND. Measurable goal is to routinely inspect the outfalls during dry weather conditions and identify and eliminate illicit discharges if found.

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

FOUND ILLICIT DISCHARGES ARE TARGETD FOR ENFORCEMENT AND ELIMINATED AS SOON AS POSSIBLE. None were found

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

| | | | |
|--|---|---|---|
| | 1 | 8 | 6 |
|--|---|---|---|

(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).

ALL PUBLIC WORKS EMPLOYEES WILL BE DIRECTED TO LOOK FOR AND REPORT ALL ILLICIT DISCHARGES
Continue to do annual outfall inspections to identify illicit discharges especially during dry weather conditions. Continue public outreach through the use of flyers and pamphlets explaining illicit discharges and how they can and should be avoided.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 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: 21 # 100 %

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?

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None

Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: VILLAGE OF ENDICOTT

SPDES ID: NYR 20A 149

3.b. What types of illicit discharges have been found during this reporting period?

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

Grid for other discharge types

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

1

5. How many illicit discharges have been confirmed during this reporting period?

1

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

1

7. Has the storm sewershed mapping been completed in this reporting period? If No, approximately what percent was completed in this reporting period?

Yes No 1%

8. Is the above information available in GIS? Is this information available on the web? If Yes, provide URL(s):

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

URL: WWW.GOBROOMECOUNTY.COM GIS PORTAL STORM WATER OUTFALLS

URL: ONLINE MAP COLLECTION MUNICIPAL STORMWATER OUTFALLS MAP # 9 VILLAGE OF ENDICOTT

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

VILLAGE OF ENDICOTT

SPDES ID

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| N | Y | R | 2 | 0 | A | 1 | 4 | 9 |
|---|---|---|---|---|---|---|---|---|

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.

The existing 24" Storm Sewer system that goes from Loder Avenue by the Jennie F. Snapp Middle School and runs along the southern border of the school to Vestal Avenue and into the K-Mart Plaza was replaced and increased to 48".

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

Loder Avenue between E. Main Street and E. Union Street has excessive storm water issues during heavy rain events that flood the street. The increase in size of the Storm Sewer pipe will improve the flow of storm water during heavy rain events. This will improve the safety of the residents living on Loder Avenue, the general public traveling by automobile and by foot traffic during and after School Events.

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

| | | | |
|--|--|--|---|
| | | | 3 |
|--|--|--|---|

(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).

The Stormwater improvements were completed by the Contractor as outlined in the Bid. The project was completed by October of 2017. The goals have been met.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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
N Y R 2 0 A 0 7 8

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: 3 6 # 1 0 0 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- | | |
|---|---|
| <input type="radio"/> Auto Recyclers | <input type="radio"/> Landscaping (Irrigation) |
| <input type="radio"/> Building Maintenance | <input type="radio"/> Marinas |
| <input type="radio"/> Churches | <input type="radio"/> Metal Plateing Operations |
| <input type="radio"/> Commercial Carwashes | <input type="radio"/> Outdoor Fluid Storage |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input type="radio"/> Parking Lot Maintenance |
| <input type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input type="radio"/> Cross-Connections | <input type="radio"/> Residential Carwashing |
| <input type="radio"/> Distribution Centers | <input type="radio"/> Restaurants |
| <input type="radio"/> Food Processing Facilities | <input type="radio"/> Schools and Universities |
| <input type="radio"/> Garbage Truck Washouts | <input type="radio"/> Septic Maintenance |
| <input type="radio"/> Hospitals | <input type="radio"/> Swimming Pools |
| <input type="radio"/> Improper RV Waste Disposal | <input type="radio"/> Vehicle Fueling |
| <input type="radio"/> Industrial Process Water | <input type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other: | <input checked="" type="radio"/> None |

Sewersheds:

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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| Town of Fenton |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 7 | 8 |
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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.

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?

| | | | |
|--|--|--|---|
| | | | 0 |
|--|--|--|---|

(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).

surveying 1/2 of outfalls per year

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition: Village of Johnson City

SPDES ID
N Y R 2 0 A 1 0 1

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? 0 0 1

1. Enter the number and approx. percent of outfalls mapped: 1 8 # 1 0 0 %
2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0 1 8
- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- | | |
|---|---|
| <input type="radio"/> Auto Recyclers | <input checked="" type="radio"/> Landscaping (Irrigation) |
| <input checked="" type="radio"/> Building Maintenance | <input type="radio"/> Marinas |
| <input checked="" type="radio"/> Churches | <input type="radio"/> Metal Plateing Operations |
| <input type="radio"/> Commercial Carwashes | <input type="radio"/> Outdoor Fluid Storage |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input checked="" type="radio"/> Parking Lot Maintenance |
| <input type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input type="radio"/> Cross-Connections | <input type="radio"/> Residential Carwashing |
| <input checked="" type="radio"/> Distribution Centers | <input checked="" type="radio"/> Restaurants |
| <input type="radio"/> Food Processing Facilities | <input type="radio"/> Schools and Universities |
| <input checked="" type="radio"/> Garbage Truck Washouts | <input type="radio"/> Septic Maintenance |
| <input checked="" type="radio"/> Hospitals | <input type="radio"/> Swimming Pools |
| <input type="radio"/> Improper RV Waste Disposal | <input type="radio"/> Vehicle Fueling |
| <input type="radio"/> Industrial Process Water | <input type="radio"/> Vehicle Maint./Repair Shops |
| <input checked="" type="radio"/> Other: | <input type="radio"/> None |

R e s i d e n t i a l V e h i c l e M a i n t e n a n c e

Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Johnson City

SPDES ID: NYR 20A 101

3.b. What types of illicit discharges have been found during this reporting period?

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

Grid for Other/None description

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

0 0 2

5. How many illicit discharges have been confirmed during this reporting period?

0 0 2

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

0 0 2

7. Has the storm sewershed mapping been completed in this reporting period? Yes No
If No, approximately what percent was completed in this reporting period?

0 0 %

8. Is the above information available in GIS? Yes 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

v i l l a g e o f j c . o r g / p d f s / s e w e r / J C _ S T O R M W A T E R _ M A N A G E M E N T _ P L A N . p d f

URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? Yes No NT

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

| | | | |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

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

Village of Johnson City

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 0 | 1 |
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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.

With the training of the Village's Refuse, Street, Sanitary Sewer & Water Departments the employees are on the streets daily and are aware to notify their supervisors of any Illicit Discharges. The Code Enforcement works closely with the DPW in identifying and enforcing the Village Code regarding illicit discharges.

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

During the reporting year two illicit discharges was documented, grass clippings were placed into a catchbasin. DPW cleaned the catchbasin the day that they were notified. A Notice of Violation letter was sent to the area residents, it was determined that a private landscape company did the illicit discharge. They were met in person at an area residence and informed to no longer place any thing into catchbasins. The second one was yardwaste in a drainage ditch, the resident removed the items.

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).

The Village will continue to train employees to be aware of illicit discharges during their daily activities and to notify their supervisors as necessary.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Kirkwood
SPDES ID: NYR20A072

3.b. What types of illicit discharges have been found during this reporting period?

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

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 0

5. How many illicit discharges have been confirmed during this reporting period? 0

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 0

7. Has the storm sewershed mapping been completed in this reporting period? Yes No
If No, approximately what percent was completed in this reporting period? %

8. Is the above information available in GIS? Yes 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: http://broomegis.co.broome.ny.us/website/broome/public/propinfo/viewer.htm?muni=parcelspub&PARCE

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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.

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| Name of MS4/Coalition | Town of Kirkwood | | SPDES ID | | | | | | |
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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? Yes No NT

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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| Town of Kirkwood |
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SPDES ID

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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.

Measurable goal is to annually inspect all outfalls during dry weather conditions and identify and eliminate illicit discharges if found.

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

Since the local IDDE Law was passed the Town has not detected any illicit discharges.

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).

Continue to do annual outfall inspections to identify illicit discharges especially during dry weather conditions. Continue public outreach through the use of flyers and pamphlets explaining illicit discharges and how they can and should be avoided.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 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?

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None

Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Town of Owego

SPDES ID: NYR20A079

8. URL(s) con't.:

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

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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? Yes No NT

11. What percent of staff in relevant positions and departments has received IDDE training? 100 %

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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| Town of Owego |
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SPDES ID

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| NYR20A079 | | | | | |
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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.

The Town of Owego will inspect and clean a minimum 280 catch basins per year on a rotating basis

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

The Town has met this goal.

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

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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Flow chart for illicit discharge detection field tests has been developed and will be placed on the newly created stormwater page on the Town of Owego website.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: VILLAGE OF PORT DICKINSON

SPDES ID: NYR20A080

3.b. What types of illicit discharges have been found during this reporting period?

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

Empty grid for other discharge types

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

000

5. How many illicit discharges have been confirmed during this reporting period?

000

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

000

7. Has the storm sewershed mapping been completed in this reporting period? If No, approximately what percent was completed in this reporting period?

Yes No
0%

8. Is the above information available in GIS? Is this information available on the web?

Yes No
 Yes No

If Yes, provide URL(s):

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

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http://broomegis.co.broome.ny.us/
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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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| VILLAGE OF PORT DICKINSON |
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SPDES ID

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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.

ILLICIT DISCHARGES FOUND. Measurable goal is to routinely inspect the outfalls during dry weather conditions and identify and eliminate illicit discharges if found.

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

FOUND ILLICIT DISCHARGES ARE TARGETD FOR ENFORCEMENT AND ELIMINATED AS SOON AS POSIBLE. None were found

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).

BOTH PUBLIC WORKS EMPLOYEES WILL BE DIRECTED TO LOOK FOR AND REPORT ALL ILLICIT DISCHARGES.
Continue to do annual outfall inspections to identify illicit discharges especially during dry weather conditions. Continue public outreach through the use of flyers and pamphlets explaining illicit discharges and how they can and should be avoided.

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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| Town of Union |
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SPDES ID

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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?

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1. Enter the number and approx. percent of outfalls mapped:

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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

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3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- Auto Recyclers
- Landscaping (Irrigation)
- Building Maintenance
- Marinas
- 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
- Schools and Universities
- Garbage Truck Washouts
- Septic Maintenance
- Hospitals
- Swimming Pools
- Improper RV Waste Disposal
- Vehicle Fueling
- Industrial Process Water
- Vehicle Maint./Repair Shops
- Other:
- None

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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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| Town of Union |
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SPDES ID

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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.

Code enforcement responds to complaints about dumping into stream channels and illegal dumping into storm system. New outfalls are mapped with new development. Stormwater markers have been obtained.

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

Code enforcement have increased fire safety inspections for businesses and have looked for illegal discharges during inspections. Town participates in CRS program and checks certain choke points in streams periodically. Put in bid documents for lawn cutting that contractor cannot discharge cuttings into street. Previous offenders where not observed to be in violation this year.

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).

Need to install more storm drain markers to make public aware that illegal dumping not permitted.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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
N Y R 2 0 A 0 6 4

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?

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None

Sewersheds:

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

Town of Vestal

SPDES ID

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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.

Advanced documentation/reporting and enforcement of Fats, Oil and Grease applications through Code Department. Initiated new sanitary manhole/sewer reporting form for sewer department.

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

Improved tracking of sewer issues including private lateral repair/replacement. More awareness of Fats, Oils and Grease for Code Department.

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).

Continue IDDE training program for other Town Departments. Coordinate and improve documentation between highway, water/sewer and engineering departments with respect to our SWMPP.

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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|---------------|
| BROOME COUNTY |
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SPDES ID

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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

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

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 %

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

| | | |
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 %

 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

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

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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6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

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MS4 Annual Report Form

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

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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.

MEASURABLE GOAL #4A -- To assure that 100% of County Contracts, both with consultants and with contractors include appropriate erosion control language - either requiring design considerations from consultants or construction considerations from contractors. This includes SWPPP's and other environmental permits included in the bid documents as part of the legal contract, and language which allows inspectors to stop work if projects are in non-compliance.

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

The County has adopted a policy of including erosion control language in all contracts bid that involve earth disturbance and the potential for erosion and sedimentation, irregardless of the area disturbed. There were 7 projects under construction during this reporting period. 1 had SWPPP's and 6 did not (based on the area of earth disturbance).

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).

Continue as developed and implemented -- detailed reporting sheets for all construction work will be utilized 100% this next reporting period.

MS4 Annual Report Form

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

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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.

MEASURABLE GOAL #4B -- To assure that 100% of County work with SWPPP's have a contractor with appropriately trained staff (NYSDEC Erosion Control Certified), that a copy of the certification be provided prior to start of work, and that this trained person be on site during all earth moving operations.

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

Appropriate contract language has been inserted into contract documents as necessary. We have had these discussions with contractor's on all applicable contracts at the preconstruction meeting (7 projects during this reporting period).

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).

Continue as developed and implemented - however, assure that we get copies of contractor's erosion control training certificates for all projects with SWPPP's (at a minimum).

MS4 Annual Report Form

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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.

MEASURABLE GOAL #4C -- To assure that 100% of inspectors on 100% of County projects are either P.E.'s, CPESC's or trained and certified in erosion and sediment control.

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

Notices were sent to all consulting engineers that provide construction consulting services to the County that this would be a County requirement beginning in 2014. Additionally, all County DPW engineering staff are NYDEC trained and certified (or NYS licensed PE's). All inspectors on 2017 construction projects had appropriate training requirements per stated goals.

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).

Continue as developed and implemented - improve reporting / record keeping for this goal.

MS4 Annual Report Form

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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.

MEASURABLE GOAL #4D -- To have 100% of County staff who are involved with earth moving and construction types of projects for the County complete the 4-hour erosion and sediment control training for contractors. This includes (at a minimum), County Highway Superintendents and Field Crew chiefs who are responsible for directing construction activities.

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

All applicable DPW staff members are now certified (engineering, highways, solid waste management, and buildings & grounds construction crew). Four (4) staff members were either certified or re-certified during this reporting period. A total of 25 current County employees are certified through this NYSDEC training.

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

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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).

Continue as developed and implemented -- make sure that all new staff members are trained and certified, and make sure that all certified staff members are renewed every 3 years as needed.

MS4 Annual Report Form

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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.

MEASURABLE GOAL #4E -- To track and inspect 100% of County sponsored projects for erosion and sediment control compliance at least once, irregardless of whether the project requires a SWPPP.

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

100% of County sponsored projects are/were inspected and tracked during the past reporting period whether they had a SWPPP or not.

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

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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).

Continue as developed and implemented - improve inspection forms and record keeping.

MS4 Annual Report Form

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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.

MEASURABLE GOAL #4F -- To log and track 100% of complaints / reports coming into the County related to erosion and/or sedimentation issues, and tracking actions taken and/or follow-up.

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

One call/complaint came into the County this year relative to work on one DPW project - violation notice was given to contractor and immediately addressed.

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

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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).

Continue as developed and implemented -- update program tracking for better MS4 records, and include complaints as a check on inspection forms from MCM-4E goal.

MS4 Annual Report Form

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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #4G -- To utilize the 239 review process for site plan and development review to incorporate consideration of potential water quality impacts and to ensure consistency with erosion and sediment control criteria in general, and potential impacts to County owned properties and infrastructure specifically.

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

188 total 239 reviews were completed by County Planning during this reporting period, and 23 of these were also reviewed by the Engineering Division for potential impacts to County properties and/or infrastructure. 8 (eight) projects with potential storm water related impacts were reviewed as such in this process.

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

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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 SWMP?
 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).

This process is ongoing and well established, and County staff will continue to perform these duties in accordance with the established SWMP goal and review criteria; however, we will look at better definition of how many 239 reviews deal with water quality issues with the development and implementation of a tracking spreadsheet in 2018.

MS4 Annual Report Form

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

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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

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

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

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5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

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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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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

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

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

| | | |
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| 1 | 0 | 0 |
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 %
 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT
 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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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6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

E n g i n e e r i n g D e p a r t m e n t

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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.

Goals: The city of Binghamton continued reviewing and updating the SWMP to show the SPDES General Permit GP-0-15-003 changes. Continued to review all SWPPP's and maintain a database of SWPPP's reviewed. The city stormwater web page includes the City of Binghamton SWMP for the public to have access. All construction sites requiring a SWPPP had been reviewed and approved.

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

NYSDEC SWPPP review checklist is utilized for all SWPPP reviews in accordance with newly developed SWPPP review practices. Development and associated stormwater documents are present to the public meetings. The SWPPP's approved are confirmed by weekly inspection with the assistance of outside companies and periodically inspected by the City of Binghamton.

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

| | | | |
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| | | | 1 |
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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).

SWPPP review and database documentation will continue. Development projects will continue to be presented at public meetings. Inspections of all active projects for SWPPP compliance will continue. Pre-development meetings are held to meet with developers to discuss stormwater issues. Send more employees to SWPPP and illicit discharge classes/seminars.

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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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

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

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 %

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

| | | |
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 %

 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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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6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

T o w n o f B i n g h a m t o n C o d e O f f i c e

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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.

| |
|--|
| Continue developing procedures for review of SWPPP plans. Utilize NYS Construction Stormwater Inspection Manual for Site Inspections. |
|--|

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

| |
|--|
| SWPPP procedures ensures thorough review. Manual ensures thorough inspection. |
|--|

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).

| |
|--|
| Review SWPPP plans in accordance with procedures and inspect construction sites according to manual. |
|--|

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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| Town of Chenengo |
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

| | | |
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| | | 2 |
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3. What percent of active construction sites were inspected during this reporting period? NT

| | | |
|---|---|---|
| 1 | 0 | 0 |
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 %

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
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 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

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.

Continue to to develop and implement spreadsheet checklist of projects reviewed, inspected, and/or enforcement actions.

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

Inspections ongoing and reviews are conducted and logged . Staff are trained.

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

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| | | | 1 |
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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).

Continue training staff on permit updates: continue to review, inspect, and document.

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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| Town of Conklin |
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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| | | 3 |
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

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

| | | |
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| 1 | 0 | 0 |
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 %

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

| | | |
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| 1 | 0 | 0 |
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 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018
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

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

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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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| Town of Conklin |
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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.

Measurable goal is to inventory the number of SWPPP's received and reviewed. Also to document the number of sites and amount of times they are inspected.

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

All construction projects with disturbances of one or more acres had an approved SWPPP in place. All active construction projects were inspected multiple times during this reporting period.

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

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| | | | 1 |
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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).

Continue to verify that all construction projects disturbing 1 or more acres have an approved SWPPP in place, have stormwater permit coverage through DEC, and inspect every active construction project at least once a month during construction.

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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| TOWN OF DICKINSON |
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

| | | |
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| | | 0 |
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3. What percent of active construction sites were inspected during this reporting period? NT

| | | |
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| 1 | 0 | 0 |
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 %

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

| | | |
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| 1 | 0 | 0 |
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 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: TOWN OF DICKINSON

SPDES ID: NYR20A143

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

T O W N H A L L

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MS4 Annual Report Form

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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.

THERE HAVE BEEN NO SWPPPs RECEIVED. Measurable goal is to inventory the number of SWPPPs received and reviewed. Also to document the number and amount of times construction projects are inspected.

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

WE ARE PREPARED TO TAKE ACTION WHEN WE RECEIVE A PROJECT.

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

| | | | |
|--|--|--|---|
| | | | 0 |
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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).

REVIEW ANY SWPPPs AND MAKE AVAILABLE FOR PUBLIC COMMENT
Continue to verify that all construction projects disturbing 1 or more acres have an approved SWPPP in place, have stormwater permit coverage through DEC, and inspect every active construction project at least once a month during construction.

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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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

| | | |
|--|--|---|
| | | 1 |
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3. What percent of active construction sites were inspected during this reporting period? NT

| | | |
|---|---|---|
| 1 | 0 | 0 |
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4. What percent of active construction sites were inspected more than once? NT

| | | |
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 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition

VILLAGE OF ENDICOTT

SPDES ID

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6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

E N G I N E E R I N G D E P A R T M E N T

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MS4 Annual Report Form

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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.

Woitd Engineering has worked very closely with the Contractor in controlling stormwater runoff.

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

Woitd Engineering and the Contractor are working together. Woitd Engineering sends the SWPPP Inspection reports to us via e-mail on a monthly basis.

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

| | | | |
|--|--|---|---|
| | | 2 | 4 |
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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).

The East Franklin Street phase of Skye View Heights has been secured. Woitd Engineering has been working closely with the Contractor. The Groats Street phase of the project has been completed. The Contractor is currently working on the Overton Street phase of the project. He is almost done installing all of the foundations.

MS4 Annual Report Form

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

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Name of MS4/Coalition

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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

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| | | 2 |
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3. What percent of active construction sites were inspected during this reporting period? NT

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

Address

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○ Library

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● Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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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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| Town of Fenton |
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SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

| |
|---|
| Conduct SWPPP Reviews Via Planning Bd. inform public of ongoing activities on construction projects Educate owners and contractors on the construction review process |
|---|

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

| |
|---|
| Maintenance of ES&C Record Maintenance |
|---|

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

| | | | |
|--|--|--|---|
| | | | 0 |
|--|--|--|---|

(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).

| |
|--|
| Address Erosion and Sediment Control rqts. on upcoming Projects (Beer Tree Brewery, Fenton Trucking Terminal & Bingham Precast) and address activity in Flood Hazard Areas |
|--|

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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| Village of Johnson City |
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

| | | |
|--|--|---|
| | | 0 |
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

| | | |
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| | | 2 |
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3. What percent of active construction sites were inspected during this reporting period? NT

| | | |
|---|---|---|
| 1 | 0 | 0 |
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 %

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

| | | |
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| 1 | 0 | 0 |
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 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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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Submit additional pages as needed.

● MS4/Coalition Office

Department
J o h n s o n C i t y P u b l i c W o r k s

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City
J o h n s o n C i t y N Y

Zip
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(6 0 7) 7 9 7 - 3 0 3 1

○ Library

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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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

Village of Johnson City

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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.

During this period two projects continued under the previous year's SWPPP, these are the Binghamton University School of Pharmacy project, new building demolition and Redevelopment of 135-139 Baldwin Street.

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

The project had weekly SWPPP inspections by a NYS licensed Engineer and was periodically inspected by JCDPW personnel. There were minor corrective actions that were required, all of which were corrected within a short time of the notification.

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).

The Village will continue to review projects to determine if SWPPPs are required and continue to require Best Management Practices be implemented on projects not requiring a SWPPP.

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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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

| | | |
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| | | 0 |
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3. What percent of active construction sites were inspected during this reporting period? NT

| | | |
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 %

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

| | | |
|--|--|--|
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 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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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Submit additional pages as needed.

● MS4/Coalition Office

Department
B u i l d i n g & C o d e E n f o r c e m e n t

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K i r k w o o d N Y Zip
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Phone
(6 0 7) 7 7 5 - 4 3 1 3

○ Library

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City Zip

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○ Other

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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MS4 Annual Report Form

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Name of MS4/Coalition

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| Town of Kirkwood |
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SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

Measurable goal is to inventory the number of SWPPP's received and reviewed. Also to document the number of project sites and amount of times they are inspected.

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

All construction projects with disturbances of one or more acres had an approved SWPPP in place. All active construction projects were inspected multiple times during this reporting period.

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

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| | | | 1 |
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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).

Continue to verify that all construction projects disturbing 1 or more acres have an approved SWPPP in place, have stormwater permit coverage through DEC, and inspect every active construction project at least once a month during construction.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

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

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

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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Name of MS4/Coalition

SPDES ID

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Submit additional pages as needed.

● MS4/Coalition Office

Department

Address

City

Zip

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○ Library

Address

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○ Other

Address

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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Name of MS4/Coalition

SPDES ID

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.

Amend stormwater ordinance to maintain compliance with new GP-0-17-002

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

New permit has not yet been adopted.

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

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Update the Town of Owego stormwater ordinance to reflect changes due to new GP-0-17-002 when it is adopted.

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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| VILLAGE OF PORT DICKINSON |
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SPDES ID

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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

| | | |
|--|--|---|
| | | 0 |
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

| | | |
|--|--|---|
| | | 0 |
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3. What percent of active construction sites were inspected during this reporting period? NT

| | | |
|--|--|--|
| | | |
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 %

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: VILLAGE OF PORT DICKINSON

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6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department
V I L L A G E H A L L

Address
7 8 6 C H E N A N G O S T R E E T

City
B I N G H A M T O N N Y Zip
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(6 0 7) 7 7 1 - 8 2 3 3

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Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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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.

THERE HAVE BEEN NO SWPPPs RECEIVED. Measurable goal is to inventory the number of SWPPPs received and reviewed. Also to document the number and amount of times construction projects are inspected.

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

WE ARE PREPARED TO TAKE ACTION WHEN WE RECEIVE A PROJECT.

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

| | | | |
|--|--|--|---|
| | | | 0 |
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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).

REVIEW ANY SWPPPs AND MAKE AVAILABLE FOR PUBLIC COMMENT
Continue to verify that all construction projects disturbing 1 or more acres have an approved SWPPP in place, have stormwater permit coverage through DEC, and inspect every active construction project at least once a month during construction.

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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| Town of Union |
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SPDES ID

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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

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

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

| | | |
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 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

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.

There were 2 SWPPP's started in this reporting period. Both are closed. The Air Force Plant #59 SWPPP was closed this period.

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

Inspection reports are reviewed weekly, repeat problems are addressed with developer. Computer tracking used for SWPPP. Sites inspected more than once. Complaints investigated.

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).

Staff received training on inspection procedures. Promote contractor training availability on website.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition Town of Union

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Submit additional pages as needed.

● MS4/Coalition Office

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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

| |
|----------------|
| Town of Vestal |
|----------------|

SPDES ID

| | | | | | | | | |
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| N | Y | R | 2 | 0 | A | 0 | 6 | 4 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

| | | |
|--|--|---|
| | | 3 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 8 |
|--|--|---|

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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
N Y R 2 0 A 0 6 4

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department
T o w n o f V e s t a l E n g i n e e r i n g D e p t

Address
1 3 3 F r o n t S t r e e t

City
V e s t a l N Y Zip
1 3 8 5 0 -

Phone
(6 0 7) 7 8 6 - 0 9 8 0

○ 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

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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

Town of Vestal

SPDES ID

| | | | | | | | | |
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| N | Y | R | 2 | 0 | A | 0 | 6 | 4 |
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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.

All development and construction sites that required SWPPP were reviewed and approved through engineering department. All other development plans were reviewed for BMP's with respect to erosion and sediment controls during construction.

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

All SWPPP projects had weekly reports by a qualified SWPPP inspection and signed off on by a Licensed NYS Professional Engineer submitted to the Town Engineer. The Town Engineer and/or engineering staff visited each site periodically and discussed minor corrective actions with site representatives if repetitive reporting without corrective action was noted on the submitted SWPPP inspection reports.

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

| | | | |
|--|--|---|---|
| | | 5 | 2 |
|--|--|---|---|

(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).

Continue reviewing SWPPP as development and construction projects dictate. Monitor during construction for conformance to SWPPP and follow up with corrective actions should SWPPP inspections report repetitive issues that are not being effectively addressed. Coordinate with code on building/housing projects, logging permits, and any other projects that may need erosion and sediment controls.

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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| BROOME COUNTY | | | | | | | | | |
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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?

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

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?

| | | |
|--|--|---|
| | | 1 |
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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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| | | 0 |
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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:

- Notices of Violation #

| | | | | |
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 No Authority
- Stop Work Orders #

| | | | | |
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 No Authority
- Criminal Actions #

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 No Authority
- Termination of Contracts #

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 No Authority
- Administrative Fines #

| | | | | |
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 No Authority
- Civil Penalties #

| | | | | |
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 No Authority
- Administrative Orders #

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 No Authority
- Enforcement Actions or Sanctions #

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- Other #

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 No Authority

MS4 Annual Report Form

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

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

Name of MS4/Coalition:

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| Tioga County |
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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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| | | |
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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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| | 0 | |
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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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| | 0 | |
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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 | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Stop Work Orders | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Criminal Actions | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Termination of Contracts | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Administrative Fines | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Civil Penalties | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Administrative Orders | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Other | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Binghamton

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:

- Notices of Violation #

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 No Authority
- Stop Work Orders #

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 No Authority
- Criminal Actions #

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 No Authority
- Termination of Contracts #

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 No Authority
- Administrative Fines #

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 No Authority
- Civil Penalties #

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 No Authority
- Administrative Orders #

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 No Authority
- Enforcement Actions or Sanctions #

| | | | | |
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- Other #

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 No Authority

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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|--------------------|
| Town of Binghamton |
|--------------------|

SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 0 | 9 |
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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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| | | |
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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?

| | | |
|--|--|---|
| | | 0 |
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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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| | | 0 |
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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:

- Notices of Violation #

| | | | | |
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 No Authority
- Stop Work Orders #

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 No Authority
- Criminal Actions #

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 No Authority
- Termination of Contracts #

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 No Authority
- Administrative Fines #

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 No Authority
- Civil Penalties #

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 No Authority
- Administrative Orders #

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 No Authority
- Enforcement Actions or Sanctions #

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- Other #

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 No Authority

MS4 Annual Report Form

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

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

Name of MS4/Coalition:

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| Town of Chenengo | | | | | | | | | |
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? March 10, 2017-March 9, 2018

| | | |
|--|--|---|
| | | 2 |
|--|--|---|

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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:

- Notices of Violation #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Stop Work Orders #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Criminal Actions #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Termination of Contracts #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Administrative Fines #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Civil Penalties #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Administrative Orders #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Enforcement Actions or Sanctions #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Other #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|-----------------|
| Town of Conklin |
|-----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 5 | 5 |
|---|---|---|---|---|---|---|---|---|

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

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. 09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

| | | |
|--|--|---|
| | | 3 |
|--|--|---|

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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:

- Notices of Violation #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Stop Work Orders #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Criminal Actions #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Termination of Contracts #

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| | | | | |
|--|--|--|--|--|

 No Authority
- Administrative Fines #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Civil Penalties #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Administrative Orders #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Enforcement Actions or Sanctions #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Other #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|-------------------|
| TOWN OF DICKINSON |
|-------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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:

- Notices of Violation #

| | | | | |
|--|--|--|--|---|
| | | | | 3 |
|--|--|--|--|---|

 No Authority
- Stop Work Orders #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Criminal Actions #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Termination of Contracts #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Administrative Fines #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Civil Penalties #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Administrative Orders #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Enforcement Actions or Sanctions #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Other #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|---------------------|
| VILLAGE OF ENDICOTT |
|---------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 4 | 9 |
|---|---|---|---|---|---|---|---|---|

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

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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:

- Notices of Violation #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 No Authority
- Stop Work Orders #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 No Authority
- Criminal Actions #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 No Authority
- Termination of Contracts #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 No Authority
- Administrative Fines #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 No Authority
- Civil Penalties #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 No Authority
- Administrative Orders #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 No Authority
- Enforcement Actions or Sanctions #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 No Authority
- Other #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 No Authority

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|----------------|
| Town of Fenton |
|----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|

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

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

| | | |
|--|--|---|
| | | 3 |
|--|--|---|

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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:

- Notices of Violation #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Stop Work Orders #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Criminal Actions #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Termination of Contracts #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Administrative Fines #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Civil Penalties #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Administrative Orders #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Enforcement Actions or Sanctions #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

 No Authority
- Other #

| | | | | |
|--|--|--|---|---|
| | | | 0 | 0 |
|--|--|--|---|---|

 No Authority

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition:

| |
|-------------------------|
| Village of Johnson City |
|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 0 | 1 |
|---|---|---|---|---|---|---|---|---|

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

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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:

- Notices of Violation #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 ○ No Authority
- Stop Work Orders #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 ○ No Authority
- Criminal Actions #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 ○ No Authority
- Termination of Contracts #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 ○ No Authority
- Administrative Fines #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 ○ No Authority
- Civil Penalties #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 ○ No Authority
- Administrative Orders #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 ○ No Authority
- Enforcement Actions or Sanctions #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 ○ No Authority
- Other #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|

 ○ No Authority

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|------------------|
| Town of Kirkwood |
|------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 2 |
|---|---|---|---|---|---|---|---|---|

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

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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

MS4 Annual Report Form

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

| | | | | | |
|---|---|---|---|--|--|
| 2 | 0 | 1 | 8 | | |
|---|---|---|---|--|--|

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

Name of MS4/Coalition

Town of Owego

SPDES ID

NYR20A079

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

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

| | | |
|--|---|--|
| | 3 | |
|--|---|--|

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?

| | | |
|--|---|--|
| | 0 | |
|--|---|--|

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:

- Notices of Violation #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Stop Work Orders #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Criminal Actions #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Termination of Contracts #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Administrative Fines #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Civil Penalties #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Administrative Orders #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Enforcement Actions or Sanctions #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Other #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

VILLAGE OF PORT DICKINSON

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 8 | 0 |
|---|---|---|---|---|---|---|---|---|

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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| | | |
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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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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:

- Notices of Violation #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 No Authority
- Stop Work Orders #

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 No Authority
- Criminal Actions #

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 No Authority
- Termination of Contracts #

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 No Authority
- Administrative Fines #

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| | | | | |
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 No Authority
- Civil Penalties #

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 No Authority
- Administrative Orders #

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|--|--|--|--|--|
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 No Authority
- Enforcement Actions or Sanctions #

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 No Authority
- Other #

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 No Authority

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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

Town of Union

SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 5 | 0 |
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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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| | | |
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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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| | | 2 |
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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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| | | 2 |
|--|--|---|

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:

- Notices of Violation #

| | | | | |
|--|--|--|--|--|
| | | | | |
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 No Authority
- Stop Work Orders #

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 No Authority
- Criminal Actions #

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 No Authority
- Termination of Contracts #

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 No Authority
- Administrative Fines #

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 No Authority
- Civil Penalties #

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 No Authority
- Administrative Orders #

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 No Authority
- Enforcement Actions or Sanctions #

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 No Authority
- Other #

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 No Authority

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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

| |
|----------------|
| Town of Vestal |
|----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 6 | 4 |
|---|---|---|---|---|---|---|---|---|

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

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

| | | |
|--|--|---|
| | | 8 |
|--|--|---|

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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:

- Notices of Violation #

| | | | | |
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| | | | | 0 |
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 ○ No Authority
- Stop Work Orders #

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 ○ No Authority
- Criminal Actions #

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 ○ No Authority
- Termination of Contracts #

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| | | | | 0 |
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 ○ No Authority
- Administrative Fines #

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 ○ No Authority
- Civil Penalties #

| | | | | |
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 ○ No Authority
- Administrative Orders #

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 ○ No Authority
- Enforcement Actions or Sanctions #

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 ○ No Authority
- Other #

| | | | | |
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| | | | | 0 |
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 ○ No Authority

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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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| BROOME COUNTY | | | | | | | | | |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 3 | 2 |
|---|---|---|---|---|---|---|---|---|

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

| | | |
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| | | 5 |
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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

BROOME COUNTY

SPDES ID

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| N | Y | R | 2 | 0 | A | 3 | 3 | 2 |
|---|---|---|---|---|---|---|---|---|

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.

MEASURABLE GOAL #5A -- To develop and maintain an INVENTORY of 100% of the County's Post-Construction Stormwater Management Practices including location, inspection records and responsible departments / staff.

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

This measure has been met with existing measures, and new practices will be added as constructed. During the 2017-2018 no new post-construction measures were added into the County's inventory.

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

| | | | |
|--|--|--|---|
| | | | 6 |
|--|--|--|---|

(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).

During the next reporting period activities to meet this goal include adding any new measures to the inventory that may be constructed during each reporting year. Currently no new measures are anticipated in the 2018-2019 reporting period.

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

| |
|---------------|
| BROOME COUNTY |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 3 | 3 | 2 |
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

MEASURABLE GOAL #5B -- To INSEPCT 100% of the County's Post-Construction Stormwater Management Practices annually.

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

100% of the County's Post-Construction Stormwater Management Practices were inspected during this reporting period.

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

| | | | |
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| | | | 6 |
|--|--|--|---|

(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).

Continue inspections as established and for any new measures added.

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

BROOME COUNTY

SPDES ID

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| N | Y | R | 2 | 0 | A | 3 | 3 | 2 |
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

MEASURABLE GOAL #5C -- To MAINTAIN 100% of the County's Post-Construction Stormwater Management Practices annually - in accordance with established O&M guidelines.

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

100% of the County's Post-Construction Stormwater Management Practices were maintained in accordance with the O&M guidelines during this reporting period.

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

| | | | |
|--|--|--|---|
| | | | 6 |
|--|--|--|---|

*(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).

Continue maintenance as established and for any new measures added.

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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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|---------------|
| BROOME COUNTY |
|---------------|

SPDES ID

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| N | Y | R | 2 | 0 | A | 3 | 3 | 2 |
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

MEASURABLE GOAL #5D -- To TRAIN 100% of the County staff responsible for inspection and O&M of the County's Post-Construction Stormwater Management Practices, with respect to inspections, record keeping, operation, and maintenance (including good housekeeping measures).

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

Staff training was started in 2016 (2 people trained), but goal has not been 100% achieved, and was not progressed as planned during the past reporting period. We want to train additional staff in these areas to make sure that there is coverage beyond just managers.

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

| | | | |
|--|--|--|---|
| | | | 0 |
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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).

Although existing staff is providing these functions currently, this goal is to formalize the processes described in goals 5A, 5B, and 5C and then to make sure that all staff functioning in these roles (and their support staff) are trained to follow the same (and correct) procedures. It is a priority in 2018-2019 to get this goal completed and functioning in accordance with adopted good-housekeeping documents.

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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| Broome-Tioga Stormwater Coalition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 4 | 7 |
|---|---|---|---|---|---|---|---|---|

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 Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles 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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|--------------|
| Tioga County |
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SPDES ID

| | | | | | | | | |
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| N | Y | R | 2 | 0 | A | 0 | 4 | 7 |
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

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

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

| | | | |
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| | | | |
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

MS4 Annual Report Form

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

| | | | |
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| 2 | 0 | 1 | 8 |
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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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|--------------------|
| City of Binghamton |
|--------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 4 | 1 |
|---|---|---|---|---|---|---|---|---|

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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| | | 1 |
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles 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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|--------------------|
| City of Binghamton |
|--------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 4 | 1 |
|---|---|---|---|---|---|---|---|---|

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.

Train inspection/enforcement personnel on post construction runoff regulations and inspection procedures. Perform inspections to ensure conformance with specifications. Continue to keep inventory of post construction stormwater practices.

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

SWPPP inventory is used to track post construction stormwater practices. A post construction stormwater map has been created and will be updated as needed.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(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).

Train inspection personnel. Perform inspections when appropriate. Continue to track construction projects and post construction stormwater practices. Continue to develop and implement procedures for inspections, maintenance, and tracking of activities related to post-construction controls.

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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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|--------------------|
| Town of Binghamton |
|--------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 0 | 9 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
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1. How many 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 | <table border="1"><tr><td> </td><td> </td><td>0</td></tr></table> | | | 0 | <table border="1"><tr><td> </td><td> </td><td>0</td></tr></table> | | | 0 | <table border="1"><tr><td> </td><td> </td><td>0</td></tr></table> | | | 0 |
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| <input type="radio"/> Other | <table border="1"><tr><td> </td><td> </td><td>0</td></tr></table> | | | 0 | <table border="1"><tr><td> </td><td> </td><td>0</td></tr></table> | | | 0 | <table border="1"><tr><td> </td><td> </td><td>0</td></tr></table> | | | 0 |
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2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?

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

Other:

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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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| Town of Binghamton |
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SPDES ID

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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 Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles 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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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.

Continue to utilize stormwater ordinance.
Perform inspections on qualifying project sites.

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

Stormwater ordinance allows enforcement.
Inspections ensure compliance with regulations.

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).

Continue to improve review and inspection procedures.

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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| Town of Chenengo |
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SPDES ID

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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 Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles 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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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.

Staff continued to train and improve inspection and maintenance skills.

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

Limited or no problems annually.

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).

Continue to train employees. Develop GIS and/or spreadsheet to track maintenance, practices, etc.

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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| Town of Conklin |
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Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

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1. How many 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 | | | | | | | | | |
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| <input type="radio"/> Alternative Practices | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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| <input type="radio"/> Other | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? 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 Municipal Comprehensive Plans
- Overlay Districts Open Space Preservation Program
- Zoning Local Law or Ordinance
- None Land Use Regulation/Zoning
- Watershed Plans Other Comprehensive Plan

Other:

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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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| Town of Conklin |
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SPDES ID

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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 Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles 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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Name of MS4/Coalition:

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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Measurable goal is to document the number of post construction BMP's inspected. Also to verify that the owner has conducted and documented maintenance of the post construction BMP's.

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

After the post construction BMP's were in place staff inspected them after heavy rainfall events and found no flood damage or migration of silt/sediment in/along the downstream receiving waters.

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).

Continue to inspect post construction BMP's and hold owner's/operators accountable to maintain them. Also, to request and file annual maintenance records from each post construction BMP.

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.

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Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

| | | |
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1. How many 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 | | | | | | | | | |
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| <input type="radio"/> Alternative Practices | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? 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 Municipal Comprehensive Plans
- Overlay Districts Open Space Preservation Program
- Zoning Local Law or Ordinance
- None Land Use Regulation/Zoning
- Watershed Plans Other Comprehensive Plan

Other:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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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| TOWN OF DICKINSON |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 1 | 4 | 3 |
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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 Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

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MS4 Annual Report Form

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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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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.

Measurable goal is to document the number of post construction BNP"s inspected. Also to verify that the owner has conducted and documented maintenance of the post construction BMP'S.

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

NO ACTIVITY

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

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| | | | 0 |
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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).

IT IS NOT LIKELY THAT THERE WILL BE ANY POST CONSTRUCTION ACTIVITIES THIS YEAR

Continue to inspect post construction BMP's and hold owner's /operators accountable to maintain them. Also, to request and file annual maintenance records from each post construction BMP.

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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| VILLAGE OF ENDICOTT |
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SPDES ID

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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 Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles 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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| VILLAGE OF ENDICOTT |
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SPDES ID

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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

The Skye View Heights Construction Project has made significant progress and is still under construction. The Post-Construction Stormwater Management will be addressed at the appropriate time.

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

Please see the comments above.

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

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| | | | 0 |
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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).

The Goals for the Post Construction for Skye View Heights will be inspected at the appropriate time.

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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| Town of Fenton |
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SPDES ID

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Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

| | | |
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1. How many 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 | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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| <input type="radio"/> Infiltration Basins | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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| <input type="radio"/> Ponds | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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| <input type="radio"/> Wetlands | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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| <input type="radio"/> Other | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? 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 Municipal Comprehensive Plans
- Overlay Districts Open Space Preservation Program
- Zoning Local Law or Ordinance
- None Land Use Regulation/Zoning
- Watershed Plans Other Comprehensive Plan

Other:

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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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| Town of Fenton |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 7 | 8 |
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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 Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles 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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| Town of Fenton |
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SPDES ID

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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Trucking Terminal NOI will require changes based on the project not moving forward after start of Site Development.
Beertree NOI will require changes based on site changes.
Precast project will require NOI changed base on additional site development

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

Continued monitoring of activity allowed for observation of out of scope actions on sites

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

| | | | |
|--|--|--|---|
| | | | 0 |
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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).

Inspect and approve or correct any Post Construction activity on completed projects.

3 projects are currently in the Construction Phase.

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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| Village of Johnson City |
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SPDES ID

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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 Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles 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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| Village of Johnson City |
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SPDES ID

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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

The Village has a data base established for Post-Construction Water Management annual inspections. The property owner is responsible for maintenance of their storm system, therefore the Village does not maintain the systems.

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

The annual inspections conclude that the implemented systems are maintained and operable.

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).

The MCC goal will continue to be met by continuing the annual inspections and expanding the inspections to include any new systems that may be installed during future reporting periods.

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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| Town of Kirkwood |
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SPDES ID

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Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

| | | |
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1. How many 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 | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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| <input type="radio"/> Wetlands | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? 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
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan

Other:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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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| Town of Kirkwood |
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SPDES ID

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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 Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles 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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| Town of Kirkwood |
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SPDES ID

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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Measurable goal is the number of post construction BMP's inspected and maintained. Also to verify that the owner has conducted and documented maintenance of the post construction BMP's.

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

After the post construction BMP's were in place staff inspected them after heavy rainfall events and found no flooding or migration of silt/sediment in/around receiving waters.

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

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| | | | 3 |
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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).

Continue to inspect post construction BMP's and hold owner's/operators accountable to maintain them. Also, to request and file annual maintenance records from each post construction BMP.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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
NYR20A079

Minimum Control Measure 5. Post-Construction Stormwater Management

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 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 checked="" type="radio"/> Alternative Practices | <input type="text" value="4"/> <input type="text"/> | <input type="text" value="4"/> <input type="text"/> | <input type="text" value="0"/> <input type="text"/> |
| <input type="radio"/> Filter Systems | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| <input checked="" type="radio"/> Infiltration Basins | <input type="text" value="1"/> <input type="text"/> | <input type="text" value="1"/> <input type="text"/> | <input type="text" value="1"/> <input type="text"/> |
| <input type="radio"/> Open Channels | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| <input checked="" type="radio"/> Ponds | <input type="text" value="4"/> <input type="text"/> | <input type="text" value="4"/> <input type="text"/> | <input type="text" value="0"/> <input type="text"/> |
| <input type="radio"/> Wetlands | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| <input type="radio"/> Other | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? 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
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan

Other:

MS4 Annual Report Form

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

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| 20 | 18 | | |
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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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| Town of Owego |
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SPDES ID

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| NYR20A079 | | | | | |
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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?

| | | |
|---|--|--|
| 0 | | |
|---|--|--|

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

| | | |
|---|--|--|
| 0 | | |
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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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| Town of Owego |
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Develop and maintain an inventory of projects under local post-construction regulations.

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

Inventories all SWPPPs within the Town of Owego and checked status with NYSDEC

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

| | | | |
|--|---|--|--|
| | 1 | | |
|--|---|--|--|

(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).

Develop spreadsheet to track post-construction BMPs inspections and maintenance.

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

VILLAGE OF PORT DICKINSON

SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 8 | 0 |
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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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| | | 0 |
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles 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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| VILLAGE OF PORT DICKINSON |
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SPDES ID

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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Measurable goal is to document the number of post construction BNP's inspected. Also to verify that the owner has conducted and documented maintenance of the post construction BMP'S.

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

NO ACTIVITY

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

| | | | |
|--|--|--|---|
| | | | 0 |
|--|--|--|---|

(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).

IT IS NOT LIKELY THAT THERE WILL BE ANY POST CONSTRUCTION ACTIVITIES THIS YEAR

Continue to inspect post construction BMP's and hold owner's /operators accountable to maintain them. Also, to request and file annual maintenance records from each post construction BMP.

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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| Town of Union |
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SPDES ID

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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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| | | |
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles 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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| Town of Union |
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SPDES ID

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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Code enforcement software is used to track SWPPP inspections. The Town is only responsible for maintaining one system.

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

Yearly inspections made to make sure systems are performing properly.

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

| | | | |
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| | | 1 | 2 |
|--|--|---|---|

(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).

Train additional staff to inspect systems.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 5. Post-Construction Stormwater Management

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 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" value=""/> <input type="text" value=""/> <input type="text" value="0"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> |
| <input checked="" type="radio"/> Filter Systems | <input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="6"/> | <input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="6"/> | <input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="6"/> |
| <input checked="" type="radio"/> Infiltration Basins | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="2"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="2"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="2"/> |
| <input checked="" type="radio"/> Open Channels | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="2"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="2"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="2"/> |
| <input checked="" type="radio"/> Ponds | <input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="3"/> | <input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="3"/> | <input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="3"/> |
| <input type="radio"/> Wetlands | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> |
| <input type="radio"/> Other | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> |

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? 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
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan

Other:

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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| Town of Vestal |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 6 | 4 |
|---|---|---|---|---|---|---|---|---|

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles 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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| Town of Vestal |
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

The Town has a data base established for all sites requiring Post-Construction Water Management annual inspections. Each site is inspected yearly by the engineering department. The property owner is notified if any issues are identified that need addressing. The owner is responsible for maintenance of their stormwater system. The engineering department follows up to see that corrective measures have been addressed.

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

The annual inspections found 5 incidents that were reported for corrective actions to owners. Once the corrective actions were completed, a letter to the owner stating that the action is closed is also included in our MS4 records.

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

| | | | |
|--|--|--|---|
| | | | 2 |
|--|--|--|---|

(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).

The MCC goal will continue to be met by continuing the annual inspections and expanding the inspections to include any new systems that may be installed during future reporting periods.

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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| BROOME COUNTY |
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SPDES ID

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|--|---|---|
| | | | 1 | 6 |
|--|--|--|---|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|--|---|---|---|
| | | 3 | 4 | 0 |
|--|--|---|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|---|---|---|
| | | 1 | 4 | 9 |
|--|--|---|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|---|
| | | | | 6 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|---|---|---|---|
| | 2 | 6 | 8 | 2 |
|--|---|---|---|---|
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

| | | | | | |
|--|---|---|---|---|--|
| | 7 | 0 | 5 | . | |
|--|---|---|---|---|--|

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

| | | | | |
|--|--|--|--|---|
| | | | | 4 |
|--|--|--|--|---|

4. What was the date of the last training?

| | |
|---|---|
| 0 | 2 |
|---|---|

 /

| | |
|---|---|
| 2 | 2 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

| | | |
|--|--|---|
| | | 5 |
|--|--|---|

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

| | | |
|--|---|---|
| | 8 | 0 |
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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

BROOME COUNTY

SPDES ID

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| N | Y | R | 2 | 0 | A | 3 | 3 | 2 |
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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.

MEASURABLE GOAL #6A -- To complete a self-assessment every 3 years for each of the 19 County facilities within the MS4 jurisdictional area, and then to use these assessments to evaluate established good housekeeping and implement changes as needed.

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

Self-assessments at the 19 County Facilities within the MS4 boundaries were 100% completed during the 2016-2017 reporting year, including on-site inspections at each facility by DPW staff. The next self assessment is due during the 2019-2020 reporting year. We have begun development of individualized reporting checklists for each facility, but did not get this completed during this reporting period.

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

| | | | |
|--|--|---|---|
| | | 1 | 9 |
|--|--|---|---|

(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).

Using results from the on-site inspections and self-assessment analysis completed in 2016, continue to develop individualized reporting checklists for each facility to use based on their individual needs. We would like to get this effort completed during the 2018-2019 reporting period.

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 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.

MEASURABLE GOAL #6B -- To sweep 100% of County Roads and Parking Lots within the MS4 boundaries at least once annually in accordance with Good Housekeeping measures.

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

The County is working on this goal by better defining the MS4 road boundaries and better infrastructure mapping, and the development of good housekeeping records. Although we did sweep roads and parking lots, we did not get the MS4 boundary definition completed as described.

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

| | | | |
|--|---|---|---|
| | 3 | 4 | 3 |
|--|---|---|---|

(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).

Continue program as established, but complete delineation of what is within MS4 boundaries and create checklist information for Highways and facility managers to utilize.

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.

MEASUREABLE GOAL #6C -- To clean and inspect 50% of catch basins and drop inlets within the MS4 boundary annually.

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

Cleaning / inspection is occurring by County Highway Division each year, however, we do not have confirmation whether 50% of structures as denoted in this goal are actually being cleaned and inspected due to the lack of good mapping.

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

| | | |
|---|---|---|
| 1 | 4 | 9 |
|---|---|---|

(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).

Continue program as established. And -- priority within 2018 to complete mapping of closed systems.

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

BROOME COUNTY

SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 3 | 2 |
|---|---|---|---|---|---|---|---|---|

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.

MEASUREABLE GOAL #6D -- To minimize the amount of phosphorus and nitrogen applied in chemical fertilizers.

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

Chemical fertilizers are only being used / applied at the En Joie golf course, they are no longer used in our Parks or other facilities.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(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).

Continue as developed and implemented, and continue to monitor materials for phosphorus / nitrogen contents.

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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| BROOME COUNTY |
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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.

MEASUREABLE GOAL #6E -- To minimize the acreage of herbicide/pesticide usage within the MS4 boundaries.

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

Herbicides are only being used along County roadways at guide rail locations, and at En Joie golf course.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(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).

Review minimization to the greatest extent possible and monitor products used.

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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| BROOME COUNTY |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 3 | 3 | 2 |
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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.

MEASUREABLE GOAL #6F -- To develop staff training related to the stormwater program, IDDE, and good housekeeping measures, and to have 100% of County staff educated in accordance with this goal. This goal will be accomplished in part by the BTSC as part of MCM-1 and MCM-2, they will assist in the creation of applicable training materials and opportunities.

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

Progress was stalled on this goal during this reporting period. Additional targeted training was not accomplished.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(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).

Continue educational outreach to County employees - specifically targeting those identified during the self-assessment process as critical (such as custodial workers).

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

BROOME COUNTY

SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 3 | 2 |
|---|---|---|---|---|---|---|---|---|

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.

MEASUREABLE GOAL #6G -- To target 100% distribution of good housekeeping guidelines and training to new County employees upon orientation. This goal will be accomplished in part by the BTSC as part of MCM-1 and MCM-2, they will assist in the creation of applicable training materials and opportunities.

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

Goal for 2016 was to develop printed material - which was accomplished. Goal for 2017 was to distribute this to all new employees during orientation - this was not accomplished.

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

| | | | |
|--|--|--|---|
| | | | 0 |
|--|--|--|---|

(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).

Goal this reporting period is to make new training pamphlets available to all new employees during their orientation with the Personnel Department.

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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| BROOME COUNTY |
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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.

MEASUREABLE GOAL #6H -- To maintain the County's existing PBS/SPCC plans and training as established and to keep these plans current with any changes in state and/or federal regulations.

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

Existing SPCC plans are reviewed annually for compliance with current federal and state regulations, and all staff training at each facility has been completed during this reporting period as specified in the SPCC reports. During this reporting period 21 staff members completed this update training. In addition, all County SPCC plans were reviewed and updated.

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

| | | | |
|--|--|---|---|
| | | 2 | 1 |
|--|--|---|---|

(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).

Continue program as established tracking that 100% of staff training is being completed as stipulated within the SPCC plan documents. During this next reporting period the County will develop a list of all staff members at each facility or within each department that require the SPCC training.

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

BROOME COUNTY

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.

MEASUREABLE GOAL #61 -- To complete an updated and detailed inventory of County buildings and facilities within the MS4 boundaries (including updated mapping), and to develop facility specific good housekeeping programs for each.

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

There are 14 County facilities, 4 County parks, and 1 County Golf Course located within the MS4 boundary. The County has developed and finalized good housekeeping documents for all of these locations and have begun specific facility mapping. Mapping at 12 facilities, 4 parks, and the golf course has been completed (6 of these during the last reporting period). Creating individualized Good Housekeeping Checklists for each facility was started in 2016 and progressed in 2017.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(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).

During the 2017-2018 reporting period, mapping/survey is planned for the remaining 2 facilities within the MS4 boundary. Additionally completion of the individualized MS4 housekeeping checklists will be progressed.

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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| BROOME COUNTY |
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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.

MEASUREABLE GOAL #6J -- To implement program tracking and record keeping that is individualized for each County facility based on the good housekeeping documents and in accordance with the NYSDEC tracking system and forms so that the County will be in a position to transition to this annual reporting method once it is implemented by the DEC.

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

This was a new program goal in 2016 that has not been completed or implemented in either of the last 2 reporting years - part of the hold up is the delay in issuance of the new MS4 permit by NYSDEC, and part of the delay is due to the requirement to complete goal #6I before this can be implemented.

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

| | | | |
|--|--|--|---|
| | | | 0 |
|--|--|--|---|

(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).

This goal will be progressed in coordination with MCM-6I goal during the 2018-2019 reporting year.

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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|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Tioga County | | | | | | | | | | | | | | | | | | | |
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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| Tioga County | | | | | | | | | |
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SPDES ID

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|---|---|---|---|---|--|--|--|--|--|
| N | Y | R | 2 | 0 | | | | | |
|---|---|---|---|---|--|--|--|--|--|

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | |
|--|--|---|---|
| | | 5 | 5 |
|--|--|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Pesticide/Herbicide Applied # Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|
- (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|--|---|
| | | | | 1 |
|--|--|--|--|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | / | 2 | 7 | / | 2 | 0 | 1 | 7 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|--|--|---|
| | | 3 |
|--|--|---|

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

| | | | |
|--|--|--|---|
| | | | % |
|--|--|--|---|

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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| Tioga County |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 4 | 7 |
|---|---|---|---|---|---|---|---|---|

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.

-Received a Satisfactory rating NYS DEC on the MS4 Stormwater Audit conducted on 2/25/2013.
-Tioga County Public Works continues to follow the best management practices as defined in the "Tioga County and Town of Owego Stormwater Management Program Plan", which is effective through 2020.

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

No illicit discharges or spills, leaks observed.

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

| | | | |
|--|---|---|---|
| | 3 | 6 | 5 |
|--|---|---|---|

(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).

Continue to follow EPA/OSHA self audit recommendations conducted more than 6 years ago, which have also been incorporated into the Tioga County and Town of Owego Stormwater Management Program Plan 2020.

The NYS DEC Audit Report recommended conducting this audit more often.

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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| Tioga County |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 4 | 7 |
|---|---|---|---|---|---|---|---|---|

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

Estimate what percentage was mapped in this reporting period.

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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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| Tioga County | | | | | | | | | |
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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?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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?

| | | |
|--|---|--|
| | 0 | |
|--|---|--|

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

| | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|
| Tioga County | | | | | | | | | |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 4 | 7 |
|---|---|---|---|---|---|---|---|---|

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

MS4 Annual Report Form

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

| | | | |
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| 2 | 0 | 1 | 8 |
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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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| City of Binghamton |
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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 |
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1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

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

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

| | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|
| City of Binghamton | | | | | | | | | |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 4 | 1 |
|---|---|---|---|---|---|---|---|---|

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|--|---|---|
| | | | 3 | 4 |
|--|--|--|---|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|---|---|---|---|
| | 2 | 6 | 1 | 0 |
|--|---|---|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|---|---|---|
| | | 6 | 6 | 5 |
|--|--|---|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|---|
| | | | | 1 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|

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

| | | | | |
|--|--|--|--|---|
| | | | | 3 |
|--|--|--|--|---|

4. What was the date of the last training?

| | |
|---|---|
| 0 | 3 |
|---|---|

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| | |
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| 2 | 9 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

| | | |
|--|--|---|
| | | 4 |
|--|--|---|

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

| | | |
|--|---|---|
| | 5 | 0 |
|--|---|---|

 %

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

City of Binghamton

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.

Provided training to all municipal employees whose operations impact storm water. Reduce the impact of moving/landscaping through the use of best management practices. Perform vehicle and equipment maintenance/washing according to plan, to reduce impact of storm water. Prevent hazardous waste material from impacting storm water through proper use, disposal, storage methods. Continue street sweeping and cleaning catchbasins.

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

2610 miles of street swept and 665 catchbasins cleaned during reporting period.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(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).

Continue training as available. Continue the use of BMP's in moving/landscaping operations. Continue to use good house keeping procedures to reduce the impact of vehicle/equipment maintenance and washing.

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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| City of Binghamton |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 3 | 4 | 1 |
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Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

Estimate what percentage was mapped in this reporting period.

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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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| City Of Binghamton | | | | | | | | | |
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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?

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

| | | | | | | | | | |
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| City of Binghamton | | | | | | | | | |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 3 | 4 | 1 |
|---|---|---|---|---|---|---|---|---|

- 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

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

| |
|--------------------|
| Town of Binghamton |
|--------------------|

SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 0 | 9 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

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

| |
|--------------------|
| Town of Binghamton |
|--------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 0 | 9 |
|---|---|---|---|---|---|---|---|---|

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|--|--|---|
| | | | | 2 |
|--|--|--|--|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|--|--|---|---|
| | | | 3 | 0 |
|--|--|--|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|---|---|---|
| | | 2 | 0 | 0 |
|--|--|---|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Pesticide/Herbicide Applied # Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|--|---|
| | | | | 2 |
|--|--|--|--|---|

4. What was the date of the last training?

| | |
|---|---|
| 1 | 0 |
|---|---|

 /

| | |
|---|---|
| 2 | 7 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 7 |
|---|---|---|---|

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

| | | |
|--|--|---|
| | | 4 |
|--|--|---|

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
|---|---|---|---|

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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| Town of Binghamton |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 0 | 9 |
|---|---|---|---|---|---|---|---|---|

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.

Self assess municipal operations and train personnel in procedures.

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

Self assessment has identified potential pollutants and training has promoted proper procedures. Eight additional training elements were covered.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(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).

Continue training and proper procedures.
Implement capital improvement projects to reduce pollutants of concern.

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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| Town of Binghamton |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 0 | 9 |
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Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

Estimate what percentage was mapped in this reporting period.

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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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| Town of Binghamton |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 0 | 9 |
|---|---|---|---|---|---|---|---|---|

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

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

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

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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

| |
|--------------------|
| Town of Binghamton |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 0 | 9 |
|---|---|---|---|---|---|---|---|---|

- 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

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
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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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|------------------|
| Town of Chenengo |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 2 | 7 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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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|------------------|
| Town of Chenengo |
|------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 2 | 7 |
|---|---|---|---|---|---|---|---|---|

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|--|--|---|
| | | | | 1 |
|--|--|--|--|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|--|--|---|---|
| | | | 6 | 6 |
|--|--|--|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|---|---|---|
| | | 1 | 0 | 0 |
|--|--|---|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|---|
| | | | | 2 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Pesticide/Herbicide Applied # Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|

 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|--|---|
| | | | | 1 |
|--|--|--|--|---|

4. What was the date of the last training?

| | |
|---|---|
| 0 | 1 |
|---|---|

 /

| | |
|---|---|
| 2 | 4 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

| | | |
|--|--|---|
| | | 2 |
|--|--|---|

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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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|------------------|
| Town of Chenengo |
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SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 2 | 7 |
|---|---|---|---|---|---|---|---|---|

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.

Continue to maintain a clean fleet, hydroseed exposed ares and ditches, control wasteful salt and sand application, as well as chemical applications (fertilizers, etc.). Staff training ongoing.

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

No noticeable runoff problems noted or reported associated within municipal facilities.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(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).

Continue to improve on staff training and log of improvements. Possible IPM programs for parks and recreation.

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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|------------------|
| Town of Chenengo |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 2 | 7 |
|---|---|---|---|---|---|---|---|---|

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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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|------------------|
| Town of Chenengo |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 2 | 7 |
|---|---|---|---|---|---|---|---|---|

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

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 | | | | | | | | |
| N | Y | R | 2 | 0 | A | 1 | 2 | 7 |

- 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

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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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|-----------------|
| Town of Conklin |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 5 | 5 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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
N Y R 2 0 A 2 5 5

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
- Streets Swept (Number of miles X Number of times swept) # Miles
- Catch Basins Inspected and Cleaned Where Necessary #
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

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

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

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

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

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

Town of Conklin

SPDES ID

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| N | Y | R | 2 | 0 | A | 2 | 5 | 5 |
|---|---|---|---|---|---|---|---|---|

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.

Measurable goal is to reduce pollutants of concern through the use of good housekeeping programs. Also, to ensure that all relevant staff receive good housekeeping training.

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

Since relevant staff have been trained on good housekeeping practices there have been no reported violations.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(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).

Continue to evaluate good housekeeping programs and implement new practices to reduce pollutants of concern. Continue to attend stormwater management trainings when available.

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

| |
|-----------------|
| Town of Conklin |
|-----------------|

SPDES ID

| | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| N | Y | R | 2 | | | | | | |
|---|---|---|---|--|--|--|--|--|--|

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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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|-----------------|
| Town of Conklin |
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SPDES ID

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| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

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

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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| Town of Conklin |
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SPDES ID

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| N | Y | R | 2 | 0 | | | | |
|---|---|---|---|---|--|--|--|--|

- 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

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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| N | Y | R | 2 | 0 | A | 1 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

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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| T | O | W | N | O | F | D | I | C | K | I | N | S | O | N |
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| N | Y | R | 2 | 0 | A | 1 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 5 |
|--|--|--|--|--|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | | |
|--|--|--|--|---|---|
| | | | | 1 | 0 |
|--|--|--|--|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | | |
|--|--|--|--|---|---|
| | | | | 4 | 7 |
|--|--|--|--|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
|--|--|--|--|--|---|
- Pesticide/Herbicide Applied # Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|--|---|
| | | | | 6 |
|--|--|--|--|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | / | 0 | 0 | / | 2 | 0 | 1 | 4 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|--|--|---|
| | | 7 |
|--|--|---|

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

| | | | |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

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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| T | J | O | W | N | | O | F | | D | I | C | K | I | N | S | O | N |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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.

CLEANING OF STREETS AND PARKING LOTS, INSPECTION OF CATCHBASINS, AND GOOD HOUSEKEEPING. Measurable goal is to reduce pollutants of concern through the use of good housekeeping programs. Also, to ensure that all relevant staff receive good housekeeping training.

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

THE SWEEPING WAS DONE MORE THAN ONCE AND THE CATCHBASINS WERE INSPECTED. There has been a decrease in migration of materials to the streams and rivers due to catch basin and culvert cleaning. LEAF AND YARD WASTE ARE COLLECTED WEEKLY SPRING THROUGH FALL.

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

| | | | |
|--|--|---|---|
| | | 5 | 0 |
|--|--|---|---|

(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).

ALL EMPLOYEES GET GOOD HOUSEKEEPING TRAINING ONCE A YEAR. Continue to evaluate good housekeeping programs and implement new practices to reduce pollutants of concern. Continue to attend stormwater management training(s) when available.

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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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| T | J | O | W | N | O | F | D | I | C | K | I | N | S | O | N |
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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

Estimate what percentage was mapped in this reporting period.

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|-------------------|
| TOWN OF DICKINSON |
|-------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

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

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

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

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|-------------------|
| TOWN OF DICKINSON |
|-------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|

- 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

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|---------------------|
| Village of Endicott |
|---------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 4 | 9 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|---------------------|
| VILLAGE OF ENDICOTT |
|---------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 4 | 9 |
|---|---|---|---|---|---|---|---|---|

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|--|---|---|
| | | | 2 | 0 |
|--|--|--|---|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|--|--|---|---|
| | | | 8 | 5 |
|--|--|--|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|---|---|---|--|--|
| 5 | 0 | 0 | | |
|---|---|---|--|--|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Pesticide/Herbicide Applied # Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|--|---|
| | | | | 2 |
|--|--|--|--|---|

4. What was the date of the last training?

| | |
|---|---|
| 1 | 2 |
|---|---|

 /

| | |
|---|---|
| 1 | 4 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 7 |
|---|---|---|---|

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

| | | |
|--|--|---|
| | | 2 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

 %

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|---------------------|
| Village of Endicott |
|---------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 4 | 9 |
|---|---|---|---|---|---|---|---|---|

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?

Yes No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | Y | R | 2 | 0 | | | | | |
|---|---|---|---|---|--|--|--|--|--|

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period. %

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 | | | | | | | |
| N | Y | R | 2 | 0 | | | |

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

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

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

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

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

7d. What percent of projects planned in previous years have been completed? %
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

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

MS4 Annual Report Form

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

| | | | |
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|--|--|--|--|

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

Name of MS4/Coalition

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| N | Y | R | 2 | 0 | | | | | |
|---|---|---|---|---|--|--|--|--|--|

- 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

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|----------------|
| Town of Fenton |
|----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|--|--|---|
| | | | | 5 |
|--|--|--|--|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|--|--|---|---|
| | | | 4 | 9 |
|--|--|--|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|---|---|
| | | | 5 | 0 |
|--|--|--|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

| | | | | | |
|--|--|--|---|---|---|
| | | | 0 | . | 0 |
|--|--|--|---|---|---|

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

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | / | 0 | 5 | / | 2 | 0 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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

| | | | |
|--|--|---|---|
| | | 0 | % |
|--|--|---|---|

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|----------------|
| Town of Fenton |
|----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|

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.

New Staff orientation to include operations and methods

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

No issues

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

| | | | |
|--|--|--|---|
| | | | 0 |
|--|--|--|---|

(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).

Additional Staff Training

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|----------------|
| Town of Fenton |
|----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

Estimate what percentage was mapped in this reporting period.

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

 %

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|----------------|
| Town of Fenton |
|----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|

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?

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

 %
 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,

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|----------------|
| Town of Fenton |
|----------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|

- 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

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|-------------------------|
| Village of Johnson City |
|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 0 | 1 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

Village of Johnson City

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 0 | 1 |
|---|---|---|---|---|---|---|---|---|

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|--|--|---|
| | | | | 3 |
|--|--|--|--|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|---|---|---|---|
| | 2 | 0 | 8 | 0 |
|--|---|---|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|---|---|---|
| | | 5 | 0 | 0 |
|--|--|---|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|---|
| | | | | 8 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Pesticide/Herbicide Applied # Acres

| | | | | | |
|--|--|---|---|---|--|
| | | 0 | 0 | . | |
|--|--|---|---|---|--|

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|--|---|
| | | | | 1 |
|--|--|--|--|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 3 | / | 0 | 5 | / | 2 | 0 | 1 | 8 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|--|---|---|
| | 2 | 7 |
|--|---|---|

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

| | | | |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

Village of Johnson City

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 0 | 1 |
|---|---|---|---|---|---|---|---|---|

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.

The Village continues to train employees regarding municipal operations that could possibly contribute POCs to the MS4 system.

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

During this reporting period the street sweeper was utilized 416 hours, the vacuum truck was utilized 360 hours for cleaning catchbasins, the loader/backhoe were utilized 284 hours for cleaning creeks & ditches and a total of 1,060 manhours were utilized for this Measurable Goal. Also, during street re-construction projects, CBs are replaced with castings that have "No Dumping Drains to River".

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

| | | | |
|--|---|---|---|
| | 1 | 3 | 2 |
|--|---|---|---|

(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).

The Village will continue to train employees responsible for municipal operations that could potentially contribute to the MS4 system. The Village will continue its operations of street sweeping, catchbasin cleaning, creek/open ditch maintenance and installation of storm drainage markers.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Broome-Tioga Stormwater Coalition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | C | 0 | 0 | 2 |
|---|---|---|---|---|---|---|---|---|

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

| | | |
|--|---|---|
| | 9 | 9 |
|--|---|---|

 %

Estimate what percentage was mapped in this reporting period.

| | | |
|--|---|---|
| | 7 | 5 |
|--|---|---|

 %

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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

Broome-Tioga Stormwater Coalition

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | C | 0 | 0 | 2 |
|---|---|---|---|---|---|---|---|---|

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

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

 %

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,

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|-----------------------------------|
| Broome-Tioga Stormwater Coalition |
|-----------------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | C | 0 | 0 | 2 |
|---|---|---|---|---|---|---|---|---|

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

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 8 |
|---|---|---|---|

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

Name of MS4/Coalition

| |
|------------------|
| Town of Kirkwood |
|------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 2 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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

| |
|------------------|
| Town of Kirkwood |
|------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 2 |
|---|---|---|---|---|---|---|---|---|

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|--|--|---|
| | | | | 5 |
|--|--|--|--|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|--|--|---|---|
| | | | 4 | 4 |
|--|--|--|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|---|---|---|
| | | 1 | 6 | 0 |
|--|--|---|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|---|
| | | | | 3 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

| | | | | | |
|--|--|--|---|---|---|
| | | | 0 | . | 0 |
|--|--|--|---|---|---|

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

| | | | | |
|--|--|--|--|---|
| | | | | 2 |
|--|--|--|--|---|

4. What was the date of the last training?

| | |
|---|---|
| 1 | 0 |
|---|---|

 /

| | |
|---|---|
| 2 | 7 |
|---|---|

 /

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 7 |
|---|---|---|---|

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

| | | |
|--|--|---|
| | | 2 |
|--|--|---|

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

| | | |
|--|---|---|
| | 5 | 0 |
|--|---|---|

 %

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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| Town of Kirkwood |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 2 |
|---|---|---|---|---|---|---|---|---|

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.

Measurable goal is to reduce pollutants of concern through the use of good housekeeping programs. Also, to ensure that all relevant staff receive good housekeeping training.

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

Since staff have been trained on good housekeeping practices there have been no reported violations.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(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).

Continue to evaluate good housekeeping programs and implement new practices to reduce pollutants of concern. Continue to attend stormwater management training(s) when available.

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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| Town of Kirkwood |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 2 |
|---|---|---|---|---|---|---|---|---|

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

Estimate what percentage was mapped in this reporting period.

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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

| |
|------------------|
| Town of Kirkwood |
|------------------|

SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 7 | 2 |
|---|---|---|---|---|---|---|---|---|

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

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Kirkwood

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 7 | 2 |
|---|---|---|---|---|---|---|---|---|

- 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

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 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
- Streets Swept (Number of miles X Number of times swept) # Miles
- Catch Basins Inspected and Cleaned Where Necessary #
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

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

4. What was the date of the last training?

/ /

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

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

%

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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|---------------|
| Town of Owego |
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SPDES ID

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| NYR20A079 | | | | | |
|-----------|--|--|--|--|--|

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.

Provide educational material and training opportunities to municipal work crews to keep them informed of local, state and/or federal regulations.

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

Broome Tioga Stormwater Coalition provided MCM6 training this reporting period.

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

| | | | |
|--|---|--|--|
| | 1 | | |
|--|---|--|--|

(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).

Create inventory of landscaping and lawn care areas, municipal owned vehicles, maintenance activities and road maintenance activities.

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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|---------------------------|
| VILLAGE OF PORT DICKINSON |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 8 | 0 |
|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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|---------------------------|
| VILLAGE OF PORT DICKINSON |
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SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 0 | 8 | 0 |
|---|---|---|---|---|---|---|---|---|

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|--|--|---|
| | | | | 2 |
|--|--|--|--|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|--|--|--|---|
| | | | | 9 |
|--|--|--|--|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|---|---|
| | | | 1 | 8 |
|--|--|--|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Pesticide/Herbicide Applied # Acres

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | . | |
|--|--|--|--|--|---|--|

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

| | | | | |
|--|--|--|--|---|
| | | | | 2 |
|--|--|--|--|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 2 | / | 1 | 6 | / | 2 | 0 | 1 | 8 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|--|--|---|
| | | 2 |
|--|--|---|

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

| | | | |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

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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| VILLAGE OF PORT DICKINSON |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 8 | 0 |
|---|---|---|---|---|---|---|---|---|

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.

CLEANING OF STREETS AND PARKING LOTS, INSPECTION OF CATCHBASINS, AND GOOD HOUSEKEEPING. Measurable goal is to reduce pollutants of concern through the use of good housekeeping programs. Also, to ensure that all relevant staff receive good housekeeping training.

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

THE SWEEPING WAS DONE MORE THAN ONCE AND THE CATCHBASINS WERE INSPECTED. There has been a decrease in migration of materials to the streams and rivers due to catch basin and culvert cleaning. YARD WASTE PICK-UP WAS DONE 27 DAYS, LEAF PICK-UP WAS DONE FROM 10/25 TO 11/22/2017.

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

| | | | |
|--|--|---|---|
| | | 5 | 0 |
|--|--|---|---|

(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).

ALL EMPLOYEES GET GOOD HOUSEKEEPING TRAINING ONCE A YEAR. Continue to evaluate good housekeeping programs and implement new practices to reduce pollutants of concern. Continue to attend stormwater management training(s) when available.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

Name of MS4/Coalition VILLAGE OF PORT DICKINSON

SPDES ID
N Y R 2 0

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period. %

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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| VILLAGE OF PORT DICKINSON |
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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?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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| VILLAGE OF PORT DICKINSON |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 8 | 0 |
|---|---|---|---|---|---|---|---|---|

- 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

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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| Town of Union |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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
N Y R 2 0 A 0 5 0

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
- Streets Swept (Number of miles X Number of times swept) # Miles
- Catch Basins Inspected and Cleaned Where Necessary #
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

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

4. What was the date of the last training? 03 / 10 / 2016

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? 100 %

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

Town of Union

SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 5 | 0 |
|---|---|---|---|---|---|---|---|---|

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.

Provided ewaste collection and continue to participate in drug collections to prevent improper disposal at landfill. Continue to promote good housekeeping efforts at municipal facilities. Eliminate use of garbage truck washing on Scarborough Drive.

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

Amount of e waste collected. Amount of roads swept and storm drains cleaned

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(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).

Increase staff training on BMP and self evaluations. Install storm drain markers.

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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| Town of Union |
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| A | 0 | 5 | 0 | N | Y | R | 2 | 0 |
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Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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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| Town of Union |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 5 | 0 |
|---|---|---|---|---|---|---|---|---|

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

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

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

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Union

SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 5 | 0 |
|---|---|---|---|---|---|---|---|---|

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

MS4 Annual Report Form

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

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| 2 | 0 | 1 | 8 |
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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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| Town of Vestal |
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SPDES ID

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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition Town of Vestal

SPDES ID
NYR20A064

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 8
- Streets Swept (Number of miles X Number of times swept) # Miles 80
- Catch Basins Inspected and Cleaned Where Necessary # 302
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 40
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres .

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 10 / 27 / 2017

5. How many municipal employees have been trained in this reporting period? 3

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 33 %

MS4 Annual Report Form

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Name of MS4/Coalition

Town of Vestal

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.

The Town will continue to train employees regarding municipal operations that could possibly contribute POCs to the MS4 system. The Town will continue street sweeping, cleaning catch basins, storm pipes and ditches each year and also provide brush and leaf pick up which it recycles into wood chip mulch and leaf mulch for the use of the residents.

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

The accurate documentation of street sweeping, catch basin cleaning and storm pipe cleaning is allowing greater efficiency each year. Crews are now able to more readily identify areas that may need additional attention.

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

| | | | |
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| | | | 8 |
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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).

The Town will continue to train employees responsible for municipal operations to identify issues and problem areas as well as improve management of the MS4 system. The Town will continue its operations of brush and leaf pick up, street sweeping, catch basin cleaning, open ditch maintenance.

MS4 Annual Report Form

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Name of MS4/Coalition

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| Broome-Tioga Stormwater Coalition | | | | | | | | | | | | | | | | | | | |
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Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

| | | |
|--|--|--|
| | | |
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 %

Estimate what percentage was mapped in this reporting period.

| | | |
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| | | |
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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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| Broome-Tioga Stormwater Coalition | | | | | | | | | | | | | | | | | | | |
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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?

| | | |
|--|--|--|
| | | |
|--|--|--|

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

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

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

MS4 Annual Report Form

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| Broome-Tioga Stormwater Coalition | | | | | | | | | |
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| N | Y | R | 2 | 0 | C | 0 | 0 | 2 |
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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