

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2014

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

SPDES ID  
N Y R 2 0 C 0 0 2

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

Grid for Name of MS4

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

Grid for 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

Grid for Name of Coalition: Bromine-Tiogalastormwater Coalition

SPDES ID

N Y R 2 0 A 0 0 9

SPDES ID

N Y R 2 0 A 0 4 7

SPDES ID

N Y R 2 0 A 0 5 0

SPDES ID

N Y R 2 0 A 0 6 4

SPDES ID

N Y R 2 0 A 0 7 2

SPDES ID

N Y R 2 0 A 0 7 8

SPDES ID

N Y R 2 0 A 0 7 9

SPDES ID

N Y R 2 0 A 0 8 0

SPDES ID

N Y R 2 0 A 1 0 1

SPDES ID

N Y R 2 0 A 1 2 7

SPDES ID

N Y R 2 0 A 1 4 3

SPDES ID

N Y R 2 0 A 1 4 9

SPDES ID

N Y R 2 0 A 2 5 5

SPDES ID

N Y R 2 0 A 3 3 2

SPDES ID

N Y R 2 0 A 3 4 1

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2014

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

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A

SPDES ID  
N Y R 2 0 A



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

MCC form for period ending March 9, 

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

Name of MS4 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID  

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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 

B	e	t	h																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI 

A
---

 Last Name 

L	u	c	a	s															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title 

S	e	n	i	o	r		P	l	a	n	n	e	r	/	B	T	S	C		C	h	a	i	r													
---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Address 

B	r	o	o	m	e		C	o	u	n	t	y		P	l	a	n	n	i	n	g	,		P	O	B		1	7	6	6						
---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---	--	--	--	--	--	--

City 

B	i	n	g	h	a	m	t	o	n																													
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

1	3	9	0	2	-	1	7	6	6
---	---	---	---	---	---	---	---	---	---

eMail 

B	L	u	c	a	s	@	c	o	.	b	r	o	o	m	e	.	n	y	.	u	s																		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone 

(	6	0	7	)		7	7	8	-	2	3	7	5
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County 

B	r	o	o	m	e														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

MCC form for period ending March 9, 

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

Name of MS4 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID  

N	Y	R	2	0	A	0	0	2
---	---	---	---	---	---	---	---	---

**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 

J	e	n	n	i	f	e	r							
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

 MI 

--

 Last Name 

G	r	e	g	o	r	y								
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Title 

A	s	s	i	s	t	a	n	t		D	i	r	e	c	t	o	r	,		S	T	E	R	P	D	B						
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--

Address 

4	9		C	o	u	r	t		S	t	r	e	e	t	,		S	u	i	t	e		2	2	2							
---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	--	--	--	--	--	--	--

City 

B	i	n	g	h	a	m	t	o	n																								
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

1	3	9	0	1	-				
---	---	---	---	---	---	--	--	--	--

eMail 

j	g	r	e	g	o	r	y	@	s	t	e	n	y	.	o	r	g																
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone 

(	6	0	7	)		7	2	4	-	1	3	2	7
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County 

B	r	o	o	m	e	/	T	i	o	g	a		
---	---	---	---	---	---	---	---	---	---	---	---	--	--

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 C 0 0 2

**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  
B r o o m e - T i o g a S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable  
N Y R 2 0 C 0 0 2

Address  
B r o o m e C o u n t y P l a n n i n g , P O B 1 7 6 6

City State Zip  
B i n g h a m t o n N Y 1 3 9 0 2 - 1 7 6 6

eMail  
B L u c a s @ c o . b r o o m e . n y . u s

Phone  
( 6 0 7 ) 7 7 8 - 2 3 7 5

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 E d P l a n n i n g / P r o g r a m m i n g
- MM2 V o l E v e n t s / A n n u a l R e p / M t g s
- MM3 M a p p i n g A c t i v i t i e s
- MM4
- MM5
- MM6 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, 2014

Name of MS4

SPDES ID

**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

Partner/Coalition Name (con't.)                     SPDES Partner ID - If applicable

Address

City           State   Zip      -

eMail

Phone  
 (    )    -

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. MMI School Programs or Multiple Tasks)?

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

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, 2014

Name of MS4: All Broome-Tioga Stormwater Coalition Members

SPDES ID: NYR20C002

**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: Broome County Soil and Water

Partner/Coalition Name (con't): Conservation District; SPDES Partner ID - If applicable

Address: 1163 Upper Front Street

City: Binghamton; State: NY; Zip: 13905

eMail: cmcelwee@broomeswcd.org

Phone: (607) 724-9268

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 Multiple Ed and Outreach Tasks
MM2 Public Events and Training
MM3
MM4
MM5
MM6

Additional tasks/responsibilities

Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

Empty box for additional information.



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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 C 0 0 2

**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  
B r o o m e C o u n t y E n v i r o n m e n t a l

Partner/Coalition Name (con't.)  
M a n a g e m e n t C o u n c i l

SPDES Partner ID - If applicable

Address  
6 0 H a w l e y S t r e e t , P O B o x 1 7 6 6

City  
B i n g h a m t o n

State  
N Y

Zip  
1 3 9 0 2

eMail  
s m e r o l a @ c o . b r o o m e . n y . u s

Phone  
( 6 0 7 ) 7 7 8 - 2 1 1 6

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 M u l t i p l e E d a n d O u t r e a c h T a s k s
- MM2 R i v e r C l n u p , W a s t e M g m t P r o g
- MM3
- MM4
- MM5
- MM6

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, 2014

Name of MS4 All Broome-Tioga Stormwater Coalition Members

SPDES ID  
N Y R 2 0 C 0 0 2

**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

B r o o m e C o u n t y S o l i d W a s t e

Partner/Coalition Name (con'l.)

SPDES Partner ID - If applicable

Address

6 0 H a w l e y S t r e e t , P O B o x 1 7 6 6

City

State

Zip

B i n g h a m t o n N Y 1 3 9 0 2 -

eMail

Phone

( 6 0 7 ) 7 7 8 - 2 9 0 9

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 R e c y c l i n g / B e s t M a n a g e m e n t E d .

MM2 H H W / E l e c t r o n i c s C o l l e c t i o n

MM3

MM4

MM5

MM6

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, 2014

Name of MS4 All Broome-Tioga Stormwater Coalition Members

SPDES ID  
NYR20C002

**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

T i o g a C o u n t y S o i l a n d W a t e r

Partner/Coalition Name (con't.)

C o n s e r v a t i o n D i s t r i c t

SPDES Partner ID - If applicable

Address

1 8 3 C o r p o r a t e D r i v e

City

O w e g o

State

N Y

Zip

1 3 8 2 7 -

eMail

w a l s h w @ c o . t i o g a . n y . u s

Phone

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

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 C o n t r a c t o r T r n g / S t r e a m C l n - u p

MM2 E n v i r o s c a p e m o d e l d e m o s

MM3

MM4

MM5

MM6

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, 2014

Name of MS4

SPDES ID  
N Y R 2 0 C 0 0 2

**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  
T i o g a C o u n t y S o l i d W a s t e

Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable

Address  
1 2 6 1 R o u t e 1 7 C

City  State  Zip

eMail  
p r a t t e @ c o . t i o g a . n y . u s

Phone  
( 6 0 7 ) 5 6 5 - 8 1 3 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
- MM2
- MM3
- MM4
- MM5
- MM6

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, 2014

Name of MS4 BROOME COUNTY

SPDES ID  
N Y R 2 0 A 3 3 2

**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: J O H N MI: M Last Name: B E R N A R D O

Title: D E P U T Y C O U N T Y E X E C U T I V E

Address: 6 0 H A W L E Y S T R E E T - P O B O X 1 7 6 6

City: B I N G H A M T O N State: N Y Zip: 1 3 9 0 2 - 1 7 6 6

eMail: j b e r n a r d o @ c o . b r o o m e . n y . u s

Phone: ( 6 0 7 ) 7 7 8 - 2 1 0 9 County: B R O O M E

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

MCC form for period ending March 9, 2014

Name of MS4 BROOME COUNTY

SPDES ID  
N Y R 2 0 A 3 3 2

**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 L E S L I E MI G Last Name B O U L T O N

Title D E P U T Y C O M M I S S I O N E R - E N G I N E E R I N G

Address 6 0 H A W L E Y S T R E E T - P O B O X 1 7 6 6

City B I N G H A M T O N State N Y Zip 1 3 9 0 2 - 1 7 6 6

eMail l b o u l t o n @ c o . b r o o m e . n y . u s

Phone ( 6 0 7 ) 7 7 8 - 2 4 9 0 County B R O O M E

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID  
N Y R 2 0 A 3 3 2

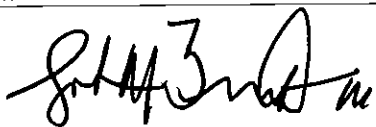
#### Section 4 - Certification Statement

"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  MI  Last Name

Title (Clearly print title of individual signing report)

Signature  


Date  
 /  /

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

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

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 4 7

## 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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4 TIOGA COUNTY

SPDES ID  
N Y R 2 0 A 0 4 7

### 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 E N N E T H MI    Last Name D E L B I A N C O

Title C O M M I S S I O N E R O F P U B L I C W O R K S

Address 4 7 7 R O U T E 9 6

City O W E G O State N Y Zip 1 3 8 2 7

eMail d e l b i a n c o k @ c o . t i o g a . n y . u s

Phone ( 6 0 7 ) 6 8 7 - 0 3 0 2 County T I O G A

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 4 7

### 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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2014

Name of MS4 TIOGA

SPDES ID  
N Y R 2 0 A 0 4 7

**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  
T I O G A C O U N T Y S O I L A N D W A T E R C O N S

Partner/Coalition Name (con't.)  
E R V A T I O N D I S T R I C T  
SPDES Partner ID - If applicable  
N Y R 2 0

Address  
1 8 3 C O R P O R A T E D R I V E

City  
O W E G O  
State Zip  
N Y 1 3 8 2 7 -

eMail  
w a l s h w @ c o . t i o g a . n y . u s

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

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 c o n t r a c t o r t r a i n i n g
- MM2 S t r e a m c l e a n u p , t r e e s a l e s
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

[Empty text box for additional information]

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 4 7

**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  
T O W N O F O W E G O H I G H W A Y D E P T

Partner/Coalition Name (con't.)  
SPDES Partner ID - If applicable  
N Y R 2 0 A 0 7 9

Address  
7 0 D E L P H I N E S T R E E T

City State Zip  
O W E G O N Y 1 3 8 2 7 -

eMail  
m c l a r k @ t o w n o f o w e g o . c o m

Phone  
( 6 0 7 ) 6 8 7 - 2 6 4 1

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
- MM2
- MM3 c a t c h b a s i n m a i n t . & i n s p e c t .
- MM4
- MM5
- MM6

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, 2014

Name of MS4 TIOGA

SPDES ID  
N Y R 2 0 A 0 4 7

#### 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  
T I O G A C O U N T Y R E C Y C L I N G

Partner/Coalition Name (con't.)  
SPDES Partner ID - If applicable  
N Y R 2 0 A 0 4 7

Address  
4 7 7 S T A T E R O U T E 9 6

City State Zip  
O W E G O N Y 1 3 8 2 7 -

eMail  
p r a t t e @ c o . t i o g a . n y . u s

Phone  
( 6 0 7 ) 6 8 7 - 8 2 7 4

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 E a r t h D a y p r e s e n t a t i o n s

MM2 T i r e a n d H H W c l e a n u p s

MM3

MM4

MM5

MM6

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, 2014

Name of MS4 TIOGA

SPDES ID  
N Y R 2 0 A 0 4 7

**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  
C O R N E L L C O O P E R A T I V E E X T T I O G A

Partner/Coalition Name (con't.) SPDES Partner ID - If applicable

Address  
5 6 M A I N S T

City State Zip  
O W E G O N Y 1 3 8 2 7 -

eMail  
s c k 2 7 @ c o r n e l l . e d u

Phone  
( 6 0 7 ) 6 8 7 - 4 0 2 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 W a t e r W i s e G a r d e n i n g c l a s s
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

- Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

[Empty text box for additional information]

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

MCC form for period ending March 9, 

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

Name of MS4 

T	I	O	G	A	C	O	U	N	T	Y
---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

**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 

M	A	R	T	H	A														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI 

C
---

 Last Name 

S	A	U	E	R	B	R	E	Y											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)  

T	I	O	G	A		C	O	U	N	T	Y		L	E	G	I	S	L	A	T	U	R	E		C	H	A	I	R						
---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--

Signature  

<i>Matthew C. Farrelly</i>
----------------------------

Date  

0	4
---	---

 / 

2	1
---	---

 / 

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

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

**APPROVED  
AS TO FORM BY  
TIOGA COUNTY ATTORNEY**

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 3 4 1

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 3 4 1

### Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2044

Name of MS4

SPDES ID

**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

MI

Last Name

Title (Clearly print title of individual signing report)

Signature



Date

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

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

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 0 9

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID

**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  MI  Last Name

Title

Address

City  State  Zip  -

eMail

Phone  County

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 0 9

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID  
N Y R 2 0 A 0 0 9

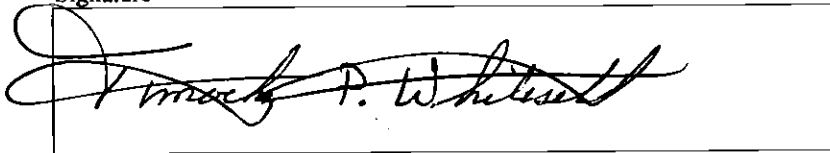
**Section 4 - Certification Statement**

"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  MI  Last Name

Title (Clearly print title of individual signing report)

Signature  


Date  
0 5 / 0 1 / 2 0 1 4

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

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

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

MCC form for period ending March 9, 

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

Name of MS4 

Town of Chenengo																			
------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	1	2	7
---	---	---	---	---	---	---	---	---

**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 

T	h	o	m	a	s												
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

 MI 

--

 Last Name 

G	e	i	s	e	n	h	o	f										
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Title 

S	t	o	r	m	w	a	t	e	r		M	a	n	a	g	e	m	e	n	t		O	f	f	i	c	e	r					
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--

Address 

1	5	2	9		N	Y	S		R	o	u	t	e		1	2																			
---	---	---	---	--	---	---	---	--	---	---	---	---	---	--	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City 

B	i	n	g	h	a	m	t	o	n																									
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

1	3	9	0	1	-				
---	---	---	---	---	---	--	--	--	--

eMail 

a	s	s	e	s	s	o	r	@	t	o	w	n	o	f	c	h	e	n	e	n	g	o	.	c	o	m									
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Phone 

(	6	0	7	)		6	4	8	-	4	8	0	9
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County 

B	r	o	o	m	e													
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 1 2 7

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID  
N Y R 2 0 A 1 2 7


**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  MI  Last Name

Title (Clearly print title of individual signing report)

Signature  


Date  
0 5 / 0 7 / 2 0 1 4

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

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

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

MCC form for period ending March 9, 

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

Name of MS4

Town of Conklin

SPDES ID

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

**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/inplementation 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

R o b e r t

MI

Last Name

J o n e s

Title

C o d e E n f o r c e m e n t O f f i c e r

Address

1 2 7 1 C o n k l i n R o a d

City

C o n k l i n

State

N Y

Zip

1 3 7 4 8 -

eMail

b j o n e s @ t o w n o f c o n k l i n . o r g

Phone

( 6 0 7 ) 7 7 5 - 3 4 5 6

County

B r o o m e

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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID  

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 2 5 5

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID

#### 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

MI

Last Name

Title (Clearly print title of individual signing report)

Signature



Date

/  /

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

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

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

MCC form for period ending March 9, 2014

Name of MS4 TOWN OF DICKINSON

SPDES ID  
N Y R 2 0 A 1 4 3

**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 MI Last Name  
M I C H A E L           M A R I N A C C I O

Title  
S U P E R V I S S O R

Address  
5 3 1   O l d   F r o n t   S t r e e t

City State Zip  
T o w n   o f   D i c k i n s o n      N Y      1 3 9 0 5 -

cMail  
M M A R I N A 1 9 1 @ A O L . C O M

Phone County  
( 6 0 7 ) 7 2 3 - 9 4 0 1      B r o o m e

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	1	3
---	---	---	---

Name of MS4 

T	O	W	N	O	F	D	I	C	K	I	N	S	O	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	1	4	3
---	---	---	---	---	---	---	---	---

#### 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 

M	I	C	H	A	E	L								
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

 MI 

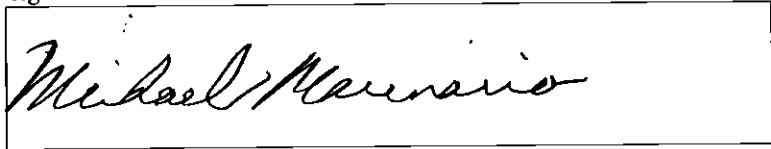
--

 Last Name 

M	A	R	I	N	A	C	C	I	O					
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

Title (Clearly print title of individual signing report)  

S	U	P	E	R	V	I	S	S	O	R																			
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature  


Date  

0	5		/	0	8		/	2	0	1	4
---	---	--	---	---	---	--	---	---	---	---	---

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

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

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

MCC form for period ending March 9, 2014

Name of MS4 Village of Endicott

SPDES ID  
N Y R 2 0 A 1 4 9

**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 MI Last Name  
K e n t D R a p p

Title  
E n g i n e e r i n g A i d e

Address  
1 0 0 9 E . M a i n S t r e e t

City State Zip  
E n d i c o t t N Y 1 3 7 6 0 -

eMail  
e n g i n e e r @ e n d i c o t t n y . c o m

Phone County  
( 6 0 7 ) 7 5 7 - 2 4 2 5 B r o o m e



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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 1 4 9

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID

N Y R 2 0 A 1 4 9

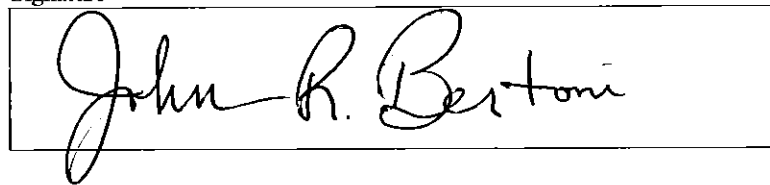
**Section 4 - Certification Statement**

"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  MI  Last Name

Title (Clearly print title of individual signing report)

Signature  


Date

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

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

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 7 8

**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 MI Last Name  
D a v i d      H a m l i n

Title  
T o w n   S u p e r v i s o r

Address  
4 4   P a r k   S t r e e t

City State Zip  
P o r t   C r a n e      N Y      1 3 8 3 3 - 1 5 0 4

eMail  
t f e n t o n - s u p v @ s t n y . r r . c o m

Phone County  
( 6 0 7 ) 6 4 8 - 4 8 0 0      b r o o m e

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  

N	Y	R	2	A	0	7	8
---	---	---	---	---	---	---	---

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID

**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.

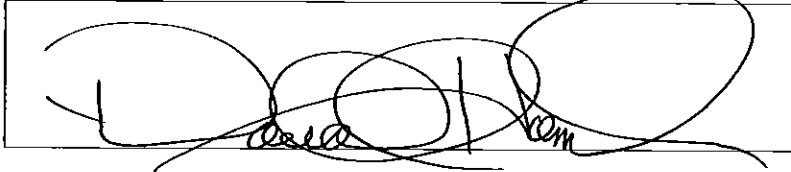
First Name

MI

Last Name

Title (Clearly print title of individual signing report)

Signature



Date

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

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

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

MCC form for period ending March 9, 

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

Name of MS4 

Village of Johnson City
-------------------------

SPDES ID

N	Y	R	2	0	A	1	0	1
---	---	---	---	---	---	---	---	---

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name 

R	o	b	e	r	t										
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

 MI 

A
---

 Last Name 

B	e	n	n	e	t	t									
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Title 

D	i	r	e	c	t	o	r		o	f		P	u	b	l	i	c		S	e	r	v	i	c	e	s						
---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Address 

2	4	3		M	a	i	n		S	t	r	e	e	t																			
---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City 

J	o	h	n	s	o	n		C	i	t	y							
---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

1	3	7	9	0	-			
---	---	---	---	---	---	--	--	--

eMail 

j	c	d	o	p	s	@	s	t	n	y	.	r	r	.	c	o	m														
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone 

(	6	0	7	)		7	9	7	-	3	0	3	1	
---	---	---	---	---	--	---	---	---	---	---	---	---	---	--

 County 

B	r	o	o	m	e									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID  
N Y R 2 0 A 1 0 1

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID

N Y R 2 0 A 1 0 1

#### Section 4 - Certification Statement

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

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

First Name

G r e g o r y

MI

W

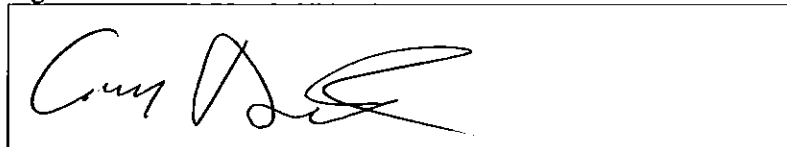
Last Name

D e e m i e

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

0 4 / 2 5 / 2 0 1 4

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

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



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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID  

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID  
N Y R 2 0 A 0 7 2

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2014

Name of MS4 

SPDES ID

**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	MI	Last Name
G o r d o n	E	K n i f f e n
Title		
S u p e r v i s o r		
Address		
7 0 C r e s c e n t D r i v e		
City	State	Zip
K i r k w o o d	N Y	1 3 7 9 5 -
eMail		
g o r d i @ t o w n o f k i r k w o o d . o r g		
Phone	County	
( 6 0 7 ) 7 7 5 - 1 3 7 0	B r o o m e	

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**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

G	o	r	d	o	n										
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

MI

E
---

Last Name

K	n	i	f	f	e	n												
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

S	u	p	e	r	v	i	s	o	r																											
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature

<i>Donna Truffi</i>
---------------------

Date

0	4	/	0	9	/	2	0	1	4
---	---	---	---	---	---	---	---	---	---

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

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

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID

## 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	MI	Last Name
D o n a l d		C a s t e l l u c c i J r

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

Address
2 3 5 4 S t a t e R o u t e 4 3 4

City	State	Zip
A p a l a c h i n	N Y	1 3 7 3 2 - 1 0 1 0

eMail
d c a s t e l l u c c i @ t o w n o f o w e g o .c o m

Phone	County
( 6 0 7 ) 6 8 7 - 0 1 2 3	T i o g a

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 7 9

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID

#### 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.

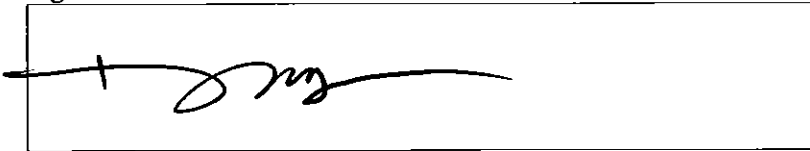
First Name

MI

Last Name

Title (Clearly print title of individual signing report)

Signature



Date

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

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

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

MCC form for period ending March 9, 2014

Name of MS4 VILLAGE OF PORT DICKINSON

SPDES ID  

N	Y	R	2	0	A	0	8	0
---	---	---	---	---	---	---	---	---

**Section 2 - Contact Information**

Important Instructions - Please Read

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

- Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 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	E	V	I	N							
---	---	---	---	---	--	--	--	--	--	--	--

 MI 

M
---

 Last Name 

B	U	R	K	E							
---	---	---	---	---	--	--	--	--	--	--	--

Title 

M	A	Y	O	R							
---	---	---	---	---	--	--	--	--	--	--	--

Address 

7	8	6		C	H	E	N	A	N	G	O	S	T	R	E	E	T				
---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

City 

B	I	N	G	H	A	M	T	O	N											
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

1	3	9	0	1			
---	---	---	---	---	--	--	--

eMail 

K	b	u	r	k	e	7	@	s	t	n	y	.	r	r	.	c	o	m			
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--

Phone 

(	6	0	7	)		7	7	1	-	8	2	3	3
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County 

B	r	o	o	m	e						
---	---	---	---	---	---	--	--	--	--	--	--



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

MCC form for period ending March 9, 

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

Name of MS4 

VILLAGE OF PORT DICKINSON
---------------------------

SPDES ID  

N	Y	R	2	0	A	0	8	0
---	---	---	---	---	---	---	---	---

**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."

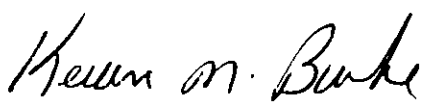
This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI	Last Name
K E V I N	M	B U R K E

Title (Clearly print title of individual signing report)

M A Y O R
-----------

Signature



Date

--	--	--	--	--	--	--	--	--	--

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

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

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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID  
N Y R 2 0 A 0 5 0

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2014

Name of MS4 Town of Union

SPDES ID

N Y R 2 0 A 0 5 0

**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	MI	Last Name
D A R I A	M	G O L A Z E S K I
Title		
D C P W C O D E S A N D O R D I N A N C E S		
Address		
3 1 1 1 E . M A I N S T R E E T		
City	State	Zip
E N D W E L L	N Y	1 3 7 6 0 -
eMail		
D G O L A Z E S K I @ T O W N O F U N I O N . C O M		
Phone	County	
( 6 0 7 ) 7 8 6 - 2 9 2 0	B R O O M E	

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A

**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 MI Last Name  
R O S E S O T A K

Title (Clearly print title of individual signing report)  
S U P E R V I S O R

Signature  
*Rose A. Jokat*

Date  
04 / 24 / 2014

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

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

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4 Town of Vestal

SPDES ID								
N	Y	R	2	O	A	0	6	4

#### 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	MI	Last Name
J o h n		S c h a f f e r

Title
T o w n   S u p e r v i s o r

Address
6 0 5   V e s t a l   P a r k w a y   W e s t

City	State	Zip
V e s t a l	N Y	1 3 8 5 0 -

eMail
J s h a f f e r @ v e s t a l n y . c o m

Phone	County
( 6 0 7 ) 7 4 8 - 1 5 1 4	B r o o m e

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 6 4

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 6 4


#### 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  MI  Last Name

Title (Clearly print title of individual signing report)

Signature  


Date

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

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

**MS4 Annual Report Form**

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

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

  
 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	C	0	0	2
---	---	---	---	---	---	---	---	---

**Water Quality Trends**

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

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

How many MS4s are contributed to this report? 

0	1	5
---	---	---

**1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.**  
 Yes     No

If Yes, choose one of the following

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

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

URL


URL


URL


URL




**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition																			
-----------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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? 

0	1	5
---	---	---

**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

T	o	w	n		C	l	e	a	n	u	p		D	a	y	s	,		F	l	o	o	d	i	n	g						
---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Other

**2. Specific audiences targeted during this reporting period:**

- Public Employees
- Residential
- Businesses
- Restaurants
- Other:
- Contractors
- Developers
- General Public
- Industries
- Agricultural

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other

### MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID  

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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 

		1	6	5
--	--	---	---	---
- Direct Mailings # Mailings 

--	--	--	--	--
- Kiosks or Other Displays # Locations 

				3
--	--	--	--	---
- List-Serves # In List 

			4	8
--	--	--	---	---
- Mailing List # In List 

			4	8
--	--	--	---	---
- Newspaper Ads or Articles Online ads ran through-out year # Days Run 

		1	6	4
--	--	---	---	---

 =TV/radio/print
- Public Events/Presentations # Attendees 

	2	8	0	2
--	---	---	---	---
- School Program # Attendees 

--	--	--	--	--
- TV Spot/Program # Days Run 

			3	5
--	--	--	---	---
- Printed Materials: Total # Distributed 

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

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

E	d	u	c	a	t	i	o	n	a	l	E	v	e	n	t	s		
M	u	n	i	/	S	W	C	D	O	f	f	i	c	e	s			
B	T	S	C	W	e	b	s	i	t	e								
B	r	o	o	m	e	L	i	b	r	a	r	y						

Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

URL

w	w	w	.	b	r	o	o	m	e	t	i	o	g	a	s	t	o	r	m	w	a	t	e	r	.	c	o	m	/	e	v
e	n	t	s																												

URL

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 C 0 0 2

3. Web Page cont.: Provide specific web addresses - not home page.

URL  
www.broometiogastormwater.com/co  
ntractors

URL  
www.broometiogastormwater.com/mi  
nmeasures

URL  
www.broometiogastormwater.com/mu  
nicipalities

URL  
www.broometiogastormwater.com/re  
sidents

URL  
www.broometiogastormwater.com/re  
sources

URL  
www.gobroomecounty.com/solidwast  
e/recycling

URL  
www.WaterFromRain.org

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Broome-Tioga Stormwater Coalition

SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.**

To produce and utilize a unified Coalition public outreach campaign, branded "water from rain".

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

A coalition website geared to reach the residents and businesses in the Broome Tioga MS4 was developed and launched in the year. Several TV and radio ads were produced, and aired to public to promote the website. The ads first ran on February 2, 2014. As of March 9, 2014, the website had 304 unique visitors, with 1413 page views and a bounce rate of just 3.43%.

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

	3	0	4
--	---	---	---

*(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).**

Promote the "water from rain" campaign and use of public website. Attend 3 public events to promote stormwater awareness. Establish municipal fee schedule to schedule regular advertisements to promote stormwater awareness campaign.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Broome-Tioga Stormwater Coalition

SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.**

Inform local businesses and developers about best management practices for pollution prevention and stormwater management.

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

Development proposals submitted to the Counties for review under GML 239 are reviewed for stormwater impacts. Advice is given regarding BMP's for uses that may have stormwater impacts. There were a total of 188 239 reviews this reporting year.

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

	1	8	8
--	---	---	---

(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

Continue to provide guidance for businesses and developers through the 239 review process.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID  

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.I. Submit additional pages as needed.

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

Inform local businesses and developers about best management practices for pollution prevention and stormwater management.

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

Broome County Planning hosted an intern that developed guidance documents for hotspot businesses that may potentially have stormwater impacts. These were business dealing with animal handling, auto industry, lawn maintenance and restaurants.

**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).**

While the content of the fact sheets is complete, formatting will be finalized and will begin to distribute to businesses when they apply for permits or otherwise interact with municipal entities.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.**

Promote stormwater awareness and education for the general public at local events, through BTSC events, and mailings. Topics include green infrastructure, general stormwater information, best management practices, kids activities, solid waste, composting, grasscycling, hazardous waste management. Promote websites, [www.BroomeTiogaStormwater.com](http://www.BroomeTiogaStormwater.com) and [www.waterfromrain.org](http://www.waterfromrain.org) at these events. Incorporate hands on activities such as a rain garden simulation and enviroscape model.

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

2013-2014 Events: Earth Day Southern Tier Earth Fest, 2500 ppl; Waterman Conservation Earth Day, 100 ppl; Broome Riverbank Cleanup participants, info distributed to 157 ppl; Rogers Environmental Education Center Earth Fest (Enviroscape Demo), 30 ppl; Tioga SWCD Stormwater Presentation to Kiwanis Club, 15 ppl; Distribution of information in municipalities' local newsletters.

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

			6
--	--	--	---

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

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

Yes  No

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

Yes  No

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

Expand the variety of materials distributed and the audiences reached. Incorporate events that reach a broader demographic (i.e. downtown festivals, sporting events) Distribute additional materials developed through the public education and outreach marketing campaign, recently completed.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

-Develop demonstration projects at municipal facilities. Incorporate educational signage/kiosks.  
-Develop a green infrastructure promotion and education program - "Green Infrastructure Implementation Program".

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

Have identified sites for demonstration projects at locations where municipal projects are currently in development: the Southern Tier Regional Farmers Market, Washington Avenue Commons and Ross Park Zoo Amphitheater. Grant applications have been submitted for for the design and construction of the green infrastructure components of the projects, as well as for additional educational programming targeting the general public, as well as municipalities and developers.

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

			2
--	--	--	---

*(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 SWMP?**

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 to wait for announcements of grant awards. If funding is not awarded, will continue to seek a source of funding for green infrastructure demonstration projects and programming.



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.**

Develop a public education and outreach marketing campaign. This includes development of a branding strategy for public education efforts, website, development of TV ads, development of radio ads, development of print material, and an implementation and tracking strategy.
--

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

With assistance of marketing consultant, developed a new public education campaign branded as the "Water From Rain" program. A webpage was developed at <a href="http://www.waterfromrain.org">www.waterfromrain.org</a> . Other materials developed included 1 minute long commercial, 3 thirty second commercials, 1 radio spot, and an educational brochure. The site has been live and commercials have been airing since February 2014.
--

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

			7
--	--	--	---

*(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).**

Will continue to promote program and air commercials in the coming year. Plan to hold an official launch of the campaign in Spring/Summer 2014.
---

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.**

Make printed stormwater education materials readily available to the general public including youth, homeowners and businesses. Make literature and displays available at MS4 and partner offices, on MS4 and BTSC websites and at outreach events. Promote the BTSC websites, [www.waterfromrain.org](http://www.waterfromrain.org) and [www.BroomeTiogaStormwater.com](http://www.BroomeTiogaStormwater.com) as mechanisms for sharing information with the general public.

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

Materials available for display at 15 MS4's, Cornell Cooperative Extension, Broome and Tioga Soil and Water offices, Broome County Library (Solid waste, composting, grasscycling, hazardous waste management, green infrastructure, general stormwater information, kids activities). Materials and information are also incorporated into the websites.

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

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

*(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).**

Expand the variety of materials distributed and the audiences reached. Expand temporary or permanent displays into other municipally owned facilities and/or local businesses (i.e. Regional Farmers Market soon to be under construction).

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Broome-Tioga Stormwater Coalition

SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.I. Submit additional pages as needed.

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

The Broome County Division of Solid Waste Management continued promotion of its program, serving both Broome and Tioga Counties. Topics include HHW, electronics recycling, grasscycling, composting, illegal dumping and others. On behalf of DSWM, Cornell University Cooperative Extension continues to promote the HHW program for use by farmers for pesticides and chemicals.

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

- Newspaper ads (print and online) with collection schedule, six full color ads, 60,000 web island impressions - TV and Radio ads promoting HHW, electronics recycling and expansion of curbside recycling, 477 total commercials - Printed Materials - distributed 1000 recycling guides - The HHW and electronics program are also highlighted on the Broome County Div of Solid Waste Mgmt website.

**C. How many times was this observation measured or evaluated in this reporting period?**61,486 ads 

--	--	--	--

*(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 Solid Waste Outreach are established and when new opportunities arise. Further develop promotional materials for use in local media and educational campaigns. Develop additional topical brochures.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.**

Develop a mechanism for measuring the general public's awareness and behaviors related to stormwater issues.

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

A survey was developed for completion online and in print to assess public awareness. The survey was distributed throughout the Spring and Summer of 2013. Municipal employees (from all departments) were specifically targeted. It was also distributed at all of the the events held during that time period. The survey received a total of 450 responses.

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

	4	5	0
--	---	---	---

*(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).**

Survey responses will continue to be used to guide education efforts. Green infrastructure was identified as an area where more education is needed and will be the focus of the next phase of the public education campaign.

The survey will be repeated in 3 years to assess the effectiveness of the program.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

Name of MS4/Coalition

Broome-Tioga Stormwater Coalition

SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.**

Assist MS4s by implementing training programs and providing training materials for municipal officials and employees, as well as local developers and contractors.

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

- Broome/Tioga SWCD, Sediment and Erosion Control (4/10/13, 5/9/13, 10/29/13, 2/13/14); 165 ppl
- BTSC sponsored a Construction Site Inspection Training (October 2013) - 22 muni reps
- Good Housekeeping and IDDE training videos. Viewing was held in February 2014. 20 muni reps
- Broome County Planning hosted Municipal Board Training on Stormwater (June 2013) - 48 ppl
- Munis reported on participation in these events under additional MCMs.

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

			7
--	--	--	---

(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).**

Develop a training schedule for the coming years. Continued sediment and erosion control trainings, additional trainings for good housekeeping program development, green infrastructure training. Assess opportunities for additional topics.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

Name of MS4/Coalition Broome-Tioga Stormwater Coalition

SPDES ID NYR 2 0 C 0 0 2

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? 0 1 5

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 2
Comments on SWMP Received # Comments 0
Community Hotlines Phone # (6 0 7) 7 7 8 - 3 8 6 7
Community Meetings # Attendees 5 0
Storm Drain Markings # Drains 1 0 5 0
Stakeholder Meetings # Attendees 4 8
Volunteer Monitoring # Events 3
Other: H H W / E l e c t r o n i c s , T r e e s a l e s

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes No

- List-Serve # In List 4 8
Newspaper Advertising # Days Run 1
TV/Radio Notices # Days Run
Other: W e b s i t e

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, 2014

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	C	0	0	2
---	---	---	---	---	---	---	---	---

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

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

URL

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

URL

w	w	.	t	i	o	g	a	c	o	u	n	t	y	n	y	.	c	o	m	/	d	e	p	a	r	t	m	e	n	t		
s	/	e	c	o	n	o	m	i	c	-	d	e	v	e	l	o	p	m	e	n	t	-	p	l	a	n	n	i	n	g	/	
b	r	o	o	m	e	-	t	i	o	g	a	-	s	t	o	r	m	w	a	t	e	r	-	c	o	a	l	i	t	i	o	n

URL

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

URL


URL


URL


URL


### MS4 Annual Report Form

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

2	0	1	3
---	---	---	---

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition																			
-----------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

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

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

URL


URL


URL


URL


URL


URL


URL




**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition  SPDES ID

**3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?**

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department

Address

City

                 -    

Zip

Phone

        -    

Library  Annual Report  SWMP Plan  Comments

Address

City

Zip

Phone

Other  Annual Report  SWMP Plan  Comments

Address

                        St.

City

            - 

Zip

Phone

        -    

Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Broome-Tioga Stormwater Coalition

SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

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	/	3	0	/	2	0	1	4
---	---	---	---	---	---	---	---	---	---

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

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

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	/	3	0	/	2	0	1	4
---	---	---	---	---	---	---	---	---	---

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	1	4
---	---	---	---

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID  

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.**

Promote benefits of community participation in stream and river cleanup programs and storm drain stenciling projects. Aim to improve water quality by reducing non-point source pollution. Inform public about sources of and solutions to water pollution. Involve the public, students, and local service organization.

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

Broome County Riverbank Cleanup (10/5/13) - 157 volunteers, 2.5 tons of trash collected  
Tioga County Stream Cleanups (May & October 2013) - 100 volunteers.

**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).**

-Continued recruitment of volunteer groups.  
- Transition gradually into a more long-term, "Adopt-a-stream" program in Broome with volunteer interest.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID  

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.**

Expand public involvement in development of stormwater programs and reporting of stormwater issues or concerns.

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

Created a fact sheet "Detecting and Reporting Illicit Discharges". Educates the public on how to recognize an illicit discharge and who to call to report it. Distributed to riverbank cleanup participants who were also asked to report anything they noticed during the cleanup (157 people).

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

			1
--	--	--	---

*(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).**

Establish clear protocol for receipt of complaints. Further distribute fact sheet.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID  

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.**

Encourage public participation in stormwater education efforts through storm drain marking program.

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

BTSC initially purchased 11,110 storm drain markers for all storm drain inlets in the 15 MS4 communities. Last year 6775 had installed them. In this reporting year, an additional 1050 have been distributed.

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

1	0	5	0
---	---	---	---

*(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).**

Encourage/assist MS4 communities with installing remaining markers. Develop educational insert describing what markers are/what they are for. Distribute via events and kiosks.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.**

Continued promotion regarding the proper management and disposal of household hazardous waste and electronics in Broome and Tioga Counties. Continued collection from Conditionally Exempt Small Quantity Generators of hazardous waste. Conducted tours of the Broome County Landfill.

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

Broome County Solid Waste held 31 HHW & Electronics collections for 3146 Broome & 191 Tioga households. There were 85 CESQGs from Broome and Tioga. Together Broome and Tioga County collected 111.2 total tons of household hazardous waste, 106.49 tons of electronics. Broome County held 9 landfill tours.

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

		4	0
--	--	---	---

*(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 established programs.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Broome-Tioga Stormwater Coalition
-----------------------------------

SPDES ID

N	Y	R	2	0	C	0	0	2
---	---	---	---	---	---	---	---	---

**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.**

Incorporate public workshops/demonstrations with a focus on green infrastructure to promote public participation.

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

Educational materials, "Managing Stormwater at Home" brochure, were distributed in this reporting year to educate about green infrastructure for homeowners to increase awareness. Grant application was submitted to obtain funding toward development of green infrastructure educational programming that includes a public participation component involving workshops, visiting demonstration sites, and a green infrastructure expo with product demonstrations.

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

			2
--	--	--	---

*(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).**

Implement green infrastructure programming if funding is awarded. Continue to seek funding if it is not.

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: BROOME COUNTY

SPDES ID  

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

### Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report? 1

1. Enter the number and approx. percent of outfalls mapped: 476 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 417

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

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

EQUIMENT STORAGE IN PARKS

Sewersheds:





**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

BROOME COUNTY																			
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

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

**8. URL(s) con't.:**

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

URL  


URL  


URL  


URL  


URL  


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

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
---	---

 %

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID  

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

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #3D -- is to install markers on 100% of the County-owned storm drain CB's and DI's within the MS4 area.

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

This is a new goal and objectives have not been met in the 2013-2014 reporting period.

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

			0
--	--	--	---

*(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 SWMP?**

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 SWMP identifies that this process will begin during the 2013-2014 reporting period. All County resources were spent on measurable goals #3A and #3B this past summer, so markers will be installed on the 20% of outfalls inspected during the 2014-2015 reporting period.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

BROOME COUNTY									
---------------	--	--	--	--	--	--	--	--	--

SPDES ID  

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

**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.**

MEASURABLE GOAL #3A -- is to verify that 100% of County-owned outfalls have been mapped and identified within the MS4 boundaries, including those located at all County-owned facilities. SWMP includes schedule to confirm mapping and check all facilities within the 2013-2014 reporting period.

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

All of the outfalls within the County roadways (and within the designated MS4 boundaries) have been verified and relocated using GPS equipment during the 2013-2014 reporting period.

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

4	7	6
---	---	---

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

During the summer of 2014 facility outfalls will be filed verified and mapped by DPW staff.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID

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

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #3B -- is to complete reconnaissance inventory of 20% of County-owned outfalls within the MS4 boundary annually.

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

Goal objectives have been met during the 2013-2014 reporting year. During the 2013 summer season engineering division staff remapped 476 outfalls and inspected 471 of the mapped County outfalls within County right-of-ways with the MS4 boundaries. Staff also put together an ongoing program to inspect 20% of these outfalls beginning in 2014.

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

4	1	7
---	---	---

(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 SWMP?**

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 with inspection program developed in 2013. Incorporate outfalls at county facilities as good housekeeping program is finalized and implemented.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

B	R	O	O	M	E		C	O	U	N	T	Y
---	---	---	---	---	---	--	---	---	---	---	---	---

SPDES ID  

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

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #3C -- is to develop and pass a local IDDE law in Broome County in accordance with the State's model IDDE law.

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

Goal objectives have not been met in the 2013-2014 reporting period.

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

			0
--	--	--	---

*(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 SWMP?**

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 SWMP identifies that this local law will be established by Broome County and enacted by the end of the 2013-2014 reporting period. A draft of the IDDE local law has been started and will be completed and enacted during the 2014-2015 reporting period.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID  

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

**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.**

MEASURABLE GOAL #3E -- is to establish a dedicated IDDE hotline and to advertise this hotline and list it on the storm water website. This goal also includes creating centralized tracking and reporting of IDDE complaints with information related to follow-up.

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

This is a new goal and objectives have not been met in the 2013-2014 reporting period.

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

			0
--	--	--	---

*(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 SWMPP identifies that the hotline portion of this goal to be implemented during the 2013-2014 reporting period. This item will be added to the 2014-2015 MS4 action item list.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID  

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

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #3F -- is to educate and inform 100% of Broome County staff about IDDE's - what they are, how to report them, and how to address them. This goal is cross referenced with coalition activities related to public education, but will be directed specifically to county employees.

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

With the beginning steps to develop and implement specific good housekeeping guidelines and documents for all County Facilities within the MS4 boundaries, IDDE training videos were watched by the 13 facility MS4 coordinators, in addition to engineering and planning staff.

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

		1	8
--	--	---	---

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

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

Yes  No

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

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 period efforts will be made to increase County staff awareness and understanding of IDDE issues through good housekeeping training, coalition activities, and through the anticipated county stormwater website (see goal #6D).



### MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

BROOME COUNTY									
---------------	--	--	--	--	--	--	--	--	--

SPDES ID  

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

#### 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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #3G -- is to inform and educate businesses and industries about the negative environmental impacts of illegal dumping, as well as chemical and hazardous waste spills, and to encourage the use of BMP's to prevent and control these. This is to be done through the County 239 review process, which is an advisory capacity only.

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

Broome County Planning and Engineering staff continue to review and analyze 239 development reviews where BMP's were incorporated or included as advisory comments to municipalities as appropriate.

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

			0
--	--	--	---

(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 SWMP?

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).

For this next reporting period we need to create a better tracking system through County Planning to count the number of times these educational issues are being addressed through the 239 review process. Besides this modification, the program goal is to continue these reviews as established.





### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

Name of MS4/Coalition TIOGA COUNTY

SPDES ID  
N Y R 2 0 A 0 4 7

**8. URL(s) con't.:**

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

URL  
[Grid for URL entry]

URL  
[Grid for URL entry]

URL  
[Grid for URL entry]

URL  
[Grid for URL entry]

URL  
[Grid for URL entry]

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? [ ] [ ] 0 %

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

TIOGA COUNTY									
--------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

**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.**

-Tioga County Public Works continues to follow the best management practices as defined in the "Tioga County and Town of Owego Stormwater Management Program Plan", which is effective through April 31, 2015.  
-No new catch basins or outfalls have been constructed or discovered since the last report.

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

No illicit discharges detected.

**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).**

-Catchment basins and outfalls are inspected 3 times per year  
-Town of Owego Highway Department performs all cleaning and maintenance on the stormwater system under Tioga County's MS4 area of jurisdiction per intermunicipal agreement.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

Name of MS4/Coalition City of Binghamton

SPDES ID  
N Y R 2 0 A 3 4 1

### Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report? 1

1. Enter the number and approx. percent of outfalls mapped: 2 0 0 # 9 8 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 1 5 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
- Other:
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None

City streets

Sewersheds:



MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition City of Binghamton

SPDES ID NYR20A341

8. URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page

URL
[Grid of 30 empty boxes for URL entry]

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? 0%



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

City of Binghamton									
--------------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	3	4	1
---	---	---	---	---	---	---	---	---

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

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

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

Conducted Outfall Reconnaissance Inventory. Updated outfall map and inventory. created database of SWPPPs, Reviewed IDDE Ordinance. Cleaned and inspected all Catch basins. Updated list of non stromwater discharges. Investigated and eliminated all reported illicit discharges. Reviewed IDDE Program. Created outfall watershed map. Created a SWPPP review practical. Implemented educational measures through distribution of water bills.

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

Outfall Mapping in in progress to make the inventory 100%. Reviewing of ordinances is ongoing. 1674 drain structures were cleaned and inspected. Replaced 60 Catch Basins. Repaid 4 manholes. installed 81 new castings. 23 "No Bumping Drains To River" markers installed on catchbasins.

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

			1
--	--	--	---

(ex.: samples/particlpants/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 outfall reconnaissance inventory. Review of ordinance, catchbasin cleaning, illicit discharge detection investigation, and installation of catchbaisn markers will be on going. Training in IDDE for all staff.







**MS4 Annual Report Form**

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

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

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 Binghamton

SPDES ID

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

**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.**

Conduct outfall inspections, assess potential for illicit discharges from municipal operations, install catch basin markers, adopt illicit discharge trackdown procedures.

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

Outfall inspections completed, assessment of municipal operations completed, catch basin markers installed, illicit discharge trackdown procedures adopted.

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

			4
--	--	--	---

*(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 to enforce IDDE law  
 Finish installing catch basin markers  
 Investigate reported or observed incidences of illegal discharge.  
 Continue to inform the public through the coalition, Town website and Town newsletter.



## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

T	O	W	N		O	F		D	I	C	K	I	N	S	O	N
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---

SPDES ID 

N	Y	R	2	0	A	1	4	3
---	---	---	---	---	---	---	---	---

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

- |  |  |
|--|--|
| <input type="radio"/> Broken Lines From Sanitary Sewer       | <input type="radio"/> Industrial Connections         |
| <input type="radio"/> Cross Connections                      | <input type="radio"/> Inflow/Infiltration            |
| <input type="radio"/> Failing Septic Systems                 | <input type="radio"/> Pump Station Failure           |
| <input type="radio"/> Floor Drains Connected To Storm Sewers | <input type="radio"/> Sanitary Sewer Overflows       |
| <input type="radio"/> Illegal Dumping                        | <input type="radio"/> Straight Pipe Sewer Discharges |
| <input type="radio"/> Other:                                 | <input checked="" type="radio"/> None                |

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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?

	3	0	%
--	---	---	---

**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


URL


**MS4 Annual Report Form**

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

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

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 DICKINSON																			
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	1	4	3
---	---	---	---	---	---	---	---	---

**8. URL(s) con't.:**

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

URL


URL


URL


URL


URL


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

**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
---	---	---

 %



**MS4 Annual Report Form**

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

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

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 DICKINSON
-------------------

SPDES ID  

N	Y	R	2	0	A	1	4	3
---	---	---	---	---	---	---	---	---

**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.**

ILLICIT DISCHARGES FOUND

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

FOUND ILLICIT DISCHARGES ARE TARGETD FOR ENFORCEMENT AND ELIMINATED AS SOON AS POSSIBLE.

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

	1	2	5
--	---	---	---

(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).**

ALL PUBLIC WORKS EMPLOYEES WILL BE DIRECTED TO LOOK FOR AND REPORT ALL ILLICIT DISCHARGES  
  
WE HAVE A DECIDATED WEB SITE AND WILL BE PUTTING ALL MS4 RELATED MATERIAL ON IT.



### MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

T	o	w	n	o	f	C	h	e	n	e	n	g	o
---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	1	2	7
---	---	---	---	---	---	---	---	---

**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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

--	--	--

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

--	--	--

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

--	--	--

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?

1	0	0	%
---	---	---	---

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  

B	r	o	o	m	e		C	o	u	n	t	y		G	I	S														
h	t	t	p	:	/	/	b	r	o	o	m	e	g	i	s	.	c	o	.	b	r	o	m	e	.	n	y	.	u	s
/	w	e	b	s	i	t	e	/	g	i	s	w	e	b	/	g	i	s	a	p	p	s	.	h	t	m				

URL  




**MS4 Annual Report Form**

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

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

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 Chenengo
------------------

SPDES ID  

N	Y	R	2	0	A	1	2	7
---	---	---	---	---	---	---	---	---

**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.**

Finding no illicit discharges. The Town website now includes information on Illicit Discharges, as well as links to the NYSDEC for complaint reporting and Town of Chenengo "Illicit Discharge Report Citizen Complaint Form".

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

No discharges found.

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

			1
--	--	--	---

(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).**

Develop mapping areas investigated and a log. Possibly initiate water sampling program at outfalls.



### MS4 Annual Report Form

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

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

  
 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 Conklin																			
-----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

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

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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?                         

			%
--	--	--	---

**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  

h	t	t	p	:	/	/	b	r	o	o	m	e	g	i	s	.	c	o	.	b	r	o	o	m	e	.	n	y	.	u	s
/	w	e	b	s	i	t	e	/	b	r	o	o	m	e	/	p	u	b	l	i	c	/	p	r	o	p	i	n	f	o	/
v	i	e	w	e	r	.	h	t	m	?	m	u	n	i	=	p	a	r	c	e	l	s	p	u	b	&	P	A	R	C	E

URL  

L	L	A	B	E	L	=	1	0	0	0	0	0	0	0	&	L	A	Y	E	R	S	=	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0





**MS4 Annual Report Form**

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

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

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 Conklin
-----------------

SPDES ID  

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

**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.**

Measurable goal is to locate and map all outfalls within the Town boundary. Once located and mapped the goal is to routinely inspect the outfalls during dry weather conditions and identify and eliminate illicit discharges if found.

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

Since the local IDDE Law was passed the Town has not detected any illicit discharges.

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

			1
--	--	--	---

*(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 to do annual outfall inspections to identify illicit discharges especially during dry weather conditions.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition Village of Endicott

SPDES ID  
NYR20A149

### 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:  #  %

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

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

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

Sewersheds:

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition

SPDES ID

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

- Broken Lines From Sanitary Sewer       Industrial Connections
- Cross Connections       Inflow/Infiltration
- Failing Septic Systems       Pump Station Failure
- Floor Drains Connected To Storm Sewers       Sanitary Sewer Overflows
- Illegal Dumping       Straight Pipe Sewer Discharges
- Other:       None
- |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

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

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

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

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? %

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

<input type="text" value="W"/>	<input type="text" value="W"/>	<input type="text" value="W"/>	<input type="text" value="."/>	<input type="text" value="G"/>	<input type="text" value="O"/>	<input type="text" value="B"/>	<input type="text" value="R"/>	<input type="text" value="O"/>	<input type="text" value="O"/>	<input type="text" value="M"/>	<input type="text" value="E"/>	<input type="text" value="C"/>	<input type="text" value="O"/>	<input type="text" value="U"/>	<input type="text" value="N"/>	<input type="text" value="T"/>	<input type="text" value="Y"/>	<input type="text" value="."/>	<input type="text" value="C"/>	<input type="text" value="O"/>	<input type="text" value="M"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text" value="G"/>	<input type="text" value="I"/>	<input type="text" value="S"/>	<input type="text" value=" "/>	<input type="text" value="P"/>	<input type="text" value="O"/>	<input type="text" value="R"/>	<input type="text" value="T"/>	<input type="text" value="A"/>	<input type="text" value="L"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="S"/>	<input type="text" value="T"/>	<input type="text" value="O"/>	<input type="text" value="R"/>	<input type="text" value="M"/>	<input type="text" value=" "/>	<input type="text" value="W"/>	<input type="text" value="A"/>	<input type="text" value="T"/>	<input type="text" value="E"/>	<input type="text" value="R"/>	<input type="text" value=" "/>	<input type="text" value="O"/>	<input type="text" value="U"/>	<input type="text" value="T"/>	<input type="text" value="F"/>	<input type="text" value="A"/>	<input type="text" value="L"/>	<input type="text" value="L"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

URL

<input type="text" value="O"/>	<input type="text" value="N"/>	<input type="text" value="L"/>	<input type="text" value="I"/>	<input type="text" value="N"/>	<input type="text" value="E"/>	<input type="text" value=" "/>	<input type="text" value="M"/>	<input type="text" value="A"/>	<input type="text" value="P"/>	<input type="text" value=" "/>	<input type="text" value="C"/>	<input type="text" value="O"/>	<input type="text" value="L"/>	<input type="text" value="L"/>	<input type="text" value="E"/>	<input type="text" value="C"/>	<input type="text" value="T"/>	<input type="text" value="I"/>	<input type="text" value="O"/>	<input type="text" value="N"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text" value="M"/>	<input type="text" value="U"/>	<input type="text" value="N"/>	<input type="text" value="I"/>	<input type="text" value="C"/>	<input type="text" value="I"/>	<input type="text" value="P"/>	<input type="text" value="A"/>	<input type="text" value="L"/>	<input type="text" value=" "/>	<input type="text" value="S"/>	<input type="text" value="T"/>	<input type="text" value="O"/>	<input type="text" value="R"/>	<input type="text" value="M"/>	<input type="text" value="W"/>	<input type="text" value="A"/>	<input type="text" value="T"/>	<input type="text" value="E"/>	<input type="text" value="R"/>	<input type="text" value=" "/>	<input type="text" value="O"/>	<input type="text" value="U"/>	<input type="text" value="T"/>	<input type="text" value="F"/>	<input type="text" value="A"/>	<input type="text" value="L"/>	<input type="text" value="L"/>	<input type="text" value="S"/>
<input type="text" value="M"/>	<input type="text" value="A"/>	<input type="text" value="P"/>	<input type="text" value=" "/>	<input type="text" value="#"/>	<input type="text" value=" "/>	<input type="text" value="9"/>	<input type="text" value=" "/>	<input type="text" value="V"/>	<input type="text" value="I"/>	<input type="text" value="L"/>	<input type="text" value="L"/>	<input type="text" value="A"/>	<input type="text" value="G"/>	<input type="text" value="E"/>	<input type="text" value=" "/>	<input type="text" value="O"/>	<input type="text" value="F"/>	<input type="text" value=" "/>	<input type="text" value="E"/>	<input type="text" value="N"/>	<input type="text" value="D"/>	<input type="text" value="I"/>	<input type="text" value="C"/>	<input type="text" value="O"/>	<input type="text" value="T"/>	<input type="text" value="T"/>	<input type="text"/>	<input type="text"/>



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Endicott
---------------------

SPDES ID  

N	Y	R	2	0	A	1	4	9
---	---	---	---	---	---	---	---	---

**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.**

Between 700 and 750 Stormwater Markers were attached to Catch Basins. No Dumping Drains to the River during June, July and August of 2013.

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

People would ask questions about what they were doing. They would explain that they were attaching Storm Water Markers to the Catch Basins to inform and educate people that the storm water that drained into these basins went directly to the Susquehanna River.

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

		2	5
--	--	---	---

*(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).**

Train Village Employees in all Departments using the Training Videos from Broome County Soil and Water Conservation.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition:

SPDES ID  
N Y R 2 0 A 0 7 8

### 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:     27 #    85 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?    27

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 Plateing 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

All within the MS4

Sewersheds:

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2014**

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 Fenton

SPDES ID  
NYR20A078

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

- |  |  |
|--|--|
| <input type="radio"/> Broken Lines From Sanitary Sewer       | <input type="radio"/> Industrial Connections         |
| <input type="radio"/> Cross Connections                      | <input type="radio"/> Inflow/Infiltration            |
| <input type="radio"/> Failing Septic Systems                 | <input type="radio"/> Pump Station Failure           |
| <input type="radio"/> Floor Drains Connected To Storm Sewers | <input type="radio"/> Sanitary Sewer Overflows       |
| <input type="radio"/> Illegal Dumping                        | <input type="radio"/> Straight Pipe Sewer Discharges |
| <input type="radio"/> Other:                                 | <input checked="" type="radio"/> None                |

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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?

	8	5	%
--	---	---	---

**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


URL


### MS4 Annual Report Form

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

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

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 Fenton
----------------

SPDES ID  

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

**8. URL(s) con't.:**

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

URL


URL


URL


URL


URL


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

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?      

2	5
---	---

 %



**MS4 Annual Report Form**

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

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

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 Fenton
----------------

SPDES ID  

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

**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.**

Via annual inspection of Outfalls Identified within the MS4.

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

Surveying each identified outfall increases confidence that Illicit Discharges are not an issue within the MS4

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

			1
--	--	--	---

(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).**

Inspect/Survey additional outfalls recently identified within the MS4. Map the outfalls and determine the storm sewersheds for them.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

Name of MS4/Coalition

Village of Johnson City

SPDES ID

N Y R 2 0 A 1 0 1

**Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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

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

How many MS4s contributed to this report? 0 0 1

1. Enter the number and approx. percent of outfalls mapped: 1 8 # 1 0 0 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0 1 8

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

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

R e s i d e n t i a l V e h i c l e M a i n t e n a n c e

Sewersheds:

[Empty grid for Sewersheds]





**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Johnson City
-------------------------

SPDES ID  

N	Y	R	2	0	A	1	0	1
---	---	---	---	---	---	---	---	---

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

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

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

With the training of the Village's Refuse, Street, Sanitary Sewer & Water Departments the employees are on the streets daily and are aware to notify their supervisors of any Illicit Discharges. The Code Enforcement works closely with the DPW in identifying and enforcing the Village Code regarding illicit discharges.

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

During the reporting year 1 illicit discharge was documented and has been eliminated. It was; yard waste mixed with garbage was being dumped along the Susquehanna River beneath the NYS Route 201 bridge.

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

			1
--	--	--	---

*(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 Village will continue to train employees to be aware of illicit discharges during their daily activities and to notify their supervisors as necessary.



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

Name of MS4/Coalition

SPDES ID

**3.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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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?

		%
--	--	---

**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

h	t	t	p	:	/	/	b	r	o	o	m	e	g	i	s	.	c	o	.	b	r	o	o	m	e	.	n	y	.	u	s
/	w	e	b	s	i	t	e	/	b	r	o	o	m	e	/	p	u	b	l	i	c	/	p	r	o	p	i	n	f	o	/
v	i	e	w	e	r	.	h	t	m	?m	u	n	i	=	p	a	r	c	e	l	s	p	u	b	&	P	A	R	C	E	

URL

L	L	A	B	E	L	=	1	0	0	0	0	0	0	0	0	&	L	A	Y	E	R	S	=	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

**MS4 Annual Report Form**

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

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

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 Kirkwood
------------------

SPDES ID  

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**8. URL(s) con't.:**

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

URL  

0	0	0	0	0	0	0	0												

URL  


URL  


URL  


URL  


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

**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
---	---	---

 %



**MS4 Annual Report Form**

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

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

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 Kirkwood
------------------

SPDES ID  

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**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.**

Measurable goal is to locate and map all outfalls within the Town boundary. Once located and mapped the goal is to routinely inspect the outfalls during dry weather conditions and identify and eliminate illicit discharges if found.

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

Since the local IDDE Law was passed the Town has not detected any illicit discharges.

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

			1
--	--	--	---

*(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 to do annual outfall inspections to identify illicit discharges especially during dry weather conditions.







**MS4 Annual Report Form**

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

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

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 Owego

SPDES ID

N	Y	R	2	0	A	0	7	9
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Using GPS units, mapping of catch basins and installation of 560 storm drain markers by intern.

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

Additional catch basins will be mapped that were discovered while installing storm drain markers

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

	5	6	0
--	---	---	---

*(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 SWMP?**

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 of Owego will utilize the EPA Outfall Reconnaissance Inventory/Sample Collection Field Sheet while inspecting all outfalls









**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition: 

VILLAGE OF PORT DICKINSON
---------------------------

SPDES ID  

N	Y	R	2	0	A	0	8	0
---	---	---	---	---	---	---	---	---

**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.**

ILLICIT DISCHARGES FOUND

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

FOUND ILLICIT DISCHARGES ARE TARGETED FOR ENFORCEMENT AND ELIMINATED AS SOON AS POSSIBLE

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

1	5	0
---	---	---

*(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).**

BOTH PUBLIC WORKS EMPLOYEES WILL BE DIRECTED TO LOOK FOR AND REPORT ALL ILLICIT DISCHARGES.  
  
WE HOPE TO HAVE A DEDICATED WEB SITE WITH ALL MS4 MATERIAL AND ACTIVITIES BY THE END OF THE REPORTING PERIOD. Waited for Dickinson.







**MS4 Annual Report Form**

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

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

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 Union
---------------

SPDES ID

N	Y	R	2	0	A	0	5	0
---	---	---	---	---	---	---	---	---

**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.**

Code enforcement responds to complaints about dumping into stream channels and illegal dumping into storm system. New outfalls are mapped with new development. Stormwater markers have been obtained.

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

Code enforcement has increase fire safety inspections for businesses and look for illegal discharges during inspections. Town participates in CRS program and checks certain choke points in streams periodically. Put in bid documents for lawn cutting that contractor cannot discharge cuttings into street. Previous offenders where not observed to be in violation this year.

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

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

(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).**

Need to install more storm drain markers to make public aware that illegal dumping not permitted.









**MS4 Annual Report Form**

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

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

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 Vestal

SPDES ID

N	Y	R	2	0	A	0	6	4
---	---	---	---	---	---	---	---	---

**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 (SWMPF), including requirements in Part III.C.1. Submit additional pages as needed.

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

map, prioritize and inspect outfalls
investigate and confirm source pollution
clean catch basins

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

mapping of storm outfalls near completion
found 1 pollution source
numerous catch basins cleaned

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

			1
--	--	--	---

(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 SWMPF?** Yes  No**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

complete sanitary smoke testing
inspect outfalls

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

BROOME COUNTY

SPDES ID

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

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

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

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

How many MS4s contributed to this report? 

		1
--	--	---

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

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

09/2004  03/2006  NT

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

		0
--	--	---
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
--	--	---
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:

- Notices of Violation # 

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

 No Authority
- Stop Work Orders # 

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

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

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

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

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

 No Authority
- Other # 

--	--	--	--	--

 No Authority

### MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

BROOME COUNTY									
---------------	--	--	--	--	--	--	--	--	--

SPDES ID  

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

### 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
--	--	---

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

		0
--	--	---

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

		0
--	--	---

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 

	7	5
--	---	---

 %

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,

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

6. con't.:  
 Submit additional pages as needed.

● MS4/Coalition Office

Department

Address

City

Phone  
         -

Zip  
      -

○ Library

Address

City

Phone  
         -

Zip  
      -

○ Other

Address

City

Phone  
         -

Zip  
      -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

BROOME COUNTY

SPDES ID

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

**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.**

MEASURABLE GOAL #4A -- is to assure that 100% of County Contracts, both with consultants and with contractors include appropriate erosion control language - either requiring design considerations from consultants or construction considerations from contractors. This includes SWPPP's and other environmental permits included in the bid documents as part of the legal contract, and language which allows inspectors to stop work if projects are in non-compliance.

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

Although no County projects were let that required a SWPPP during this reporting period, the County has adopted a policy of including this language in all contracts that involve earth disturbance and the potential for erosion and sedimentation. Progress was made during this reporting period to review and update contract language to meet this goal.

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

		1	5
--	--	---	---

(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).**

Activities planned during the upcoming reporting cycle include assuring that 100% of County standard contract language has been modified to meet this goal criteria.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID

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

**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.**

MEASURABLE GOAL #4B -- is to assure that 100% of County work with SWPPP's have a contractor with appropriately trained staff (NYSDEC Erosion Control Certified), that a copy of the certification be provided prior to start of work, and that this trained person be on site during all earth moving operations.

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

Appropriate contract language has been prepared to insert into contract documents; however, no projects were let during this reporting period that required SWPPP's, so this goal did not need to be enforced.

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

			0
--	--	--	---

(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).**

Activities planned to meet this goal during the next reporting period include assuring that these requirements are placed into all construction contracts for County projects that require SWPPP's.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

BROOME COUNTY

SPDES ID

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

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #4C is to assure that 100% of inspectors on 100% of County projects are either P.E.'s, CPESC's or trained and certified in erosion and sediment control.

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

Notices were sent to all consulting engineers that provide construction consulting services to the County that this would be a County recommendation during the 2013 construction season, and a requirement in 2014. Additionally, County Engineering Division has committed to training and certifying 100% of their staff as well. During this reporting period an additional 3 members of the engineering staff were trained and certified.

**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 SWMP?**
 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).**

Appropriate training certifications will be collected from 100% of CI's working on County projects from consulting firms, and 100% of the County engineering staff will be trained and certified during this upcoming reporting period.



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

BROOME COUNTY

SPDES ID

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

**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.**

MEASURABLE GOAL #4D -- is to have 100% of County staff who are involved with earth moving and construction types of projects for the County complete the 4-hour erosion and sediment control training for contractors. This includes (at a minimum), County Highway Superintendents and Field Crew chiefs who are responsible for directing construction activities.

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

13 staff members from the Highway Division were trained and certified during this reporting period.

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

		1	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).**

Program as developed will continue to be implemented and additional training will be provided for new staff and others as identified.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

BROOME COUNTY

SPDES ID

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

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #4E -- is to track and inspect 100% of County sponsored projects for erosion and sediment control compliance at least once, irregardless of whether the project requires a SWPPP.

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

100% of County sponsored projects are/were inspected during the past reporting period.

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

		1	5
--	--	---	---

(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 SWMP?**
 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).**

As an addition to this goal, during the next reporting period inspection and reporting / tracking specifically for erosion and sediment control at each project site will be added to the record keeping activities.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

BROOME COUNTY

SPDES ID

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

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #4F -- is to log and track 100% of complaints / reports coming into the County related to erosion and/or sedimentation issues, and tracking actions taken and/or follow-up.

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

There were no specific calls / complaints related to erosion and/or sediment related issues during this reporting period.

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

			0
--	--	--	---

(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 SWMP?**
 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).**

In order to make this goal more effective, our SWMP has identified further refinement of this process during the upcoming reporting period. The County plans to better define this process and publicize the reporting system via literature and website to raise awareness and use.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

BROOME COUNTY

SPDES ID

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

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #4G -- is to utilize the 239 review process for site plan and development review to incorporate consideration of potential water quality impacts and to ensure consistency with erosion and sediment control criteria in general, and potential impacts to County owned properties and infrastructure specifically.

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

189 total 239 reviews were completed by County Planning during this reporting period, and 46 of these were also reviewed by the Engineering Division for potential impacts to County properties and/or infrastructure. Any projects with potential storm water related impacts were reviewed as such in this process.

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

	1	8	9
--	---	---	---

(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 SWMP?**
 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).**

This process is ongoing and well established, and County staff will continue to perform these duties in accordance with the established SWMP goal and review criteria; however, we will look at better definition of how many 239 reviews deal with water quality issues.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: BROOME COUNTY

SPDES ID: NYR20A332

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

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

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

How many MS4s contributed to this report? 1

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

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices			
<input type="radio"/> Filter Systems			
<input type="radio"/> Infiltration Basins			
<input checked="" type="radio"/> Open Channels	3	3	1
<input checked="" type="radio"/> Ponds	1	1	1
<input type="radio"/> Wetlands			
<input type="radio"/> Other			

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: HAZARD MITIGATION PLAN

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

BROOME COUNTY									
---------------	--	--	--	--	--	--	--	--	--

SPDES ID  

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

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  Yes  No

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

		0
--	--	---

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

	1	0
--	---	---

 %

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

BROOME COUNTY									
---------------	--	--	--	--	--	--	--	--	--

SPDES ID  

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

**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.**

MEASURABLE GOAL #5A -- is to maintain an inventory of 100% of the County's Stormwater Management Practices including location, inspection records and responsible departments / staff.

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

This measure has been met, and new practices will be added as constructed (none were added in the 2013-2014 reporting year).

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

			0
--	--	--	---

(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 period activities to meet this goal include automating the reporting and tracking system for ease of data collection and record keeping, and adding any new measures to the inventory that may be constructed during each reporting year.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID

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

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #5B -- is to inspect 100% of the County's Stormwater Management Practices annually.

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

100% of the County's Stormwater Management Practices were inspected during this reporting period.  
Closed system mapping was also started during this reporting period within County-owned MS4 right-of-ways.

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

			4
--	--	--	---

(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 SWMP?**

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 inspections as established. Planned activities over the next 3 reporting periods are to update and confirm 100% of the County-owned closed system mapping within MS4 boundaries and establish inspection criteria for these systems.



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID  

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

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

MEASURABLE GOAL #5C -- is to maintain 100% of the County's Stormwater Management Practices annually - in accordance with established O&M guidelines.

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

100% of the County's Stormwater Management Practices were maintained in accordance with the O&M guidelines during this reporting period.

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

			4
--	--	--	---

*(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 SWMP?**

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 maintenance as established. Planned activities over the next 3 reporting periods are to establish maintenance schedules for 100% of the County-owned closed system mapping completed as part of goal #5B.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

BROOME COUNTY

SPDES ID

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

**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.**

MEASURABLE GOAL #5D -- is to have 100% of the County staff responsible for inspection and O&M of the County's Stormwater Management Practices, as well as the closed drainage system, appropriately trained with respect to inspections, record keeping, operation, and maintenance (including good housekeeping measures).

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

Implementation of this new goal was started during this reporting period as the good housekeeping documentation and training was started.

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

		1	2
--	--	---	---

(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).**

Although existing staff is providing these functions currently, this new goal is to formalize the processes described in goals 5A, 5B, and 5C and then to make sure that all staff functioning in these roles is trained to follow the same (and correct) procedures. This is an ongoing process tied into the good housekeeping documents.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

TIOGA COUNTY									
--------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

**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? 

		0
--	--	---

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
--	--	---

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

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

TIOGA COUNTY									
--------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

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

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

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

How many MS4s contributed to this report? 

--	--	--

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

--	--	--

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

--	--	--

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

--	--	--

 %

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

--	--	--

 %

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

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

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

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

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2014  
 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

**6. con't.:**

Submit additional pages as needed.

**● MS4/Coalition Office**

Department  
  
 Address  
  
 City  
  
 Zip  
 -   
 Phone  
 )  -

**○ Library**

Address  
  
 City  
  
 Zip  
 -   
 Phone  
 )  -

**○ Other**

Address  
  
 City  
  
 Zip  
 -   
 Phone  
 )  -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

TI	O	G	A	C	O	U	N	T	Y
----	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

--

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

--

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

			0
--	--	--	---

*(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 SWMP?**
 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).**

--





**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

BROOME TIOGA STORMWATER COALITION
-----------------------------------

SPDES ID  

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

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?   

--	--	--

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?   

--	--	--

 %

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

TIOGA COUNTY
--------------

SPDES ID  

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

**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.**

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

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

--	--	--	--

*(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).**

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

City of Binghamton																			
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	3	4	1
---	---	---	---	---	---	---	---	---

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

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

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

How many MS4s contributed to this report? 

		1
--	--	---

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?  Yes  No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?  Yes  No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 

		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? 

		0
--	--	---

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:**

- Notices of Violation # 

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

 ○ No Authority
- Stop Work Orders # 

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

 ○ No Authority
- Criminal Actions # 

--	--	--	--	--

 ● No Authority
- Termination of Contracts # 

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

 ○ No Authority
- Administrative Fines # 

--	--	--	--	--

 ● No Authority
- Civil Penalties # 

--	--	--	--	--

 ● No Authority
- Administrative Orders # 

--	--	--	--	--

 ● No Authority
- Enforcement Actions or Sanctions # 

				0
--	--	--	--	---
- Other # 

--	--	--	--	--

 ● No Authority

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

City of Binghamton									
--------------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	3	4	1
---	---	---	---	---	---	---	---	---

**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
--	--	---

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

		3
--	--	---

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

		1
--	--	---

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

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

 %

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

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

 %

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

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

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

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 3 4 1

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department  
E n g i n e e r i n g , D e p a r t m e n t

Address  
3 8 H a w l e y S t r e e t

City  
B i n g h a m t o n N Y Zip  
1 3 9 0 1 -

Phone  
( 6 0 7 ) 7 7 2 - 7 0 0 7

○ Library

Address

City Zip

Phone  
( ) -

○ Other

Address

City Zip

Phone  
( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

City of Binghamton									
--------------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	3	4	1
---	---	---	---	---	---	---	---	---

**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 inventory. Continue review of all SWPPs. Develop and Implement procedures for the public to access SWPPs and comment on the content.

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

NYSDEC SWPPP review checklist is utilized for all SWPPP reviews in accordance with newly developed SWPPP review practical. Development and Associated stormwater documents are presented at public meetings.

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

			2
--	--	--	---

*(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).**

SWPPP review and database documentation will continue. development projects will continue to be presented at public meetings. inspections of all active projects for SWPPP compliance will continue.





**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

City of Binghamton																			
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	3	4	1
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes    No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes    No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes    No

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

		1
--	--	---

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? 

	8	0
--	---	---

 %

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

City of Binghamton
--------------------

SPDES ID  

N	Y	R	2	0	A	3	4	1
---	---	---	---	---	---	---	---	---

**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

Train inspection / enforcement personnel on post construction runoff regulations and inspection procedures. Perform inspections to ensure conformance with specifications. Continue to keep inventory of post construction storm-water practices.

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

SWPPP inventory is used to track post construction stormwater practices. I map of post construction stormwater practices has been created. provide training when available.

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

			1
--	--	--	---

*(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).**

train inspection personnel. perform inspections when appropriate. Continue to track construction projects and post construction storm-water practices.

**MS4 Annual Report Form**

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

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

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 Binghamton
--------------------

SPDES ID  

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

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

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

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

How many MS4s contributed to this report? 

		1
--	--	---

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		0
--	--	---

**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
--	--	---

**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:**

- Notices of Violation # 

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

 No Authority
- Stop Work Orders # 

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

 No Authority
- Criminal Actions # 

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

 No Authority
- Termination of Contracts # 

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

 No Authority
- Administrative Fines # 

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

 No Authority
- Civil Penalties # 

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

 No Authority
- Administrative Orders # 

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

 No Authority
- Enforcement Actions or Sanctions # 

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

 No Authority
- Other # 

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

 No Authority

**MS4 Annual Report Form**

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

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

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 Binghamton
--------------------

SPDES ID

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

**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
--	--	---

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

		0
--	--	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
--	--	---
  
  3. What percent of active construction sites were inspected during this reporting period?  NT 

--	--	--

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

--	--	--

 %
  
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2014  
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

6. con't.:  
Submit additional pages as needed.

● MS4/Coalition Office

Department

Address

City   Zip  -

Phone  
()  -

○ Library

Address

City   Zip  -

Phone  
()  -

○ Other

Address

City   Zip  -

Phone  
()  -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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

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

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 Binghamton
--------------------

SPDES ID

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

**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.**

Develop procedure for review of SWPPP plans Utilize NYS Construction Stormwater Inspection Manual for site inspections.
--

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

SWPPP procedure ensures thorough review. Manual ensures thorough inspection.
---

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

			0
--	--	--	---

*(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).**

Review SWPPP plans as per procedure and inspect construction sites as per manual.
---

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition

SPDES ID

**Minimum Control Measure 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	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>
<input type="radio"/> Filter Systems	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>
<input type="radio"/> Infiltration Basins	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>
<input type="radio"/> Open Channels	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>
<input type="radio"/> Ponds	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>
<input type="radio"/> Wetlands	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>
<input type="radio"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="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:



**MS4 Annual Report Form**

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

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

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 Binghamton
--------------------

SPDES ID  

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

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

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

		0
--	--	---

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

		0
--	--	---

 %

**MS4 Annual Report Form**

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

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

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 Binghamton
--------------------

SPDES ID  

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

**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.**

Continue to utilize stormwater ordinance  
 Perform inspection on qualifying project sites

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

Stormwater ordinance allows enforcement  
 Inspections ensure compliance with regulations.

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

			0
--	--	--	---

*(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 to improve inspection procedures

**MS4 Annual Report Form**

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

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

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 DICKINSON

SPDES ID

N	Y	R	2	0	A	1	4	3
---	---	---	---	---	---	---	---	---

**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? 

		0
--	--	---

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
--	--	---

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:**

- Notices of Violation # 

--	--	--	--	--	--

 No Authority
- Stop Work Orders # 

--	--	--	--	--	--

 No Authority
- Criminal Actions # 

--	--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--	--
- Other # 

--	--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

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

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

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 DICKINSON
-------------------

SPDES ID  

N	Y	R	2	0	A	1	4	3
---	---	---	---	---	---	---	---	---

**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? 

		1
--	--	---

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

		0
--	--	---

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

--	--	--

 %

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

--	--	--

 %

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

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

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

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

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2014

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

**6. con't.:**

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City

Zip

-

Phone

()  -

Library

Address

City

Zip

-

Phone

()  -

Other

Address

City

Zip

-

Phone

()  -

Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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

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

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 DICKINSON
-------------------

SPDES ID  

N	Y	R	2	0	A	1	4	3
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

THERE HAVE BEEN NO PROJECTS

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

NA

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

			0
--	--	--	---

*(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 SWMP?**

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).**

REVIEW ANY SWPPP'S AND MAKE AVAILABLE FOR PUBLIC COMMENT  
PLACE ACTIVITY ON WEB SITE WHENE OPERATIONAL

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

T	O	W	N	O	F	D	I	C	K	I	N	S	O	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID 

N	Y	R	2	0	A	1	4	3
---	---	---	---	---	---	---	---	---

**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 border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Filter Systems	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Infiltration Basins	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Open Channels	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Ponds	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Wetlands	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Other	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			

**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	O	A	C	T	I	V	I	T	Y	T	H	I	S	P	E	R	I	O	D					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--



**MS4 Annual Report Form**

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

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

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 DICKINSON
-------------------

SPDES ID  

N	Y	R	2	0	A	1	4	3
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

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

		0
--	--	---

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

	2	5
--	---	---

 %

**MS4 Annual Report Form**

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

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

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 DICKINSON
-------------------

SPDES ID  

N	Y	R	2	0	A	1	4	3
---	---	---	---	---	---	---	---	---

**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.**

NO ACTIVITY

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

NA

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

			0
--	--	--	---

*(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).**

IT IS NOT LIKELY THAT THERE WILL BE ANY POST CONSTRUCTION ACTIVITIES THIS YEAR

**MS4 Annual Report Form**

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

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

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 Chenengo
------------------

SPDES ID  

N	Y	R	2	0	A	1	2	7
---	---	---	---	---	---	---	---	---

**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? 

		1
--	--	---

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
--	--	---

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:**

- Notices of Violation # 

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

 ○ No Authority
- Stop Work Orders # 

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

 ○ No Authority
- Criminal Actions # 

--	--	--	--	--

 ○ No Authority
- Termination of Contracts # 

--	--	--	--	--

 ○ No Authority
- Administrative Fines # 

--	--	--	--	--

 ○ No Authority
- Civil Penalties # 

--	--	--	--	--

 ○ No Authority
- Administrative Orders # 

--	--	--	--	--

 ○ No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--
- Other # 

--	--	--	--	--

 ○ No Authority

**MS4 Annual Report Form**

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

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

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 Chenengo
------------------

SPDES ID  

N	Y	R	2	0	A	1	2	7
---	---	---	---	---	---	---	---	---

**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? 

		0
--	--	---

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

		1
--	--	---

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

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

 %

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

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

 %

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

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

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

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 1 2 7

6. con't:

Submit additional pages as needed.

● MS4/Coalition Office

Department  
B u i l d i n g O r d i n a n c e a n d P l a n n i n g

Address  
1 5 2 9 N Y S R o u t e 1 2

City Zip  
B i n g h a m t o n N Y 1 3 9 0 1 -

Phone  
( 6 0 7 ) 6 4 8 - 4 8 0 9

○ Library

Address

City Zip

Phone  
( ) -

○ Other

Address

City Zip

Phone  
( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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

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

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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Continue to to develop and implement spreadsheet checklist of projects reviewed, inspected, and/or enforcement actions.

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

Inspections ongoing and reviews are conducted and logged . Staff are trained.

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

			1
--	--	--	---

(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 SWMP?**

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 training staff on permit updates: continue to review, inspect, and document.





**MS4 Annual Report Form**

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

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

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 Cheneago
------------------

SPDES ID  

N	Y	R	2	0	A	1	2	7
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

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

		0
--	--	---

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

		0
--	--	---

 %

**MS4 Annual Report Form**

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

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

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 Chenengo
------------------

SPDES ID  

N	Y	R	2	0	A	1	2	7
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Staff continued to train and improve inspection and maintenance skills.

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

Limited or no problems annually.

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

			1
--	--	--	---

*(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 SWMP?**

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 to train employees. Develop GIS and/or spreadsheet to track maintenance, practices, etc.

**MS4 Annual Report Form**

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

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

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 Conklin									
-----------------	--	--	--	--	--	--	--	--	--

 SPDES ID 

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

**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? 

		1
--	--	---

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? 

		2
--	--	---

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:**

- Notices of Violation # 

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

 No Authority
- Stop Work Orders # 

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

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--
- Other # 

--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

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

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

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 Conklin

SPDES ID

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

**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? 

		1
--	--	---

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 

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, 2014

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 2 5 5

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

T o w n H a l l

Address

1 2 7 1 C o n k l i n R o a d

City

C o n k l i n

Zip

N Y 1 3 7 4 8 -

Phone

( 6 0 7 ) 7 7 5 - 3 4 5 6

○ Library

Address

City

Zip

-

Phone

( ) -

○ Other

Address

City

Zip

-

Phone

( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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

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

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 Conklin

SPDES ID

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

**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.**

Measurable goal is to inventory the number of SWPPP's received and reviewed. Also to document the number and amount of times construction projects are inspected.

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

All construction projects with disturbances of one or more acres had an approved SWPPP in place. All active construction projects were inspected multiple times during this reporting period.

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

			1
--	--	--	---

(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 to verify that all construction projects disturbing 1 or more acres have an approved SWPPP in place and inspect every active construction project at least once a week during construction.

**MS4 Annual Report Form**

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

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

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 Conklin
-----------------

SPDES ID 

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

**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 border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		1										
		1										
		0										
<input checked="" type="radio"/> Infiltration Basins	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		1										
		1										
		0										
<input checked="" type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		1										
		1										
		0										
<input checked="" type="radio"/> Ponds	<table border="1"><tr><td> </td><td> </td><td>3</td></tr></table>			3	<table border="1"><tr><td> </td><td> </td><td>3</td></tr></table>			3	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		3										
		3										
		0										
<input type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Other	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			

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:

P	l	a	n	n	i	n	g		B	o	a	r	d		R	e	c	o	m	m	e	n	d	a	t	i	o	n
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---



**MS4 Annual Report Form**

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

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

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 Conklin
-----------------

SPDES ID  

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes    No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes    No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes    No

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

		0
--	--	---

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

	3	3
--	---	---

 %

**MS4 Annual Report Form**

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

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

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 Conklin
-----------------

SPDES ID

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Measurable goal is to document the number of post construction BMP's inspected. Also to verify that the owner has conducted and documented maintenance of the post construction BMP's.

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

After the post construction BMP's were in place staff inspected them after heavy rainfall events and found no flood damage or migration of Silt/Sediment surrounding the sites.

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

		1	2
--	--	---	---

*(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 SWMP?**

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 to inspect post construction BMP's and hold owner's/operators accountable to maintain them. Also, to request and file annual maintenance records from each post construction BMP.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Village Of Endicott

SPDES ID

N	Y	R	2	0	A	1	4	9
---	---	---	---	---	---	---	---	---

**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?**

		0
--	--	---

**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

**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:**

- Notices of Violation # 

--	--	--	--	--

 No Authority
- Stop Work Orders # 

--	--	--	--	--

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--
- Other # 

--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Endicott
---------------------

SPDES ID  

N	Y	R	2	0	A	1	4	9
---	---	---	---	---	---	---	---	---

**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? 

		1
--	--	---
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		1
--	--	---
  3. What percent of active construction sites were inspected during this reporting period?  NT 

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

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

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

 %
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 1 4 9

**6. con't.:**

Submit additional pages as needed.

MS4/Coalition Office

Department

E n g i n e e r i n g   D e p a r t m e n t

Address

1 0 0 9   E a s t   M a i n   S t r e e t

City

E n d i c o t t

Zip

N Y

1 3 7 6 0 -

Phone

( 6 0 7 ) 7 5 7 - 2 4 2 5

Library

Address

City

Zip

-

Phone

( ) -

Other

Address

City

Zip

-

Phone

( ) -

Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Village of Endicott

SPDES ID

N	Y	R	2	0	A	1	4	9
---	---	---	---	---	---	---	---	---

**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.**

Storm water Markers were attached to Catch Basins to Educate the public.

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

Residents, Employees and curious bystanders are asking questions about Storm Water.

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

		2	5
--	--	---	---

*(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).**

Delta Engineers is working with a New Developer who has purchased the Franklin Villas and is now calling the project, Skye View Heights. The Village of Endicott Planning and Zoning Board is working with the Developer and being very sensitive to public comments and responding to area resident concerns.





**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Endicott
---------------------

SPDES ID  

N	Y	R	2	0	A	1	4	9
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

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

		0
--	--	---

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

		0
--	--	---

 %

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Endicott
---------------------

SPDES ID  

N	Y	R	2	0	A	1	4	9
---	---	---	---	---	---	---	---	---

**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.**

None

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

None

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

			0
--	--	--	---

*(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).**

None

**MS4 Annual Report Form**

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

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

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 Fenton
----------------

SPDES ID  

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

**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? 

		0
--	--	---

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
--	--	---

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

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

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

**MS4 Annual Report Form**

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

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

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 Fenton
----------------

SPDES ID  

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

**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? 

		0
--	--	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
--	--	---
  
  3. What percent of active construction sites were inspected during this reporting period?  NT 

		0
--	--	---

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

		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	1	4
---	---	---	---

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 Fenton
----------------

SPDES ID

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

**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.**

The Town is prepared to provide Owners/Designers/Developers the requirements for construction within the MS4. A Site Plan Review process is in place.

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

No projects to date have impacted and acre or more. The Town is prepared for one when an application is received.

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

			0
--	--	--	---

*(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).**

Address the MS4 needs of a project triggering the MS4 criteria that is proposed by implementing the requirements and assuring that they are properly managed and handled.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2014

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 Fenton

SPDES ID  
N Y R 2 0 A 0 7 8

**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	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Filter Systems	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Infiltration Basins	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Open Channels	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Ponds	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Wetlands	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

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:



**MS4 Annual Report Form**

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

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

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 Fenton
----------------

SPDES ID  

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

- 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes     No
  
- 4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes     No
  
- 4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes     No
  
- 4d. How many stormwater management practices have been implemented as part of this system in this reporting period?  

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

		0
--	--	---

 %

**MS4 Annual Report Form**

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

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

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 Fenton

SPDES ID

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

No activity occurred. No projects have been completed requiring Post Construction effort.

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

None to date

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

			0
--	--	--	---

(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 SWMP?**

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).**

Inspect and approve or correct any post construction activity on projects that may be completed. Nothing is currently under construction.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

Village of Johnson City

SPDES ID

N	Y	R	2	0	A	1	0	1
---	---	---	---	---	---	---	---	---

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

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

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

How many MS4s contributed to this report? 

--	--	--

**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
--	--	---

**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

**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:**

- Notices of Violation # 

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

 No Authority
- Stop Work Orders # 

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

 No Authority
- Criminal Actions # 

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

 No Authority
- Termination of Contracts # 

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

 No Authority
- Administrative Fines # 

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

 No Authority
- Civil Penalties # 

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

 No Authority
- Administrative Orders # 

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

 No Authority
- Enforcement Actions or Sanctions # 

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

 No Authority
- Other # 

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

 No Authority

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Johnson City
-------------------------

SPDES ID

N	Y	R	2	0	A	1	0	1
---	---	---	---	---	---	---	---	---

**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? 

		0
--	--	---

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

		1
--	--	---

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

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

 %

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

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

 %

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

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

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

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



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Johnson City									
-------------------------	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	1	0	1
---	---	---	---	---	---	---	---	---

**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.**

During this period one project required a SWPPP, this was a continued project from the previous year ( Reynolds Pointe Apartments).

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

The project and weekly SWPPP inspections by a NYS licensed Engineer and periodically by JCDPW personnel. There were minor corrective actions that were required, all of which were corrected within a short time of the notification.

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

		3	2
--	--	---	---

*(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 Village will continue to review projects to determine if SWPPPs are required and continue to require Best Management Practices be implemented on projects not requiring a SWPPP.





**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Johnson City
-------------------------

SPDES ID  

N	Y	R	2	0	A	1	0	1
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes    No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes    No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes    No

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

		0
--	--	---

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

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

 %

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

Village of Johnson City
-------------------------

SPDES ID

N	Y	R	2	0	A	1	0	1
---	---	---	---	---	---	---	---	---

**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

The Village has a data base established for Post-Construction Water Management annual inspections. The property owner is responsible for maintenance of their storm system, therefore the Village does not maintain the systems.

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

The annual inspections conclude that the implemented systems are maintained and operable.

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

		1	9
--	--	---	---

(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 MCC goal will continue to be met by continuing the annual inspections and expanding the inspections to include any new systems that may be installed during future reporting periods.

**MS4 Annual Report Form**

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

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

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 Kirkwood
------------------

SPDES ID  

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**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? 

		0
--	--	---

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
--	--	---

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:**

- Notices of Violation # 

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

 No Authority
- Stop Work Orders # 

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

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--
- Other # 

--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

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

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

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 Kirkwood
------------------

SPDES ID  

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**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? 

		0
--	--	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
--	--	---
  
  3. What percent of active construction sites were inspected during this reporting period?  NT 

		0
--	--	---

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

		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	1	4
---	---	---	---

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

Name of MS4/Coalition 

T	o	w	n	o	f	K	i	r	k	w	o	o	d
---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

B	u	i	l	d	i	n	g	&	C	o	d	e	E	n	f	o	r	c	e	m	e	n	t
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Address

4	1	F	r	a	n	c	i	s	S	t	r	e	e	t
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City

K	i	r	k	w	o	o	d
---	---	---	---	---	---	---	---

Zip

N	Y	1	3	7	9	5
---	---	---	---	---	---	---

Phone

(	6	0	7	)	7	7	5	-	4	3	1	3
---	---	---	---	---	---	---	---	---	---	---	---	---

○ Library

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip

--	--	--	--	--	--	--	--	--	--	--	--

Phone

(				)				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

○ Other

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip

--	--	--	--	--	--	--	--	--	--	--	--

Phone

(				)				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL


URL


**MS4 Annual Report Form**

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

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

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 Kirkwood

SPDES ID

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**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.I. Submit additional pages as needed.

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

Measurable goal is to inventory the number of SWPPP's received and reviewed. Also to document the number and amount of times construction projects are inspected.

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

All construction projects with disturbances of one or more acres had an approved SWPPP in place. All active construction projects were inspected multiple times during this reporting period.

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

			1
--	--	--	---

(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 to verify that all construction projects disturbing 1 or more acres have an approved SWPPP in place and inspect every active construction project at least once a week during construction.

**MS4 Annual Report Form**

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

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

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 Kirkwood
------------------

SPDES ID  

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**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 border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Infiltration Basins	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Ponds	<table border="1"><tr><td> </td><td> </td><td>2</td></tr></table>			2	<table border="1"><tr><td> </td><td> </td><td>2</td></tr></table>			2	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		2										
		2										
		0										
<input type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Other	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			

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:  

P	l	a	n	n	i	n	g		B	o	a	r	d		R	e	c	o	m	m	e	n	d	a	t	i	o	n
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---



**MS4 Annual Report Form**

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

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

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 Kirkwood
------------------

SPDES ID

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes    No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes    No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes    No

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

		0
--	--	---

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

	3	3
--	---	---

 %

**MS4 Annual Report Form**

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

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

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 Kirkwood
------------------

SPDES ID  

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**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.**

Measurable goal is the number of post construction BMP's inspected and maintained. Also to verify that the owner has conducted and documented maintenance of the post construction BMP's.

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

After the post construction BMP's were in place staff inspected them after heavy rainfall events and found no flood or migration of Silt/Sediment surrounding the sites.

**C. How many times was this observation measured or evaluated in this reporting period?**

			4
--	--	--	---

*(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 to inspect post construction BMP's and hold owner's/operators accountable to maintain them. Also, to request and file annual maintenance records from each post construction BMP.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Owego

SPDES ID

N	Y	R	2	0	A	0	7	9
---	---	---	---	---	---	---	---	---

**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? 

		2
--	--	---

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
--	--	---

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:**

- Notices of Violation # 

--	--	--	--	--	--

 No Authority
- Stop Work Orders # 

				1	
--	--	--	--	---	--

 No Authority
- Criminal Actions # 

--	--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--	--
- Other # 

--	--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Owego
---------------

SPDES ID  

N	Y	R	2	0	A	0	7	9
---	---	---	---	---	---	---	---	---

**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? 

		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	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

T	o	w	n	o	f	O	w	e	g	o
---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	0	7	9
---	---	---	---	---	---	---	---	---

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department  

P	l	a	n	n	i	n	g		&		Z	o	n	i	n	g		D	e	p	a	r	t	m	e	n	t		
---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--

Address  

2	3	5	4		S	t	a	t	e		R	o	u	t	e		4	3	4										
---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--	--	--

City  

A	p	a	l	a	c	h	i	n							N	Y													
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip  

1	3	7	3	2	-				
---	---	---	---	---	---	--	--	--	--

Phone  

(	6	0	7	)	6	8	7	-	0	1	2	3
---	---	---	---	---	---	---	---	---	---	---	---	---

○ Library

Address  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip  

					-				
--	--	--	--	--	---	--	--	--	--

Phone  

(				)				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

○ Other

Address  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip  

					-				
--	--	--	--	--	---	--	--	--	--

Phone  

(				)				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL  


URL  


**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Owego
---------------

SPDES ID  

N	Y	R	2	0	A	0	7	9
---	---	---	---	---	---	---	---	---

**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.**

Provide training to municipal representatives, including Planning Board and Zoning Board of Appeals to familiarize with local stormwater regulations relating to construction activities

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

Tioga County Planning Director and Tioga County Soil and Water Conservation District Manager have created a Stormwater 101 Program for Zoning Board of Appeals and Planning Board members

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

*(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 to educate municipal staff and local construction community with regards to local inspection procedures





**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Owego
---------------

SPDES ID  

N	Y	R	2	0	A	0	7	9
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes    No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes    No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes    No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? 

		0
--	--	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Owego

SPDES ID

N	Y	R	2	0	A	0	7	9
---	---	---	---	---	---	---	---	---

**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.**

Develop and maintain an inventory of projects under local post-construction runoff regulations

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

540 catch basins were inspected while storm drain markers were installed

**C. How many times was this observation measured or evaluated in this reporting period?**

	5	4	0
--	---	---	---

(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 to develop inventory, including types of post construction practices and inspection schedule

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

VILLAGE OF PORT DICKINSON
---------------------------

SPDES ID  

N	Y	R	2	0	A	0	8	0
---	---	---	---	---	---	---	---	---

**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? 

		0
--	--	---

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
--	--	---

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:**

- Notices of Violation # 

--	--	--	--	--	--

 No Authority
- Stop Work Orders # 

--	--	--	--	--	--

 No Authority
- Criminal Actions # 

--	--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--	--
- Other # 

--	--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

VILLAGE OF PORT DICKINSON
---------------------------

SPDES ID  

N	Y	R	2	0	A	0	8	0
---	---	---	---	---	---	---	---	---

**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? 

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
--	--	---

3. What percent of active construction sites were inspected during this reporting period?  NT 

--	--	--

 %

4. What percent of active construction sites were inspected more than once?  NT 

--	--	--

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,

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

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City           Zip   -

Phone  
(    )    -

Library

Address

City   Zip   -

Phone  
(    )   -

Other

Address

City   Zip   -

Phone  
(    )   -

Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

VILLAGE OF PORT DICKINSON

SPDES ID

N	Y	R	2	0	A	0	8	0
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.**

THERE HAS BEEN NO PROJECTS

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

NA

**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

*(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 SWMP?**

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).**

REVIEW ANY SWPPP'S AND MAKE AVAILABLE FOR PUBLIC COMMENT.  
PLACE ACTIVITY ON WEB SITE WHEN AVAILABLE

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

V	I	L	L	A	G	E	O	F	P	O	R	T	D	I	C	K	I	N	S	O	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	0	8	0
---	---	---	---	---	---	---	---	---

**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 border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
<input type="radio"/> Filter Systems	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
<input type="radio"/> Infiltration Basins	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
<input type="radio"/> Open Channels	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
<input type="radio"/> Ponds	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
<input type="radio"/> Wetlands	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
<input type="radio"/> Other	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			

**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	O		A	C	T	I	V	I	T	Y		T	H	I	S		P	E	R	I	O	D						
---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: 

VILLAGE OF PORTDICKINSON
--------------------------

SPDES ID  

N	Y	R	2	0	0	8	0
---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? 

	3	0
--	---	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

VILLAGE OF PORT DICKINSON
---------------------------

SPDES ID  

N	Y	R	2	0	A	0	8	0
---	---	---	---	---	---	---	---	---

**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.**

NO ACTIVITY
-------------

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

NA
----

**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(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).**

IT IS NOT LIKELY THAT THERE WILL BE ANY POST CONSTRUCTION ACTIVITIES THIS REPORTING PERIOD
--

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Union
---------------

SPDES ID

N	Y	R	2	0	A	0	5	0
---	---	---	---	---	---	---	---	---

**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? 

		0
--	--	---

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

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:

- Notices of Violation # 

				1
--	--	--	--	---

 No Authority
- Stop Work Orders # 

--	--	--	--	--

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--

 No Authority
- Other # 

--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Union
---------------

SPDES ID  

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**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? 

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
--	--	---

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, 2014  
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

**6. con't.:**  
Submit additional pages as needed.

● MS4/Coalition Office

Department

Address

City                      Zip        -

Phone  
          -

○ Library

Address

City                      Zip   -

Phone  
         -

○ Other

Address

City                      Zip   -

Phone  
         -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Union
---------------

SPDES ID  

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**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.**

There were no new projects this year- 3 projects are ongoing from last year. Town enacted fill and grading permit requirements so that we can track size of disturbances and require some BMP for small projects.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

Inspection reports are reviewed weekly, repeat problems are addressed with developer. Computer tracking used for SWPPP. Sites inspected more than once. Complaints investigated.

**C. How many times was this observation measured or evaluated in this reporting period?**

		2	0
--	--	---	---

*(ex.: samples/partic(pants)/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).**

Staff received training on inspection procedures. Promote contractor training availability on website.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Union
---------------

SPDES ID 

N	Y	R	2	0	A	0	5	0
---	---	---	---	---	---	---	---	---

**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 border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Infiltration Basins	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Ponds	<table border="1"><tr><td>1</td><td>0</td><td> </td></tr></table>	1	0		<table border="1"><tr><td>1</td><td>0</td><td> </td></tr></table>	1	0		<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
1	0											
1	0											
<input type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Other	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?  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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Union
---------------

SPDES ID

N	Y	R	2	0	A	0	5	0
---	---	---	---	---	---	---	---	---

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?

--	--	--

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Union
---------------

SPDES ID  

N	Y	R	2	0	A	0	5	0
---	---	---	---	---	---	---	---	---

**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.**

Code enforcement software is used to track SWPPP inspections. The Town is only responsible for maintaining one system.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

Yearly inspections made to make sure systems are performing properly.

**C. How many times was this observation measured or evaluated in this reporting period?**

		1	2
--	--	---	---

*(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).**

Train additional staff to inspect systems.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Vestal

SPDES ID

N	Y	R	2	0	A	0	6	4
---	---	---	---	---	---	---	---	---

**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? 

		2
--	--	---

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
--	--	---

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:

- Notices of Violation # 

				1
--	--	--	--	---

 No Authority
- Stop Work Orders # 

--	--	--	--	--

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

				1
--	--	--	--	---

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--
- Other # 

--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Vestal

SPDES ID

N	Y	R	2	0	A	0	6	4
---	---	---	---	---	---	---	---	---

**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? 

		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, 2014

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 0 6 4

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City  Zip  -

Phone  
(  )  -

Library

Address

City  Zip  -

Phone  
(  )  -

Other

Address

City  Zip  -

Phone  
(  )  -

Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Vestal

SPDES ID

N	Y	R	2	0	A	0	6	4
---	---	---	---	---	---	---	---	---

**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.**

all construction sites had SWPPP review and approvals

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

confirm weekly inspections by outside company and periodically inspected by TOV

**C. How many times was this observation measured or evaluated in this reporting period?**

		1	0
--	--	---	---

*(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).**

keep reviewing SWPPP as needed

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Vestal

SPDES ID  
NYR20A064

### 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 border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>				<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>				<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>			
<input checked="" type="radio"/> Filter Systems	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">1</td></tr></table>			1	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">1</td></tr></table>			1	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>			
		1										
		1										
<input checked="" type="radio"/> Infiltration Basins	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;">1</td><td style="width: 20px;">4</td></tr></table>		1	4	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;">1</td><td style="width: 20px;">4</td></tr></table>		1	4	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>			
	1	4										
	1	4										
<input checked="" type="radio"/> Open Channels	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">2</td></tr></table>			2	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">2</td></tr></table>			2	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>			
		2										
		2										
<input checked="" type="radio"/> Ponds	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;">1</td><td style="width: 20px;">1</td></tr></table>		1	1	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;">1</td><td style="width: 20px;">1</td></tr></table>		1	1	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>			
	1	1										
	1	1										
<input type="radio"/> Wetlands	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>				<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>				<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>			
<input type="radio"/> Other	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>				<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>				<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>			

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:

P l a n n i n g   B o a r d



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Vestal
----------------

SPDES ID  

N	Y	R	2	0	A	0	6	4
---	---	---	---	---	---	---	---	---

- 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?  

	3	3
--	---	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Vestal
----------------

SPDES ID  

N	Y	R	2	0	A	0	6	4
---	---	---	---	---	---	---	---	---

**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.**

all past construction sites are inspected yearly

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

no deficient items found

**C. How many times was this observation measured or evaluated in this reporting period?**

		2	8
--	--	---	---

*(ex.: samples/participants/events)*

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes  No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

Yes  No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

continue yearly inspections

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

BROOME COUNTY									
---------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	3	3	2
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
--	--	---

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: BROOME COUNTY

SPDES ID: N Y R 2 0 A 3 3 2

#### 2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres [ ][ ][ ][ ] 1 2
- Streets Swept (Number of miles X Number of times swept) # Miles [ ][ ][ ] 3 4 0
- Catch Basins Inspected and Cleaned Where Necessary # [ ][ ][ ] 1 0 2
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # [ ][ ][ ][ ] 4
- Phosphorus Applied In Chemical Fertilizer # Lbs. [ ][ ][ ] 4 7 4
- Nitrogen Applied In Chemical Fertilizer # Lbs. [ ][ ] 4 5 7 0
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres [ ][ ] 4 7 7 . [ ]

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? [ ][ ][ ][ ] 8

4. What was the date of the last training? [ 0 ][ 3 ] / [ 0 ][ 6 ] / [ 2 ][ 0 ][ 1 ][ 4 ]

5. How many municipal employees have been trained in this reporting period? [ ][ ] 3 0

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? [ ][ ] 3 0 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID  

N	Y	R	2	0	A	3	3	2
---	---	---	---	---	---	---	---	---

**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.**

MEASURABLE GOAL #6A -- is to sweep 100% of County Roads and Parking Lots within the MS4 boundaries at least once annually in accordance with Good Housekeeping measures.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

County is working on this goal by better defining MS4 roads and developing better infrastructure mapping, and dewveloping good housekeeping record keeping documents.

**C. How many times was this observation measured or evaluated in this reporting period?**

	3	4	0
--	---	---	---

(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 program as established. Additional fine tuning of process will be forthcoming in next reporting period as noted in Goal #6G.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

BROOME COUNTY									
---------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	3	3	2
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.**

MEASUREABLE GOAL #6B -- is to clean and inspect 50% of catch basins and drop inlets within the MS4 boundary annually.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

Cleaning / inspection is occurring by County Highway Division each year, however, we do not have confirmation whether 50% of structures as denoted in this goal are actually being cleaned and inspected due to the lack of good mapping. The mapping issue is set out in goal #5B to be addressed during the upcoming reporting period. We are still in the process of analyzing field data collected in 2013 and developing usable maps of closed drainage.

**C. How many times was this observation measured or evaluated in this reporting period?**

1	0	2
---	---	---

*(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 SWMP?**

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 program as established. Additional fine tuning of process will be forthcoming in next reporting period as noted in Goal #6G, and confirmation of system mapping will be done as noted in Goal #5B

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID

N	Y	R	2	0	A	3	3	2
---	---	---	---	---	---	---	---	---

**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.**

MEASUREABLE GOAL #6C -- is to reduce chemical fertilizer, herbicide and pesticide use within the MS4 boundaries.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

The goal to reduce usage of these products has been added to the County's SWMPP, so no specific progress has been made in this goal during the past recording period.

**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(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).**

Activities planned for this year include documenting exactly where and how these products are being utilized in order to establish strategies to reduce usage.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

BROOME COUNTY									
---------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	3	3	2
---	---	---	---	---	---	---	---	---

**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.**

MEASURABLE GOAL #6D -- is to develop staff training related to the stormwater program, IDDE, and good housekeeping measures, and to have 100% of County staff educated in accordance with this goal. This goal will be accomplished in part by the BTSC as part of MCM-1 and MCM-2, they will assist in the creation of applicable training materials and opportunities.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

This is a newly defined goal within MCM-6 of the County's SWMPP that is related directly to County staff as opposed to the general public. 13 Highway Department employees were trained in erosion and sediment control measures, and 16 facility managers/staff began training with respect to IDDE and good housekeeping techniques.

**C. How many times was this observation measured or evaluated in this reporting period?**

		2	9
--	--	---	---

*(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).**

As a newly defined goal, reaching 100% compliance as noted above will take some time and be accomplished in a number of steps. The first step which will be accomplished during the next reporting period includes setting up a County based stormwater management link on our web site for employee use and education, and sending out broadcast e-mail notices to make employees aware of it's location and content. Additional steps will be taken by the coalition as part of MCM-1 &2.



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID  

N	Y	R	2	0	A	3	3	2
---	---	---	---	---	---	---	---	---

**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.**

MEASUREABLE GOAL #6E -- is to target 100% distribution of good housekeeping guidelines and training to new County employees upon orientation. This goal will be accomplished in part by the BTSC as part of MCM-1 and MCM-2, they will assist in the creation of applicable training materials and opportunities.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

This is a newly defined goal within MCM-6 of the County's SWMPP that is related directly to County staff as opposed to the general public, and no progress was made during this reporting period.

**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

*(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).**

Accomplishment of this goal is tied to Goal #6D and to the efforts of the coalition in creating training materials. The first step will be to create and utilize and introductory power point presentation to familiarize new employees with what the stormwater program is all about.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID

N	Y	R	2	0	A	3	3	2
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.**

MEASURABLE GOAL #6F -- is to maintain the County's existing PBS/SPCC plans and training as established and to keep these plans current with any changes in state and/or federal regulations.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

Existing SPCC plans have been reviewed for compliance with current federal and state regulations, and all staff training at each facility has been completed during this reporting period as specified in the SPCC reports. During this reporting period 30 staff members completed this training.

**C. How many times was this observation measured or evaluated in this reporting period?**

		3	0
--	--	---	---

(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 SWMP?**

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 program as established tracking that 100% of staff training is being completed as stipulated within the SPCC plan documents. During this next reporting period the County will develop a list of all staff members at each facility or within each department that require the SPCC training.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

BROOME COUNTY

SPDES ID

N	Y	R	2	0	A	3	3	2
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.**

MEASURABLE GOAL #6G -- is to complete an updated and detailed inventory of County building and facilities within the MS4 boundaries, to develop facility specific good housekeeping programs, and to update good housekeeping criteria and develop specific programs for various departments based on their functions within the County Government structure.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

There are 14 County facilities, 4 County parks, and 1 County Golf Course located within the MS4 boundary. We have developed draft, facility specific good housekeeping documents/plans for all but 3 facilities during this reporting period.

**C. How many times was this observation measured or evaluated in this reporting period?**

		1	6
--	--	---	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?**
 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).**

Broome County will continue to develop and finalize the Good Housekeeping documents/plans for the 19 sites listed above. It is the intent of the County to have these completed and fully implemented during the 2014-2015 reporting period.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID

N	Y	R	2	0	A	3	3	2
---	---	---	---	---	---	---	---	---

**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.**

MEASURABLE GOAL #6H -- is to implements program tracking and record keeping in accordance with the NYSDEC tracking system and forms so that the County will be in a position to transition to this annual reporting method once it is implemented by the DEC.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

This is a new program goal that has been established in the SWMPP update completed during the last reporting period.

**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(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).**

Implementing and incorporating this tracking system will be done in coordination with the #6G goal that will be completed by County consultants and implemented by County facilities during the next reporting period.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

BROOME COUNTY
---------------

SPDES ID  

N	Y	R	2	0	A	3	3	2
---	---	---	---	---	---	---	---	---

**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.**

MEASURABLE GOAL #6I -- is to complete a self-assessment every 3 years by each building/facility identified under goal #6G and then to use these assessments to evaluate established good housekeeping and implement changes as needed.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

The last self-assessment was completed during 2011-2012 reporting period. As the good housekeeping documents are being developed, these self-assessments are being reviewed and updated, including the reporting form. 16 were updated during the 2013-2014 reporting year.

**C. How many times was this observation measured or evaluated in this reporting period?**

		1	6
--	--	---	---

*(ex.: samples/participants/events)*

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes    No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

Yes    No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

As the activities described in goal #6G are completed, self assessment reports will be revised and personalized for all participating buildings/facilities based on the activities present at each.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TIOGA COUNTY									
--------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

**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. 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 checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" 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 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 type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" 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	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TIOGA COUNTY
--------------

SPDES ID  

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

--	--	--	--	--
- Streets Swept (Number of miles X Number of times swept) # Miles 

--	--	--	--	--
- Catch Basins Inspected and Cleaned Where Necessary # 

			5	5
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

					.	
--	--	--	--	--	---	--

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

					1
--	--	--	--	--	---

**4. What was the date of the last training?**

--	--

 / 

--	--

 / 

--	--	--	--

**5. How many municipal employees have been trained in this reporting period?**

--	--	--

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

--	--	--

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TIOGA COUNTY
--------------

SPDES ID  

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

**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.**

-Received a Satisfactory rating NYS DEC on the MS4 Stormwater Audit conducted on 2/25/2013, but notification and report was not received until 7/26/2013.  
-Tioga County Public Works continues to follow the best management practices as defined in the "Tioga County and Town of Owego Stormwater Management Program Plan", which is effective through April 31, 2015.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

No illicit discharges detected.

**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).**

Continue to follow OSHA self audit recommendations conducted more than 4 years ago. The NYS DEC Audit Report recommended conducting this audit more often.



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Binghamton																			
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	3	4	1
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
--	--	---

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Binghamton
--------------------

SPDES ID  

N	Y	R	2	0	A	3	4	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
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

	4	1	3	2
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

	2	6	0	9
--	---	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				4
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

			1	0
--	--	--	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

			3	0
--	--	--	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

			0	.	0
--	--	--	---	---	---

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				3
--	--	--	--	---

**4. What was the date of the last training?**

--	--

 / 

--	--

 / 

--	--	--	--

**5. How many municipal employees have been trained in this reporting period?**

	1	2
--	---	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

	6	9
--	---	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Binghamton									
--------------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	3	4	1
---	---	---	---	---	---	---	---	---

**7. Evaluating Progress Toward Measurable Goals MCM 6**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Provide training to all municipal employees whose operations impact storm-water. Reduce the impact of mowing/landscaping through the use of best management practices. Perform vehicle and equipment maintenance / washing according to palm, to reduce impact of stormwater. Prevent hazardous / waste material from impaction stormwater through proper use / storage / disposal methods. Continue street sweeping and catchbasin cleaning operations.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

1248 miles of streets swept, and 1674 catchbasins cleaned during reporting period.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

*(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 training as available. Continue the use of BMPs in mowing/landscaping operations. Continue to use good house keeping procedures to reduce the impact of vehicle/equipment maintenance and washing.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 0 0 9

**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. 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 checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" 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 type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Hydrologic Habitat Modification.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" 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	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: 

Town pof Binghamton
---------------------

SPDES ID  

N	Y	R	2	0	A	0	0	9
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				2
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

			3	0
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		2	0	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				0
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

			0	.	
--	--	--	---	---	--

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

		0	1	6
--	--	---	---	---

**4. What was the date of the last training?**

0	1
---	---

 / 

1	4
---	---

 / 

2	0	1	4
---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		1	6
--	--	---	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0
---	---	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Binghamton

SPDES ID

N	Y	R	2	0	A	0	0	9
---	---	---	---	---	---	---	---	---

**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.**

Self assess municipal operations and train personnel in procedures.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

self assessment has identified potential pollutants and training has promoted proper procedures.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

*(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).**

Continuc training and proper procedures.  
Implement capital improvement projects

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

**Minimum Control Measure 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. 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>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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 DICKINSON

SPDES ID  
N Y R 2 0 A 1 4 3

#### 2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 5
  - Streets Swept (Number of miles X Number of times swept) # Miles
  - Catch Basins Inspected and Cleaned Where Necessary # 5 9
  - Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
  - Phosphorus Applied In Chemical Fertilizer # Lbs.
  - Nitrogen Applied In Chemical Fertilizer # Lbs.
  - Pesticide/Herbicide Applied # Acres .
- (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 6

4. What was the date of the last training? 1 2 / 0 1 / 2 0 1 2

5. How many municipal employees have been trained in this reporting period? 7

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 1 0 0 %



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

T	J	O	W	N		O	F		D	I	C	K	I	N	S	O	N
---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	1	4	3
---	---	---	---	---	---	---	---	---

#### 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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.

CLEANING OF STREETS AND PARKING LOTS, INSPECTION OF CATCHBASINS, AND GOOD HOUSEKEEPING

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

THE SWEEPING WAS DONE MORE THAN ONCE AND THE CATCHBASINS WERE INSPECTED.

##### C. How many times was this observation measured or evaluated in this reporting period?

			4
--	--	--	---

(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 SWMP?

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).

ALL EMPLOYEES GET GOOD HOUSEKEEPING TRAINING ONCE A YEAR

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Chenengo
------------------

SPDES ID  

N	Y	R	2	0	A	1	2	7
---	---	---	---	---	---	---	---	---

**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. 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>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Chenengo
------------------

SPDES ID  

N	Y	R	2	0	A	1	2	7
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				1
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

			6	6
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		1	0	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				2
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied # Acres 

					.	
--	--	--	--	--	---	--

  
 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				4
--	--	--	--	---

**4. What was the date of the last training?**

0	2
---	---

 / 

1	3
---	---

 / 

2	0	1	4
---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		0
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0
---	---	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Chenengo

SPDES ID

N	Y	R	2	0	A	1	2	7
---	---	---	---	---	---	---	---	---

**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.**

Continue to maintain a clean fleet, hydroseed exposed ares and ditches, control wasteful salt and sand application, as well as chemical applications (fertilizers, etc.). Staff training ongoing.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

No noticeable runoff problems noted or reported associated within municipal facilities.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

*(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 to improve on staff training and log of imrovements. Possible IPM programs for parks and recreation.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Conklin
-----------------

SPDES ID  

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

**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. 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>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Conklin

SPDES ID

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				3
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

			4	1
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			3	9
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				3
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

				.	
--	--	--	--	---	--

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				3
--	--	--	--	---

**4. What was the date of the last training?**

0	2	/	1	2	/	2	0	1	4
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		1
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

	3	3	%
--	---	---	---

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Conklin

SPDES ID

N	Y	R	2	0	A	2	5	5
---	---	---	---	---	---	---	---	---

**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.I. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Measurable goal is to reduce pollutants of concern through the use of good housekeeping programs.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

There has been a decrease in the incidents of flooding due to catch basin and culverts clogging.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

*(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 to evaluate good housekeeping programs and implement new practices to reduce pollutants of concern.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Endicott
---------------------

SPDES ID  

N	Y	R	2	0	A	1	4	9
---	---	---	---	---	---	---	---	---

**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. 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 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	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Endicott

SPDES ID

N	Y	R	2	0	A	1	4	9
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

--	--	--	--	--
- Streets Swept (Number of miles X Number of times swept) # Miles 

			8	6
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		1	0	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

					.	
--	--	--	--	--	---	--

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				2
--	--	--	--	---

**4. What was the date of the last training?**

0	3	/	0	4	/	2	0	1	4
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		2
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

		1	%
--	--	---	---

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Endicott

SPDES ID

N	Y	R	2	0	A	1	4	9
---	---	---	---	---	---	---	---	---

**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.**

Street Sweeping starts in April and continues until November when freezing temperatures arrive. Yard Waste is picked up once a week and takes place on Fridays starting in April and ending in November. Christmas Trees are picked up from the end of December until March. Leaves are picked up in the fall and in the early spring and transformed into Mulch.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

The leaves and wood chips are both used in making the mulch. The residents like the mulch and the wood chips.

**C. How many times was this observation measured or evaluated in this reporting period?**

		5	0
--	--	---	---

(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).**

Good Housekeeping practices are carried out by all Village of Endicott employees on a daily basis. The Aluminum Storm Water markers were installed on Catch Basins in the Village of Endicott by our 2013 summer help. They marked on a Village of Endicott Map where the Storm Markers were installed.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Fenton
----------------

SPDES ID  

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

**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. 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>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Fenton
----------------

SPDES ID

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

			5
--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		4	9
--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		5	0
--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			0
--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

			0
--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

			0
--	--	--	---
- Pesticide/Herbicide Applied # Acres 

		0	.	0
--	--	---	---	---

  
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

			1
--	--	--	---

**4. What was the date of the last training?**

0	2	/	1	2	/	2	0	1	4
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		3
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

	2	5	%
--	---	---	---

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Fenton

SPDES ID

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.**

Annual Training of appropriate staff

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

TBD

**C. How many times was this observation measured or evaluated in this reporting period?**

			0
--	--	--	---

(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 SWMP?**

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).**

Training associated with Good Housekeeping Practices and Illicit Discharge Detection and Elimination

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Johnson City
-------------------------

SPDES ID  

N	Y	R	2	0	A	1	0	1
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. 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 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	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Johnson City
-------------------------

SPDES ID

N	Y	R	2	0	A	1	0	1
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				3
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

--	--	--	--	--
- Catch Basins Inspected and Cleaned Where Necessary # 

		5	0	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			1	9
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

					.	
--	--	--	--	--	---	--

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				1
--	--	--	--	---

**4. What was the date of the last training?**

0	3	/	1	7	/	2	0	1	2
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

	2	5
--	---	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0	%
---	---	---	---

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Johnson City

SPDES ID

N	Y	R	2	0	A	1	0	1
---	---	---	---	---	---	---	---	---

**7. Evaluating Progress Toward Measurable Goals MCM 6**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

The Village continues to train employees regarding municipal operations that could possibly contribute POCs to the MS4 system.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

During this reporting period the street sweeper was utilized 368 hours, the vacuum truck was utilized 728 hours for cleaning catchbasins, the loader/backhoe were utilized 144 hours for cleaning creeks & ditches and a total of 2256 manhours were utilized for this Measurable Goal. Also, 36 storm drainage markers were placed at catchbasins that state; "No Dumping Drains to River".

**C. How many times was this observation measured or evaluated in this reporting period?**

	1	5	5
--	---	---	---

(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 Village will continue to train employees responsible for municipal operations that could potentially contribute to the MS4 system. The Village will continue its operations of street sweeping, catchbasin cleaning, creek/open ditch maintenance and installation of storm drainage markers.



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Kirkwood
------------------

SPDES ID  

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**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. 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>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Kirkwood

SPDES ID

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				5
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

			4	4
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		1	6	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				0
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

			0	.	0
--	--	--	---	---	---

**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	/	1	2	/	2	0	1	4
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		3
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0	%
---	---	---	---

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Kirkwood

SPDES ID

N	Y	R	2	0	A	0	7	2
---	---	---	---	---	---	---	---	---

**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.**

Measurable goal is to reduce pollutants of concern through the use of good housekeeping programs.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

There has been a decrease in the incidences of flooding due to catch basin and culverts clogging.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

(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 to evaluate good housekeeping programs and implement new practices to reduce pollutants of concern.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Owego
---------------

SPDES ID: 

N	Y	R	2	0	A	0	7	9
---	---	---	---	---	---	---	---	---

**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. 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>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Owego
---------------

SPDES ID  

N	Y	R	2	0	A	0	7	9
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

--	--	--	--	--
- Streets Swept (Number of miles X Number of times swept) # Miles 

			4	2
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		5	4	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				4
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

					.	
--	--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 

				2
--	--	--	--	---

4. What was the date of the last training? 

0	2
---	---

 / 

1	2
---	---

 / 

2	0	1	4
---	---	---	---

5. How many municipal employees have been trained in this reporting period? 

		3
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 

	3	3
--	---	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Owego
---------------

SPDES ID

N	Y	R	2	0	A	0	7	9
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.**

The BTSC hosted an IDDE and Good Housekeeping Training utilized coalition purchased training DVDs

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

The Town of Owego will borrow the training DVDs to conduct in-house training

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

*(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 SWMP?**

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 to provide training to municipal employees through the Tioga County Soil and Water Conservation District

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

VILLAGE OF PORT DICKINSON
---------------------------

SPDES ID  

N	Y	R	2	0	A	0	8	0
---	---	---	---	---	---	---	---	---

**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. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

<u>Operation/Activity/Facility</u>	<u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>			
	<u>Addressed in SWMP?</u>			
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition VILLAGE OF PORT DICKINSON

SPDES ID  
N Y R 2 0 A 0 8 0

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres         2
- Streets Swept (Number of miles X Number of times swept) # Miles         9
- Catch Basins Inspected and Cleaned Where Necessary #       1 8
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
- Phosphorus Applied In Chemical Fertilizer # Lbs.         0
- Nitrogen Applied In Chemical Fertilizer # Lbs.         0
- Pesticide/Herbicide Applied # Acres       4 .  

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

**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?** 1 2 / 0 1 / 2 0 1 2

**5. How many municipal employees have been trained in this reporting period?**         3

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?** 1 0 0 %



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

VILLAGE OF PORT DICKINSON
---------------------------

SPDES ID

N	Y	R	2	0	A	0	8	0
---	---	---	---	---	---	---	---	---

**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.**

STREET CLEANING; PARKING LOT CLEANING; LEAF PICKUP; GOOD HOUSEKEEPING

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

100% OF CATCHBASINS ARE CLEANED EACH EAR; ALL STREETS ARE SWEEPED 2-5 TIMES EACH YEART; LEAVES ARE COLLECTED FROM DITCHES; ALL PARKING LOTS ARE SWEEPED AND KEPT CLEAN; WE DO NOT USE CHEMICAL FERTERLIZER

**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).**

ALL EMPLOYEES ARE RECEIVING GOOD HOUSEKEEPING TRAINING EACH YEAR.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Union
---------------

SPDES ID  

N	Y	R	2	0	A	0	5	0
---	---	---	---	---	---	---	---	---

**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. 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>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Union
---------------

SPDES ID

N	Y	R	2	0	A	0	5	0
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

--	--	--	--	--
- Streets Swept (Number of miles X Number of times swept) # Miles 

		1	2	2
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

1	3	0	0
---	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				7
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

			1	0
--	--	--	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

					.	
--	--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 

				2
--	--	--	--	---

4. What was the date of the last training? 

1	0
---	---

 / 

2	9
---	---

 / 

2	0	1	3
---	---	---	---

5. How many municipal employees have been trained in this reporting period? 

		3
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 

1	0	0
---	---	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Union
---------------

SPDES ID  

N	Y	R	2	0	A	0	5	0
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.**

Provided ewaste collection and continue to participate in drug collections to prevent improper disposal at landfill. Continue to promote good housekeeping efforts at municipal facilities.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

Amount of e waste collected. Amount of roads swept and storm drains cleaned

**C. How many times was this observation measured or evaluated in this reporting period?**

--	--	--	--

*(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 SWMP?**

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).**

Increase staff training on BMP and self evaluations. Install storm drain markers.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Vestal
----------------

SPDES ID  

N	Y	R	2	0	A	0	6	4
---	---	---	---	---	---	---	---	---

**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. 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 type="radio"/> Yes <input checked="" type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input 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 type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" 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	1	4
---	---	---	---

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 Vestal
----------------

SPDES ID

N	Y	R	2	0	A	0	6	4
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				2
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

			4	0
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		1	5	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			2	8
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

					.	
--	--	--	--	--	---	--

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				1
--	--	--	--	---

**4. What was the date of the last training?**

0	2	/	1	2	/	2	0	1	4
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		1
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

	3	3	%
--	---	---	---

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Vestal
----------------

SPDES ID  

N	Y	R	2	0	A	0	6	4
---	---	---	---	---	---	---	---	---

**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 of Vestal cleans catch basins each year and also provides brush and leaf pick up

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

the need to clean catch basin has lessen over the years, especially with elimination of sand spreading during winter storms

**C. How many times was this observation measured or evaluated in this reporting period?**

--	--	--	--

(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 to clean streets and catch basins

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

  
 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TIOGA COUNTY									
--------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

### Additional Watershed Improvement Strategy Best Management Practices

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? 

--	--	--

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	1,2,7a-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, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TIOGA COUNTY
--------------

SPDES ID  

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

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? 

		0
--	--	---

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, 

2	0	1	4
---	---	---	---

  
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TIOGA COUNTY									
--------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	0	4	7
---	---	---	---	---	---	---	---	---

- 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

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Binghamton
--------------------

SPDES ID  

N	Y	R	2	0	A	3	4	1
---	---	---	---	---	---	---	---	---

**Additional Watershed Improvement Strategy Best Management Practices**

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
--	--	---

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	1,2,7a-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, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Binghamton									
--------------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	3	4	1
---	---	---	---	---	---	---	---	---

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? 

1	0	0
---	---	---

 %

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? 

		0
--	--	---

7c. What percent of the projects included in 7b have been completed in this reporting period? 

		0
--	--	---

 %

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, 

2	0	1	4
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Binghamton
--------------------

SPDES ID  

N	Y	R	2	0	A	3	4	1
---	---	---	---	---	---	---	---	---

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Binghamton
--------------------

SPDES ID  

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

### Additional Watershed Improvement Strategy Best Management Practices

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
--	--	---

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	1,2,7a-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. 

	2	0
--	---	---

 %

Estimate what percentage was mapped in this reporting period. 

	1	0
--	---	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2014

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?  %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?  Yes  No  N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?  Yes  No  N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A

7b. How many projects have been sited in this reporting period?

7c. What percent of the projects included in 7b have been completed in this reporting period?  %

7d. What percent of projects planned in previous years have been completed?  %  
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?  Yes  No  N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  Yes  No  N/A

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,

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				
---	---	---	---	---	--	--	--	--

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



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Fenton
----------------

SPDES ID 

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

**Additional Watershed Improvement Strategy Best Management Practices**

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? 

--	--	--

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>LJ 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. 

	8	5
--	---	---

 %

Estimate what percentage was mapped in this reporting period. 

	8	5
--	---	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

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 Fenton
----------------

SPDES ID  

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

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? 

	4	0
--	---	---

 %

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? 

		0
--	--	---

7c. What percent of the projects included in 7b have been completed in this reporting period? 

		0
--	--	---

 %

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, 

2	0	1	4
---	---	---	---

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 Fenton
----------------

SPDES ID  

N	Y	R	2	0	A	0	7	8
---	---	---	---	---	---	---	---	---

- 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

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	4
---	---	---	---

  
 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 Union
---------------

SPDES ID  

A	0	5	0	N	Y	R	2	0
---	---	---	---	---	---	---	---	---

**Additional Watershed Improvement Strategy Best Management Practices**

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? 

--	--	--

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>Peconie 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>L.I 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, 

2	0	1	4
---	---	---	---

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 Union
---------------

SPDES ID  

N	Y	R	2	0	A	0	5	0
---	---	---	---	---	---	---	---	---

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, 

2	0	1	4
---	---	---	---

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 Union
---------------

SPDES ID 

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

- 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