MS4 Annual Report Cover Page

				IVI			OLI	11 10	or I	P			s	, -,	Aar)II >	,				_						
is cove int repo						_			-		_	ort	pre	ep	are	:			SPI	DES	S ID)					
100se (one:																										
This r	epoi	rt is	be	ing	ı sı	ub	mi	tte	ed (on	bel	hal	f of	· 2	an i	ndi	iv	idı	ıal	l N	1S	4.					
Fill in	_																										
Name o	of MS4																										
This r	_			_				tte	ed (on	bel	hal	f of	8	a Si	ngl	le	Eı	nti	ty							
(Per P				-0-	10-	-00)2)																				
Name o	Singi	e En	tity												T												
	- 1																			l		1					1
This is	s a jo	oint	t re	poi	rt \	be	eing	g si	ub	mi	itted	d or	ı be	 eh	nalf	of	a	co	oal	liti	on.	•					
Provid	le SPI	DES	-	_																			2 i	f r	nee	ede	d.
	le SPI	DES	-	_																			2 i	of r	nee	ede	d.
Provid	le SPI	DES	-	_																			2 i	f n	nec	ede	d.
Provid	le SPI	DES	-	_																			2 i	f n	nee	ede	d.
Provid	le SPI	DES	-	_																			2 i	f r	nec	ede	d.
Provid	de SPI	DES	-	_				nit		M	S4 i							ort.	. L		pa	ge	2 i	af r	nee	ede	d.
Provide Name o	de SPI	DES	-	_				nit	ted	M	S4 i							ort.	. L	Jse	pa	ge	2 i	f r	nec	ede	d.
Provide Name o	lle SPl	DES	-	_				mit	ted	ESI	S4 i							ort.	SPI	Jse	pag	ge	2 i	f r	nec	ede	d.
Name o SPDES SPDES SPDES	ID ID	DES	_	_				mit S:	PDF	ES 1	S4 i							ort.	SPI	DES	pag	ge	2 i		nec	ede	d.
Name o	ID ID	DES	_	_				mit S:	PDF	ES 1	S4 i							ort.	SPI	DES	pag	ge	2 i	f r	nee	ede	d.
Name o SPDES SPDES SPDES	ID ID	DES	_	_				s:	PDF	ES 1	S4 i								SPI SPI	DES	pag ID	ge	2 i	af r	nec	ede	d.
Name o SPDES SPDES SPDES SPDES	ID ID	DES	_	_				s:	PDF	ES 1	S4 i								SPI SPI	DES DES	pag ID	ge	2 i		nee	ede	d.
Name o SPDES SPDES SPDES SPDES	ID ID ID	DES	_	_				mit S S S S S S S S S S S S S S S S S S	PDF	ES 1	S4 i								SPI SPI	DES DES	page state of the	ge	2 i		nec	ede	d.
SPDES SPDES SPDES SPDES SPDES	ID ID ID ID	DES	_	_				mit S S S S S S S S S S S S S S S S S S	PDF	ES 1 ES 1 ES 1	S4 i								SPI SPI SPI	DES DES DES	pa;	ge	2 i		nee	ede	d.

MS4 Annual Report Cover Page

MCC form for period ending March 9,

Provide SPDES ID of each permit	ted MS4 included in this report.	
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,
Name of MS4 SPDES ID
Each MS4 must submit an MCC form.
Section 1 - MCC Identification Page
Indicate whether this MCC form is being submitted to certify 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:

Phone

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **Section 2 - Contact Information** Important Instructions - Please Read Contact information must be provided for <u>each</u> 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: O Principal Executive Officer/Chief Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

County

Phone

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **Section 2 - Contact Information** Important Instructions - Please Read Contact information must be provided for <u>each</u> 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: O Principal Executive Officer/Chief Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

	SPI	DES	ID						
Name of MS4 VILLAGE OF SOUTH BLOOMING GROVE	N	Y	R	2	0	A	5	4	2

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 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:

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

Firs	st Na	ame													_	MI	_	Las	t Na	ıme										_	
I	S	А	А	С														E	K	S	Т	E	I	N							
Titl	e																														
А	D	V	I	S	0	R		Т	0		Т	Н	Ε		M	А	Y	0	R												
Ado	lres	S																													
8	1	1		R	0	U	Т	E		2	0	8																			
City	y																			S	tate		Zip			·					
City	L	0	0	М	I	N	G		G	R	0	V	E							S		\neg	Zip 1	0	9	5	0] -			
	L	0	0	М	I	N	G		G	R	0	V	Е									\neg			9	5	0] -			
В	L	O K	0 S	M	I	N	G	@	G	R	0	V	E	•	С	0	m					\neg			9	5	0	_			
B eMa	L ail E							@						•	С	0		Cou	ınty	1		\neg			9	5	0	_			

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

	SPL)ES) ID						
Name of MS4 Village of South Blooming Grove	N	Y	R	2	0	A	5	4	2

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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:

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

Firs	t Na	ıme														MI		Las	t Na	ame									
A	L	F	R	E	D											А		F	U	S	С	0	,		J	R			
Titl	e .																												
Т	0	W	N		Ε	N	G	I	N	Ε	Е	R																	
Ado	lres	S																											
2	3	3		Ε	А	S	Т		M	A	I	N		S	Т	R	Ε	Ε	Т										
City	/																			S	tate		Zip)			_		
City	I	D	D	L	E	Т	0	W	N													Y	Zip	10	92	10	_		
	I	D	D	L	Е	Т	0	W	N														Zip)94	10	_		
M	I	D F	D	L	E @	T	0	W	N C	0	E	N	G	I	N	E	E	R	I				Zip)94 M	10] -		
M eM	I ail A								С	o 86		N	G	I	N	E		R Cou		N	1 7	Y		10	1-	10] -		

MS4 Municipal Compliance Certification (MCC) Form

				Μ	CC	C fo	rm	fo	r p	eri	od	end	lin	g N	Iar	ch	9,											
									-								, r			SPI	 DES	S ID						
Name of N	MS4																											
				_	•																-	-		-				
Section .															11												. •	
oid your M eriod?	154 WO	rk Wi	ith p	oarti	ners	s/co	ant	ıon	to (com	ıpıe	ete s	om	e oı	r all	pe	rmı	t re	quii	rem	ent	s au	ırın		1s r) Y∈	_	rtın O	-
Yes, con	nplete	info	rma	atio	n b	elo	w.																	_				
Submi	_						_							_												e		
accepto	•				•																				he			
coalitie No, pro					-						-			eet	IOI	eac	en i	VIS.	4 II	ı un	e c	oan	11101	11.				
rtner/Coa																												
Tulei/Coa	IIIIOIIINa	ine																										
rtner/Coa	lition Na	ıme (con'	t.)																SPI	DES	S Pa	rtne	∟ r ID	└──) - If	app	lica	bl
ddress																			_									
ty			1		1				1	1			1	1		S	tate	\neg	Zip)]				
																								-				
Mail									Т											Т		Τ						_
none	\neg		Τ]_													ly B 3P-0								dan Ye		0	NI
	/														WI	ui C	JP-C	<i>J</i> -U8	-00.	Z Pa	III I	v.G	. :		16	28	O	IN
Vhat task	s/respo	nsib	ilit	ies	are	sha	arec	l w	ith	thi	s pa	artn	er	(e.g	g. M	1M	1 S	cho	ool	Pro	gra	ams	or	Μι	ıltij	ple '	Tas	ks
MM1																												
мма [
MM2																												
MM3																												
MM4																												
																												_
MM5																												_
MM6																												
_	l tacke	racn	one	ihi	litia	30								•		•		•					•					
dditiona	i tasks/	resp	OHS	5101	1111	<i>-</i> 3																						
Additiona Water	shed In	mnr	ימנוכ	mor	t C	tras	tom	, P	oct	Ma	ına	ann	1011	t P	rac	tica	2 C T	יותב	iro	d fo	r N	JC/	le i	n in	ทกา	ire	1	

MS4 Municipal Compliance Certification (MCC) Form

	9,									
	<u> </u>		SPDI	_ ES ID)					
me of MS4										
otion 2. Doutman Information		,				•		•		
ection 3 - Partner Information				داد مدد	:	41 <u>-</u>	:			_
your MS4 work with partners/coalition to complete some or all period?	riiiit re	equir	emei	ns at	arm	-	is re	_	run O	-
Yes, complete information below.						_			_	
Submit a separate sheet for each partner. Information provided								2		
accepted. If your MS4 cooperated with a coalition, submit one							he			
coalition. It is not necessary to include a separate sheet for each, proceed to Section 4 - Certification Statement.	ch MS	64 in	the	coal	1 t 101	n.				
•										
ner/CoalitionName										
way(Castisian Nama (asult))			CDDI	EC Da		ID	1.0		1:	_
ner/Coalition Name (con't.)		7	SPDI	ES Pa	rtne	TID	- 11	арр	nica	. <u>D.</u>
ress										_
1658										_
, St	tate	Zip								_
						_				
						J				
ne , , ,	ly Dind	lina /	\	mant	in o	220	don	00		
I agall				псп			Ye		0	N
Legall	GP-0-08			IV.G	r. ?	\sim			_	-
) Legall with G	GP-0-08	8-002	2 Part					ole		
Legall	GP-0-08	8-002	2 Part					ole		
) Legall with G	GP-0-08	8-002	2 Part					ole		
) Legall with G at tasks/responsibilities are shared with this partner (e.g. MM	GP-0-08	8-002	2 Part					ole		
Legall with G at tasks/responsibilities are shared with this partner (e.g. MM 4M1 4M2	GP-0-08	8-002	2 Part					ole		
hat tasks/responsibilities are shared with this partner (e.g. MM	GP-0-08	8-002	2 Part					ole		
Legall with G at tasks/responsibilities are shared with this partner (e.g. MM 4M1 4M2	GP-0-08	8-002	2 Part					ple		
Legall with Grant tasks/responsibilities are shared with this partner (e.g. MM MM1 MM2 MM3 MM4 MM4 MM4 MM4 MM4 MM4 MM4 MM4 MM4	GP-0-08	8-002	2 Part					ple		
Legall with G hat tasks/responsibilities are shared with this partner (e.g. MM MM1 MM2 MM3 MM3 MM3 MM3 MM3 MM3 MM3 MM3 MM3	GP-0-08	8-002	2 Part					ple		

MS4 Municipal Compliance Certification (MCC) Form

	9,									
	<u> </u>		SPDI	_ ES ID)					
me of MS4										
otion 2. Doutman Information		,				•		•		
ection 3 - Partner Information				داد مدد	:	41 <u>-</u>	:			_
your MS4 work with partners/coalition to complete some or all period?	riiiit re	equir	emei	ns at	arm	-	is re	_	run O	-
Yes, complete information below.						_			_	
Submit a separate sheet for each partner. Information provided								2		
accepted. If your MS4 cooperated with a coalition, submit one							he			
coalition. It is not necessary to include a separate sheet for each, proceed to Section 4 - Certification Statement.	ch MS	64 in	the	coal	1 t 101	n.				
•										
ner/CoalitionName										
way(Castisian Nama (asult))			CDDI	EC Da		ID	1.0		1:	_
ner/Coalition Name (con't.)		7	SPDI	ES Pa	rtne	TID	- 11	арр	nica	. <u>D.</u>
ress										_
1658										_
, St	tate	Zip								_
						_				
						J				
ne , , ,	ly Dind	lina /	\	mant	in o	220	don	00		
I agall				псп			Ye		0	N
Legall	GP-0-08			IV.G	r. ?	\sim			_	-
) Legall with G	GP-0-08	8-002	2 Part					ole		
Legall	GP-0-08	8-002	2 Part					ole		
) Legall with G	GP-0-08	8-002	2 Part					ole		
) Legall with G at tasks/responsibilities are shared with this partner (e.g. MM	GP-0-08	8-002	2 Part					ole		
Legall with G at tasks/responsibilities are shared with this partner (e.g. MM 4M1 4M2	GP-0-08	8-002	2 Part					ole		
hat tasks/responsibilities are shared with this partner (e.g. MM	GP-0-08	8-002	2 Part					ole		
Legall with G at tasks/responsibilities are shared with this partner (e.g. MM 4M1 4M2	GP-0-08	8-002	2 Part					ple		
Legall with Grant tasks/responsibilities are shared with this partner (e.g. MM MM1 MM2 MM3 MM4 MM4 MM4 MM4 MM4 MM4 MM4 MM4 MM4	GP-0-08	8-002	2 Part					ple		
Legall with G hat tasks/responsibilities are shared with this partner (e.g. MM MM1 MM2 MM3 MM3 MM3 MM3 MM3 MM3 MM3 MM3 MM3	GP-0-08	8-002	2 Part					ple		

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

		SPI	DES	ID						
Name of MS4	AND A CE OF COLUMN DI COMPIG CROVE	N	Y	R	2	0	А	5	4	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
A L F R E D	A F U S C O , J R .
Title (Clearly print title of individual signing report)	
V I L L A G E E N G I N E E R	
Signature	Date 0 5 / 3 1 / 2 0 2 3

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

Name of MS4/Coalition Water Quality Trends The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition	
The information in this section is being reported (check one): On behalf of an individual MS4	
The information in this section is being reported (check one): On behalf of an individual MS4	
On behalf of an individual MS4	
77 3704 11 1 1 1 1 1	
How many MS4s are contributed to this report?	
1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measur	e
One.	es O No
If Yes, choose one of the following	
 Report(s) attached to the annual report Web Page(s) where report(s) is/are provided below 	
Please provide specific address of page where report(s) can be accessed - not home	page.
URL	
URL	
URL	
URL	

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
Minimum Control Measure 1. Public 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?
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 ○ Pesticide and Fertilizer Application
○ General Stormwater Management Information ○ Pet Waste Management
○ Household Hazardous Waste Disposal ○ Recycling
○ Illicit Discharge Detection and Elimination ○ Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance ○ Trash Management
○ Smart Growth ○ Vehicle Washing
○ Storm Drain Marking ○ Water Conservation
○ Green Infrastructure/Better Site Design/Low Impact Development ○ Wetland Protection
○ Other: ○ None
Other2. Specific audiences targeted during this reporting period:
2. Specific dualences targeted during this reporting period.
○ Public Employees ○ Contractors
○ Residential ○ Developers
O Businesses O General Public
○ Restaurants ○ Industries
Other: OAgricultural
Other

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: O Construction Site Operators Trained #Trained O Direct Mailings #Mailings O Kiosks or Other Displays # Locations ○ List-Serves # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run O Public Events/Presentations # Attendees O School Program # Attendees ○ TV Spot/Program # Days Run O Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) Other: O Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed. URL

		subi		-				-														SPD	DES	ID					
aa of	f MS4	/C02	1;;;;																										
le oi	. IVI.34	/C0a	Ш)II[—													J		ı	ш		<u> </u>	Ш	Ш			
	eb Pa	ge c	on'	t.:		Pro	ovic	le s	pec	cific	e w	eb	add	lres	ses	- n	ot l	hon	ne j	pag	e.								
URL																													
+	+				_	\dashv	\sqsubseteq	Щ	Щ		\dashv		\dashv		\dashv		\dashv			\dashv		\square	\dashv	<u></u>	Н	\Box	\dashv	\dashv	_
_	_					\sqsubseteq	\sqsubseteq			=	\dashv			\dashv	=		=			=			=	<u> </u>	\sqsubseteq	\square	\dashv	=	<u>—</u>
																										Ш			
URL		1							-																				
	\perp																												
						_														_									_
	T					П									T												T		
URL				,1		——	ш																	<u> </u>					
المدر																													
\pm	+					\sqcap	H	Ш							\exists		\exists			\exists		\Box	\exists		H		\exists	\exists	
+	+				\dashv	\dashv	\vdash	Ш	Щ		\dashv		_	\dashv	=	\dashv	\dashv	Щ		\dashv		Щ	\dashv	<u></u>		\dashv	\dashv	\dashv	_
						Ш	Ш		Ш	Ш	Ш			Ш								Ш		<u></u>		Ш			
JRL		1																						г					
\downarrow	\perp					Ш																					\Box		
																													·
URL						—	ш	—	—				—					<u> </u>			——					—		—	
)KL																													
\forall	+				\exists	\Box	\vdash	\sqcap	П		\exists		\exists		\exists	\exists	\exists			\dashv		П	\exists		H	\exists	\exists	\exists	
+	+					\dashv	\vdash				\dashv				\dashv		_										\dashv		
						Ш					Ш															Ш			
JRL																													
_	\perp					\sqsubseteq					Щ											Щ		<u></u>		Щ			<u></u>
						$\bar{\Box}$										_													
JRL							ш	—	—				—				—	——		—	—		—	-		—		—	
JKL																													
+	+	+		\vdash	\exists	=	\vdash	\square	\dashv		\dashv		=		\dashv	\exists	\dashv	\square		\dashv		H	\dashv		\vdash		\dashv	\dashv	
	\perp			Ш		\sqsubseteq	\bigsqcup	Ш		Ш	Ш			Ш				Ш						<u></u>		ш			<u> </u>

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
4. Evaluating Progress Toward Measurable Goals MCM 1
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
C. How many times was this observation measured or evaluated in this reporting period?
e. How many times was this observation measured of evaluated in this reporting period.
(ex.: samples/participants/ever
D. Has your MS4 made progress toward this Measurable Goal during this reporting period? O Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O Yes O 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 report is being submitted for the reporting period ending March 9,	
If submitting this form as part of a joint report on behalf of a coalition leave SPDES	ID blank.
SPDES ID Name of MS4/Coalition	
Minimum Control Measure 2. Public Involvement/Particip	ation
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?	
How many MS4s contributed to this report:	
1. What opportunities were provided for public participation in implementation development, evaluation and improvement of the Stormwater Management P (SWMP) Plan during this reporting period? Check all that apply:	*
○ Cleanup Events #Events	
○ Comments on SWMP Received #Comments	
○ Community Hotlines Phone # ()	1-
Phone # (] -
Phone # (] -
Phone # () Phone # ()] -
Phone # () Phone # ()] -
Phone # (Phone # ()] -
O Community Meetings # Attendees	
○ Plantings Sq. Ft.	
○ Storm Drain Markings #Drains	
○ Stakeholder Meetings # Attendees	
○ Volunteer Monitoring #Events	
Other:	
2. Was public notice of availability of this annual report and Stormwater Mana Program (SWMP) Plan provided?	gement O Yes O No
○ List-Serve # In List	
O Newspaper Advertising # Days Run	
○ TV/Radio Notices # Days Run	
Other:	
O Web Page URL: Enter URL(s) on the following two pages.	· · · · · · · · · · · · · · · · · · ·

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page. URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents? Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. ○ MS4/Coalition Office O Annual Report ○ SWMP Plan ○ Comments Department Address City Zip Phone O Library Address O Annual Report O SWMP Plan ○ Comments City Zip Phone O Annual Report O SWMP Plan ○ Comments Other Address City Zip Phone O Annual Report ○ SWMP Plan ○ Comments O Web Page URL: Please provide specific address of page where report can be accessed - not home page. O eMail O Comments

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

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
7. Evaluating Progress Toward Measurable Goals MCM 2
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal during this reporting period? O Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
\bigcirc Yes \bigcirc 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 report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measure 3. Illicit Discharge Detection and Elimination The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. Enter the number and approx. percent of outfalls mapped: % 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period? O Auto Recyclers ○ Landscaping (Irrigation) O Building Maintenance ○ Marinas O Churches O Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Parking Lot Maintenance O Commercial Laundry/Dry Cleaners O Construction Vehicle Washouts Printing O Cross-Connections O Residential Carwashing O Distribution Centers O Restaurants O Schools and Universities O Food Processing Facilities O Garbage Truck Washouts O Septic Maintenance O Hospitals ○ Swimming Pools O Improper RV Waste Disposal O Vehicle Fueling O Industrial Process Water O Vehicle Maint./Repair Shops Other: ○ None O Sewersheds:

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3.b. What types of illicit discharges have been found during this reporting period? O Broken Lines From Sanitary Sewer O Industrial Connections O Cross Connections ○ Inflow/Infiltration O Failing Septic Systems O Pump Station Failure O Floor Drains Connected To Storm Sewers O Sanitary Sewer Overflows O Illegal Dumping O Straight Pipe Sewer Discharges Other: ○ None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 5. How many illicit discharges have been confirmed during this reporting period? 6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 7. Has the storm sewershed mapping been completed in this reporting period? O Yes \bigcirc No If No, approximately what percent was completed in this reporting period? % 8. Is the above information available in GIS? ○ Yes \bigcirc No Is this information available on the web? ○ Yes ○ No If Yes, provide URL(s): Please provide specific address of page where map(s) can be accessed - not home page. URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 8. URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page URL URL URL URL 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? O Yes \bigcirc 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? %

This report is being submitted for the reporting period ending March 9,	
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.	
SPDES ID	
Name of MS4/Coalition	
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 Par III.C.1. Submit additional pages as needed.	rt
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period	l .
B. Briefly summarize the observations that indicated the overall effectiveness of this Measura Goal.	able
C. How many times was this observation measured or evaluated in this reporting period?	
ev ====, -=====, -=======================	\Box
	<u> </u>
(ex.: samples/partice) D. Has your MS4 made progress toward this measurable goal during this reporting period?	ipants/
	No No
	/ 110
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	N. N.T
	No No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during	g
the next reporting cycle (including an implementation schedule).	

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measures 4 and 5. **Construction Site and Post-Construction Control** The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 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 \bigcirc 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 \circ NT If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. \bigcirc 09/2004 \bigcirc 03/2006 \circ NT 2. Does your MS4/Coalition have a SWPPP review procedure in place? O Yes \bigcirc No 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? O Yes \bigcirc No \circ NT If Yes, how many public comments were received during this reporting period? 5. Does your MS4/Coalition provide education and training for contractors about the local **SWPPP** process? ○ Yes ○ 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:

O Notices of Violation	#	O No Authority
O Stop Work Orders	#	O No Authority
O Criminal Actions	#	O No Authority
○ Termination of Contracts	#	O No Authority
O Administrative Fines	#	O No Authority
O Civil Penalties	#	O No Authority
O Administrative Orders	#	O No Authority
O Enforcement Actions or Sanctions	#	
Other	#	O No Authority

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measure 4. Construction Site Stormwater Runoff Control The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 3. What percent of active construction sites were inspected during this reporting period? \bigcirc NT % 4. What percent of active construction sites were inspected more than once? \circ NT % 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS **Construction Stormwater Inspection Manual?** O Yes 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 \bigcirc No \bigcirc NT If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes \bigcirc No

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

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 6. con't.: Submit additional pages as needed. ○ MS4/Coalition Office Department Address City Zip Phone ○ Library Address City Zip Phone Other Address City Zip Phone ○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 7. Evaluating 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.
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.
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.
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.
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?
c. How many times was time object various measured of evaluated in time reporting period.
(ex.: samples/participants,
D. Has your MS4 made progress toward this measurable goal during this reporting period? O Yes O 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 report	is being	g submit	ted for t	he r	eporting	period	l endi	ng M	arch	ı 9,				
If submittir	ng this for	rm as part	of a join	t repo	ort on beha	ılf of a	coaliti	ion lea	ive Sl	PDE	S ID	bla	nk.	
Name of MS4/Coalition								SP	DES	ID				
Minimum (<u>Contro</u>	l Meası	<u>ıre 5. I</u>	Post-	-Constr	uction	ı Sto	rmw	ater	<u>r M</u>	ana	age	me	<u>nt</u>
The information in th	is section	is being	reported	(chec	ck one):									
○ On behalf of an inc○ On behalf of a coal		AS4												
How m	any MS4	4s contrib	outed to	this 1	report?									
1. How many and w MS4/Coalition in		-					_	_		ees h	as y	our		
		I	# nventorio	ed	# Inspection	ons		Times ntained	ì					
O Alternative Practice	es													
○ Filter Systems														
○ Infiltration Basins														
Open Channels														
○ Ponds														
O Wetlands														
Other														
2. Do you use an o		-	,	data	ıbase, spr	eadsh	eet) to	o trac	k po	st-c		truc		n O No
3. What types of a Development/B		_					-		Low	Imp	pact	t		
O Building Codes	O Muni	cipal Con	nprehensi	ve P	lans									
Overlay Districts	Open	Space Pr	eservatio	n Pro	gram									
○ Zoning	O Local	Law or	Ordinance	e										
○ None	O Land	Use Reg	ulation/Z	oning	5									
O Watershed Plans	Other	Comprel	nensive P	lan										
Other:														

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? ○ Yes \bigcirc No 4b. Does the MS4 have a banking and credit system for stormwater management practices? O Yes \bigcirc 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? \bigcirc Yes \bigcirc No 4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? %

	ling March 9,
If submitting this form as part of a joint report on behalf of a coalid	tion leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward achie identified in your Stormwater Management Program Plan (SWMPP), in III.C.1. Submit additional pages as needed.	2
A. Briefly summarize the Measurable Goal identified in the SWM	PP in this reporting period.
B. Briefly summarize the observations that indicated the overall ef	ffectiveness of this Measurable
C. How many times was this observation measured or evaluated in	n this reporting period?
	(a.s.) a serie l'accept i si a serie s
D. Hag wayer MC4 made was away toward this massay walls and down	(ex.: samples/participants
D. Has your MS4 made progress toward this measurable goal duri	ing this reporting period?
	O 77 O 77
	\bigcirc Yes \bigcirc No
E. Is your MS4 on schedule to meet the deadline set forth in the SV	
E. Is your MS4 on schedule to meet the deadline set forth in the SV	
F. Briefly summarize the stormwater activities planned to meet the	WMPP? O Yes O No e goals of this MCM during
	WMPP? O Yes O No e goals of this MCM during
E. Is your MS4 on schedule to meet the deadline set forth in the SV F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule)	WMPP? O Yes O No e goals of this MCM during
F. Briefly summarize the stormwater activities planned to meet the	WMPP? O Yes O No e goals of this MCM during
F. Briefly summarize the stormwater activities planned to meet the	WMPP? O Yes O No e goals of this MCM during
F. Briefly summarize the stormwater activities planned to meet the	WMPP? O Yes O No e goals of this MCM during
. Briefly summarize the stormwater activities planned to meet the	WMPP? O Yes O No e goals of this MCM during

WIS4 Annual Report Form	
This report is being submitted for the reporting period ending Mar	·ch 9,
If submitting this form as part of a joint report on behalf of a coalition leave	SPDES ID blank.
SPDI	ES ID
Name of MS4/Coalition	
Minimum Control Measure 6. Stormwater Management for M	[unicipal 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 po	otentially contribute

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

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

		<u>perfo</u> i	<u>rmed withir</u>	1 the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>	•
Street Maintenance	○ Yes	○ No	O Yes	\bigcirc No
Bridge Maintenance	O Yes	○ No	O Yes	\bigcirc No
Winter Road Maintenance	O Yes	○ No	O Yes	\bigcirc No
Salt Storage	O Yes	○ No	O Yes	\bigcirc No
Solid Waste Management	O Yes	○ No	O Yes	\bigcirc No
New Municipal Construction and Land Disturba	nce O Yes	○ No	O Yes	\bigcirc No
Right of Way Maintenance	O Yes	○ No	O Yes	\bigcirc No
Marine Operations	O Yes	○ No	O Yes	\bigcirc No
Hydrologic Habitat Modification	O Yes	○ No	O Yes	\bigcirc No
Parks and Open Space	O Yes	○ No	O Yes	\bigcirc No
Municipal Building	O Yes	○ No	O Yes	\bigcirc No
Stormwater System Maintenance	○ Yes	○ No	O Yes	\bigcirc No
Vehicle and Fleet Maintenance	○ Yes	○ No	O Yes	\bigcirc No
Other	○ Yes	○ No	O Yes	\bigcirc No

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. Provide the following information about municipal operations good housekeeping programs: # Acres O Parking Lots Swept (Number of acres X Number of times swept)

○ Streets Swept (Number of miles X Number of times swept)	# Miles			
O Catch Basins Inspected and Cleaned Where Necessary	#			
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			
O Nitrogen Applied In Chemical Fertilizer	# Lbs.			
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	# Acres			
3. How many stormwater management trainings have been provide during this reporting period?	d to municipa	al emp	loye	es
•	ed to municipa	al emp	loye	es
during this reporting period?		al emp	loye	es

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
7. Evaluating 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/even
D. Has your MS4 made progress toward this measurable goal during this reporting period?
\bigcirc Yes \bigcirc No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
○ 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).

If submitting this fo			March 9,
	rm as part of a joint repor	rt on behalf of a coalition	leave SPDES ID blank.
			SPDES ID
63 KG 4/G 11/1			
e of MS4/Coalition			
A J J'4' 1 337 - 4 -		- 4 C4 4 D 4 M	D
Additional Wate	rshed Improvemen	nt Strategy Best Man	nagement Practices
information in this section	n is heing reported (check	k one).	
		v one).	
on behalf of an individual Non behalf of a coalition	MS4		
	As contributed to this re	mort?	
now many MS	4s contributed to this re	sport?	
'As moved anarrow the same	agtions on shoot NA a	a indicated in the table	halarr
948 must answer the qu	estions of check IVA a	s indicated in the table	e Delow.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed raditional Land Use	- 1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	- Phosphorus
raditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
on-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	1 6 7- 4 9- 0	2 2 4 5 95 10 11 12	Discoule and
aditional Land Use aditional Non-Land Use	1,6,7a-d,8a,9 1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus
on-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
aditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
on-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
aditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
on-Traditional Oscawana Lake Watershed	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watersned	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
aditional Land Use	1 4 6 7a-d 8a 9	2 3 5 8b 10 11 12	Phosphorus
aditional Land Use aditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus
raditional Land Use raditional Non-Land Use on-Traditional LI 27 Embayments	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus -
raditional Land Use raditional Non-Land Use on-Traditional		2,3,5,8b,10,11,12	
raditional Land Use raditional Non-Land Use on-Traditional LI 27 Embayments	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus -

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 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ○ Yes \bigcirc No \bigcirc 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 \bigcirc No \bigcirc N/A 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal \bigcirc Yes \bigcirc No \bigcirc N/A **Standards?** 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes \bigcirc N/A \bigcirc No 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? O 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 \bigcirc No \bigcirc N/A 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? \bigcirc Yes \bigcirc No \bigcirc N/A

populations?

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 9. Has your MS4/Coalition developed and implemented a program of native planting? O Yes \bigcirc No \bigcirc N/A 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ○ Yes \bigcirc No \bigcirc N/A 11. Does your MS4/Coalition have a pet waste bag program? \bigcirc Yes \bigcirc No \bigcirc N/A 12. Does your MS4/Coalition have a program to manage goose

 \bigcirc Yes \bigcirc No \bigcirc N/A