

Town of Macedon 2020-2021 MS4 Annual Report

Prepared For:

NYS DEC MS4 Coordinator
Bureau of Water Permits
Albany, NY

In Compliance with the Requirements of
SPDES General Permit
GP-015-003

Prepared for:
The Town of Macedon

Prepared by:



10 LIFT BRIDGE LANE EAST
FAIRPORT, NEW YORK 14450

May 2021

#2530-21

MS4 Annual Report Cover Page**MCC form for period ending March 9, 2021**

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

SPDES ID

N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2021

Name of MS4 Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 1

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

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.

If Joint Report, enter coalition name:

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2021

SPDES ID

Name of MS4 Town of Macedon

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

K i m b e r l y

MI

Last Name

L e o n a r d

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

Zip

N Y

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) FormMCC form for period ending March 9,

2	0	2	1
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SPDES ID

Name of MS4

Town of Macedon

N	Y	R	2	0	A	3	9	1
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Section 2 - Contact Information

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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).
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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

K i m b e r l y

MI

Last Name

D B o y d

Title

S t o r m w a t e r S p e c i a l i s t , C P M S M

Address

1 0 L i f t B r i d g e L a n e E a s t

City

F a i r p o r t

State

N Y

Zip

1 4 4 5 0 -

eMail

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

Phone

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

County

M o n r o e

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 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

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

4 8 0 N o r t h M a i n S t r e e t

City

C a n a n d a i g u a

State

N Y

Zip

1 4 4 2 4 -

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 Municipal Compliance Certification(MCC) Form

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

Name of MS4 TOWN OF MACEDON

SPDES ID

N Y R 2 0 A 3 9 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

K I M

MI

V L E O N A R D

Last Name

Title (Clearly print title of individual signing report)

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

Signature



Date

03 / 11 / 2021

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, 2021

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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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

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.

URI:

URL

URL

URL

MS4 Annual Report Form

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

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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 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

1. Targeted Public Education and Outreach Best Management Practices

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

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

2. Specific audiences targeted during this reporting period:

<ul style="list-style-type: none"> <input checked="" type="radio"/> Public Employees <input checked="" type="radio"/> Residential <input type="radio"/> Businesses <input checked="" type="radio"/> Restaurants <input checked="" type="radio"/> Other: 	<ul style="list-style-type: none"> <input checked="" type="radio"/> Contractors <input type="radio"/> Developers <input checked="" type="radio"/> General Public <input type="radio"/> Industries <input type="radio"/> Agricultural
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Other

MS4 Annual Report Form

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Name of MS4/Coalition | Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 1

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

<input type="radio"/> Construction Site Operators Trained	# Trained			
<input type="radio"/> Direct Mailings	# Mailings			
<input checked="" type="radio"/> Kiosks or Other Displays	# Locations			
<input type="radio"/> List-Serves	# In List			
<input type="radio"/> Mailing List	# In List			
<input type="radio"/> Newspaper Ads or Articles	# Days Run			
<input checked="" type="radio"/> Public Events/Presentations	# Attendees			
GI, BSD, LID @ Planning Board Meeting				
<input type="radio"/> School Program	# Attendees			
<input type="radio"/> TV Spot/Program	# Days Run			
<input checked="" type="radio"/> Printed Materials:	Total # Distributed			
		2	5	

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

T o w n H a l l K i o s k
L i b r a r y E n t r y
M a r i n a
T w i l g i h t C a m p g r o u d

● Other:

F a c e b o o k

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

URL

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

URL

https://www.facebook.com/Macedon
MS4/

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021.

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

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

URL

h t t p : / / w w w . o w s c . o r g /

URI

URL

URL

URL

URL

URL

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2021**

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Name of MS4/Coalition

Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 1

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.

Macedon continued to work with the OWSC to develop educational materials to give to residents and businesses. A restaurant flyer/wall poster was created. The Town continued Facebook posts relevant to stormwater. The Town gave Long Acre Farms 50 OWSC reusable bags for distribution. The Town decreased distribution of promotional materials due to COVID and lack of events. Direct mailings saw a reduction due to COVID because space was reduced in the Macedon Messenger.

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

Overall effectiveness of program decreased due to COVID. Fewer residents entered the Town Hall and no events were held. Facebook followers increased to 136. The OWSC started a Facebook Page and the Town shared relevant posts. 50 Chip clips were handed out with permits. 25 stormwater brochures were taken from the Town Hall's kiosk. 50 pet waste bag holders were handed out with dog licenses. 2 new pet waste stations were installed and 6400 pet waste bags were distributed.

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).

Due to uncertainties with COVID, public events are tentative. The Town will continue to work with the OWSC to develop promotional and educational material. The Town will continue Facebook Posts and hand out promotional materials, including a Restaurant poster and pet waste brochures. The Town plans to purchase additional reusable bags and pet waste bag holders to distribute. OWSC brochures are to be added to the MS4 website. Articles are planned for the Macedon Messenger.

MS4 Annual Report Form

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

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Name of MS4/Coalition Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 1

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

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

Comments on SWMP Received

Comments 0

Community Hotlines

Phone # (5 8 5) 3 9 6 - 1 4 5 0

Phone # () -

Community Meetings Planning Board - GI, BSD, LID

Attendees 7

Plantings

Sq. Ft. 3 2

Storm Drain Markings

Drains

Stakeholder Meetings

Attendees

Volunteer Monitoring

Events

Other: A n n u a l s h r e d d i n g / E - W a s t e E v e n t

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: F a c e b o o k P a g e / T o w n B o a r d M t g .

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, 2021**.

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

Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 1

2. URL(s) con't.:

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

URL

w w w . o w s c . o r g

URL

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

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021.

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

2. URL(s) con't.:

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

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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SPDES ID

Name of MS4/Coalition

Town of Macedon

N Y R 2 0 A 3 9 1

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 H a l l

Address

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

City

M a c e d o n

Zip

N Y 1 4 5 0 2 -

Phone

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

● Library

Address

Annual Report SWMP Plan Comments

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

City

M a c e d o n

Zip

N Y 1 4 5 0 2 -

Phone

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

● Other

Address

Annual Report SWMP Plan Comments

4 8 0 N o r t h M a i n S t r e e t

City

C a n a n d a i g u a

Zip

N Y 1 4 4 2 4 -

Phone

(5 8 5) 3 9 6 - 1 4 5 0

● Web Page URL:

Annual Report SWMP Plan Comments

h t t p : / / w w w . m a c e d o n t o w n . n e t / m s 4 /

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

● eMail

Comments

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

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2021**

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Name of MS4/Coalition

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	0	/	2	0	2	1
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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?

0	5	/	0	6	/	2	0	2	1
---	---	---	---	---	---	---	---	---	---

This Report was announced at a Town Board Meeting.

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, 2021**

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Name of MS4/Coalition

Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 1

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.

Macedon added the SWMPP and Annual Report to the Town's Website and Facebook page. Macedon held the annual Shredding Event and annual E-Waste Collection Event. The Lumberjack Festival, Rain Barrel Workshop, and Pharmaceutical collection events were cancelled due to COVID. Macedon continued to add Facebook posts to encourage stormwater dialogue within the community.

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

No comments were received regarding last year's SWMPP and Annual Report. 125 people participated in the annual shredding event. The E-Waste collection event collected 25 pallets of electronics.

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).

Due to uncertainties with COVID, this upcoming year's public events are tentative. The OWSC is planning to conduct an outdoor or virtual Rain Barrel Workshop. The Town will continue researching an Adopt a Highway Program with the OWSC. The Town has scheduled the SWMPP and Annual Report to be reviewed at the May 6th, Town Board Meeting. If the High Acres Waste Management Open House and Lumberjack Festival occur, the Town will plan to attend these events.

MS4 Annual Report Form

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Name of MS4/Coalition Town of Macedon

SPDES ID
N Y R 2 0 A 3 9 1

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report? 1

1. Enter the number and approx. percent of outfalls mapped: 1 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)? 1 7

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

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

MS4 Annual Report Form

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Name of MS4/Coalition Town of Macedon

SPDES ID

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

11. **What is the primary purpose of the following statement?**

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

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

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

8. Is the above information available in GIS?
Is this information available on the web? Yes No
 Yes No

If Yes, provide URL(s):

Please provide specific address of page where URL

If Yes, provide URL(s):

Please provide specific a

1

URL

MS4 Annual Report Form

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Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 1

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

● 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	0
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MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2021**

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Name of MS4/Coalition

Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 1

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 hired an outside consultant to administer the Mapping Grant and had expected to begin mapping the system within the MS4 regulated area in the Fall of 2020. However, due to COVID, the timeline was pushed to Summer of 2021. The Town continued to use the OWSC Education Coordinator for IDDE training of municipal employees. Outfall inspections resumed.

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

Seventeen outfalls were inspected during the past reporting year. Zero illicit discharges were detected from the inspections. The Highway Staff continue to receive IDDE training to be able to identify and report suspected discharges.

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).

The Town plans to map the outfalls, catch basins, and manholes located within the urbanized area of the Town. Funding has been acquired through the WQIP grant. The Town expects their outfall count will change this year due to improved mapping. The Town will continue to inspect 100% of outfalls within a 5 year time period. 122 Outfalls (100%) were inspected in 2018-2019 and 20% has been inspected between 2019-2021, which leaves 80% to be inspected over the next three years.

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2 0 2 1**

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

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" style="display: inline-table;"><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" style="display: inline-table;"><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" style="display: inline-table;"><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" style="display: inline-table;"><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" style="display: inline-table;"><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" style="display: inline-table;"><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" style="display: inline-table;"><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" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	
				0				
<input type="radio"/> Other	#	<table border="1" style="display: inline-table;"><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 1**

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

Name of MS4/Coalition SPDES ID

N	Y	R	2	0	A	3	9	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. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

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

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

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

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

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

Yes No

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

MS4 Annual Report Form

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

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	9	1
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Name of MS4/Coalition

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

T	o	w	n	o	f	M	a	c	e	d	o	n								
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Address

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City

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Zip

Phone

(3	1	5)	9	8	6	-	5	9	3	2
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● Library

Address

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City

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

Phone

(3	1	5)	9	8	6	-	5	9	3	2
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● Other

Address

M	a	i	l	l	b	o	x		o	f		c	o	n	s	t	r	u	c	t	o	n		s	i	t	e	
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City

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Zip

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	1
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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 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 SWPPP reviews of new projects using 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.

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

One new construction stormwater permit was issued this permit year. The Town had two active construction sites disturbing less than 5 acres throughout the permitting year. SWPPP inspections were conducted 12 times during the calendar year. The Owner and Contractor were informed of any deficiencies. All deficiencies were promptly corrected.

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).**

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, 2021.

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

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="radio"/> Filter Systems			
<input checked="" type="radio"/> Infiltration Basins			
<input type="radio"/> Open Channels			
<input checked="" type="radio"/> Ponds			
<input type="radio"/> Wetlands			
<input checked="" type="radio"/> Other	5 Bioretention Areas 2 Dissipation Devices	1 7 8	1 7 8

3 Dissipation Devices

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:

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 2 1**

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

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 Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

78 %

MS4 Annual Report Form

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

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

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 continued inspections and updates to the SWMF Inventory. The Town continued annual training for Planning Board members on LID, BSD, and other GI principles. The Town continued to add and map SWMFs as they were discovered. The Town consulted with a lawyer to investigate a procedure to implement SMAs for privately held SWMFs. The Town continued discussing assigning a municipal employee to inspect and perform minor maintenance of SWMFs annually.

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

The Town inspected 27 SWMFs. The inspection reports generated a summary of minor corrective actions needed for private facilities. The Town is evaluating procedures for notifying private facility owners regarding corrective actions and inspections of their facilities. The goal is to assign a Highway Department employee to address minor issues on an annual basis. 7 out of 9 municipal officials received LID, BSD & GI training (6 out of 8 Planning Board Members & Town Engineer).

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

 2 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).

Continue private and municipal inspections of SWMFs within the Town. Continue to add and map SWMFs as they are discovered or added to the system. The Town will continue to consult with the Town's lawyer to determine a procedure to implement SMAs for privately held SWMFs. The Town is considering assigning a municipal employee to inspect and perform minor maintenance of SWMFs annually. Continue annual training for Planning Board members on LID, BSD, and GI.

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2 0 2 1**

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

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 1**

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

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	9 6 8
● Catch Basins Inspected and Cleaned Where Necessary	#	8
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	2 8 0 0
● Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	1 2 . 8

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

1

4. What was the date of the last training?

0 3 / 0 5 / 2 0 2 1

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, 2021

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

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 continued Pollution Prevention & Good Housekeeping Training for Highway employees. The Town continued to use Standard Operating Procedures (SOPs) and encourage the use of best management practices (BMPs). The Town continued indoor storage of equipment and materials. The Town scheduled 34 Municipal Facility Assessments for the permit year.

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

MS4 employees continued annual Pollution Prevention and Good Housekeeping training and appear familiar with the concepts. The Town conducted 35 Municipal Facility Assessments. Best Management Practices (BMPs) for the Town's facilities were reviewed and updated in April of 2021. Two new pet waste stations were installed in municipal park facilities.

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

 3 6

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

During the next reporting year, the Town will continue Pollution Prevention & Good Housekeeping Training for Highway employees. The Town will continue using SOPs and review and encourage the use of best management practices (BMPs) at their facilities. The Town will continue indoor storage of equipment and materials. One municipal facility assessment is scheduled for the Waste Water Treatment Plant. The Waste Water Treatment Plant is scheduled to be decommissioned in 09/2023.

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 A 3 9 1

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

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

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

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

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

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

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

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

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

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

No Projects Planned

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

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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