

# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2022

This cover page must be completed by the report preparer.  
Joint reports require only one cover page.

SPDES ID

N Y R 2 0 A 3 9 1

Choose one:

☒ This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Name of MS4

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

OR

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

(Per Part II.E of GP-0-10-002)

Name of Single Entity

OR

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

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

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MCC form for period ending March 9, 2022

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

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Town of Macedon

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## MCC form for period ending March 9,

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Town of Macedon

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## Important Instructions - Please Read

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).

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.

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

First Name	MI	Last Name
K i m	V	L e o n a r d

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

Address																				
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City	State	Zip
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Phone County  
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**MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9, 

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Name of MS4 

Town of Macedon
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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)
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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

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County

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

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Name of MS4 

Town of Macedon
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**Section 2 - Contact Information**

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☐ Stormwater Management Program (SWMP) Coordinator  
☒ Report Preparer

First Name

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**MS4 Municipal Compliance Certification (MCC) Form**

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

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

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City

C a n a n d a i g u a

State

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Zip

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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,

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Name of MS4 Town of Macedon

**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

/ /

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

**Submit Form**

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

Bureau of Water Compliance  
Division of Water  
4th Floor  
625 Broadway  
Albany, New York 12233-3505



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Town of Macedon

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## Water Quality Trends

How many MS4s are contributed to this report?		
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- ☐ Yes    ☒ No

☐ 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.

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Name of MS4/Coalition

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## MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Macedon

SPDES ID

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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 **Post Construction Controls @ Planning Board Meeting**

# Attendees 

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☐ School Program

# Attendees 

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☐ TV Spot/Program

# Days Run 

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☒ Printed Materials:

Total # Distributed 

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

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L	i	b	r	a	r	y		E	n	t	r	y							
M	a	r	i	n	a														
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☒ Other:

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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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## MS4 Annual Report Form

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Name of MS4/Coalition

Town of Macedon

SPDES ID

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### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Town continued to work with the OWSC to develop outreach materials. The Town continued Facebook posts. Additional reusable bags and pet waste bag holders were purchased and distributed. The OWSC brochures were added to the Town's MS4 website. The Town handed out pool brochures to pool and spa permittees. Restaurant Brochures with letters were mailed to 20 restaurants. Due to budget restraints, the Macedon Messenger with stormwater information was not sent.

#### 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 only one event was held. Facebook followers increased from 136 to 157. 50 Chip clips were handed out with building permits. 20 Stormwater brochures were taken from the Town Hall's kiosk. 120 Pet waste bag holders were distributed with dog licenses. 8,000 pet wastes bags were distributed at 8 pet waste stations.

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

			1
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*(ex.: samples/participants/events)*

#### D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes    ☐ No

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

☒ Yes    ☐ No

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

The Town will continue to work with the OWSC to develop promotional and educational materials. The Town will continue Facebook posts and handing out promotional materials to target residents and businesses directly. Stormwater articles are planned for the Macedon Messenger. The Town will re-evaluate pollutants of concern as they relate to targeted audiences and geographic areas of concern. The Town plans to mail good housekeeping stormwater brochures to retail businesses.

## MS4 Annual Report Form

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

2	0	2	2
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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 2. Public Involvement/Participation

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

☐ Cleanup Events

# Events

--	--	--	--	--

☒ Comments on SWMP Received

# Comments

				0
--	--	--	--	---

☒ Community Hotlines

Phone #

( 5 8 5 )

3 9 6 -

1 4 5 0

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

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

Phone # ( ) -

☒ Community Meetings **Post Construction Controls @  
Planning Board Meeting**

# Attendees

				7
--	--	--	--	---

☐ Plantings

Sq. Ft.

--	--	--	--

☒ Storm Drain Markings

# Drains

--	--	--	--

☐ Stakeholder Meetings

# Attendees

--	--	--	--

☐ Volunteer Monitoring

# Events

--	--	--	--

☒ Other: 

S	h	r	e	d	d	i	n	g	/	E	-	W	a	s	t	e	/	P	h	a	r	m	a	c	e	u	t	i	c
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

#### 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	/	T	o	w	n	&	P	l	a	n	B	o	a	r	d	M	t	g	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☐ 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, 2022

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

Name of MS4/Coalition Town of Macedon

SPDES ID

NYR20A391

### 2. URL(s) con't.:

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

URL

h	t	t	p	:	/	/	w	w	w	.	m	a	c	e	d	o	n	t	o	w	n	.	n	e	t	/	m	s	4	/	
F	o	r		I	n	d	i	v	i	d	u	a	l		A	n	n	u	a	l		R	e	p	o	r	t				

URL

w	w	w	.	o	w	s	c	.	o	r	g																			
F	o	r		J	o	i	n	t		A	n	n	u	a	l		R	e	p	o	r	t								

URL


URL


URL


URL


URL


# MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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## 2. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]



2	0	2	2
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N	Y	R	2	0	A	3	9	1
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● MS4/Coalition Office

● Annual Report    ● SWMP Plan    ● Comments

[illegible][illegible][illegible]

N	Y
---	---

1	4	5	0	2	-				
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$$\begin{pmatrix} 3 & 1 & 5 \end{pmatrix} \begin{matrix} 9 & 8 & 6 \end{matrix} - \begin{matrix} 5 & 9 & 3 & 2 \end{matrix}$$

● Annual Report    ● SWMP Plan    ● Comments

[illegible][illegible]

N	Y
---	---

1	4	5	0	2	-			
---	---	---	---	---	---	--	--	--

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

● Annual Report   ○ SWMP Plan   ● Comments

[illegible]

C	a	n	a	n	d	a	i	g	u	a				
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N	Y
---	---

	1	4	2	4
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-

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

☒ Annual Report    ☒ SWMP Plan    ☐ Comments

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

[illegible][illegible]

● eMail

## ● Comments

k	b	o	y	d	@	b	m	e	p	c	.	c	o	m
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[illegible]

## MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Macedon
-----------------

SPDES ID  

N	Y	R	2	0	A	3	9	1
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

0	5
---	---

 / 

0	1
---	---

 / 

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

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

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

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

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

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

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 / 

--	--

 / 

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If No, is one planned?

☐ Yes ☒ No

**This Report was announced at a Town Board Meeting and on the Facebook page.**

**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	2
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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.

The Town announced the Annual Report and SWMPP at the Planning Board meeting and on Facebook. Public events were limited due to COVID. A representative from the Coalition attended the Lumberjack Festival in September to hand out brochures and interact with attendees. The Adopt a Highway Program through the Coalition was not implemented due to liabilities. The High Acres Waste Event did not occur due to COVID.

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

No comments were received regarding last year's Annual Report and SWMPP. 3,400 pounds of paper was shredded and recycled at the annual Lyons Bank shredding event. The E-Waste event collected 5,636 pounds of electronics. 24 people participated in the pharmaceutical collection event. The collection events are well received by the public.

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

			5
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

The Town will continue announcing the Annual Report and SWMPP at Town Board and Planning Board meetings and on Facebook. The Town will continue the E-Waste, Shredding, and Pharmaceutical collection events. The Town will discuss opportunities to hold a Household Hazardous Waste Collection event with the OWSC and a Rain Barrel Workshop. The Town will continue attending the Lumberjack Festival and the High Acres Waste Event if they occur.

# MS4 Annual Report Form

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

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 3. Illicit Discharge Detection and Elimination**

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

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

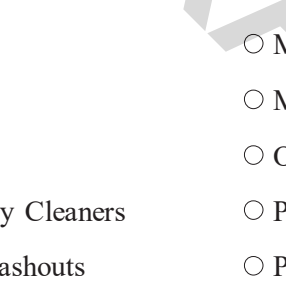
How many MS4s contributed to this report?		
---	--	--

1. Enter the number and approx. percent of outfalls mapped:	4	2	#	1	0	0	%
---	---	---	---	---	---	---	---

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

0

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

- 
  - ☐ Auto Recyclers
  - ☐ Building Maintenance
  - ☐ Churches
  - ☐ Commercial Carwashes
  - ☐ Commercial Laundry/Dry Cleaners
  - ☒ Construction Vehicle Washouts
  - ☐ Cross-Connections
  - ☐ Distribution Centers
  - ☐ Food Processing Facilities
  - ☐ Garbage Truck Washouts
  - ☐ Hospitals
  - ☐ Improper RV Waste Disposal
  - ☐ Industrial Process Water
  - ☐ Landscaping (Irrigation)
  - ☐ Marinas
  - ☐ Metal Plating Operations
  - ☐ Outdoor Fluid Storage
  - ☐ Parking Lot Maintenance
  - ☐ Printing
  - ☐ Residential Carwashing
  - ☐ Restaurants
  - ☐ Schools and Universities
  - ☐ Septic Maintenance
  - ☐ Swimming Pools
  - ☐ Vehicle Fueling
  - ☐ Vehicle Maint./Repair Shops

● Other:

☐ None

[illegible]

- Sewersheds:

[illegible]

# MS4 Annual Report Form

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

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
--	--	---

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

		0
--	--	---

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

		0
--	--	---

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

☐ Yes    ☒ No

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

Scheduled for 2022-2023

	2	5	9
--	---	---	---

### 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 2

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

Name of MS4/Coalition

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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**8. URL(s) con't.:**

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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

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

- 11. What percent of staff in relevant positions and departments has received IDDE training?**
- |  |   |   |   |
|--|---|---|---|
|  | 9 | 9 | % |
|--|---|---|---|

## 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 outfall and storm drain system mapping planned within the urbanized areas of the Town for 2021 was delayed until 2022. The Town plans to have the outfalls, catch basin, and manholes located and surveyed with GPS equipment to add to the Macedon MS4 Map. Contracts were signed and outfall mapping began in March of 2022.

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

Zero official inspections of outfalls were conducted during the past reporting year because the Town was waiting to conduct the ORI while mapping was underway. Utilizing a trained inspector will continue to provide better results than using interns for inspections. Highway employees continue to receive IDDE training in order to identify and report suspected discharges to their supervisor.

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

			3
--	--	--	---

(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 began mapping outfalls in March 2022 and will continue mapping outfalls, catch basins, and manholes located within urbanized areas. The Town's inventory of outfalls reduced from 122 to 40 due to proper outfall classification. Infrastructure previously considered an outfall was reclassified as culverts or end sections. The Town will continue to inspect outfalls at the rate of 100% every 5 years. The Town will resume Agricultural Easement Inspections.

## MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report? 

--

**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?**

		4
--	--	---

**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?

--	--	--

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

#3: 2 - Permitted: Liberty Hollow, 362 State Route 31 (KFC & Microtel)  
2 - In progress: Macedon Properties, Townhomes at Oakridge Glen



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

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
<input checked="" type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td>1</td><td>5</td><td></td></tr></table>				1	5		<input type="radio"/> No Authority
			1	5					

Corrective Action Reminder Emails

## 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. 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? Liberty Hollow, Parkwood Heights, KFC

		3
--	--	---

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

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

 %

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

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

 %

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

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

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

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



## MS4 Annual Report Form

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

2	0	2	2
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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.

Continued SWPPP reviews of new projects using the SWPPP Review checklist. Continued notifying the public that construction plans and SWPPPs were available to review at the Library. Continued to utilize the pre-construction checklist to educate developers and contractors about MS4 requirements for E&SC. Continued to obtain the 4 Hour DEC training cards from contractors to include in on-site SWPPPs. Continued implementing construction site inspections, per SOPs.

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

Two new construction stormwater permits were issued this permit year (2021-2022). There were three active construction sites. MS4 SWPPP inspections were conducted monthly for each site to total 27 inspections. Owners and Contractors were informed of deficiencies through emailed reports and summaries. Construction SWPPP inspections were received through email and reviewed regularly for corrective actions. Three Town employees received the 4 Hour DEC Training Course.

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

		3	1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Continue 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 education owners/operators and construction site personnel on MS4 requirements for E&SC. Continue to obtain the 4 Hour DEC training cards from contractors to include in onsite SWPPPs. Continue implementing construction site inspections per SOPs.

## MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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### Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? 

--	--	--

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

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		0										
		0										
		0										
<input type="radio"/> Filter Systems	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		0										
		0										
		0										
<input checked="" type="radio"/> Infiltration Basins	<table><tr><td></td><td></td><td>3</td></tr></table>			3	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		3										
		0										
		0										
<input type="radio"/> Open Channels	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		0										
		0										
		0										
<input checked="" type="radio"/> Ponds	<table><tr><td></td><td>1</td><td>8</td></tr></table>		1	8	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
	1	8										
		0										
		0										
<input type="radio"/> Wetlands	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		0										
		0										
		0										
<input checked="" type="radio"/> Other <b>5 Bioretention</b> <b>3 Dissipation Devices</b>	<table><tr><td></td><td></td><td>8</td></tr></table>			8	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		8										
		0										
		0										

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

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

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

☒ Other:

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

## MS4 Annual Report Form

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

2	0	2	2
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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?

		2
--	--	---

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 Planning Board Members

1	0	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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### 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 annual training for Planning Board members on post-construction controls and the need for procedures to ensure long term maintenance of private facilities. Two new private facilities were installed during the permit year and were added to the post-construction control map.

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

The Town's inspection of SWMF's was placed on hold. The Town has been researching and discussing methods to implement a program to ensure long term operation and maintenance of post-construction controls. The presentation provided to the Planning Board helped to educate members regarding the Town's codes and their responsibility of ensuring long term operation and maintenance of private facilities.

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

			4
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*(ex.: samples/participants/events)*

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

☒ Yes    ☐ No

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

☒ Yes    ☐ No

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

Continue annual SWMF inspections of municipal stormwater management facilities. Continue to inventory and map all SWMFs as they are discovered or added to the system. Continue annual training for Planning Board members on post-construction controls and various principals including LID, BSD, and GI. Continue to research procedures for long-term maintenance of private facilities that have been installed. Implement a SMA for future private facilities.

## 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

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? 

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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 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 type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No



## MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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### 2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

9	.	7		
---	---	---	--	--
- Streets Swept (Number of miles X Number of times swept) # Miles 

	1	2	8	5
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			1	5
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				8
--	--	--	--	---
- 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?

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

### 4. What was the date of the last training?

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

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

	1	3
--	---	---

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

	9	9	%
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## MS4 Annual Report Form

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

2	0	2	2
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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.

Pollution Prevention & Good Housekeeping training continued for Highway employees. The Town continued to review Best Management Practices and the use of Standard Operating Procedures. The Town continued indoor storage of equipment and materials. Per the inventory and schedule, one Municipal Facility Assessment was conducted for the permit year, the Waste Water Treatment Plant was assessed.

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

MS4 employees continued annual Pollution Prevention & Good Housekeeping training and appear familiar with the concepts. Best Management Practices (BMPs) for the Town's facilities were reviewed and updated in April.

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

			3
--	--	--	---

(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. They will continue using SOPs and review and encourage the use of BMPs at all facilities. The Town will continue indoor storage of equipment and materials. Per the inventory and schedule of municipal facilities, there are no planned assessments scheduled for next year.

## MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0				
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### Additional Watershed Improvement Strategy Best Management Practices

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

This section does not apply 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)
<b>NYC EOH Watershed</b>	-	-	-
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
<b>Onondaga Lake Watershed</b>	-	-	-
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
<b>Greenwood Lake Watershed</b>	-	-	-
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
<b>Oyster Bay</b>	-	-	-
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
<b>Peconic Estuary</b>	-	-	-
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
<b>Oscawana Lake Watershed</b>	-	-	-
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
<b>LI 27 Embayments</b>	-	-	-
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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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

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SPDES ID

N	Y	R	2	0					
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☐ No ☐ N/A
4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

--	--	--

 %
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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Name of MS4/Coalition

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SPDES ID

N	Y	R	2	0					
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9. Has your MS4/Coalition developed and implemented a program of native planting?

☐ Yes ☐ No ☐ N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

☐ Yes ☐ No ☐ N/A

11. Does your MS4/Coalition have a pet waste bag program?

☐ Yes ☐ No ☐ N/A

12. Does your MS4/Coalition have a program to manage goose populations?

☐ Yes ☐ No ☐ N/A