



**MS4 Annual Report Cover Page****MCC form for period ending March 9,**

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Provide SPDES ID of each permitted MS4 included in this report.

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**MCC form for period ending March 9,**

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**MCC form for period ending March 9,**

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Name of MS4

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

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

First Name

[illegible]

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Last Name

[illegible]

Title (Clearly print title of individual signing report)

[illegible]

Signature

Date \_\_\_\_\_

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

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

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## Water Quality Trends

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

- On behalf of a coalition

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☐ Yes      ☐ No

If Yes, choose one of the following

- 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.

[illegible][illegible][illegible][illegible]

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

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

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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

3. Web Page con't.: Provide specific web addresses - not home page.

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Name of MS4/Coalition

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☐ Yes    ☐ No

☐ Yes    ☐ No

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# MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

## **Minimum Control Measure 2. Public Involvement/Participation**

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

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

How many MS4s contributed to this report?

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

- |   |             |   |  |   |   |   |
|---|-------------|---|--|---|---|---|
| <input type="radio"/> Cleanup Events            | # Events    |   |  |   |   |   |
| <input type="radio"/> Comments on SWMP Received | # Comments  |   |  |   |   |   |
| <input type="radio"/> Community Hotlines        | Phone #     | ( |  |   | ) | - |
| Phone #   | (           |   |  | ) | - |   |
| Phone #   | (           |   |  | ) | - |   |
| Phone #   | (           |   |  | ) | - |   |
| Phone #   | (           |   |  | ) | - |   |
| Phone #   | (           |   |  | ) | - |   |
| <input type="radio"/> Community Meetings        | # Attendees |   |  |   |   |   |
| <input type="radio"/> Plantings                 | Sq. Ft.     |   |  |   |   |   |
| <input type="radio"/> Storm Drain Markings      | # Drains    |   |  |   |   |   |
| <input type="radio"/> Stakeholder Meetings      | # Attendees |   |  |   |   |   |
| <input type="radio"/> Volunteer Monitoring      | # Events    |   |  |   |   |   |
| <input type="radio"/> Other:                    |             |   |  |   |   |   |

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

- |  |                      |                      |                      |                      |                      |                      |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="radio"/> List-Serve   | # In List            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Newspaper Advertising                                  | # Days Run           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> TV/Radio Notices                                       | # Days Run           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Other:   | <input type="text"/> |                      |                      |                      |                      | <input type="text"/> |
| <input type="radio"/> Web Page URL: Enter URL(s) on the following two pages. |                      |                      |                      |                      |                      |                      |

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

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

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Name of MS4/Coalition

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☐ Yes      ☐ No

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☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

MCM 2 Page 5 of 6

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

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Name of MS4/Coalition

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

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

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

**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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Name of MS4/Coalition

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Name of MS4/Coalition

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☐ Yes      ☐ No

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☐ Yes    ☐ No

☐ Yes      ☐ No

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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

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- 11. What percent of staff in relevant positions and departments has received IDDE training?**
- |  |  |  |  |   |
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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

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

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

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(ex.: samples/participants/events)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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☐ Yes      ☐ No

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

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<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,**

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

Name of MS4/Coalition

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### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

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

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

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%

**5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?**

☐ Yes   ☐ No   ☐ NT

**6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?**

☐ Yes   ☐ No   ☐ NT

**If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?**

☐ Yes   ☐ No

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



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☐ Yes      ☐ No

☐ Yes      ☐ No

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### **Minimum Control Measure 5. Post-Construction Stormwater Management**

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

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

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

☐ Yes      ☐ No

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

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

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

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

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Name of MS4/Coalition

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

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(ex.: samples/participants/events)

☐ Yes      ☐ No

☐ Yes    ☐ No

## MS4 Annual Report Form

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

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Name of MS4/Coalition

SPDES ID

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### Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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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 type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
Parks and Open Space.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No
Other.....	<input type="radio"/> Yes <input type="radio"/> No .....	<input type="radio"/> Yes <input type="radio"/> No

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

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Name of MS4/Coalition

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☐ Yes      ☐ No

☐ Yes      ☐ No

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