

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-0-15-003

Prepared for:

The Town of Macedon

Prepared by:



10 LIFT BRIDGE LANE EAST
FAIRPORT, NEW YORK 14450

May 2021

#2530-21

MCC form for period ending March 9,	2	0	2	1
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● This report is being submitted on behalf of an individual MS4.

Name of MS4

[illegible]

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

Name of Single Entity

[illegible]

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

Name of Coalition

[illegible]

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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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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

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name

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

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 2 1

Name of MS4 Town of Macedon

SPDES ID

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

First Name

S c o t t

MI

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

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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 2 1

Name of MS4 Town of Macedon

SPDES ID

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☐ 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

D

Last Name

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

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City

F a i r p o r t

State

N Y

Zip

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

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County

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MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Macedon

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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

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

Zip

N Y

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

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Section 4 - Certification Statement

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

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

First Name

K I M

MI

V


Last Name

L E O N A R D

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

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SPDES ID

Town of Macedon

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How many MS4s are contributed to this report?	1
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MS4 Annual Report Form

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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

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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
- ☒ Residential
- ☐ Businesses
- ☒ Restaurants
- ☒ Other:
- ☒ Contractors
- ☐ Developers
- ☒ General Public
- ☐ Industries
- ☐ 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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Name of MS4/Coalition

Town of Macedon

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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 **GI, BSD, LID @ Planning Board Meeting**

Attendees

				7
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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													
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											
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MS4 Annual Report Form

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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.

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

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Name of MS4/Coalition

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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?

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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:

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<input checked="" type="radio"/> Comments on SWMP Received	# Comments	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0														
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<input checked="" type="radio"/> Community Hotlines	Phone #	(<table border="1" style="display: inline-table;"><tr><td>5</td><td>8</td><td>5</td></tr></table>) <table border="1" style="display: inline-table;"><tr><td>3</td><td>9</td><td>6</td></tr></table> - <table border="1" style="display: inline-table;"><tr><td>1</td><td>4</td><td>5</td><td>0</td></tr></table>	5	8	5	3	9	6	1	4	5	0									
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<input checked="" type="radio"/> Community Meetings Planning Board - GI, BSD, LID	# Attendees	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>7</td></tr></table>				7															
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<input checked="" type="radio"/> Plantings	Sq. Ft.	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>3</td><td>2</td></tr></table>			3	2															
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<input type="radio"/> Storm Drain Markings	# Drains	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																			
<input type="radio"/> Stakeholder Meetings	# Attendees	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																			
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<input checked="" type="radio"/> 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

<input type="radio"/> List-Serve	# In List	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
<input type="radio"/> Newspaper Advertising	# Days Run	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
<input type="radio"/> TV/Radio Notices	# Days Run	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
<input checked="" type="radio"/> Other:	F a c e b o o k P a g e / T o w n B o a r d M e t g .					

☐ Web Page URL: Enter URL(s) on the following two pages.

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

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

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Please provide specific address(es) where 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,

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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.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
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 /

1	0
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 /

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

3	6	5
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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
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 /

0	6
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 /

2	0	2	1
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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,

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 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.

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

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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
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3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☒ None

[illegible]

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

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

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

		0
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7. Has the storm sewershed mapping been completed in this reporting period?

☐ Yes ☒ No

If No, approximately what percent was completed in this reporting period?

		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 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

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

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[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

1	0	0	%
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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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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,

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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 Measures 4 and 5. Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

		1
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- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** ☒ Yes ☐ No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?** ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?** ☒ Yes ☐ No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		1
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- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☒ Yes ☐ No ☐ NT
- If Yes, how many public comments were received during this reporting period?

		0
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- 5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☒ Yes ☐ No

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

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

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

		2
--	--	---

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

		2
--	--	---

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

	5	0
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 %

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

	5	0
--	---	---

 %

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

☒ Yes ☐ No ☐ NT

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

☒ Yes ☐ No ☐ NT

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

☐ Yes ☐ No

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

MS4 Annual Report Form

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

2	0	2	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.

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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How many MS4s contributed to this report?	1
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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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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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

	7	8
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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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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 SMWFs. 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
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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 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,

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input 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
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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
---	---	---	---	---	---	---	---	---

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

1	0	0	%
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MS4 Annual Report Form

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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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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
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

During the next reporting 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

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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

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

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Name of MS4/Coalition

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SPDES ID

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- 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ☐ Yes ☐ No ☐ N/A
- 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?**

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 %
- 5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ☐ Yes ☐ No ☐ N/A
- 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ☐ Yes ☐ No ☐ N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ☐ Yes ☐ No ☐ N/A
- 7b. How many projects have been sited in this reporting period?**

--	--	--
- 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