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

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

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Town of Macedon

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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

This represents a stand-alone report for the Town of Macedon. A joint report (for all municipalities in the Ontario-Wayne Stormwater Coalition will be submitted to the NYSDEC).

Joint reports may be submitted by permittees with legally binding agreements.

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MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 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

C a s s a n d r a

MI

N

Last Name

P a g a n o

Title

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

Address

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

City

M a c e d o n

State

N Y

Zip

1 4 5 0 2 -

eMail

m a c s u p e r @ m a c e d o n t o w n . n e t

Phone

(3 1 5) 9 8 6 - 5 9 3 2

County

W a y n e

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 1

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

First Name

S c o t t

MI

N

Last Name

A l l e n

Title

C o d e E n f o r c e m e n t O f f i c e r / T o w n E n g

Address

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

City

M a c e d o n

State

N Y

Zip

1 4 5 0 2 -

eMail

b u i l d i n g i n s p e c t o r @ m a c e d o n t o w n . n e t

Phone

(3 1 5) 9 8 6 - 5 9 3 2

County

W a y n e

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Town of Macedon

SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

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2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
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For each contact, select all that apply:

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

First Name

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Address

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M o n r o e

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Macedon

SPDES ID

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Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

O n t a r i o W a y n e S t o r m w a t e r

Partner/Coalition Name (con't.)

C o a l i t i o n

SPDES Partner ID - If applicable

Address

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City

C a n a n d a i g u a

State

N Y

Zip

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eMail

o n t s w c d 1 @ r o c h e s t e r . r r . c o m

Phone

(5 8 5) 3 9 6 - 1 4 5 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 . 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 I D D E T r a i n i n g

● MM4 C o n s t r u c t i o n C o m p l i a n c e

● MM5 P o s t - C o n s t r u c t i o n C o m p l i a n c e

● MM6 P o l l u t i o n P r e v e n t i o n 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 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 Macedon

SPDES ID

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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?

		1
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- 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 ☒ No

If Yes, choose one of the following

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

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

URL

URL

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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 Macedon

SPDES ID

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Minimum Control Measure 1. Public Education and Outreach

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

		1
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1. Targeted Public Education and Outreach Best Management Practices

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

☒ Construction Sites

☒ General Stormwater Management Information

☒ Household Hazardous Waste Disposal

☒ Illicit Discharge Detection and Elimination

☒ Infrastructure Maintenance

☐ Smart Growth

☐ Storm Drain Marking

☐ Green Infrastructure/Better Site Design/Low Impact Development

☒ Other:

☒ Pesticide and Fertilizer Application

☒ Pet Waste Management

☒ Recycling

☐ Riparian Corridor Protection/Restoration

☐ Trash Management

☒ Vehicle Washing

☐ Water Conservation

☐ Wetland Protection

☐ None

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Other

2. Specific audiences targeted during this reporting period:

☒ Public Employees ☒ Contractors

☒ Residential ☐ Developers

☒ Businesses ☒ General Public

☒ Restaurants ☐ Industries

☐ Other: ☐ Agricultural

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Other

MS4 Annual Report Form

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

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

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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

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☒ Direct Mailings

Mailings

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☒ Kiosks or Other Displays

Locations

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☐ List-Serves

In List

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☐ Mailing List

In List

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☐ Newspaper Ads or Articles

Days Run

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☒ Public Events/Presentations

Attendees

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☐ School Program

Attendees

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☐ TV Spot/Program

Days Run

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☒ Printed Materials:

Total # Distributed

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

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M	a	r	i	n	a													
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☒ Other:

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

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Town of Macedon

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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 Macedon

SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Continue to develop and promote the Town MS4 Facebook page. Participate in the High Acres Open House. Investigate additional development or purchase of brochures to target septic sewer maintenance. Purchase additional refrigerator magnets/chip clips which are very popular with residents. Investigate coordinating with Marina or Campground to display informational brochures. Develop Stormwater Door Hangers "Stormwater Pollution Found in Your Area".

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

Increased "Likes" noted on the MS4 Facebook page. As of March, 9, 2018, the Facebook page had 83 "Likes" and 90 followers, which has increased from last year. The High Acres Open House was a success and reached approximately 850 visitors. The Town has mailed septic system and restaurant brochures to applicable audiences. The Marina and RV Campground has agreed to display stormwater brochures and coloring books at their sites. Chip Clips were purchased.

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 researching additional brochures targeting commercial businesses. A "Stormwater Pollution Found in Your Area" door hanger has been developed. Door hanger is at printer and will be given to the highway department for distribution as needed and posted on Facebook. The Town will create a park flyer to post at local parks to educate the public about Stormwater Pollution. The Town may research recyclable bags to be handed out at community events.

MS4 Annual Report Form

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

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Name of MS4/Coalition	Town of Macedon
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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
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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 checked="" type="radio"/> Cleanup Events | # Events | 2 |
| <input checked="" type="radio"/> Comments on SWMP Received | # Comments | 0 |
| <input checked="" type="radio"/> Community Hotlines | Phone # (5 8 5) 3 9 6 - 1 4 5 0 | |
| Phone # () - | Phone # () - | |
| Phone # () - | Phone # () - | |
| 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

- ☐ List-Serve # In List

--	--	--	--	--

☐ Newspaper Advertising # Days Run

--	--	--	--	--

☐ TV/Radio Notices # Days Run

--	--	--	--	--

☒ Other:

F	a	c	e	b	o	o	k		P	a	g	e	/	T	o	w	n		B	o	a	r	d		M	t	g	.
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☐ Web Page URL: Enter URL(s) on the following two pages.

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Town of Macedon

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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]

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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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Please provide specific address(es) where notices 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, 2018

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

Name of MS4/Coalition	Town of Macedon
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SPDES ID

N	Y	R	2	0	A	3	9	1
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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

[illegible]

Address	Value
00000000	00000000
00000001	00000000
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00000073	00000000

[illegible]

City

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Phone

$$\begin{pmatrix} 3 & 1 & 5 \end{pmatrix} \begin{bmatrix} 9 & 8 & 6 \end{bmatrix} - \begin{bmatrix} 5 & 9 & 3 & 2 \end{bmatrix}$$

Library

● Annual Report ● SWMP Plan ● Comments

Address

[illegible]

City

M	a	c	e	d	o	n	N	Y	1	4	5	0	2	-				
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Phone

$$\begin{pmatrix} 3 & 1 & 5 \end{pmatrix} \begin{bmatrix} 9 & 8 & 6 \end{bmatrix} - \begin{bmatrix} 5 & 9 & 3 & 2 \end{bmatrix}$$

● Other

● Annual Report ○ SWMP Plan ● Comments

Address

[illegible]

City

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Phone

$$\begin{pmatrix} 5 & 8 & 5 \end{pmatrix} \begin{matrix} 3 & 9 & 6 \end{matrix} - \begin{matrix} 1 & 4 & 5 & 0 \end{matrix}$$

● Web Page URL:

☒ Annual Report
 ☒ SWMP Plan
 ☐ Comments

http://www.macedontown.net/ms4/

[illegible][illegible]

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

● eMail

● Comments

k b o y d @ b m e r c . 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

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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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.

0	5
---	---

 /

1	8
---	---

 /

2	0	1	8
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4.b. For how many days was/will this report be posted?

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

This Report will be posted on the MS4 Website & the Joint Report on the Coalition Website.

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☒ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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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.

1) Investigate incorporating a feedback mechanism into the MS4 Website to solicit and track comments on the SWMP and Annual Report. 2) Incorporate a storm drain stenciling project to inform and educate the public on where and why not to dump pollutants down storm drains by indicating where the drain deposits the runoff it collects. 3) Explore an Adopt-A-Stream program with the Macedon Trails. Committee to cleanup and improve the canal or local streams.

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

1) SWMP and the Annual Report were added to website with a link to email comments. No comments were received. 2) The Town is creating a storm drain stenciling volunteer project flyer to add to the website. 3) The Adopt a Stream program is defunct. The Town initiated contact with organizers of Canal Clean Sweep to advertise the event on the Facebook Page. The event to occur in the next permitting period. Town also conducted a shredding event and an E-Waste collection event.

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).

1) Continue adding SWMP and Annual Report to the Website and Facebook page. 2) Add storm drain stenciling flyer to Website and Facebook page. 3) Continue advertising Canal Clean Sweep on Facebook page on an annual basis. 4) Continue with an annual shredding event and an annual e-waste collection event. 5) Participate in the Pharmaceutical Collection event with Macedon PD.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Macedon

SPDES ID

NYR20A391

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

1. Enter the number and approx. percent of outfalls mapped: 78 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 78

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 |

☐ Sewersheds:

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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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 New Failing Septic Discovered

		1
--	--	---

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

		1
--	--	---

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

2 Failing Septics discovered in previous reporting period have been resolved

		2
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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	9
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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	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	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

[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 Macedon

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.

Our goal is to re-inventory our outfalls to ensure all have been properly identified and prioritized. Combine the Town of Macedon's outfalls with the Village of Macedon's outfalls. Create a GIS layer of outfalls and add to the Town's GIS system to permit public access to the list. Update watershed layer on GIS to match outfall modifications. Add Village MS4 boundaries to existing GIS layer. Review and update SOP's for IDDE trackdown and ORI.

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

Seventy-eight outfalls were inspected this past reporting year. No illicit discharges were discovered. Over the past reporting year there was a transition with the Town's GIS consultant that has hindered updates to the GIS system and to the Town's Website. The SOP's for IDDE trackdown and ORI were reviewed and updated.

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

		7	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).

The Town is working with Grants Are Us to apply for a mapping grant in order to map the Town's conveyance system: catch basins, inlets, manholes, closed pipe systems, open drainage systems, and culvert crossings. The MS4 boundary is scheduled to be updated in the GIS system to include the Village of Macedon. The Town plans to target the following areas for inspection: the marina/campground, commercial car washes and laundry, restaurants, and vehicle fueling.

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 Macedon

SPDES ID

N	Y	R	2	0	A	3	9	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
--	--	---

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	
				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,

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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 Macedon

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?

		1
--	--	---

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

		1
--	--	---

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,

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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 Macedon

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.

To provide SWPPPs at the Library for public review and add notices on the MS4 Facebook Page and the MS4 Website notifying the public that construction plans and SWPPPs are available to review. Implement a pre-construction checklist that will be designed to educate owners/operators and construction site personnel on MS4 requirements for E&SC. The checklist may be posted on the website.

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

All construction site inspections were performed by BME Associates on behalf of the Town of Macedon with appropriate documentation. All reports were copied to town, owner, and contractor, and no follow ups were needed. The pre-construction checklist was created and placed on the MS4 website with additional information for contractors including the SPDES Permit, SWPPP Review Checklist and a copy of the Site Inspection Report.

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).

Continue SWPPP reviews of new projects with the SWPPP Review checklist. Continue notifying the public that construction plans and SWPPPs are available to review at the Library. Continue utilizing the pre-construction checklist to educate owners/operators and construction site personnel on MS4 requirements for E&SC. Continue to obtain 4 Hour DEC training cards from contractors to include in SWPPPs. Continue implementing construction site inspections as per the SOPs.

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 Macedon

SPDES ID

N	Y	R	2	0	A	3	9	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			0			0			0
<input type="radio"/> Filter Systems			0			0			0
<input type="radio"/> Infiltration Basins			0			0			0
<input checked="" type="radio"/> Open Channels			7			0			0
<input checked="" type="radio"/> Ponds		1	3		1	3			0
<input checked="" type="radio"/> Wetlands			2			0			0
<input checked="" type="radio"/> Other			2			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:

N	Y	S		D	e	s	i	g	n		M	a	n	u	a	l	/	G	I										
---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

MS4 Annual Report Form

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

2	0	1	7
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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 Macedon

SPDES ID

N	Y	R	2	0	A	3	9	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?

		0
--	--	---

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

		0
--	--	---

 %

MS4 Annual Report Form

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

2	0	1	8
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Name of MS4/Coalition

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	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.

Verify accuracy and update the current Post-Construction Inventory to include inspection dates, maintenance needed, and dates of maintenance performed. Improve inspection program for newly developed and re-developed sites or compliance with post-construction regulations. Explore obtaining the as-builts of post-construction management facilities to ensure that post-construction management facilities have been built per plan.

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

The Post-Construction Inventory was compared to the DEC's SPDES Permits and updated to reflect the SMPs in the system. The inventory fields were updated to include inspection dates, maintenance needed, and dates of maintenance performed. Post-construction inspections were performed and SOPs reviewed. The requirement to submit as-builts for post-construction management facilities will be added to the Town's Conditions of Site Plan Approval.

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).

Utilize the DEC's Maintenance Guidance SMP Checklists to conduct future post-construction inspections. Update the fields in the Post-Construction Control Inventory. Investigate and organize Post-Construction Operation & Maintenance Plans and Stormwater Maintenance Agreements for existing SMPs. Implement annual training for Low Impact Development, Better Site Design, and other GI principles for the Planning Board.

MS4 Annual Report Form

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

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Name of MS4/Coalition Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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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.**

<u>Operation/Activity/Facility</u>	<u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</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	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	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	0
--	--	--	---	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

		5	1	9
--	--	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			1	3
--	--	--	---	---
- ☒ 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?

				1
--	--	--	--	---

4. What was the date of the last training?

1	2	/	0	5	/	2	0	1	7
---	---	---	---	---	---	---	---	---	---

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

	1	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	1	8
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Name of MS4/Coalition

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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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.

Evaluate MS4 facilities to determine if SPCC plans are required. Explore installing a pet waste bag station at municipal parks. Train employees on IDDE. Explore implementation of E-Waste program. Explore using biodegradable, phosphate free detergents for washing vehicles. Explore installing dry well or leach line to accept outdoor wash waters. Explore environmentally friendly salting methods. Create a SWPPP for the Village DPW. Explore building a berm at the former Village DPW.

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

SPCC plans are not required for facilities within the MS4 boundary, none store more than 1,320 gallons of oil. Pet waste bag stations were delivered. Employees have received IDDE training. An E-Waste collection event was held. Biodegradable soaps are being used. A dry well has been installed to prevent wash waters from leaving the site. Promelt Magic Salt has been purchased to reduce the amount of salt used on the roads. The SWPPP for the Village DPW is almost complete.

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

			8
--	--	--	---

(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 SWPPP for the Former Village DPW. Develop a a SWPPP for the Waste Water Treatment Plant. Continue annual Pollution Prevention and Good Housekeeping training. Review SOPs.

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	3	9	1
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Additional Watershed Improvement Strategy Best Management Practices

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

This section does not pertain to the Town of Macedon.

- ☒ 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

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Name of MS4/Coalition SPDES ID

3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☐ No ☐ N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☐ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☐ N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☐ No ☐ N/A

7b. How many projects have been sited in this reporting period?

7c. What percent of the projects included in 7b have been completed in this reporting period? %

7d. What percent of projects planned in previous years have been completed? %

☐ No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☐ Yes ☐ No ☐ N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☐ Yes ☐ No ☐ N/A

MS4 Annual Report Form

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Name of MS4/Coalition

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SPDES ID

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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