

BROOME-TIOGA STORMWATER COALITION 2022-2023 MS4 ANNUAL REPORT SUMMARY

PUBLIC OUTREACH AND EDUCATION

Public education and outreach efforts were conducted throughout the region. Outreach efforts primarily focused on the distribution of printed materials and the use of social media. Education focused on digital, television, radio ads, and events.

Printed Materials	3,970
TV & Radio Ads	1242
Newspaper Ads	127
Public Event Interactions	4,979

Broome County Riverbank Cleanup
169 volunteers, 12.62 miles
1.836 tons of waste removed



PUBLIC EVENTS

Event Highlights

Broome County Soil & Water Conservation District
hosted **nine** tree planting events
7.2+ acres of riparian buffer land planted with
60 volunteers

Broome County Soil & Water Conservation District
Operation Arbor Green
 sold over **\$20,000** worth of trees to **221**
participants

Tioga County Soil & Water Conservation District Trees
for Tribs
130 participants, **18,229** trees sold



Tioga County E-Waste & HHW Program
collected **29.2** tons of waste
584 participants in both programs

HIGHLIGHTS

173

Municipal employees
trained on stormwater
management



39

Construction projects
disturbing one acre or more
were authorized



7,977

Miles of
streets swept



ILLICIT DISCHARGES DETECTED

Vestal	02
Town of Owego	17
Endicott	01
Broome County	25

Construction
SWPPPs
Reviewed

39



2,825

Catch basins inspected &
cleaned when necessary



6



New pet waste
stations installed as
part of BTSC's Pet
Waste Campaign

MCC form for period ending March 9, 2023

SPDES ID

N	Y	R	2	0	C	0	0	2
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☐ **This report is being submitted on behalf of an individual MS4.**

Name of MS4

[illegible]

☐ **This report is being submitted on behalf of a Single Entity**

Name of Single Entity

[illegible]

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

Name of Coalition

[illegible]

SPDES ID							
N	Y	R	2	0	A	3	4 1

SPDES ID							
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SPDES ID								
N	Y	R	2	0	A	3	3	2

SPDES ID								
N	Y	R	2	0	A	1	2	7

SPDES ID							
N	Y	R	2	0	A	2	5 5

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SPDES ID							
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SPDES ID							
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N	Y	R	2	0	A	0	7 8

SPDES ID								
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SPDES ID								
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SPDES ID								
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SPDES ID							
N	Y	R	2	0	A	0	6 4

SPDES ID								
N	Y	R	2	0	A			

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 City of Binghamton

SPDES ID

N	Y	R	2	0	A	3	4	1
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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:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	2	3
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Name of MS4 City of Binghamton

SPDES ID

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

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

First Name

J	a	r	e	d								
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MI

M

Last Name

K	r	a	h	a	m									
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Title

[illegible]

Address

[illegible]

City

B	i	n	g	h	a	m	t	o	n								
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State

N	Y
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Zip

1	3	9	0	1	-				
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eMail

[illegible]

Phone

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County

B	R	O	O	M	E									
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MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 CITY OF BINGHAMTON

SPDES ID

N Y R 2 0 A 3 4 1

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 - T i o g a S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A

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 P u b l i c E d u c a t i o n & O u t r e a c h

☒ MM2 P u b l i c I n v o l v e m e n t / p a t i c i p a t

☐ 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, 2023

Name of MS4 CITY OF BINGHAMTON

SPDES ID

N	Y	R	2	0	A	3	4	1
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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

[illegible]

MI

M

Last Name

K	R	A	H	A	M									
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Title (Clearly print title of individual signing report)

[illegible]

Signature

John M. Zick

Date _____

0	3	1	2	9	1	2	0	2	3
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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) FormMCC form for period ending March 9,

2	0	2	3
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Name of MS4

Town of Binghamton

SPDES ID

N	Y	R	2	0	A	0	0	9
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B	r	o	o	m	e	-	T	i	o	g	a		S	t	o	r	m	w	a	t	e	r							
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	3
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Name of MS4

Town of Binghamton

SPDES ID

N	Y	R	2	0	A	0	0	9
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- ☒ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name

E l i z a b e t h

MI

Last Name

R o u n d s

Title

S u p e r v i s o r

Address

2 7 9 P a r k A v e n u e

City

B i n g h a m t o n

State

N Y

Zip

1 3 9 0 3 -

eMail

s u p e r v i s o r @ t o w n o f b i n g h a m t o n . c o m

Phone

(6 0 7) 7 7 2 - 0 3 5 7

County

B r o o m e

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4

Town of Binghamton

SPDES ID

N Y R 2 0 A 0 0 9

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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.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

B r o o m e - T i o g a S t o r m w a t e r C o a l i t i o n

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 - 3 2 7 6

eMail

a s e y f r i e d @ s o u t h e r n t i e r 8 . o r g

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 M u l t i p l e T a s k s

☒ MM2 M u l t i p l e T a s k s

☐ MM3

☐ MM4

☐ MM5

☐ MM6

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MCC form for period ending March 9, 2023

Name of MS4 | Town of Binghamton

SPDES ID

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First Name

E	l	i	z	a	b	e	t	h						
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MI

7

Last Name

R	o	u	n	d	s									
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Title (Clearly print title of individual signing report)

[illegible]

Signature

Elizabeth A. Bonds

Date _____

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

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

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Name of MS4

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SPDES ID

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

First Name

M	I	C	H	A	E	L								
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MI

P

Last Name

B	A	C	C	A	R	I								
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Title

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Address

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City

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State

N	Y
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Zip

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eMail

m	i	c	h	a	e	l	.	b	a	c	c	a	r	i	@	b	r	o	o	m	e	c	o	u	n	t	y	n	y	.	g	o
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Phone

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County

B	R	O	O	M	E									
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MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Broome County

SPDES ID

N Y R 2 0 A 3 3 2

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

First Name

R O G E R

MI

V

Last Name

B R O W N

Title

D E P U T Y C O M M I S S I O N E R - E N G I N E E R I N G

Address

6 0 H A W L E Y S T R E E T

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

R O G E R . B R O W N @ B R O O M E C O U N T Y N Y . G O V

Phone

(6 0 7) 7 7 8 - 1 1 0 8

County

B R O O M E

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Broome County

SPDES ID

N Y R 2 0 A 3 3 2

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

First Name

J A S O N

MI

T

Last Name

G A R N A R

Title

C O U N T Y E X E C U T I V E

Address

6 0 H A W L E Y S T R E E T

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

J A S O N . G A R N A R @ B R O O M E C O U N T Y N Y . G O V

Phone

(6 0 7) 7 7 8 - 2 1 0 9

County

B R O O M E

MCC form for period ending March 9,	2	0	2	3
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Name of MS4

N	Y	R	2	0	A	3	3	2
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[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 | BROOME COUNTY

SPDES ID

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First Name

[illegible]

MI

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Last Name

G	A	R	N	A	R									
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Title (Clearly print title of individual signing report)

[illegible]

Signature

Date _____

0	3	/	1	7	/	2	0	2	3
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Albany, New York 12233-3505

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Town of Chenango

SPDES ID

N Y R 2 0 A 1 2 7

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

First Name

J o A n n e

MI

Last Name

K l e n o v i k

Title

T o w n S u p e r v i s o r

Address

1 5 2 9 N Y S R o u t e 1 2

City

B i n g h a m t o n

State

N Y

Zip

1 3 9 0 1 -

eMail

s u p e r v i s o r @ t o w n o f c h e n a n g o n y . g o v

Phone

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

County

B r o o m e

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Town of Chenango

SPDES ID

N Y R 2 0 A 1 2 7

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 T i o g a S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (con't.)

A s h l e y S e y f r i e d , S T E R P D B

SPDES Partner ID - If applicable

N Y R 2 0

Address

M e t r o c e n t e r , 4 9 C o u r t S t , s 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 - 3 2 7 4

eMail

a s e y f r i e d @ s o u t h e r n t i e r 8 . o r g

Phone

(6 0 7) 2 4 0 - 8 7 3 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 T r a i n i n g / E d u c a t i o n a l o u t r e a c h

☒ MM2 E v e n t i n v o l v e m e n t

☐ 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 2 3

Name of MS4 Town of Chenango

SPDES ID

N Y R 2 0 A 1 2 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

J o A n n e

MI

Last Name

K l e n o v i c

Title (Clearly print title of individual signing report)

T o w n S u p e r v i s o r

Signature



Date

0 3 / 1 5 / 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

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

N	Y	R	2	0	A	2	5	5
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Section 1 - MCC Identification Page

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

If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Town of Conklin

SPDES ID

N Y R 2 0 A 2 5 5

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

W i l l i a m

MI

Last Name

D u m i a n

Title

S u p e r v i s o r

Address

1 2 7 1 C o n k l i n R o a d

City

C o n k l i n

State

N Y

Zip

1 3 7 4 8 -

eMail

s u p e r v i s o r @ t o w n o f c o n k l i n . o r g

Phone

(6 0 7) 7 7 5 - 4 1 1 4

County

B r o o m e

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Conklin

SPDES ID

N Y R 2 0 A 2 5 5

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 - T i o g a S t o r m w a t e r C o a l i t i o n

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 - 3 2 7 6

eMail

a s e y f r i e d @ s o u t h e r n t i e r 8 . o r g

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 M u l t i p l e T a s k s

☒ MM2 M u l t i p l e T a s k s

☐ 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.

MCC form for period ending March 9, 2023

Town of Conklin

N	Y	R	2	0	A	2	5	5
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L

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	3
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Name of MS4

TOWN OF DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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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:

B	R	O	O	M	E	-		T	I	O	G	A		S	T	O	R	M	W	A	T	E	R					
C	O	A	L	I	T	I	O	N																				

MS4 Municipal Compliance Certification(MCC) Form

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

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

M I C H A E L

MI

Last Name

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

T o w n o f D i c k i n s o n

State

N Y

Zip

1 3 9 0 5 -

eMail

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

Phone

(6 0 7) 7 2 3 - 9 4 0 1

County

B r o o m e

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF DICKINSON

SPDES ID

N Y R 2 0 A 1 4 3

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 - T I O G A - S T O R M W A T E R C O A L I T I O N

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 1 4 3

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 - 3 2 7 4

eMail

S T E @ S T N Y . R R . C O M

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 M U L T I P L E T A S K S

☒ MM2 M U L T I P L E T A S K S

☐ MM3

☒ MM4 S W P P P R E V I E W S , S I T E I N S P E C T I O N

☐ MM5

☒ MM6 H I G H W A Y S T A F F T R A I N I N G

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, 2023

Name of MS4 | TOWN OF DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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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

☐ 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	-	T	I	O	G	A	-	S	T	O	R	M	W	A	T	E	R		C	O	A	L	I	T	I	O	N
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Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

																		N	Y	R	2	0	1	4	3
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Address

4	9		C	O	U	R	T		S	T	R	E	E	T		S	U	I	T	E		2	2	2								
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City

State

Zip

B	I	N	G	H	A	M	T	O	N									N	Y	1	3	9	0	1	-	3	2	7	4
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eMail

[illegible]

Phone

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

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

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)?

[illegible][illegible][illegible]

● MM4 S W P P P R E V I E W S , S I T E I N S P E C T I O N

[illegible]

MM6	H	I	G	H	W	A	Y		S	T	A	F	F		T	R	A	I	N	I	N	G								
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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.

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	3
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Name of MS4

T	O	W	N	O	F	D	I	C	K	I	N	S	O	N
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SPDES ID

N	Y	R	2	0	A	1	4	3
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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

M	I	C	H	A	E	L								
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MI

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Last Name

M	A	R	I	N	A	C	C	I	O					
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Title (Clearly print title of individual signing report)

S	U	P	E	R	V	I	S	S	O	R																		
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Signature



Date

0	4	/	0	1	/	2	0	2	3
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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) FormMCC form for period ending March 9,

2	0	2	3
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Name of MS4

Village of Endicott

SPDES ID

N	Y	R	2	0	A	1	4	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:

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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C	o	a	l	i	t	i	o	n																				
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MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	3
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Name of MS4

V	i	l	l	a	g	e	o	f	E	n	d	i	c	o	t	t
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SPDES ID

N	Y	R	2	0	A	1	4	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

First Name

L	i	n	d	a															
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MI

S

Last Name

J	a	c	k	s	o	n													
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Title

M	a	y	o	r															
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Address

1	0	0	9		E	a	s	t		M	a	i	n		S	t	r	e	e	t																		
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City

E	n	d	i	c	o	t	t																															
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State

N	Y
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Zip

1	3	7	6	0	-														
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eMail

V	O	E	M	A	Y	O	R	@	e	n	d	i	c	o	t	t	n	y	.	c	o	m																		
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Phone

(6	0	7)	7	5	7	-	2	4	2	0
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County

B	r	o	o	m	e														
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MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Village of Endicott

SPDES ID

N Y R 2 0 A 1 4 9

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 T i o g a S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 2

Address

City

State

Zip

0

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 P u b l i c E d u c a t i o n a n d O u t r e a c h

☒ MM2 R i v e r b a n k C l e a n u p

☐ 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) FormMCC form for period ending March 9,

2	0	2	3
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Name of MS4

V	i	l	l	a	g	e	o	f	E	n	d	i	c	o	t	t
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SPDES ID

N	Y	R	2	0	A	1	4	9
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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

L	i	n	d	a															
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MI

S

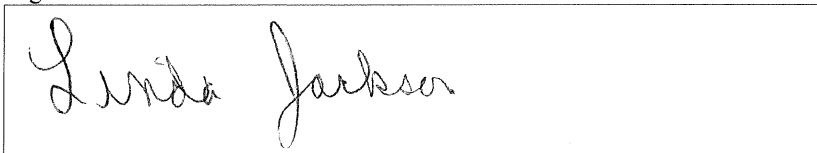
Last Name

J	a	c	k	s	o	n													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

M	a	y	o	r															
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Signature



Date

0	3	/	2	7	/	2	0	2	3
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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

MCC form for period ending March 9, 2023

Name of MS4 Town of Fenton

N	Y	R	2	0	A	0	7	8
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[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4	Town of Fenton
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SPDES ID

N	Y	R	2	0	A	0	7	8
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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

[illegible]

MI

J

Last Name

[illegible]

Title

[illegible]

Address

[illegible]

City

P	o	r	t		C	r	a	n	e								
---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	3	8	3	3
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 -

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eMail

[illegible]

Phone

$$(\begin{array}{|c|c|c|} \hline 6 & 0 & 7 \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline 6 & 4 & 8 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 4 & 8 & 0 & 0 \\ \hline \end{array}$$

County

B	r	o	o	m	e
---	---	---	---	---	---

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Town of Fenton

SPDES ID

N Y R 2 0 A 0 7 8

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 - T i o g a S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 2

Address

B r o o m e C o u n t y P l a n n i n g , P O B 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

b l u c a s @ c o . b r o o m e . n y . u s

Phone

(6 0 7) 7 7 8 - 2 3 7 5

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 u b l i c E d . P l a n n i n g / P r o g r a m i n g

☒ MM2 V o l E v e n t s / A n n u a l R e p / M e e t i n g s

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

☐ MM4

☐ MM5

☒ MM6 T r a i n i n g

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 2 3

Name of MS4 Town of Fenton

SPDES ID

N Y R 2 0 A 0 7 8

Section 4 - Certification Statement

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

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

First Name

G a r y

MI

J


Last Name

H o l c o m b

Title (Clearly print title of individual signing report)

T o w n S u p e r v i s o r

Signature



Date

0 3 / 3 0 / 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

MCC form for period ending March 9,	2	0	2	3
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Name of MS4 Village of Johnson City

N	Y	R	2	0	A	1	0	1
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[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	2	3
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Name of MS4 Village of Johnson City

SPDES ID

N	Y	R	2	0	A	1	0	1
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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

M	a	r	t	i	n									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

MI

7

Last Name

[illegible]

Title

[illegible]

Address

[illegible]

City

J	o	h	n	s	o	n		C	i	t	y								
---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	3	7	9	0	-				
---	---	---	---	---	---	--	--	--	--

eMail

[illegible]

Phone

$$\begin{pmatrix} 6 & 0 & 7 \end{pmatrix} \begin{matrix} 7 & 9 & 7 \end{matrix} - \begin{matrix} 7 & 8 & 6 & 1 \end{matrix}$$

County

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Village of Johnson City

SPDES ID

N Y R 2 0 A 1 0 1

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

J o s h u a

MI

L

Last Name

H o l l a n d

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

City

J o h n s o n C i t y

State

N Y

Zip

1 3 7 9 0 -

eMail

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

Phone

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

County

B r o o m e

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Village of Johnson City

SPDES ID

N Y R 2 0 A 1 0 1

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 - T i o g a S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 2

Address

4 9 C o u r t S 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 -

eMail

c o n t a c t @ s o u t h e r t i e r 8 . o r g

Phone

(6 0 7) 7 2 7 - 5 0 0 0

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 u b l i c E d u c a t i o n & O u t r e a c h

☒ MM2 P u b l i c I n v o l v e m e n t P a r t i c i p a t i o n

☐ 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 2 3

Name of MS4 Village of Johnson City

SPDES ID

N Y R 2 0 A 1 0 1

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

J o s h u a

MI

L

Last Name

H o l l a n d

Title (Clearly print title of individual signing report)

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

Signature



Date

0 3 / 2 9 / 2 0 2 3

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance
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	2	3
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Name of MS4	Town of Kirkwood
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SPDES ID

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

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:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Town of Kirkwood

SPDES ID

N Y R 2 0 A 0 7 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 w i s

MI

C

Last Name

G r u b h a m

Title

S u p e r v i s o r

Address

7 0 C r e s c e n t D r i v e

City

K i r k w o o d

State

N Y

Zip

1 3 7 9 5 -

eMail

l g r u b h a m @ t o w n o f k i r k w o o d . o r g

Phone

(6 0 7) 7 7 5 - 1 3 7 0

County

B r o o m e

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Kirkwood

SPDES ID

N Y R 2 0 A 0 7 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 - T i o g a S t o r m w a t e r C o a l i t i o n

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 - 3 2 7 4

eMail

e m a s l i n @ s o u t h e r n t i e r 8 . o r g

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 M u l t i p l e T a s k s

☒ MM2 M u l t i p l e T a s k s

☐ 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 2 3

Name of MS4 Town of Kirkwood

SPDES ID

N Y R 2 0 A 0 7 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

L e w i s

MI

C

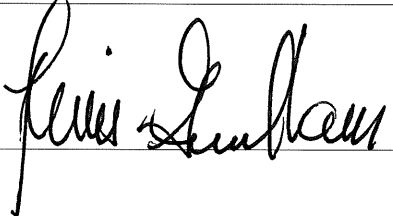
Last Name

G r u b h a m

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature



Date

0 3 / 2 7 / 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

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	3
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Name of MS4

VILLAGE OF PORT DICKINSON

SPDES ID

N	Y	R	2	0	A	0	8	0
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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:

B	R	O	O	M	E		T	I	O	G	A		S	T	O	R	M	W	A	T	E	R						
C	O	A	L	I	T	I	O	N																				

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 VILLAGE OF PORT DICKINSON

SPDES ID

N Y R 2 0 A 0 8 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

K E V I N

MI

M

Last Name

B U R K E

Title

M A Y O R

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

State

N Y

Zip

1 3 9 0 1 -

eMail

K B U R K E 7 @ S T N Y . R R . C O M

Phone

(6 0 7) 7 7 1 - 8 2 3 3

County

B R O O M E

Name of MS4 | Town of Owego

N	Y	R	2	0	A	0	7	9
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Section 1 - MCC Identification Page

● A Joint Report

If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

SPDES ID

Name of MS4 | Town of Owego

N	Y	R	2	0	A	0	7	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

First Name

[illegible]

MI

7

Last Name

C	a	s	t	e	l	l	u	c	c	i				
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

Title

[illegible]

Address

[illegible]

City

[illegible]

State

N	Y
---	---

Zip

1	3	7	3	2
---	---	---	---	---

 -

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eMail

c	a	s	t	e	l	l	u	c	c	i	d	@	t	o	w	n	o	f	o	w	e	g	o	.	c	o	m
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone

$$\begin{pmatrix} 6 & 0 & 7 \end{pmatrix} \begin{pmatrix} 6 & 8 & 7 \end{pmatrix} - \begin{pmatrix} 0 & 1 & 2 & 3 \end{pmatrix}$$

County

[illegible]

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Owego

SPDES ID

N Y R 2 0 A 1 2 7

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 T i o g a S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (con't.)

A s h l e y S e y f r i e d , S T E R P D B

SPDES Partner ID - If applicable

N Y R 2 0

Address

M e t r o c e n t e r , 4 9 C o u r t S t , s 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 - 3 2 7 4

eMail

a s e y f r i e d @ s o u t h e r n t i e r 8 . o r g

Phone

(6 0 7) 2 4 0 - 8 7 3 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 T r a i n i n g / E d u c a t i o n a l o u t r e a c h

☒ MM2 E v e n t i n v o l v e m e n t

☐ 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 2 3

Name of MS4 TOWN OF OWEGO NY

SPDES ID

N Y R 2 0 A 0 7 9

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

D O N A L D

MI

Last Name

C A S T E L L U C C I

Title (Clearly print title of individual signing report)

T O W N S U P E R V I S O R

Signature



Date

6 J / 0 6 / 2 0 2 3

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance
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 2 3

Name of MS4 VILLAGE OF PORT DICKINSON

SPDES ID

N Y R 2 0 A 0 8 0

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 - T I O G A - S T O R M W A T E R C O A L I T I O N

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 0 8 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 - 3 2 7 4

eMail

S T E @ S T N Y . R R . C O M

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 M U L T I P L E T A S K S

☒ MM2 M U L T I P L E T A S K S

☐ MM3

☒ MM4 S W P P P R E V I E W S , S I T E I N S P E C T I O N

☐ MM5

☒ MM6 H I G H W A Y S T A F F T R A I N I N G

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, 2023

Name of MS4 | VILLAGE OF PORT DICKINSON

SPDES ID

N	Y	R	2	0	A	0	8	0
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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

[illegible]

MI

M

Last Name

[illegible]

Title (Clearly print title of individual signing report)

[illegible]

Signature

Kevin M. Burke

Date _____

0	3	/	3	0	/	2	0	2	3
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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) FormMCC form for period ending March 9,

2	0	2	3
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Name of MS4

Tioga County

SPDES ID

N	Y	R	2	0	A	0	4	7
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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:

B	r	o	o	m	e		T	i	o	g	a		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t
i	o	n																											

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	3
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Name of MS4

T	i	o	g	a	C	o	u	n	t	y
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SPDES ID

N	Y	R	2	0	A	0	4	7
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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

M	a	r	t	h	a														
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MI

C

Last Name

S	a	u	e	r	b	r	e	y											
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Title

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Address

5	6		M	a	i	n		S	t	r	e	e	t																								
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City

O	w	e	g	o																																	
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State

N	Y
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Zip

1	3	8	2	7	-				
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eMail

s	a	u	e	r	b	r	e	y	m	@	t	i	o	g	a	c	o	u	n	t	y	n	y	.	g	o	v										
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Phone

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

T	i	o	g	a															
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MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	2	3
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Name of MS4

T	i	o	g	a	C	o	u	n	t	y
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SPDES ID

N	Y	R	2	0	A	0	4	7
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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

G	a	r	y																
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MI

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Last Name

H	a	m	m	o	n	d													
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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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Address

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City

O	w	e	e	g	o																																
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State

N	Y
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Zip

1	3	8	2	7	-				
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eMail

h	a	m	m	o	n	d	g	@	t	i	o	g	a	c	o	u	n	t	y	n	y	.	g	o	v												
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Phone

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County

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	2	3
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Name of MS4 | Tioga County

SPDES ID

N	Y	R	2	0	A	0	4	7
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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

[illegible]

MI

1

Last Name

[illegible]

Title

[illegible]

Address

[illegible]

City

[illegible]

State

N	Y
---	---

Zip

1	3	8	2	7	-				
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eMail

p	r	a	t	t	e	@	t	i	o	g	a	c	o	u	n	t	y	n	y	.	g	o	v
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Phone

$$(\begin{array}{|c|c|c|} \hline 6 & 0 & 7 \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline 6 & 8 & 7 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 8 & 2 & 7 & 4 \\ \hline \end{array}$$

County

[illegible]

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Tloga County

SPDES ID

N Y R 2 0 A 0 4 7

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

T I O G A C O U N T Y S O I L A N D W A T E R C O N S E

Partner/Coalition Name (con't.)

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 A 0 4 7

Address

1 8 3 C O R P O R A T E D R I V E

City

O W E G O

State

N Y

Zip

1 3 8 2 7 -

eMail

w a l s h w @ t i o g a c o u n t y n y . g o v

Phone

(6 0 7) 6 8 7 - 3 5 5 3

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 c o n t r a c t o r t r a i n i n g

☒ MM2 s t r e a m c l e a n u p , t r e e s a l e s

☐ 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, 2023

Name of MS4 Tloga County

SPDES ID

N Y R 2 0 A 0 4 7

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

T O W N O F O W E G O H I G H W A Y D E P T

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 0 4 7

Address

2 5 3 4 S T A T E R O U T E 4 3 4

City

A P A L A C H I N

State

N Y

Zip

1 3 7 3 2 -

eMail

r o b e r t s m @ t o w n o f o w e g o . c o m

Phone

(6 0 7) 2 2 3 - 1 2 9 6

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 c a t c h b a s i n m a i n t . & i n s p e c t .

☐ 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, 2023

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

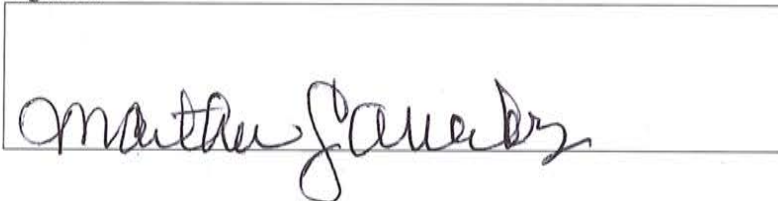
Last Name

S a u e r b r e y

Title (Clearly print title of individual signing report)

C o u n t y L e g i s l a t i v e C h a i r

Signature



**APPROVED
AS TO FORM BY**

TIOGA COUNTY LAW DEPT

Date

03 / 28 / 2023

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance
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	2	3
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Name of MS4	Town of Union
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SPDES ID

N	Y	R	2	0	A	0	5	0
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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:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	2	3
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Name of MS4	Town of Union

SPDES ID

N	Y	R	2	0	A	0	5	0
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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

[illegible]

MI

Last Name

[illegible]

Title

[illegible]

Address

[illegible]

City

[illegible]

State

Zip

N	Y	1	3	7	6	0	-				
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eMail

s	u	p	e	r	v	i	s	o	r	@	t	o	w	n	o	f	u	n	i	o	n	.	c	o	m
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Phone

$$(\begin{array}{|c|c|c|} \hline 6 & 0 & 7 \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline 7 & 8 & 6 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 2 & 9 & 9 & 5 \\ \hline \end{array}$$

County

[illegible]

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Town of Union

SPDES ID

N Y R 2 0 A 0 5 0

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 - T i o g a S t o r m w a t e r C o a l i t i o n

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 -

eMail

a s e y f r i e d @ s o u t h e r n t i e r 8 . o r g

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 M u l t i p l e E d a n d O u t r e a c h

☒ MM2 M u l t i E v e n t s / M e e t i n g s , W e b s i t e

☒ MM3 I n f r a s t r u c t u r e M a p p i n g

☐ MM4

☐ MM5

☒ MM6 T r a i n i n g O p p o r t u n i t i e s

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 2 3

Name of MS4 Town of Union

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

R o b e r t

MI

Last Name

M a c k

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature



Date

0 4 / 0 7 / 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

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Town of Vestal

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

J o h n

MI

Last Name

S c h a f f e r

Title

T o w n S u p e r v i s o r

Address

6 0 5 V e s t a l P a r k w a y W e s t

City

V e s t a l

State

N Y

Zip

1 3 8 5 0 -

eMail

j s c h a f f e r @ v e s t a l n y . c o m

Phone

(6 0 7) 7 4 8 - 1 5 1 4

County

B r o o m e

MCC form for period ending March 9,	2	0	2	3
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Name of MS4

Town of Vestal

N	Y	R	2	0	A	0	6	4
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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:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Town of Vestal

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

J o h n

MI


Last Name

S c h a f f e r

Title (Clearly print title of individual signing report)

T o w n S u p e r v i s o r

Signature



Date

0 3 / 0 8 / 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

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
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SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

Water Quality Trends

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

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

How many MS4s are contributed to this report?	0	1	5
---	---	---	---

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

☐ Yes ☒ No

If Yes, choose one of the following

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

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

This report is being submitted for the reporting period ending March 9, 2023

Name of MS4/Coalition	Broome-Tioga Stormwater Coalition
-----------------------	-----------------------------------

SPDES ID							
N	Y	R	2	0	C	0	2

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

- | | | | |
|---|---|---|---|
| How many MS4s contributed to this report? | 0 | 1 | 5 |
|---|---|---|---|

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

- [illegible]

2. Specific audiences targeted during this reporting period:

- [illegible]

MCM 1 Page 1 of 4

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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
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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:

- Construction Site Operators Trained

# Trained				1	7
-----------	--	--	--	---	---

- ## ● Direct Mailings

# Mailings		5	0	1
------------	--	---	---	---

- ### ○ Kiosks or Other Displays

# Locations				
-------------	--	--	--	--

- List-Serves

# In List					
-----------	--	--	--	--	--

- Mailing List

# In List				
-----------	--	--	--	--

- Newspaper Ads or Articles

# Days Run			1	2	7
------------	--	--	---	---	---

- ## ● Public Events/Presentations

# Attendees	4	9	7	9
-------------	---	---	---	---

- ## ● School Program

# Attendees			2	7	5
-------------	--	--	---	---	---

- TV Spot/Program

# Days Run			5	4	2
------------	--	--	---	---	---

- Printed Materials:

Total # Distributed	3	9	7	0
---------------------	---	---	---	---

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

t	o	w	n		o	f	f	i	c	e	s								
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[illegible]

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- Other:

S	o	c	i	a	l		M	e	d	i	a								
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- **Web Page:** Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

[illegible][illegible][illegible]

URL

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[illegible]

binghamton - ny / gov / stormwater - man

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

N	Y	R	2	0	C	0	0	2
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3. Web Page con't.: Provide specific web addresses - not home page.

URL

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			s	t	o	r	m	-	w	a	t	e	r	-	m	a	n	a	g	e	m	e	n	t	/				

URL

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URL

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MS4 Annual Report Form

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

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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
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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.

BTSC continued implementation of the Water From Rain educational campaign. This includes running & managing the BTSC website, the Waterfromrain.org website, running TV & radio educational ads, attending public events to outreach, handing out printed materials, running a rain-barrel giveaway, implementing the pet waste campaign, sharing educational materials on stormwater management, distributing promotional items, designing & distributing materials.

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

BTSC bought & distributed 6 new pet waste stations throughout the MS4 as part of the new Pet Waste Campaign. BTSC ran 315 30-second radio ads over 5 weeks and 107 TV ads over 5 weeks to combined 80,000 radio listeners and 1,756,000 households (TV). BTSC attended 5 public events to interact & distribute printed materials with 4979 interactions, 651 materials handed out & 1 rain barrel awarded. BTSC municipalities display new educational posters at all offices. 383 website hits.

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

4	9	7	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).

BTSC will continue to outreach on stormwater through event attendance, educational videos and training, advertising, and expanding on the pet waste campaign this next year.

MS4 Annual Report Form

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

2	0	2	3
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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 *Tioga County*

SPDES ID

N	Y	R	2	0	A	0	4	7
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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: Seven (7) community events (Sundaes at the Farm, Soil Health Meeting for Farmers, Tioga Co. Fair, Wetland Walk for BOCES, Spencer-VanEtten Middle School Career Day, Waverly Middle School Science Class, Regional Environthon) to around 4,139 people. Stormwater principles have been integrated into municipal and county comprehensive plans and ordinances, and pertinent land use trainings. Contractor training sessions

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?

			2
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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).

Will continue all of the above activities.

MS4 Annual Report Form

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

2	0	2	3
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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 Fenton

SPDES ID

N	Y	R	2	0	A	0	7	8
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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.

Stormwater Management Program Plan was updated earlier this year, update is available on the Town's website.

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

More convenient access to material

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 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).

Refer to Coalition Report

MS4 Annual Report Form

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

2	0	2	3
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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
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Minimum Control Measure 2. Public Involvement/Participation

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

☐ On behalf of an individual MS4

☒ On behalf of a coalition

How many MS4s contributed to this report?

1	5
---	---

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

				3
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☐ Comments on SWMP Received

Comments

--	--	--	--	--

☐ Community Hotlines

Phone # (

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Phone # (

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☐ Community Meetings

Attendees

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☒ Plantings

Sq. Ft.

3	1	5	6	2
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☒ Storm Drain Markings

Drains

		2	5	0
--	--	---	---	---

☒ Stakeholder Meetings

Attendees

--	--	--	--	--

☒ Volunteer Monitoring

Events

--	--	--	--	--

☒ Other: 1 8 , 2 2 9 + \$ 2 0 , 0 0 0 t r e e s s o l d

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

☒ Yes ☐ No

☐ List-Serve

In List

--	--	--	--	--

☒ Newspaper Advertising

Days Run

--	--	--	--	--

☐ TV/Radio Notices

Days Run

--	--	--	--	--

☒ Other: T o w n M e e t i n g s , p r e s s r e l e a s 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, 2023

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
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2. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

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

● MS4/Coalition Office

● Annual Report ○ SWMP Plan ● Comments

Department

S	o	u	t	h	e	r	n		T	i	e	r		8		R	e	g	i	o	n	a	l		B	o	a	r	d
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Address

[illegible]

City

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Phone

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○ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

[illegible]

City

[illegible]

Phone

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○ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

[illegible]

City

[illegible]

Phone

$$(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}$$

● Web Page URL:

☒ Annual Report ☐ SWMP Plan ☐ Comments

b r o o m e t i o g a s t o r m w a t e r . c o m

[illegible][illegible]

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

● eMail

○ Comments

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contact@southern-tier8.org																								
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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-Tioga Stormwater Coalition									
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SPDES ID

N	Y	R	2	0	C	0	0	2
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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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 /

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

3	6	5
---	---	---

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?

0	5
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2	0	2	3
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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, 2023

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 A 0 4 7

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

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

☒ MS4/Coalition Office

☒ Annual Report

☒ SWMP Plan

☒ Comments

Department

T i o g a C o u n t y P u b l i c W o r k s

Address

4 7 7 R o u t e 9 6

City

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N Y

Zip

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Phone

(6 0 7) 6 8 7 - 0 3 0 2

☐ Library

☐ Annual Report

☐ SWMP Plan

☐ Comments

Address

City

Zip

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Phone

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☐ Other

☐ Annual Report

☐ SWMP Plan

☐ Comments

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☒ Web Page URL:

☒ Annual Report

☐ SWMP Plan

☐ Comments

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

☒ eMail

☐ Comments

h a m m o n d g @ t i o g a c o u n t y n y . g o v

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																			
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SPDES ID

N	Y	R	2	0	A	0	4	7
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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?

3	6	5
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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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2	0	2	2
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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

T	o	w	n	o	f	F	e	n	t	o	n
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SPDES ID

N	Y	R	2	0	A	0	7	8
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3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

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

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

T	o	w	n	o	f	F	e	n	t	o	n	E	n	g	.	O	f	f	i	c	e
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City

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☒ Library

☐ Annual Report ☒ SWMP Plan ☐ Comments

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City

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Zip

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Phone

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☐ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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Zip

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☒ Web Page URL:

☐ Annual Report ☒ SWMP Plan ☐ Comments

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

☒ eMail

☐ Comments

s	u	p	e	r	v	i	s	o	r	@	t	o	w	n	o	f	f	e	n	t	o	n	.	c	o	m
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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-Tioga Stormwater Coalition

SPDES ID

N	Y	R	2	0	C	0	0	2
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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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2	0	2	3
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4.b. For how many days was/will this report be posted?

3	6	5
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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?

0	5
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2	5
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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

Broome-Tioga Stormwater Coalition

SPDES ID

N	Y	R	2	0	C	0	0	2
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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.

Broome County EMC & SWCD & SWM greatly helped in meeting MCM2 goals. The County EMC hosted a riverbank cleanup event that had 169 volunteers over 12.62 miles that removed 1.836 tons of trash. Broome County solid waste ran ads in November and March for clean up events, with 4,545 people in attendance, 36 tons of HHW shipped & 305 tons recycled.

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

36 tons HHW shipped
305 tons HHW recycled
12.62 miles of streambank cleaned
4714 participants

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

4	7	1	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).

Continued outreach through advertising, promoting events and increasing number of participants that recycle and help clean up waterways.

MS4 Annual Report Form

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

2	0	2	3
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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	A	0	4	7
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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 - 18 participants; Trees Planted by Trees for Tribs - 130 participants and 1650 trees planted; Earth/Arbor Day Tree planting event - 20 participants and 340 trees planted; HHW program collected and properly disposed of 12.5 tons of household hazardous waste and E-Waste Program collected and properly disposed of 16.7 tons of electronic waste with more than 584 participants in

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?

			2
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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 stream cleanup volunteer organizations

Continue tire cleanup events, household hazardous waste and electronic collections

Focus more on social media and website to promote 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	City of Binghamton
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SPDES ID

N	Y	R	2	0	A	3	4	1
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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?	0	0	1
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1. Enter the number and approx. percent of outfalls mapped:

		2	0	0	#			9	9	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 2

2	0	0
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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 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 type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input checked="" 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 checked="" type="radio"/> Garbage Truck Washouts | <input type="radio"/> Septic Maintenance |
| <input checked="" type="radio"/> Hospitals | <input checked="" 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 |

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

N	Y	R	2	0	A	3	4	1
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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 type="radio"/> None |

[illegible]

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

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

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

		0
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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.

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,					2	0	2	3
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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

N	Y	R	2	0	A	3	4	1
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8. URL(s) con't.:

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

URL

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[illegible]

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?**

0	6	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

City 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.

Manage SWPPP update database, Review IDDE Ordinance, Repair and replace, Repair or replace catch basins and manholes.

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

repaired or replaced 465 drainage structures, flushed 126,652 main lines flushed. Inspected 19,373.

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

	5	0	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).

Training in IDDE for all required staff. continue to implement BMP's

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	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?

		1
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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?

		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?

		0
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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	2	3
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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

N	Y	R	2	0	A	3	4	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.

Manage SWPPP update database, Review IDDE Ordinance, Repair and replace, Repair or replace catch basins and manholes.

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

repaired or replaced 465 drainage structures, flushed 126,652 main lines flushed. Inspected 19,373.

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

	5	0	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).

Training in IDDE for all required staff. continue to implement BMP's

2	0	2	3
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Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	0	0	9
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Date: _____										Page: _____									
Name: _____										Class: _____									

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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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

[illegible]

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?

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

		0
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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.

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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 | % |
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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

Town of Binghamton

SPDES ID

N	Y	R	2	0	A	0	0	9
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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 at least 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 conduct 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, 2023

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

N	Y	R	2	0	A	3	3	2
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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?	1
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1. Enter the number and approx. percent of outfalls mapped:	7	0	7	#	1	0	0	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

1	1	7
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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

● Other:

2	0	%		C	O	U	N	T	Y		M	S	4		R	D	S		&		F	A	C	I	L	I	T	I	E	S
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○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

N	Y	R	2	0	A	3	3	2
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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

[illegible]

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

	2	5
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5. How many illicit discharges have been confirmed during this reporting period?

	1	2
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6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

	1	1
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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?

	2	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

w	w	w	.	b	c	g	i	s	.	c	o	m	/	w	e	b	s	i	t	e	/	a	p	p	s	/
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[illegible][illegible]

URL

[illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

N	Y	R	2	0	A	3	3	2
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8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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?
- | | | | |
|--|---|---|---|
| | 4 | 0 | % |
|--|---|---|---|

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	3	3	2
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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, documented, and inventoried 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 (within the designated MS4 boundaries) were verified and located using GPS equipment during the summer of 2013. Twenty-two (22) facilities within the MS4 boundary have been mapped/surveyed and records are up to date. A number of new features were located and mapped and will continue to be reviewed and updated as needed. County parks are also being reviewed for outfalls.

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).

During the summer of 2023, DPW will inspect section 5 of the outfalls. Other sections will also be reviewed and additions made on records to match the field.

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	3	3	2
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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 an outfall 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 2022 summer season, DPW staff conducted dry weather inspections within Area #4, which is comprised of 117 outfalls.

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

	1	1	7
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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 #5 (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,

2	0	2	3
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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

N	Y	R	2	0	A	3	3	2
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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 #3C -- To enact appropriate legislation to address any deficiencies in the current County code to address and handle illicit discharge detection and elimination.

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

Broome County enacted a local law in the County Charter and Code. The local law was passed by the County legislature in October 2020 and a public hearing by the County Executive was held shortly after. The local law has been used to help remediate 11 illicit discharges this period.

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

		1	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).

The SWMPP identifies that this local law/regulation will be established and enacted by Broome County. AN IDDE local law/regulation was developed using the model law from the Department. The local law was passed during the 2020-2021 reporting period. Throughout the upcoming reporting year, the local law will be utilized as much as needed.

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	3	3	2
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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 (or reinstall) 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.

Markers were installed in the 2022-2023 reporting period on catch basins in this outfall area. Facilities were also labeled and mapped during that time.

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).

County staff will continue to check on previously installed markers. A GPS location will also be taken as the catch basins are marked to track where markers are applied/re-applied.

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	3	3	2
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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.

There are several ways for the public to report IDDE within Broome County. There is a hotline and fillable on-line form through Environmental Health (part of the Health Department) - there is a fillable form specifically for reporting IDDE on the County's DPW Stormwater webpage. Majority of the complaints / issues during 2022 came in through the Health Department. There were also a few illicit discharges identified by Broome County staff during outfall inspections.

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

		2	5
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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 continue trying for a centralized tracking system for any complaints, and to continue reaching out to new places to publicize the IDDE reporting form throughout the County.

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	3	3	2
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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 their staff regarding IDDE's, SPCC's, and good housekeeping. Several employee educational brochures have been developed relating to IDDE's and stormwater/MS4 in general.

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).

During the 2023-2024 reporting year, DPW staff will continue to distribute the IDDE and stormwater brochures and hopefully be able to hold in-person trainings to more specified groups of employees (custodial, fleet, etc.) to help cover everything specific to their work. Continuing with special attention to new employees or existing employees in new positions.

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	3	3	2
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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 #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 are incorporated or included as advisory comments to municipalities as appropriate. During the 2022-2023 reporting year, 114 reviews were processed by DPW Engineering staff and some standardized language was used in the responses.

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

	1	1	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 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).

Continue to educate municipalities, businesses, and industries about illegal dumping and spills. Maintain thorough review process to avoid hazardous situations and promote best management practices.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,	2	0	2	3
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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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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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?

--	--	--

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

			1	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	0	0
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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 type="radio"/> None |

○ Other:

☐ None

[illegible]

● Sewersheds:

G	e	n	e	r	a	l		S	t	o	r	m		S	e	w	e	r		N	e	t	w	o	r	k	s			
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
---	---	---	---	---	---	---	---	---

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

[illegible]

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?

		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

B	r	o	o	m	e		C	o	u	n	t	y		G	I	S																		
h	t	t	p	:	/	/	b	r	o	o	m	e	g	i	s	.	c	o	.	b	r	o	o	m	e	.	n	y	.	u	s			
/	w	e	b	s	i	t	e	/	g	i	s	w	e	b	/	g	i	s	a	p	p	s	.	h	t	m								

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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,

2	0	2	3
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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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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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". Have begun storm sewershed/system mapping with BTSC/STERPDB.

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?

			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 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, 2023

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
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SPDES ID

N	Y	R	2	0	A	2	5	5
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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?

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

			5	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.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

○ Other:

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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Name of MS4/Coalition

Town of Conklin

SPDES ID

N	Y	R	2	0	A	2	5	5
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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

[illegible]

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?

			%
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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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v	i	e	w	e	r	.	h	t	m	?	m	u	n	i	=	p	a	r	c	e	l	s	p	u	b	&	P	A	R	C	E

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

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[illegible]

URL

[illegible]

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,

2	0	2	3
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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	0	A	2	5	5
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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 a minimum of 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, 2023

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
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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?

1. Enter the number and approx. percent of outfalls mapped:	6	0	#	1	0	0	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? □

4	2
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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 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 type="radio"/> Distribution Centers | <input checked="" 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 checked="" 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 type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other: | <input type="radio"/> None |

○ Other:

☐ None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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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

[illegible]

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

		0
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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
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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

[illegible][illegible][illegible]

URL

[illegible][illegible][illegible]

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

N	Y	R	2	0	A	1	4	3
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[illegible]

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

MS4 Annual Report Form

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

2	0	2	3
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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 DICKINSON

SPDES ID

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	5	9
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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).

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,

2	0	2	3
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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

N	Y	R	2	0	A	1	4	9
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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?	0	0	1
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0	0	1
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1. Enter the number and approx. percent of outfalls mapped:

			2	1	#
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1	0	0	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

	2	1
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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

[illegible]

○ **Sewersheds:**

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

Village of Endicott

N	Y	R	2	0	A	1	4	9
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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

[illegible]

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

		1
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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
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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?

	7	5	%
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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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URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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
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8. URL(s) con't.:

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

URL

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URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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?

	3	0	%
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MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	1	4	9
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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.

Training of the Village of Endicott's Street and Water Departments employees. Therefore they are aware of Illicit Discharges and know to notify their supervisors of any Illicit Discharges. The Village of Endicott Code Enforcement works closely with the Engineering Department 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 one illicit discharge was documented, it was a Sanitary Sewer Overflow caused by a backed up sewer lateral that had a busted Cleanout Cap. The Village Street Department got involved and used the Vac Truck to alleviate the issue until the property owner restored flow to the lateral.

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).

The Village of Endicott will continue to work on better ways to train the essential employees on Illicit Discharges and what to do when one is reported.

2	0	2	3
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N	Y	R	2	0	A	0	7	8
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How many MS4s contributed to this report?			
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			3	6	#
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1	0	0	%
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	1	4
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[illegible]

MCM 3 Page 1 of 4

1

2	0	2	3
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Town of Fenton

N	Y	R	2	0	A	0	7	8
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- ☐ 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

[illegible]

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☒ Yes ☐ No

		0	%
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☐ Yes ☒ No

☐ Yes ☒ No

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

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2 0 2 3

SPDES ID							
N	Y	R	2	0	A	0	7 8

[illegible]

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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

Town of Fenton

SPDES ID

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.

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, 2023

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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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
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1. Enter the number and approx. percent of outfalls mapped:	1	8	#	1	0	0	%
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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?

- | | |
|--|---|
| <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 checked="" 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 checked="" 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 checked="" 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 |

Residential Vehicle Maintenance

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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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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

[illegible]

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

		0
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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?

				%
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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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[illegible]

URL

[illegible][illegible][illegible]

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

N	Y	R	2	0	A	1	0	1
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Please provide specific address of page where map(s) can be accessed - not home page

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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,

2	0	2	3
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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.

Village personnel are located at various points throughout the entire Village each day. They are trained to look for illicit discharges and notify supervisors immediately. Village Code Enforcement works closely with the DPW to identify and enforce Village Code regarding illicit discharges. Public Services personnel IDDE training.

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

During the reporting year, zero (0) illicit discharges were documented.

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).

Village personnel will continue to be trained annually to be aware of and identify illicit discharges during their daily activities and to notify their supervisors as necessary.

2	0	2	3
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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
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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:	9	1	#	1	0	0	%
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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?

- | | |
|--|--|
| <input checked="" 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 checked="" type="radio"/> Metal Plateing Operations |
| <input checked="" 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 checked="" type="radio"/> Distribution Centers | <input checked="" type="radio"/> Restaurants |
| <input checked="" 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 checked="" type="radio"/> Industrial Process Water | <input checked="" type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other: | <input type="radio"/> None |

○ Sewersheds:

MS4 Annual Report Form

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

2	0	2	3
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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
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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

[illegible]

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?

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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

h	t	t	p	:	/	/	b	r	o	o	m	e	g	i	s	.	c	o	.	b	r	o	o	m	e	.	n	y	.	u	s
/	w	e	b	s	i	t	e	/	b	r	o	o	m	e	/	p	u	b	l	i	c	/	p	r	o	p	i	n	f	o	/
v	i	e	w	e	r	.	h	t	m	?	m	u	n	i	=	p	a	r	c	e	l	s	p	u	b	&	P	A	R	C	E

URL.

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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?

	2	5	%
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MS4 Annual Report Form

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

2	0	2	3
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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
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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?

			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 conduct 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, 2023

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

N	Y	R	2	0	A	0	7	9
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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?

--	--	--

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

			2	2	#
--	--	--	---	---	---

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

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

	2	2
--	---	---

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 |

○ Other:

☐ None[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

N	Y	R	2	0	A	0	7	9
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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

[illegible]

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

	1	7
--	---	---

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

	1	7
--	---	---

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

	1	7
--	---	---

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

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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SPDES ID

N	Y	R	2	0	A	0	7	9
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8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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,

2	0	2	3
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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 OWEGO

SPDES ID

N	Y	R	2	0	A	0	7	9
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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 of 280 catch basins per year on a rotating basis.

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

Catch basins are checked annually for damage. The town highway department committed 730 hours to cleaning catch basins during the 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).

A new Stormwater Management Plan is pending the approval in of the new General Permit.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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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:

			3	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	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 checked="" type="radio"/> Churches | <input type="radio"/> Metal Plateing Operations |
| <input type="radio"/> Commercial Carwashes | <input checked="" type="radio"/> Outdoor Fluid Storage |
| <input checked="" 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 type="radio"/> Restaurants |
| <input type="radio"/> Food Processing Facilities | <input checked="" 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 checked="" type="radio"/> Vehicle Fueling |
| <input checked="" type="radio"/> Industrial Process Water | <input type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other: | <input type="radio"/> None |

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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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

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?

		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

h	t	t	p	:	/	/	b	r	o	o	m	e	g	i	s	.	c	o	.	b	r	o	o	m	e	.	n	y	.	u	s
/	w	e	b	s	i	t	e	/	b	r	o	o	m	e	/	p	u	b	l	i	c	/	p	r	o	p	i	n	f	o	/
v	i	e	w	e	r	.	h	t	m	?	m	u	n	i	=	o	a	r	c	e	l	s	p	u	b	&	J	P	A	R	C

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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8. URL(s) con't.:

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

URL

URL

URL

URL

URL

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,

2	0	2	3
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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

N	Y	R	2	0	A	0	8	0
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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 POSSIBLE. None were found

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

	1	2	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).

Two 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.

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Tioga County

N	Y	R	2	0	A	0	4	7
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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?

				6	#	1	0	0	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

		6
--	--	---

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 |

☐ None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
-----------------------	--------------

SPDES ID

N	Y	R	2	0	A	0	4	7
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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?

		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

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
-----------------------	--------------

SPDES ID

N	Y	R	2	0	A	0	4	7
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8. URL(s) con't.:

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

URL

URL

URL

URL

URL

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?
- | | | | | |
|--|--|--|--|---|
| | | | | % |
|--|--|--|--|---|

MS4 Annual Report Form

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

2	0	2	3
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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

SPDES ID

N	Y	R	2	0	A	0	4	7
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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 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.

All catchment basins were cleaned and any repairs needed were completed.

No illicit discharges were observed during biannual inspections of outfalls.

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).

Catchment Basins (55) and outfalls (6) will continue to be inspected 2 time 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.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

N	Y	R	2	0	A	0	5	0
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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?	1
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1. Enter the number and approx. percent of outfalls mapped:

			3	7	#
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1	0	0	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 1

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

[illegible]

○ Sewersheds:

[illegible]

2	0	2	3
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Name of MS4/Coalition

Town of Union

N	Y	R	2	0	A	0	5	0
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☐ 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

		0
--	--	---

		0
--	--	---

		0
--	--	---

☒ Yes ☐ No

			%
--	--	--	---

☐ Yes ☒ No

☐ Yes ☒ No

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

N	Y	R	2	0	A	0	5	0
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8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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
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 %

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	0	5	0
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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.

Code Enforcement responds to illegal dumping into storm system. Stormwater markers have been installed. New catch basin covers purchased with wording "No Dumping - Drains to River"

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

Increased fire safety inspections for businesses and have looked for illegal discharges during inspections. Put in Bids documents for lawn cutting/snow removal on municipally owned properties. Contractor cannot discharge cuttings into street.

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 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).

All drain markers in place to make public aware illegal dumping not permitted. Increase inspections.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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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?	0	0	1
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1. Enter the number and approx. percent of outfalls mapped:	1	9	1	#	1	0	0	%
--	---	---	---	---	---	---	---	---

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

1	7	0
---	---	---

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

● Other:

☐ None

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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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

[illegible]

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

		2
--	--	---

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

		2
--	--	---

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

		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?

			%
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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

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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?
- | | | | |
|--|---|---|---|
| | 7 | 5 | % |
|--|---|---|---|

MS4 Annual Report Form

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

2	0	2	3
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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
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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.

Organization of documentation/reporting of Fats, Oil, and Grease applications and stormwater system inspections. Continue sanitary manhole/sewer reporting form for Sewer Department and storm catch basin/manhole reporting form for Highway Department.

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

Revealed information leading to better practice of documentation/reporting of Fats, Oil, and Grease Program and stormwater assets. Thorough data gathered to help identify potential stormwater issues in the future.

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

			7
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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 for new municipal employees. Work with Sewer and Highway Departments to document sewer and drainage for mapping. Finish installing catch basin markers by 2024 through volunteer program.

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	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?

		1
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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?

		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?

		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 checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	3	4	1
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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?

--	--	--

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

		2
--	--	---

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

		2
--	--	---

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

1	0	2
---	---	---

 %

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

1	0	2
---	---	---

 %

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,

2	0	2	3
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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

N	Y	R	2	0	A	3	4	1
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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 storm water 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?

			2
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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, 2023

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

N	Y	R	2	0	A	3	4	1
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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
---	---

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

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:

[illegible]

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

SPDES ID

N	Y	R	2	0	A	3	4	1
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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?

		3
--	--	---
5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	2	5
--	---	---

 %

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	3	4	1
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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.

Train personnel on post construction runoff regulations and inspection procedures. Perform inspections to ensure conformance to the specifications. Keep inventory of post construction storm water practices.

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

SWPPP inventory is used to track post construction storm water practices.

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

	1	0	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).

Train inspection personnel. Perform inspections when necessary.

MS4 Annual Report Form

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

2	0	2	3
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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
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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?

		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?

		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 checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input checked="" type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" 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

Town of Binghamton

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, 2023

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

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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Phone

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○ Library

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City

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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.

URL

URL

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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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

Town of Binghamton

SPDES ID

N	Y	R	2	0	A	0	0	9
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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><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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<input type="radio"/> Infiltration Basins	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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<input type="radio"/> Open Channels	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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<input type="radio"/> Wetlands	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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<input type="radio"/> Other	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><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:

P	l	a	n	n	i	n	g		B	o	a	r	d		R	e	c	o	m	m	e	n	d	a	t	i	o	n	
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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

Town of Binghamton

SPDES ID

N	Y	R	2	0	A	0	0	9
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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
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	2	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

Town of Binghamton

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.

Continue to inventory, inspect and/or maintain any post-construction stormwater management practices.

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?

			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 improve tracking, reviewing 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

BROOME COUNTY

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
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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?

	2	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?

		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	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
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<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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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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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
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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

	2	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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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

BROOME COUNTY

SPDES ID

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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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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

N	Y	R	2	0	A	3	3	2
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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. In addition to the standard notes added to plans and specifications, the County added the "contractors stormwater certification statement" into our bid documents which are returned as part of the bid. 6 DPW projects were bid during this reporting period.

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

			6
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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. Continue to work with the Broome County Purchasing Department to make sure that 100% of bid projects have appropriate contractor erosion control notes and certifications.

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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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. No Broome County DPW projects required a SWPPP during this reporting period.

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).

Continue as developed and implemented - continue to ensure that we get copies of contractor's erosion control training certificates for all projects with earth disturbance or the possibility of stormwater impact.

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 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 NYSDEC trained and certified or NYS licensed PE's.

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

			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 as developed and implemented - improve reporting / record keeping for this goal -- copies of certifications need to be copied to the MS4 files as well as to the individual project files.

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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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). A total of 26 current County employees are certified through this NYSDEC training.

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

			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 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

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 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. There were a total of 6 projects completed and tracked during this reporting period.

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

			6
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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 record keeping and collation during 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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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.

There were three calls/complaints that came into the County this year relative to work on any County Highway projects but an updated tracking sheet was given to the Highways Department to be completed.

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

			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 as developed and implemented -- update program tracking for better MS4 records. Coordinate with highways to forward information to MS4 coordinator in real 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

BROOME COUNTY

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 #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.

114 total 239 reviews were reviewed by the Engineering Division for potential impacts to County properties and/or infrastructure. 20 projects with potential storm water related impacts were reviewed. DPW has developed standard language for our review memos to include comments pertaining to stormwater management and the use of low impact development and green infrastructure.

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

	1	1	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).

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 and continue to improve the tracking spreadsheet in 2021.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

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Minimum Control 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
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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><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Filter Systems	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Infiltration Basins	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input checked="" type="radio"/> Open Channels	<table><tr><td></td><td></td><td>3</td></tr></table>			3	<table><tr><td></td><td></td><td>3</td></tr></table>			3	<table><tr><td></td><td></td><td>1</td></tr></table>			1
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<input type="radio"/> Wetlands	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input checked="" type="radio"/> Other	<table><tr><td></td><td></td><td>2</td></tr></table>			2	<table><tr><td></td><td></td><td>2</td></tr></table>			2	<table><tr><td></td><td></td><td>1</td></tr></table>			1
		2										
		2										
		1										

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:

H	A	Z	A	R	D		M	I	T	I	G	A	T	I	O	N		P	L	A	N								
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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

N	Y	R	2	0	A	3	3	2
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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
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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?

	4	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

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 #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 2022-2023 reporting year, 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
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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 next reporting period any new measures constructed will be added to the inventory and maintenance will be continued on existing structures.

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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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. Inspection responsibilities are covered by DPW - Engineering Staff and inspection sheets/tracking are updated as needed.

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

			6
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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 inspections as established and for any new measures added. Create guidelines for future inspectors to follow.

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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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
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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 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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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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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?

			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).

During the 2021-2022 reporting year, the goal is to complete the inspections and keep it functioning in accordance with adopted good housekeeping documents. Monitoring and inspections will continue to be handled by DPW - Engineering staff. Cross training with staff (facility managers and other staff where the BMP is located, etc.) will begin to occur when staff changes occur.

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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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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?

		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?

		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 checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

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

2	0	2	3
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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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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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?

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

		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

Town of Chenengo

SPDES ID

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6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

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○ Library

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○ Other

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City

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Zip

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Phone

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○ Web Page URL(s): Please provide specific address where SWPPPs 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

Town of Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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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. 3 staff and Engineer for Town took 4 Hr class on "SWPPP Prep & Review"

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?

			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,

2	0	2	3
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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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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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	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Filter Systems	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Infiltration Basins	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Open Channels	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Ponds	<div><div></div><div></div><div>2</div></div>	<div><div></div><div></div><div>8</div></div>	<div><div></div><div></div><div>0</div></div>
<input type="radio"/> Wetlands	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Other	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes

☐ Yes ☒ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☒ Building Codes
 - ☐ Overlay Districts
 - ☐ Zoning
 - ☐ None
 - ☐ Watershed Plans
 - ☒ Municipal Comprehensive Plans
 - ☐ Open Space Preservation Program
 - ☐ Local Law or Ordinance
 - ☐ Land Use Regulation/Zoning
 - ☐ Other Comprehensive Plan

○ Other:

[illegible]

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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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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
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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?

		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

Town of Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	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.

Staff continued improve inspection and maintenance skills.
3 staff and Engineer for Town took 4 Hr class on "Post Construction SMP & GI Practices"

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?

			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 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

Town of Conklin

SPDES ID

N	Y	R	2	0	A	2	5	5
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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?

		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?

		3
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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 checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" 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

Town of Conklin

SPDES ID

N	Y	R	2	0	A	2	5	5
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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?

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

		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, 2023

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
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6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

[illegible]

Address

[illegible]

City

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Zip

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Phone

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○ Library

Address

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City

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Zip

Phone

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☐ Other

Address

[illegible]

City

[illegible]

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Zip

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Phone

$$\left(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

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

URL

[illegible]

URL

[illegible]

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	0	A	2	5	5
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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?

			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

Town of Conklin

SPDES ID

N	Y	R	2	0	A	2	5	5
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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><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input checked="" type="radio"/> Filter Systems	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>1</td></tr></table>			1
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<input checked="" type="radio"/> Infiltration Basins	<table><tr><td></td><td></td><td>3</td></tr></table>			3	<table><tr><td></td><td></td><td>3</td></tr></table>			3	<table><tr><td></td><td></td><td>3</td></tr></table>			3
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<input checked="" type="radio"/> Open Channels	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>1</td></tr></table>			1
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<input checked="" type="radio"/> Ponds	<table><tr><td></td><td></td><td>5</td></tr></table>			5	<table><tr><td></td><td></td><td>5</td></tr></table>			5	<table><tr><td></td><td></td><td>1</td></tr></table>			1
		5										
		5										
		1										
<input type="radio"/> Wetlands	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Other	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			

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:

P	l	a	n	n	i	n	g		B	o	a	r	d		R	e	c	o	m	m	e	n	d	a	t	i	o	n	
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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

Town of Conklin

SPDES ID

N	Y	R	2	0	A	2	5	5
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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?

		2
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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?

	5	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

Town of Conklin

SPDES ID

N	Y	R	2	0	A	2	5	5
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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 stormwater management practices inspected. Also to verify that the owner has conducted and documented maintenance of the post construction stormwater management practice.

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

After the post construction stormwater management practices 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?

			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 inspect post construction stormwater management practices and hold owner's/operators accountable to maintain them. Also, to request and file annual maintenance records from each post construction stormwater management practice.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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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

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 DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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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?

		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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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 checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1	<input type="radio"/> No Authority
				1				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1	<input type="radio"/> No Authority
				1				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	
				0				
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				

MS4 Annual Report Form

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

2	0	2	3
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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 DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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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?

--	--	--

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

		0
--	--	---

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

		0
--	--	---

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,

2	0	2	3
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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 DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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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 was one SWPPP RECEIVED. Measurable goal is to inventory the number of SWPPP'S 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?

			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).

REVIEW ANY SWPPP'S 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. There was no construction this period.
Receieved one E&S but project was not authorized.

MS4 Annual Report Form

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

2	0	2	3
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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 DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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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	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		0										
		0										
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<input type="radio"/> Filter Systems	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		0										
		0										
		0										
<input type="radio"/> Infiltration Basins	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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<input type="radio"/> Open Channels	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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<input type="radio"/> Ponds	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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<input type="radio"/> Wetlands	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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<input type="radio"/> Other	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		0										
		0										
		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:

P	l	a	n	n	i	n	g		B	o	a	r	d		R	e	c	o	m	m	e	n	d	a	t	i	o	n	
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MS4 Annual Report Form

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

2	0	2	3
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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 DICKINSON

SPDES ID

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?

		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?

		1
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 %

MS4 Annual Report Form

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

2	0	2	3
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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 DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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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
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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

Village of Endicott

SPDES ID

N	Y	R	2	0	A	1	4	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?

		1
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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?

		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?

		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	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><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></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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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 Endicott

SPDES ID

N	Y	R	2	0	A	1	4	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?

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

		1
--	--	---

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

		2
--	--	---

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,

2	0	2	3
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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

N	Y	R	2	0	A	1	4	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.

During this time period one project was completed under the previous year's SWPPP, Byrne Dairy on E Main Street. The developmet at 219 Vestal Avenue was a new project during this reporting period and is still on going.

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

The Byrne Dairy Project had a Final SWPPP inspection done by Griffith's Engineering and the Engineering Technician signed the Notice of Termination for the project after proper review. The Byrne Dairy Project was periodically inspected until completion by VOE Engineering. The 219 Vestal Avenue site is periodically inspected by VOE Engineering and VOE Code Department. However this project is in its preliminary stages.

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

		1	2
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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 of Endicott 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.

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2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Village of Endicott

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

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0
<input type="radio"/> Filter Systems	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0
<input type="radio"/> Infiltration Basins	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0
<input type="radio"/> Open Channels	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0
<input type="radio"/> Ponds	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0
<input type="radio"/> Wetlands	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0
<input type="radio"/> Other	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

☒ 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:

[illegible]

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	1	4	9
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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?

		1
--	--	---

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?

1	0	0
---	---	---

 %

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	1	4	9
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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 Project, Central Endicott Drainage Project, and Byrne Dairy Project were completed and the Village will continue to monitor the storm water system by doing annual inspections.

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?

			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).

The MCM 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,

2	0	2	3
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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 Fenton

SPDES ID

N	Y	R	2	0	A	0	7	8
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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?**

		1
--	--	---
- 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:

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><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></td><td>0</td><td>0</td></tr></table>				0	0	<input type="radio"/> No Authority
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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

Town of Fenton

SPDES ID

N	Y	R	2	0	A	0	7	8
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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?

		1
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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

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, 2023

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

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

T o w n o f F e n t o n O f f i c e s

Address

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City

P o r t C r a n e N Y

Zip

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Phone

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

○ Library

Address

City

Zip

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Phone

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○ Other

Address

City

Zip

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Phone

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○ 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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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
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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. informs public of ongoing activities on construction projects
Educate owners and contractors on the construction review process
Updated SWMPP 3/21/2023

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?

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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).

Address Erosion and Sediment Control requirements on upcoming Projects (New Leaf Cidery) and address activity in Flood Hazard Areas with Planning Board and Building Inspector related to fill activities within flood plane area of Chenango River.

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 Fenton

SPDES ID

N	Y	R	2	0	A	0	7	8
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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><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Filter Systems	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Infiltration Basins	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Open Channels	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input checked="" type="radio"/> Ponds	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>1</td></tr></table>			1
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<input type="radio"/> Wetlands	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Other	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			

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:

A	q	u	i	f	e	r		D	e	v	e	l	o	p	m	e	n	t		P	e	r	m	i	t	t	i	n	g
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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

Town of Fenton

SPDES ID

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?

		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

Town of Fenton

SPDES ID

N	Y	R	2	0	A	0	7	8
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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.

Observing project sites to assess any post construction needs.

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

Continued monitoring of activity at each site as part approval of New Site Plan Approvals and amending the existing and current NOIs.

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

			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).

Inspect, approve or have corrected 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

Village of Johnson City

SPDES ID

N	Y	R	2	0	A	1	0	1
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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
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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?

		5
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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?

		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	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><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></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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MS4 Annual Report Form

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

2	0	2	3
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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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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
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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		5
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		4
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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

Village of Johnson City

SPDES ID

N	Y	R	2	0	A	1	0	1
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6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

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○ Library

Address

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○ Other

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City

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○ 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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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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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 - one (1) project from a previous reporting period remained active under SWPPP: UHS Wilson Project; three (3) projects were authorized and began under SWPPP - EJ Victory Building, Oakdale Commons, and Johnson City Public Offices; Zero (0) SWPPPs were closed out during this period - no completed projects; One (1) new project SWPP was authorized but has not begun: 333 Grand Mixed-Use Development

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

The open projects had weekly SWPPP inspections by a NYS Licensed Engineer or Certified Stormwater Control Specialist and were also inspected by JC DPW personnel. There were minor corrective actions required; all were corrected within a short time after the inspection was completed. The projects will continue through the next reporting year with weekly SWPPP inspections.

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

			5
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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 each project to determine if a SWPPP is required. The Village will also continue to require Best Management Practices be implemented on projects not requiring a SWPPP. Weekly SWPPP inspections will continue on all authorized projects.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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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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
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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	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Filter Systems	<div><div></div><div></div><div>1</div></div>	<div><div></div><div></div><div>1</div></div>	<div><div></div><div></div><div>0</div></div>
<input checked="" type="radio"/> Infiltration Basins	<div><div></div><div></div><div>2</div></div>	<div><div></div><div></div><div>2</div></div>	<div><div></div><div></div><div>0</div></div>
<input type="radio"/> Open Channels	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Ponds	<div><div></div><div></div><div>5</div></div>	<div><div></div><div></div><div>5</div></div>	<div><div></div><div></div><div>0</div></div>
<input type="radio"/> Wetlands	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Other	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

☒ 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:

[illegible]

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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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?

		2
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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?

1	0	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

Village of Johnson City

SPDES ID

N	Y	R	2	0	A	1	0	1
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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 established a database of Post-Construction Water Management Annual Inspections. Each individual property owner is responsible for maintenance of their stormwater management system; therefore, the Village does not perform maintenance to these systems.

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

The annual inspections concluded that the implemented systems are properly maintained and in an operable condition.

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

			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 goal will continue to be met by continuing the annual inspections and expanding the inspections to include new systems that may be installed during future reporting periods. This will include the New Village facility currently being constructed.

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
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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?

		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?

		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 checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input checked="" type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority

MS4 Annual Report Form

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

2	0	2	3
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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
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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?

--	--	--

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

		1
--	--	---

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

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,

2	0	2	3
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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

T	o	w	n	o	f	K	i	r	k	w	o	o	d
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SPDES ID

N	Y	R	2	0	A	0	7	2
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6. con't.:

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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City

K	i	r	k	w	o	o	d								
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N	Y
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Zip

1	3	7	9	5	-				
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Phone

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☐ Library

Address

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City

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Zip

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Phone

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☐ Other

Address

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City

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Zip

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Phone

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☐ 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,

2	0	2	3
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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
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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.

There were no active construction sites during this reporting period.

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 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

Town of Kirkwood

SPDES ID

N	Y	R	2	0	A	0	7	2
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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><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Filter Systems	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Infiltration Basins	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Open Channels	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input checked="" type="radio"/> Ponds	<table><tr><td></td><td></td><td>3</td></tr></table>			3	<table><tr><td></td><td></td><td>3</td></tr></table>			3	<table><tr><td></td><td></td><td>3</td></tr></table>			3
		3										
		3										
		3										
<input type="radio"/> Wetlands	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Other	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			

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:

P	l	a	n	n	i	n	g		B	o	a	r	d		R	e	c	o	m	m	e	n	d	a	t	i	o	n		
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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

Town of Kirkwood

SPDES ID

N	Y	R	2	0	A	0	7	2
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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
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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?

	2	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

Town of Kirkwood

SPDES ID

N	Y	R	2	0	A	0	7	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 is tracking 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?

			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 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

TOWN OF OWEGO									
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SPDES ID

N	Y	R	2	0	A	0	7	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?

--	--	--

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
--	--	---

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☐ Yes ☒ No ☐ NT

If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☐ Yes ☒ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>4</td></tr></table>					4	<input type="radio"/> No Authority
				4				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>3</td></tr></table>					3	<input type="radio"/> No Authority
				3				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

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

2	0	2	3
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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 OWEGO

SPDES ID

N	Y	R	2	0	A	0	7	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?

--	--	--

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

		1
--	--	---

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

		4
--	--	---

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

	7	5
--	---	---

 %

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

	7	5
--	---	---

 %

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, 2023

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

6. con't.:

Submit additional pages as needed.

☒ MS4/Coalition Office

Department

TOWN OF OWEGO PLANNING & ZONING

Address

2354 STATE ROUTE 434

City

APALACHIN

NY

Zip

13732 -

Phone

(607) 687 - 0123

☐ Library

Address

City

Zip

-

Phone

() -

☐ Other

Address

City

Zip

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Phone

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☐ 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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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

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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.

The only remaining goals from our SWMP for MCM 4 are 1) amending the stormwater ordinance to maintain NYS stormwater standards defined by the most recent permit (pending) and 2) providing notice to the public when projects are open for review and comment.

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

Permit pending
Website pending

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).

New SWMP pending new General Permit

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

N	Y	R	2	0	A	0	7	9
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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"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Filter Systems	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Infiltration Basins	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Open Channels	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Ponds	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Wetlands	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☐ No

☐ Yes ☒ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes
- ☐ Overlay Districts
- ☐ Zoning
- ☒ None
- ☐ Watershed Plans
- ☐ Municipal Comprehensive Plans
- ☐ Open Space Preservation Program
- ☐ Local Law or Ordinance
- ☐ Land Use Regulation/Zoning
- ☐ Other Comprehensive Plan

○ Other:

[illegible]

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 OWEGO

SPDES ID

N	Y	R	2	0	A	0	7	9
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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
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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?

		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

TOWN OF OWEGO

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.

Amend stormwater ordinance as need to maintain compliance with future permits

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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(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).

Permit and SWMP pending

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

N	Y	R	2	0	A	0	8	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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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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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><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></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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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 PORT DICKINSON

SPDES ID

N	Y	R	2	0	A	0	8	0
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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

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,

2	0	2	3
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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

N	Y	R	2	0	A	0	8	0
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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 SWPPP'S 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, 2023

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
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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	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0
<input type="radio"/> Filter Systems	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0
<input type="radio"/> Infiltration Basins	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0
<input type="radio"/> Open Channels	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0
<input type="radio"/> Ponds	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0
<input type="radio"/> Wetlands	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0
<input type="radio"/> Other	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0	<input type="text"/> <input type="text"/> 0

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

☒ 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:

N	O		A	C	T	I	V	I	T	Y		T	H	I	S		P	E	R	I	O	D							
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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 PORT DICKINSON

SPDES ID

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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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

VILLAGE OF PORT DICKINSON

SPDES ID

N	Y	R	2	0	A	0	8	0
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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.

NO ACTIVITY

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).

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

Tioga County																			
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SPDES ID

N	Y	R	2	0	A	0	4	7
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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?

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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input checked="" type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input checked="" type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input checked="" type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input checked="" type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input checked="" type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input checked="" type="radio"/> No Authority
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<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input checked="" type="radio"/> No Authority
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input checked="" 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

Tioga County

SPDES ID

N	Y	R	2	0	A	0	4	7
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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

Tioga County

SPDES ID

N	Y	R	2	0	A	0	4	7
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6. con't.:

Submit additional pages as needed.

☒ MS4/Coalition Office

Department

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City

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N	Y
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Zip

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Phone

(6	0	7)	6	8	7	-	0	3	0	2)
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☐ Library

Address

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City

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☐ Other

Address

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City

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Zip

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☐ 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,

2	0	2	3
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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

SPDES ID

N	Y	R	2	0	A	0	4	7
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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.

--

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
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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, 2023

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 _____

N	Y	R	2	0	A	0	4	7
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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	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Filter Systems	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Infiltration Basins	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Open Channels	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Ponds	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Wetlands	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☐ No

☐ 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:

[illegible]

MS4 Annual Report Form

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

2	0	2	3
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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	A	0	4	7
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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

Tioga County

SPDES ID

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.

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

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

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(ex.: samples/participants/events)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Union

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?

		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?

		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 checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
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<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
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<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" 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

Town of Union

SPDES ID

N	Y	R	2	0	A	0	5	0
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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?

		1
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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

		0
--	--	---

 %

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

		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, 2023

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

N Y R 2 0 A 0 5 0

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

C o d e E n f o r c e m e n t

Address

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City

E n d w e l l

Zip

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○ Library

Address

City

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○ Other

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City

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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

Town of Union

SPDES ID

N	Y	R	2	0	A	0	5	0
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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.

Inspection reports reviewed weekly, Problems addressed with developer; Complaints investigated.

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 self training; Promote contractor 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 Union

SPDES ID

N	Y	R	2	0	A	0	5	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?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		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

Town of Union

SPDES ID

N	Y	R	2	0	A	0	5	0
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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.

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

Yearly Inspections made to system

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).

Train additional staff to inspect 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

Town of Vestal

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
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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?

		3
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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?

		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 checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1	<input type="radio"/> No Authority
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<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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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

Town of Vestal

SPDES ID

N	Y	R	2	0	A	0	6	4
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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?

		1
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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?

		5
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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

Town of Vestal

SPDES ID

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6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

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○ Library

Address

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○ Other

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City

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Phone

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○ 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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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
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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's were reviewed and approved through the Engineering Department. All other development plans were reviewed for BMP's with respect to erosion and sediment controls during construction by the Engineering Department.

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 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?

		1	7
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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 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 Dept on building/housing projects, logging permits, and any other projects that may need BMP erosion and sediment controls.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,					2	0	2	3
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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
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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
---	---

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		
● Alternative Practices			9			4			0
○ Filter Systems		1	8		1	3			0
● Infiltration Basins			9			6			0
● Open Channels			7			5			0
● Ponds			8			8			1
○ Wetlands			0			0			0
● Other		1	3		1	0			0

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

☒ 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:

[illegible]

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

N	Y	R	2	0	A	0	6	4
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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?

		1
--	--	---

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?

	5	0
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 %

MS4 Annual Report Form

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

2	0	2	3
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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
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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 Storm 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 verify that corrective measures have been addressed.

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

If annual inspections found incidents that are reported for corrective actions to owner. Corrective actions are completed, an inspection is performed and letter to the owner stating that the action is closed or needs additional work is also included in our MS4 records.

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

			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 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. The Engineering Department will begin sending notices to those owners/properties about maintenance and inspection responsibilities of their regulated systems.

MS4 Annual Report Form

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

2	0	2	3
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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

N Y R 2 0 A 3 4 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?

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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</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u>	
			<u>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 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

City of Binghamton

SPDES ID

N	Y	R	2	0	A	3	4	1
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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

	2	6	5	9
--	---	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

		6	9	7
--	--	---	---	---
- ☐ 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?

				3
--	--	--	--	---

4. What was the date of the last training?

0	3	/	1	7	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	0
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6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	2	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

City of Binghamton

SPDES ID

N Y R 2 0 A 3 4 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.

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.

3527 miles of street swept, 34 acres of parking lot swept, and 697 catch basins cleaned during reporting period.

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

		1	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).

Continue training as available. Continue the use of BMP's in mowing/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

Town of Binghamton

SPDES ID

N	Y	R	2	0	A	0	0	9
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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?

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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 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,

2	0	2	3
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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
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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

				4
--	--	--	--	---
- ☒ 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 (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?

				2
--	--	--	--	---

4. What was the date of the last training?

0	2	/	0	8	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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?

	5	0
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 %

MS4 Annual Report Form

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

2	0	2	3
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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
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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.

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
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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 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,

2	0	2	3
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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

N	Y	R	2	0	A	3	3	2
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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.

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input 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 checked="" 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,

2	0	2	3
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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

N	Y	R	2	0	A	3	3	2
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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

			4	2
--	--	--	---	---
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

		3	4	0
--	--	---	---	---
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

			8	0
--	--	--	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

		3	4	7
--	--	---	---	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

	3	4	0	0
--	---	---	---	---
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

	3	1	2	.	
--	---	---	---	---	--

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?

0	2	/	1	3	/	2	0	1	9
---	---	---	---	---	---	---	---	---	---

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?

	8	0	%
--	---	---	---

MS4 Annual Report Form

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

2	0	2	3
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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

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 22 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 22 County Facilities within the MS4 boundaries were 100% completed during the 2022-2023 reporting year, including on-site inspections at each facility by DPW staff.

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

		2	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).

Complete the next 3-year assessment of County Facilities during the 2025-2026 reporting period. Continue to adjust individualized reporting checklists for each facility use, as operations change, and based on their individual needs and functions.

MS4 Annual Report Form

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

2	0	2	3
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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

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 #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.

For facility parking lots, lots in common areas were grouped together for better efficiency. Parking lots of County facilities were swept in August. Streets were swept by County Highway Division.

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

	3	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).

Continue working together with Highways to accomplish all roads and parking lots within the MS4 boundary and create a better tracking system.

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

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 #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. Catch basins have been assigned IDs and Highways has been provided with accurate locations of the catch basins within the boundary.

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

	2	5	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).

Work on optimizing the cleaning by grouping nearby roads together to be cleaned on the same day. During 2023-2024 a goal is to continue working towards a map of closed systems within the MS4 boundary and identifying CB structures. From there better tracking will take place of which catch basins are inspected and cleaned.

MS4 Annual Report Form

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

2	0	2	3
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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

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 #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 routinely used in our Parks or other facilities, except for small spot applications as needed. En Joie did not report using phosphorus.

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,

2	0	2	3
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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

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 #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?

		4	9
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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 minimization to the greatest extent possible and monitor products used. Continue to look for more environmental friendly options and a way to cut down on product usage.

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

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 applicable 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.

A general power point presentation was developed to educate employees about stormwater, good housekeeping measures and IDDE.

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 educational outreach to all County employees - specifically targeting those identified during the self-assessment process as critical (such as custodial workers, fleet staff, Highways, etc.). Continue developing more targeted training materials related to Good Housekeeping measures for different groups of employees depending on their job responsibilities.

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

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 #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.

Printed material is developed but not currently distributed to new employees during orientation.

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).

Goal this reporting period is to work with the Personnel Department to distribute to all new employees during their orientation. Upon being hired into the department they will complete the training PowerPoint as well.

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

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 #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. In addition, County SPCC plans were reviewed and updated as needed. SPCC/PBS reports are completed monthly and forwarded to DPW for review and tracking. DPW trained 15 people this reporting period.

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

		1	5
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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 program as established tracking that 100% of staff training is being completed as stipulated within the SPCC plan documents. Training is normally offered once a year but another date will be added to accommodate staff. During this next reporting period the County will develop a list of 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									
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SPDES ID

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 #6I -- 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 18 County facilities, 4 County parks, and 1 County Golf Course located within the MS4 boundary, all of which are maintained by Broome County Staff. Updates are made to maps and programs when changes occur.

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).

During the 2021-2022 reporting period, the new procedures and implementation will be continued and changes made accordingly, to run a smooth program.

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

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 #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. Individualized annual reporting forms have been developed and are being used to report on parameters measured in the annual DEC permit report. Forms and tracking have been created for general good housekeeping tasks to be reported to the annual report writer for accountability at the facilities.

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 update the reporting forms to the most recent type of reporting and be prepared when the new NYSDEC permit is issued.

MS4 Annual Report Form

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

2	0	2	3
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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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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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?

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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.

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input 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 type="radio"/> Yes	<input checked="" 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 checked="" type="radio"/> Yes	<input 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 checked="" type="radio"/> Yes	<input 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

Town of Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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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
--	--	--	--	---
- ☒ 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 (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?

				2
--	--	--	--	---

4. What was the date of the last training?

0	2	/	2	8	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		4
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6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0	%
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MS4 Annual Report Form

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

2	0	2	3
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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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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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.

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.

Code office staff (3), Engineer for Town, DPW Superintendent, & Highway Superintendent scheduled for 3/23/23. 4 hour class "Municipal Good Housekeeping."

MS4 Annual Report Form

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

2	0	2	3
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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	0	A	2	5	5
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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?

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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 type="radio"/> Yes	<input checked="" 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 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 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,

2	0	2	3
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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	0	A	2	5	5
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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

				3
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			4	1
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			3	9
--	--	--	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			1	0
--	--	--	---	---
- ☐ 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

					.	
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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
---	---

 /

0	8
---	---

 /

2	0	2	3
---	---	---	---

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

Town of Conklin

SPDES ID

N	Y	R	2	0	A	2	5	5
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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 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
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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 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

TJOWN OF DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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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?

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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>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>					
	<u>Addressed in SWMP?</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,

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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 DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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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

				5
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			5	0
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			4	2
--	--	--	---	---
- ☐ 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?

			1	0
--	--	--	---	---

4. What was the date of the last training?

0	2	/	0	0	/	2	3		
---	---	---	---	---	---	---	---	--	--

5. How many municipal employees have been trained in this reporting period?

		6
--	--	---

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	2	3
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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

TJOWN OF DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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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.

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 15 TMES AND THE CATCHBASINS WERE INSPECTED,6 CATCHBASINS WERRE REPAIRED, 12 WERE VACUUMED; YARD WASTE PICK UP WAS DONE 64 TIMES; LEAF PICK UP WAS DONE 32 TIMES. 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	9
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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).

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	2	3
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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

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

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

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input 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 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	2	3
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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

N	Y	R	2	0	A	1	4	9
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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

			2	0
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		3	4	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		2	0	0
--	--	---	---	---
- 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.

				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?

0		/	0		/				
---	--	---	---	--	---	--	--	--	--

5. How many municipal employees have been trained in this reporting period?

		6
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	3	0	%
--	---	---	---

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	1	4	9
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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 Village of Endicott 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 400 hours, the vacuum truck was utilized 150 hours for cleaning catchbasins, and a total of 1000 manhours were utilized for this Measurable Goal.

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).

The Village of Endicott will continue to train employees responsible for municipal operations that could potentially contribute to the MS4 system. The Village of Endicott will continue its operations of street sweeping, catch basin cleaning, parking lot sweeping, and follow good Post Construction Control Storm water Management Practices.

MS4 Annual Report Form

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

2	0	2	3
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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 Fenton

SPDES ID

N	Y	R	2	0	A	0	7	8
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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?

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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.

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input 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 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,

2	0	2	3
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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 Fenton

SPDES ID

N	Y	R	2	0	A	0	7	8
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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

				5
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			5	5
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			5	0
--	--	--	---	---
- ☐ 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 (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?

0	2	/	2	4	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	1	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,

2	0	2	3
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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 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. Training of relevant staff (Engineering, Building Inspector, Board Members, Highway Department, Water/Sewer Department)

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).

Ongoing Training and Public Awareness

MS4 Annual Report Form

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

2	0	2	3
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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
---	---	---	---	---	---	---	---	---

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
--	--	---

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

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input 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 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,

2	0	2	3
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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
---	---	---	---	---	---	---	---	---

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

	4	1	2	0
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		4	6	5
--	--	---	---	---
- 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	.	
--	--	--	---	---	--

(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	2
---	---

 /

2	2
---	---

 /

2	0	2	2
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	3	1
--	---	---

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	2	3
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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
---	---	---	---	---	---	---	---	---

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 educate employees regarding municipal operations that could contribute to POCs to the MS4 System.

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

During this period - 528 hours of street sweeping were performed; 296 hours of catch basin cleaning was performed using the sewer vac truck; 168 hours of creek and ditch cleaning was performed using the loader/backhoe. A total of 1856 man hours were utilized for this measurable goal. Storm Drainage markers continue to be placed throughout the Village.

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

	1	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).

The Village will continue training of responsible employees for municipal operations that could contribute to the MS4 system. The Village will continue its operations of street sweeping, catch-basin cleaning, creek/ditch maintenance and cleanup/restoration, and installation of storm drainage markers.

MS4 Annual Report Form

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

2	0	2	3
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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
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

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

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input 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 type="radio"/> Yes	<input checked="" 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 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 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,

2	0	2	3
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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
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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

				5
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			4	4
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			2	3
--	--	--	---	---
- ☒ 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 # 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?

1	1
---	---

 /

1	6
---	---

 /

2	0	2	1
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		1
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	2	5
--	---	---

 %

MS4 Annual Report Form

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

2	0	2	3
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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
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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 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,

2	0	2	3
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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 OWEGO

SPDES ID

N	Y	R	2	0	A	0	7	9
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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?

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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.

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input 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 checked="" 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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input checked="" type="radio"/> Yes	<input 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 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	2	3
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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 OWEGO

SPDES ID

N	Y	R	2	0	A	0	7	9
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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
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			4	4
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

		2	8	0
--	--	---	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- ☐ 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?

				0
--	--	--	--	---

4. What was the date of the last training?

		/			/				
--	--	---	--	--	---	--	--	--	--

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?

1	0	0
---	---	---

 %

MS4 Annual Report Form

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

2	0	2	3
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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 OWEGO

SPDES ID

N	Y	R	2	0	A	0	7	9
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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.

For Year 5, all goals listed in MCM 6 are related to annual assessments, training, and maintenance.

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

Planning & Zoning Administrator and the full time Code Enforcement Officer regularly take stormwater trainings. The CEO will be taking the 4-hour Erosion & Sediment Control training on 3/22/23. We plan to hold annual trainings of Highway, Parks, and Utilities employees but missed the opportunity to borrow CDs from the Broome-Tioga Stormwater Coalition in time for our annual report.

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).

New SWMP pending new permit

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	0	8	0
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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?

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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.

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input 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,

2	0	2	3
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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

N	Y	R	2	0	A	0	8	0
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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

				2
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

				9
--	--	--	--	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			9	8
--	--	--	---	---
- ☐ 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					.	
---	--	--	--	--	---	--

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		/	0		/				
---	--	---	---	--	---	--	--	--	--

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?

1	0	0
---	---	---

 %

MS4 Annual Report Form

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

2	0	2	3
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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 FOUR DAYS 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 24 DAYS, LEAF PICK-UP WAS DONE 21 DAYS.

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

	1	6	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).

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	2	3
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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

SPDES ID

N	Y	R	2	0	A	0	4	7
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

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

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input 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 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,

2	0	2	3
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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

SPDES ID

N	Y	R	2	0	A	0	4	7
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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

--	--	--	--	--
- ☐ 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 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

0					.	
---	--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				7
--	--	--	--	---

4. What was the date of the last training?

0	3	/	1	4	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

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?

	6	3	%
--	---	---	---

MS4 Annual Report Form

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

2	0	2	3
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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

SPDES ID

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.

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".

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

No illicit discharges or spills, leaks observed. Joint procurement of a VacAll Sweeper truck with the Town of Owego will allow better compliance in the upcoming years.

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 11 years ago, which have also been incorporated into the Tioga County and Town of Owego Stormwater Management Program Plan 2020. County Public Works continue to follow all recommendations from NYSDEC 2013 and 2019 audits

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	0	5	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.

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 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 checked="" type="radio"/> Yes	<input 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,

2	0	2	3
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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

N	Y	R	2	0	A	0	5	0
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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

--	--	--	--	--
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			9	9
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

		4	3	3
--	--	---	---	---
- ☒ 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 (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?

0	2	/	0	8	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	6	9
--	---	---

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	2	3
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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

N	Y	R	2	0	A	0	5	0
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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 electronic waste collection and continue to anticipate in drug collections to prevent improper disposal at landfill. Continue to promote good housekeeping efforts at municipal facilities.

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

Amount of electronic 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 and self evaluations.

MS4 Annual Report Form

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

2	0	2	3
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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
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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
--	--	---

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

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input 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 checked="" 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	2	3
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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
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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

				8
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			8	0
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			6	3
--	--	--	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			1	7
--	--	--	---	---
- ☐ 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?

				4
--	--	--	--	---

4. What was the date of the last training?

0	2	/	2	8	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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?

	2	0
--	---	---

 %

MS4 Annual Report Form

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

2	0	2	3
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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
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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 or repetitive attention.

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

			4
--	--	--	---

(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 focus on training 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

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

2	0	2	3
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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

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?

--	--	--

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	2	3
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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

N	Y	R	2	0	A	3	4	1
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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?

	2	5
--	---	---

 %

7d. What percent of projects planned in previous years have been completed?

1	0	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	2	3
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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

N	Y	R	2	0	A	3	4	1
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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

MS4 Annual Report Form

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

2	0	2	3
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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
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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.

--	--	--

 %

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	2	3
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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
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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?

		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?

--	--	--

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, 2023

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

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	2	3
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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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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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	1,2,7a-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.

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 %

Estimate what percentage was mapped in this reporting period.

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 %

MS4 Annual Report Form

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

2	0	2	3
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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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☐ No ☐ N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

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 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☐ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☐ N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☐ No ☐ N/A

7b. How many projects have been sited in this reporting period?

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7c. What percent of the projects included in 7b have been completed in this reporting period?

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 %

7d. What percent of projects planned in previous years have been completed?

--	--	--

 %

☐ 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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
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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

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	0	A	2	5	5
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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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 %

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	0	A	2	5	5
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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?

		0
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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?

		0
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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,

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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

TJOWN OF DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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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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 %

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 DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
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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?

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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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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
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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

MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N	Y	R	2	0	C	0	0	2
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 Name of MS4/Coalition

BTSC

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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 %

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

BTSC

SPDES ID

N	Y	R	2	0	C	0	0	2
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☐ No ☐ N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

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 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☐ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☐ N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☐ No ☐ N/A

7b. How many projects have been sited in this reporting period?

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7c. What percent of the projects included in 7b have been completed in this reporting period?

--	--	--

 %

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	2	3
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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

BTSC

SPDES ID

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

MS4 Annual Report Form

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

2	0	2	3
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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 Fenton

SPDES ID

N	Y	R	2	0	A	0	7	8
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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
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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?

		0
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- 7c. What percent of the projects included in 7b have been completed in this reporting period?

		0
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 %
- 7d. What percent of projects planned in previous years have been completed?

		0
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 %
- ☒ No Projects Planned
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☒ Yes ☐ No ☐ N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☒ Yes ☐ No ☐ N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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?

1 5

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	2	3
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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
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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
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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?

		0
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- 7c. What percent of the projects included in 7b have been completed in this reporting period?

1	0	0
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 %
- 7d. What percent of projects planned in previous years have been completed?

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

MS4 Annual Report Form

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

2	0	2	3
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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
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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

MS4 Annual Report Form

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

2	0	2	3
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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
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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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MS4 Annual Report Form

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

2	0	2	3
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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
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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?

		0
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 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☒ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☒ N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☐ No ☒ N/A

7b. How many projects have been sited in this reporting period?

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7c. What percent of the projects included in 7b have been completed in this reporting period?

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 %

7d. What percent of projects planned in previous years have been completed?

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 %

☒ No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☐ Yes ☐ No ☒ N/A

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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
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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

MS4 Annual Report Form

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

2	0	2	3
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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 OWEGO

SPDES ID

N	Y	R	2	0	A	0	7	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?

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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.

	5	0
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 %

Estimate what percentage was mapped in this reporting period.

	2	5
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 %

MS4 Annual Report Form

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

2	0	2	3
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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 OWEGO

SPDES ID

N	Y	R	2	0	0	A	0	7
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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
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 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☒ No ☐ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☒ No ☐ N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☒ No ☐ N/A

7b. How many projects have been sited in this reporting period?

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7c. What percent of the projects included in 7b have been completed in this reporting period?

		0
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 %

7d. What percent of projects planned in previous years have been completed?

		0
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 %

☒ No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☐ Yes ☐ No ☒ N/A

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

MS4 Annual Report Form

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

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				
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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

MS4 Annual Report Form

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

2	0	2	3
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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 Fenton

SPDES ID

N	Y	R	2	0	A	0	7	8
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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.

		0
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 %

Estimate what percentage was mapped 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,

2	0	2	3
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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 Fenton

SPDES ID

N	Y	R	2	0	A	0	7	8
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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

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	0	8	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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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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 %

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	0	8	0
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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?

0	
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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?

0	
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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	2	3
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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

N	Y	R	2	0	A	0	8	0
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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

MS4 Annual Report Form

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

2	0	2	3
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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

SPDES ID

N	Y	R	2	0	A	0	4	7
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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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 %

MS4 Annual Report Form

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

2	0	2	3
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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

SPDES ID

N	Y	R	2	0	A	0	4	7
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☒ Yes ☐ No ☐ N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

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 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☒ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☒ N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☐ No ☒ N/A

7b. How many projects have been sited in this reporting period?

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7c. What percent of the projects included in 7b have been completed in this reporting period?

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 %

7d. What percent of projects planned in previous years have been completed?

--	--	--

 %
☐ 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	2	3
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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

SPDES ID

N	Y	R	2	0	A	0	4	7
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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

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	0	5	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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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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 %

MS4 Annual Report Form

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

2	0	2	3
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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

N	Y	R	2	0	A	0	5	0
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☒ No ☐ N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

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 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☒ Yes ☐ No ☐ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☒ Yes ☐ No ☐ N/A

- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☒ No ☐ N/A

- 7b. How many projects have been sited in this reporting period?

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- 7c. What percent of the projects included in 7b have been completed in this reporting period?

--	--	--

 %

- 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	2	3
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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

N	Y	R	2	0	A	0	5	0
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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

MS4 Annual Report Form

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

2	0	2	3
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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 - Vestal, Iowa

SPDES ID

N	Y	R	2	0	C	0	0	2
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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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MS4 Annual Report Form

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

2	0	2	3
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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	-Vestal, Town
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SPDES ID

N	Y	R	2	0	C	0	0	2
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☐ No ☐ N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

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 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☐ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☐ N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☐ No ☐ N/A

7b. How many projects have been sited in this reporting period?

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7c. What percent of the projects included in 7b have been completed in this reporting period?

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 %

7d. What percent of projects planned in previous years have been completed?

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 %

☐ No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☐ Yes ☐ No ☒ N/A

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

MS4 Annual Report Form

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

2	0	2	3
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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 -Vestal, town

SPDES ID

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

