MS4 Annual Report Cover Page

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

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

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Choose	one:
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This report is being submitted on behalf of an individual MS4. Fill in SPDES ID in upper right hand corner.																	
Name of			$\overline{}$					1		1		Ī	T		\top		

OR

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

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

Name of Single Entity

OR

Name of Coalition

● 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.

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MS4 Annual Report Cover Page

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

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

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

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Name of MS4 Broome-Tioga Stormwater Coalition	N	Y	R	2	0	C	0	0	2

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- O An Annual Report for a single MS4
- O A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

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

If Joint Report, enter coalition name:

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

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

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MCC form for period ending March 9, $2 \mid 0 \mid 1$

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

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

Name of MS4 All Broome-Tioga Stormwater Coalition Municipalities 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? O Yes O 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/CoalitionName Broome-Tiogasstormwater CoalitionName
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 1 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 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 Pub Ed Planning/Programming
● MM2 Voll Events/Annual Rep/Mtgs
• MM3 Mapping Activities
O MM4
O MM5
• MM6 Traing
Additional tasks/responsibilities O Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

MCC Page 3

<u> </u>	SPDES ID												
Name of MS4 Broome-Tioga Stormwater Coalition	N Y R 2 0 A 0 0 2												
Section 3 - Partner Information													
Did your MS4 work with partners/coalition to complete some or all per period?	mit requirements during this reporting • Yes O No												
If Yes, complete information below.													
Submit a separate sheet for each partner. Information provided	I in other formats will not be												
accepted. If your MS4 cooperated with a coalition, submit one coalition. It is not necessary to include a separate sheet for each	th MS4 in the coalition.												
If No, proceed to Section 4 - Certification Statement.													
Partner/CoalitionName													
Southern Tier East Re	gional Plan												
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable												
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Address 4 9 Court Street, Suit	e 222												
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Binghamton	N Y 1 3 9 0 1 -												
eMail													
jgregory@stenyorg													
	y Binding Agreement in accordance GP-0-08-002 Part IV.G.? O Yes ● No												
What tasks/responsibilities are shared with this partner (e.g. MM	1 School Programs or Multiple Tasks)												
• MMI Programs/Grant app	and admin												
• MM2 Public Events and	Training												
• MM3 Mapping Assistance													
O MM4													
O MM5													
O MM6													
Additional tasks/responsibilities													
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Name of MS4 All Broome-Tioga Stormwater Coalition Members	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 accepted. If your MS4 cooperated with a coalition, submit one coalition. It is not necessary to include a separate sheet for each If No, proceed to Section 4 - Certification Statement.	sheet with the name of the											
Partner/CoalitionName												
B r o o m e C o u n t y S o i l a n	d Water											
Partner/Coalition Name (con't.) Conservation District	SPDES Partner ID - If applicable											
Address 11163 Upper Front Stre	elt											
City State B i n g h a m t o n N												
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What tasks/responsibilities are shared with this partner (e.g. MM1	School Programs or Multiple Tasks)											
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● MM2 Public Events and	Training											
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MCC form for period ending March 9, 2 0 1 4

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If Yes, complete information below. Submit a separate sheet for each partner. Information provided accepted. If your MS4 cooperated with a coalition, submit one secondition. It is not necessary to include a separate sheet for each If No, proceed to Section 4 - Certification Statement.	sheet with the name of the											
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Tioga County Soil and	Water											
Partner/Coalition Name (con't.) Conservation District	SPDES Partner ID - If applicable											
Address												
183 Corporate Drive												
City Stat												
0 w e g o N	Y 13827-											
eMail												
w a l s h w @ c o . t i o g a . n y . u s	_											
	Binding Agreement in accordance 2-0-08-002 Part IV.G.? ○ Yes No											
What tasks/responsibilities are shared with this partner (e.g. MM1	School Programs or Multiple Tasks)											
• MMI Contractor Trng/S	tream Cln-up											
• MM2 Enviroscape model	demos											
O MM3												
O MM4												
O MM5												
O MM6												
Additional tasks/responsibilities												
O Watershed Improvement Strategy Best Management Practices	required for MS4s in impaired											
watersheds included in GP-0-08-002 Part IX.												

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Partner/Co	alition f	Nam	e (c	on't	.)						_	·								ĺ	SEL	169	Par	inei		- If :	<u>арр</u> . 	T	ЛС
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MCC form for period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 4 \end{bmatrix}$												
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 <u>each</u> 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 fonn)												
3. 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). 												
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:												
O Principal Executive Officer/Chief Elected Official												
Duly Authorized Representative												
O Local Stormwater Public Contact												
O Stormwater Management Program (SWMP) Coordinator												
O Report Preparcr												
First Name MI Last Name M B E R N A R D O												
Title												
DEPUTY COUNTY EXECUTIVE												
Address 6 0 H A W L E Y S T R E E T - P O B O X 1 7 6 6												
6 0 H A W L E Y S T R E E T - P O B O X 1 7 6 6 1												
B I N G H A M T O N N Y 1 3 9 0 2 - 1 7 6 6												
eMail jbernardo@co.broome.ny.us												
Phone												
(607)778-2109 BROOME												

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

	SPD	ES I	D	_					
Name of MS4 BROOME COUNTY	N	Y	R 2	2	0	A	3	3	2

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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).
- 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).

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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.

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

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

	SPDES ID								
Name of MS4 BROOME	N	Y	R	2	0	Α	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 JOHN	MI M	Last Name B E R N A R D O
Title (Clearly print title of individual signing report) D E P U T Y C O U N T Y E X	E C	UTIVE
Signature Signature		Date 0 4 / 1 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

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

	SPE	ES	ID.						
Name of MS4 TIOGA COUNTY	N	Y	R	2	0	Α	0	4	7

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

First Name MARTHA	MI Last Name C S A U E R B R E Y
Title COUNTYLEGISLATU	RECHAIR
Address 5 6 MAIN STREET	State Zip
City OWEGO	N Y 1 3 8 2 7 -
eMails a u e r b r e y m @ c o . t :	i o g a . n y . u s
Phone	TIOGA

MS4 Municipal Compliance Certification (32 0 1 4)						
MCC form for period ending ration 3,						
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 <u>each</u> of the following positions as indicated below:						
1. Principal Executive Officer, Chief Elected Official or other qualified mulvidual (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) Authorized Representative is signing this form) 						
a Why I and Stormwater Public Contact (required per GP-0-002 I att VIII. 200 at VII						
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsitor)						
coordination/implementation of SWMP). 5. Report Preparer (Consultants may provide company name in the space provided).						
filled by the same individual. If one individual this multiple fotos, provide						
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						
If a new Duly Authorized Representative is signing this report, then between the Principal Executive Officer or Chief 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:						
O Principal Executive Officer/Chief Elected Official						
O Duly Authorized Representative						
Local Stormwater Public Contact (QND III) Coordinator						
O Stormwater Management Program (SWMP) Coordinator						
O Report Preparer						
First Name K E N N E T H D E L B I A N C O						
Title Title						
COMMISSIONER OF PUBLIC MORE						
4 7 7 R O U T E 9 6 State Zip						
O W E G O N Y 1 3 8 2 7 -						
cMail delbiancok@co.tioga.ny.us						
Phone (6 0 7) 6 8 7 - 0 3 0 2 TIOGA						
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MCC form for period ending March 9, 2 0 1 4

	SPE	ES	ID						
Name of MS4 TIOGA COUNTY	N	Y	R	2	0	Α	0	4	7

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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).

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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.

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

First Name E L A I N E	MI Last Name D J A R D I N E
Title COUNTYPLANNING	DIRECTOR
Address 5 6 M A I N S T R E E T	
City OWEGO	State Zip N Y 1 3 8 2 7 -
eMail jardinee@co.tiog	ga.ny.us
Phone (6 0 7) 6 8 7 - 8 2 5 7	County T I O G A

SPDES ID
Name of MS4 TIOGA Name of MS4 TIOGA Name of MS4 TIOGA
Section 3 - Partner Information Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting
period?
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 coantion.
If No, proceed to Section 4 - Certification Statement.
Partner/CoalitionName Partner/CoalitionName Reference Description Description
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 SPDES Partner ID - If applicable
Partner/Coalition Name (cont.)
Address 1 8 3 C O R P O R A T E D R I V E
City State Zip
OWEGO NY 13827-
eMail walshw@co.tioga.ny.us
Phone Legally Binding Agreement in accordance
(6 0 7) 6 8 7 - 3 5 5 3 with GP-0-08-002 Part IV.G.? • No
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?
• MM1 contractor training
The sales
• MM2 S t r e a m C 1 e a n U P / C 1 C C
O MM3
O MM4
O MM5
O MM6
Additional tasks/responsibilities O Watershed Improvement Strategy Best Management Practices required for MS4s in impaired
Watershed Improvement Strategy Best Management Fractices required for the watersheds included in GP-0-08-002 Part IX.
MCC Page 3

SPDES ID N Y R 2 0 A 0 4 7						
Name of MS4 TIOGA [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. Yes O No						
If Yes, complete information below.						
Submit a separate sheet for each partner, information provided in other formation and the submit one sheet with the name of the						
coalition. It is not necessary to include a separate sheet for each MISA in the countries.						
If No, proceed to Section 4 - Certification Statement.						
Partner/CoalitionName TOWNOFOWEGO HIGHWAY DEPT						
SPDES Partner ID - If applicable						
Partner/Coalition Name (cont.) N Y R 2 0 A 0 7 9						
Address 7 0 DELPHINE STREET						
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 r o w o s o r o r o r o r o r o r o r o r o r						
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)?						
O MM1						
O MM2						
[] I I I I I I I I I I						
• MM3 [c]a c c n D a D						
O MM4						
OMM5						
O MM6						
Additional tasks/responsibilities						
O Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.						
MCC Dage 2						

SPDES ID N Y R 2 0 A 0 4 7
Name of MS4 TIOGA [N] TIOGA
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
A. J. Leavin MCA cooperated with a coalition, submit one sheet with the name of the
coalition. It is not necessary to include a separate sneet for each wis4 in the coantiem
If No, proceed to Section 4 - Certification Statement.
Partner/CoalitionName TIOGACOUNTY RECYCLING
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
State Zip City N Y 1 3 8 2 7 -
OWEGO
eMail pratte@co.tioga.ny.us
Phone Legally Binding Agreement in accordance
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?
• MMI Earth Day presentations
● MM2 Tire and HHW clean ups
O MM3
O MM4
O MM5
O MM6
Additional tasks/responsibilities
O Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.
MCC Page 3

MS4 Municipal Compliance Certification (MCC) Form MCC form for period ending March 9, 2 0 1 4

SPDES ID N Y R 2 0 A 0 4 7
Name of MS4 TIOGA 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/CoalitionName 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 State Zip N Y 1 3 8 2 7 -
O W E G O
Phone (6 0 7) 6 8 7 - 4 0 2 0 What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?
• MMI Water Wise Gardening Class
O MM2
O MM3
O MM4
O MM5
O MM6
Additional tasks/responsibilities O Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

MCC form for period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 4 \end{bmatrix}$

		SPI	DES	ID						
Name of MS4	Name of MS4 TIOGA COUNTY	N	Y	R	2	0	Α	0	4	7_
rumo or mo .										

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 MARTHA	MI Last Name C S A U E R	BREY
Title (Clearly print title of individual signing report) T I O G A C O U N T Y L E G	G I S L A T U R	E CHAIR
Mather Garrer	ly_	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 2 0 1 4

MCC form for period ending Man	rch 9, 2 0 1 4				
Name of MS4 City of Binghamton	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 <u>each</u> of the following	ing positions as indicated below:				
1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VIJ).					
2. Duly Authorized Representative (Information for this con 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) Coordin coordination/implementation of SWMP).	nator (Individual responsible for				
5 Report Preparer (Consultants may provide company name	e in the space provided).				
A about must be submitted for each position lists	ed above unless more than one position is				
filled by the same individual. If one individual fills multi- once and check all positions that apply to that individual.	ple roles, provide the contact information				
IC a new Duly Authorized Representative is signing this r	report, their contact information must be				
provided and a signature authorization form, signed by the	ne Principal Executive Officer or Chief				
Elected Official must be attached.					
For each contact, select all that apply:					
 Principal Executive Officer/Chief Elected Official 					
O Duly Authorized Representative					
O Local Stormwater Public Contact					
O Stormwater Management Program (SWMP) Coordinator					
O Report Preparer					
First Name MI Last	Name				
ristnane	a v i d				
Title					
Mayor					
Address 38 Hawley Street					
[3] 0] \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	State Zip				
City Binghamton	N Y 1 3 9 0 1 -				
eMail					
mayor@cityofbingham Cou	ton.com				
Phone (6 0 7) 7 7 2 - 7 0 0 1 B	roome				
[[[[[[[[[[[[[[[[[[[[<u> </u>				

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

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Name of MS4 City of Binghamton		N	Y	R	2	0	A	3	4	1.
	-									

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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- 5. Report Preparer (Consultants may provide company name in the space provided).

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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.

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

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

		SPI	DES	ID						
Name of MS4	City of Binghamton	N	Y	R	2	0	A	3	4	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 Philip	MI T	K r e y
Title (Clearly print title of individual signing report) C i t y E n g i n e e r		
Signature		Date 0 5 / 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

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

Name of MS4 Town of Binghamton N Y R 2 0	A 0	0 9	9

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

First Name	ΜI	Last Name
Timothy	P	W h i t e s e 1 1
Title	_	
Supervisor		
Address		·
2 7 9 Park Avenue		
City		State Zip
City Binghamton		State Zip N Y 1 3 9 0 3 -
Binghamton		
	o f	NY 13903-
B i n g h a m t o n CMail	o f	NY 13903-

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

Name of MS4 Town of Binghamton NYR20A009			SPI	DES	ID						
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Section 2 - Contact Information

Important Instructions - Please Read

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- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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- 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).

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

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

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Name of MS4 Town of Binghamton	N	Y	R	2	0	Α	0	0	9

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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- 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).

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

First Name	MI Last Name
J e s s e	D Holmes
Title	
Town Engineer	
Address	~
59 Court Street	
City	State Zip
City B i n g h a m t o n	State Zip N Y 1 3 9 0 1 -
Binghamton	
Binghamton eMail	N Y 1 3 9 0 1 -

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

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Name of MS4	Town of Binghamton			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 T i m o t h y	MI P	Last Name	te	s	е	1 1		1	T	
Title (Clearly print title of individual signing report)			_						 	
Supervisor										
Signature										
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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

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

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Name of MS4 Town of Chenengo	NY	R	2	0	Α	1	2	7

Section 2 - Contact Information

Important Instructions - Please Read

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- 5. Report Preparer (Consultants may provide company name in the space provided).

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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.

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

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

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Section 2 - Contact Information

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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.

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

First Name A l e x a n d e r	MI Last Name N U r d a , P . E .
Title	
Engineer for the	Town
Address	
P O B O x 1 4 2 , 1 0 2	Main Street
City	State Zip
Windsor	N Y 1 3 8 6 5 -
	<u> </u>
eMail	
eMail a 1 e x @ u r d a e n g i n e e	

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

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Name of MS4 Town of Chenango		N	Y	R	2	0	A	1	2	7
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Section 4 - Certification Statement

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

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

First Name H a r o 1 d	MI	Last Name S n o p 6	e k						
Title (Clearly print title of individual signing report)									
Town Supervisor							<u> </u>		
Signature									
Hard Sned			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

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

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Name of MS4	Town of Conklin	N	Y	R	2	0	Α	2	5	5

Section 2 - Contact Information

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- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
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- O Principal Executive Officer/Chief Elected Official
- Duly Authorized Representative
- Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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

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- Duly Authorized Representative
- O Local Stormwater Public Contact
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MCC form for period ending March 9, 2 0 1 4

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

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

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Name of MS4 Town of Conklin	N	Y	R	2	0	Α	2	5	5

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
James		Finch
Title (Clearly print title of individual signing report)		
Supervisor		
Signature	2	Date 0 4 / 0 9 / 2 0 1 4

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

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

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Name of MS4 TOWN OF DICKINSON	[N	Y	R	2	0	Α	1	4	3

Section 2 - Contact Information

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

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MCC form for period ending March 9, 2 0 1 3

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Name of MS4 Town of DICKINSON	N Y R 2 0 A 1 4 3
Section 4 - Certification Statement	
"I certify under penalty of law that this document and all attachmen	ts were prepared under my
direction or supervision in accordance with a system designed to as	sure that qualified personnel
properly gathered and evaluated the information submitted. Based opersons who manage the system, or those persons directly responsi	on my inquiry of the person of the for eathering 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 inform	nation, 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-0-08-06	22 Part VI.J.
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Title (Clearly print title of individual signing report)	
SUPERVISSOR	
Signature	
Mi da O May raiso	Date
Wasself Contract	0510812014

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

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

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Section 2 - Contact Information

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- O Duly Authorized Representative
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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

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

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

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

First Name	MI Last Name
John	R Bertoni
Title	
Mayor	
Address	
1009 East Main S	Street
City	State Zip
Endicott	N Y 1 3 7 6 0 -
eMail	
voemayor@stny.rr	r . c o m
Phone	County
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MCC form for period ending March 9, 2 0 1 4

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Name of MS4 Village of Endicott] [1		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 John	MI R	Last Name Berto	n i		ŀ				
Title (Clearly print title of individual signing report) M a y o r									
Signature Berton	Ĺ		Date] / [02]/[مد	1	4

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

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

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Section 2 - Contact Information

Important Instructions - Please Read

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

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Section 2 - Contact Information

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

First Name	MI Last Name
Richard	Bassler
Title	
Town Engineer	
Address	
44 Park Street	
City	State Zip
City Port Crane	State Zip N Y 1 3 8 3 3 - 1 5 0 4
Port Crane	
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Section 4 - Certification Statement

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First Name	ΜI	Last Name									
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Title (Clearly print title of individual signing report)											
Supervisor											
Signature			Date	3	/ [<i>i</i>	18]/	2	2	× 1	4

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

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

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

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Section 2 - Contact Information

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

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Section 4 - Certification Statement

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Title (Clearly print title of individual signing report) M a y o r							
Signature Cuy		:	Date 0 4	/ 2	5 /[2 0	1 4

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

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

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Section 2 - Contact Information

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

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

First Name	MI Last Name
John	P Mastronardi
Title	
Town Engineer	
Address	
13 S. Washington	
City	State Zip
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- Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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	SPD								
Name of MS4 Town of Kirkwood	N	Y	R	2	0	Α	0	7	2

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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		
Gorla Tuffi		Date 0 4 / 0 9 / 2 0 1 4

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

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

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Name of MS4 Town of Owego	Y	R	2	0	Α	0	7	9

Section 2 - Contact Information

Important Instructions - Please Read

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- Principal Executive Officer/Chief Elected Official
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- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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

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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.

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

First Name Debra	MI T	Last Name Standinger
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Planning and Zon	i n	ng Administrator
Address		
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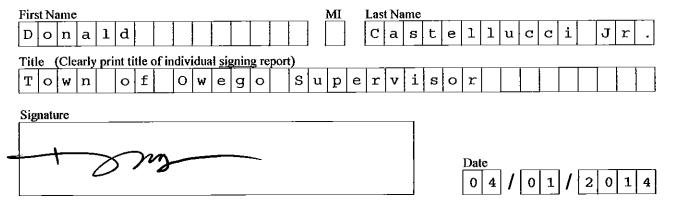
MCC form for period ending March 9, 2 0 1 4

	SP	DES	S ID						
Name of MS4 Town of Owego	N	Y	R	2	0	Α	0	7	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.



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

Phone

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 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following pos	
1. Principal Executive Officer, Chief Elected Official or other qual GP-0-08-002 Part VI.J).	
2. Duly Authorized Representative (Information for this contact management Authorized Representative is signing this form)	
3. The Local Stormwater Public Contact (required per GP-0-08-00	
4. The Stormwater Management Program (SWMP) Coordinator (In coordination/implementation of SWMP).	ndividual responsible for
5. Report Preparer (Consultants may provide company name in the	
A separate sheet must be submitted for each position listed above filled by the same individual. If one individual fills multiple role once and check all positions that apply to that individual.	es, provide the contact information
If a new Duly Authorized Representative is signing this report, provided and a signature authorization form, signed by the Princ Elected Official must be attached.	their contact information must be cipal Executive Officer or Chief
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
Mr. Land Maria	
First Name KEVIN BURI	KE
Title	
MAYOR	
Address 7 8 6 C H E N A N G O S T R E E T	
7 8 6 C H E N A N G O S T R E E T Sta	ite Zip
BINGHAMTON	
eMail	
Kburke 7@stny.rr.com	

County

Вr

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

SPDES ID

Name of MS4 VILLAGE OF PORT DICKINSON		N	Y	R Z	2	0 A	0	8	0
Section 4 - Certification Statement									
"I certify under penalty of law that this document and all attachmer direction or supervision in accordance with a system designed to as properly gathered and evaluated the information submitted. Based persons who manage the system, or those persons directly responsi the information submitted is, the best of my knowledge and belief, aware that there are significant penalties for submitting false information and imprisonment for knowing violations."	ssure that on my in ble for a true, ac	at qu nqu gath cur	uali iry erii ate,	fied of th ng th and	pe ne i he i	erson perso infor ompl	nel on o mat ete.	ion I ar	n
This form must be signed by either a principal executive officer or authorized representative of that person as described in GP-0-08-0	ranking 02 Part	g ele VI.J	ecte J.	d of	fic	ial, c	r du	ıly	
First Name	KE					\top		Γ	
Title (Clearly print title of individual signing report) M A Y O R					-				
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Send completed form and any attachments to the DEC Central Office at:

MCC form for period ending March 9, 2 0 1 4
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 <u>each</u> 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).
D (CW) (D) Coordinator (Individual responsible for
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).
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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
O Duly Authorized Representative
O Local Stormwater Public Contact
O Stormwater Management Program (SWMP) Coordinator
O Report Preparer
First Name MI Last Name
ROSE
Title
SUPERVISOR
Address 3 1 1 1 E MAIN STREET
State 7 in
City
eMail
SUPERVISOR@TOWNOFUNION.COM
Phone County
(607)7786-2995 B R O O M E

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

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

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

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

	SPDES ID
Name of MS4 Town of Union	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."

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First Name	ΜI	Last Na	me											
ROSE		s o	T	A	ĸ									
Title (Clearly print title of individual signing report)														
SUPERVISOR														
Signature Role Holak]	Date 0	<u>.</u> 4	1[2 4]/	2	0	<u>\</u>	4

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

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, 2, 0, 1, 4

MCC form for herion ending marci	_ , _ , _ , _ , _ , _ , _ , _ , _ , _ ,
Name of MS4 Town of Vestal	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 <u>each</u> of the following	positions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other GP-0-08-002 Part VI.J).	
2. Duly Authorized Representative (Information for this contact Authorized Representative is signing this form)	
3. The Local Stormwater Public Contact (required per GP-0-08	
 The Stormwater Management Program (SWMP) Coordinate coordination/implementation of SWMP). 	
5. Report Preparer (Consultants may provide company name in	
A separate sheet must be submitted for each position listed a filled by the same individual. If one individual fills multiple once and check all positions that apply to that individual.	above unless more than one position is roles, provide the contact information
If a new Duly Authorized Representative is signing this report provided and a signature authorization form, signed by the Elected Official must be attached.	ort, their contact information must be Principal Executive Officer or Chief
For each contact, select all that apply:	
Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
First Name MI Last Na	
J o h n S c	h a f f e r
Titte Town Supervisor	
Town Supervisor	<u> </u>
605 Vestal Parkway W	est
City	State Zip
Vestal	N Y 1 3 8 5 0 -
eMail	· · · · · · · · · · · · · · · · · · ·
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Phone County (6 0 7) 7 4 8 - 1 5 1 4 B r	oome
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MCC form for period ending March 9, 2 0 1 4

	SP:	DES	ΙD						
Name of MS4 Town of Vestal	N	Y	R	2	0	A	0	6	4

Section 2 - Contact Information

Important Instructions - Please Read

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Mauagement Program (SWMP) Coordinator
- Report Preparer

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

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Name of MS4 Town of Vestal	N	Y	R	2	0	Α	0	6	4

Section 4 - Certification Statement

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

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPI	DES	S ID	l					
Name of MS4/Coalition Broome-Tioga Stormwater Coalition	N	Y	R	2	0	С	0	0	2

Water Quality Trends

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

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

How many MS4s are contributed to this report? $\begin{bmatrix} 0 & 1 & 5 \end{bmatrix}$

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

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

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

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This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$

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

	SPDES ID)				
Name of MS4/Coalition Broome-Tioga Stormwater Coalition	N Y R	2 0	C	0 (2	
Minimum Control Measure 1. Public Education	on and Ou	<u>itreac</u>	<u>:h</u>			
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. Targeted Public Education and Outreach Best Management Practices

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

● Construction Sites	Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
 Household Hazardous Waste Disposal 	Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	● Trash Management
● Smart Growth	• Vehicle Washing
Storm Drain Marking	O Water Conservation
● Green Infrastructure/Better Site Design/Low Impact Development	Wetland Protection
Other: Town Cleanup Days, Fl Other 2. Specific audiences targeted during this reporting period:	O None O O d i n g
● Public Employees ● Contractors	
● Residential ● Developers	
● Businesses ● General Public	
● Restaurants ■ Industries	
O Other: • Agricultural	
Other	

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

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	
O Direct Mailings #Mailings	
● Kiosks or Other Displays #Locations 3	
• List-Serves #In List 4 8	
• Mailing List #In List # In List	
• Newspaper Ads or Articles Online ads ran through-out year #Days Run 1 6 4	=TV/radi print
Public Events/Presentations #Attendees 2 8 0 2	P11110
O School Program # Attendees	
• TV Spot/Program # Days Run 3 5	
Printed Materials: Total # Distributed	
Locations (e.g. libraries, town offices, kiosks)	I
Educational Events	
Muni/SWCDOffices	
BTSCWebsite	
O Other:	
• Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.	
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This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

SPDES	
	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 measidentified in your Stormwater Management Program Plan (SWMPP), including re III.C.1. Submit additional pages as needed.	urable goals equirements in Part
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 "w	vater from rain".
B. Briefly summarize the observations that indicated the overall effectivenes Goal.	ss of this Measurable
	n
A coalition website geared to reach the residents and businesses in the Broome T developed and launched in the year. Several TV and radio ads were produced, a promote the website. The ads first ran on February 2, 2014. As of March 9, 201 304 unique visitors, with 1413 page views and a bounce rate of just 3.43%.	nd aired to public to
C. How many times was this observation measured or evaluated in this repo	3 0 4
	<pre>(ex.: samples/participants/eve enorting neriod?</pre>
D. Has your MS4 made progress toward this Measurable Goal during this r	choi this bellou.
D. Has your MS4 made progress toward this Measurable Goal during this r	● Yes ○ No
D. Has your MS4 made progress toward this Measurable Goal during this rE. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	
	Yes ○ NoYes ○ No

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

	PDES ID
Name of MS4/Coalition Broome-Tioga Stormwater Coalition	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 ridentified in your Stormwater Management Program Plan (SWMPP), includi 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 and stormwater management.	r pollution prevention
B. Briefly summarize the observations that indicated the overall effective Goal.	veness of this Measurable
Development proposals submitted to the Counties for review under GML 23 stormwater impacts. Advice is given regarding BMP's for uses that may have There were a total of 188 239 reviews this reporting year.	
C. How many times was this observation measured or evaluated in this	1 8 8
D. Has your MS4 made progress toward this Measurable Goal during t	(ex.: samples/participants/events) his reporting period? ■ Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMP	P? • Yes • No
F. Briefly summarize the stormwater activities planned to meet the goa the next reporting cycle (including an implementation schedule).	ls of this MCM during
Continue to provide guidance for businesses and developers through the 239	9 review process.

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

SPDES ID
Name of MS4/Coalition Broome-Tioga Stormwater Coalition 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? (ex.: samples/participants/even
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.

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

n subiniting	tills form as part of a join	in report on benan or	a coantion icare of	DES ID UIAIR.
Name of MS4/Coalition	Broome-Tioga Stormwater Coalitio	n	SPDES II N Y F	
Traille of Wis47 Countrol				
4. Evaluating Progr	ress Toward Measura	ble Goals MCM 1		
identified in your Sto	rt on your progress and rmwater Management I ional pages as needed.			
A. Briefly summariz	ze the Measurable Go	al identified in the	SWMPP in this r	eporting period.
events, and mailings, management practice management, Promo	awareness and education. Topics include green in the set in the se	nfrastructure, genera waste, composting, meTiogaStormwate	al stormwater infor grasscycling, haza r.com and www.w	rmation, best ordous waste raterfromrain.org at
B. Briefly summariz	ze the observations th	at indicated the ove	erall effectiveness	of this Measurable
Day, 100 ppl; Broom Environmental Educa	Earth Day Southern Tier ne Riverbank Cleanup p ation Center Earth Fest unis Club, 15 ppl; Distri	participants, info dis (Enviroscape Demo	tributed to 157 ppl o), 30 ppl; Tioga S	; Rogers WCD Stormwater
C. How many times	s was this observation	measured or evalua	-	ting period? 6 (ex.: samples/participants/e
D. Has your MS4 m	nade progress toward	this Measurable Go		
E. Is your MS4 on s	schedule to meet the d	eadline set forth in	the SWMPP?	● Yes ○ No
	ze the stormwater acti ng cycle (including an i			his MCM during
a broader demograph	of materials distributed a hic (i.e. downtown festi he public education and	vals, sporting events	s) Distribute additi	onal materials

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix}$ 1 4

Name of MS4/Coalition	Broome-Tioga Stormwater Coalition		SPDES ID N Y R 2 0 C 0	0 2
4. Evaluating Pro	gress Toward Measurable Goals M	1CM 1		
identified in your So	ort on your progress and project plan formwater Management Program Pla tional pages as needed.		-	Part
A. Briefly summa	rize the Measurable Goal identified	d in the SWMPP	in this reporting per	iod.
	ation projects at municipal facilities. nfrastructure promotion and educatio ogram".			
B. Briefly summar Goal.	rize the observations that indicated	I the overall effec	ctiveness of this Meas	surable
in development: the Ross Park Zoo Am construction of the	es for demonstration projects at locat e Southern Tier Regional Farmers M phitheater. Grant applications have b green infrastructure components of t mming targeting the general public, a	arket, Washingtor been submitted for the projects, as we	n Avenue Commons a for the design and ell as for additional	nd
C. How many time	es was this observation measured o	or evaluated in th		2 rticipants/events,
D. Has your MS4	made progress toward this Measur	rable Goal durin	g this reporting perio	
E. Is your MS4 on	schedule to meet the deadline set	forth in the SWN	MPP? • Yes	O No
-	rize the stormwater activities plani ing cycle (including an implementa	_	oals of this MCM du	ring
	or announcements of grant awards. If grown for green infrastructure demonstration			o seek

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix}$ 1 4

Name	ne of MS4/Coalition Broome-Tioga Stormwater Coalition	7 (PDES ID N Y R 2	2 0 C 0	0 2
4. I	Evaluating Progress Toward Measurable Goals MCM 1				
iden	e this page to report on your progress and project plans toward ntified in your Stormwater Management Program Plan (SWM) C.1. Submit additional pages as needed.				Part
A. I	Briefly summarize the Measurable Goal identified in the S	SWMPP in	this repo	orting peri	od.
brai	velop a public education and outreach marketing campaign. Tunding strategy for public education efforts, website, development of print material, and an implementation	nent of TV	ads, deve	lopment of	
	Briefly summarize the observations that indicated the over	rall effecti	veness of	this Meas	urable
"Wa	th assistance of marketing consultant, developed a new public atter From Rain" program. A webpage was developed at www.veloped included I minute long commercial, 3 thirty second concational brochure. The site has been live and commercials has	v.waterfron ommercial	nrain.org. s, 1 radio	Other mate spot, and a	erials n
C. 1	How many times was this observation measured or evalua	ted in this			7
D. 1	Has your MS4 made progress toward this Measurable Go	al during	this repoi	ting perio • Yes	
E. 1	Is your MS4 on schedule to meet the deadline set forth in	the SWMI	PP?	• Yes	O No
	Briefly summarize the stormwater activities planued to methe next reporting cycle (including an implementation sch		ds of this	MCM dui	ing
Wil	ill continue to promote program and air commercials in the counch of the campaign in Spring/Summer 2014.	ming year.	Plan to h	old an offic	ial

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

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 achievi identified in your Stormwater Management Program Plan (SWMPP), inc III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPI	in this reporting period.
Make printed stormwater education materials readily available to the generation homeowners and businesses. Make literature and displays available at MMS4 and BTSC websites and at outreach events. Promote the BTSC webwww.waterfromrain.org and www.BroomeTiogaStormwater.com as mainformation with the general public.	IS4 and partner offices, on bsites,
B. Briefly summarize the observations that indicated the overall effection. Goal.	ectiveness of this Measurable
Materials available for display at 15 MS4's, Cornell Cooperative Extensionand Water offices, Broome County Library (Solid waste, composting, granagement, green infrastructure, general stormwater information, kids Materials and information are also incorporated into the websites.	asscycling, hazardous waste
C. How many times was this observation measured or evaluated in t	his reporting period? 2 0 (ex.: samples/participants/events)
D. Has your MS4 made progress toward this Measurable Goal during	
E. Is your MS4 on schedule to meet the deadline set forth in the SW	MPP?
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule).	goals of this MCM during
Expand the variety of materials distributed and the audiences reached. Expand temporary or permanent displays into other municipally owned businesses (i.e. Regional Farmers Market soon to be under construction)	

Name of MS4/Coalition Broome-Tioga Stormwater Coalition

MS4 Annual Report Form

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

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SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.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/ev
D. Has your MS4 made progress toward this Measurable Goal during this reporting period? • Yes O 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.
MCM I Page 4 of 4

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

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Name of MS4/Coalition Broome-Tioga Sto	ormwater Coalition	SPDES ID N Y R 2	2 0 C 0	0 2
4. Evaluating Progress Toward	d Measurable Goals MCM 1			
Use this page to report on your pridentified in your Stormwater Ma III.C.1. Submit additional pages a	anagement Program Plan (SWM)	-	_	Part
A. Briefly summarize the Meas	surable Goal identified in the S	SWMPP in this repo	rting peri	od.
Develop a mechanism for measu stormwater issues.	ring the general public's awaren	ess and behaviors rel	ated to	
B. Briefly summarize the obser Goal.	rvations that indicated the over	rall effectiveness of	this Meas	urable
A survey was developed for comsurvey was distributed throughout departments) were specifically tathat time period. The survey receivable	ut the Spring and Summer of 201 argeted. It was also distributed at	13. Municipal employ	yees (from	
C. How many times was this ol	bservation measured or evalua	ted in this reporting	period?	
·		•	samples/par	
D. Has your MS4 made progre	ss toward this Measurable Go	al during this repor	ting period • Yes	
E. Is your MS4 on schedule to	meet the deadline set forth in t	the SWMPP?	• Yes	O No
F. Briefly summarize the storn the next reporting cycle (inc	nwater activities planned to me luding an implementation sche	_	MCM dur	ing
Survey responses will continue to identified as an area where more public education campaign. The survey will be repeated in 3.	education is needed and will be	the focus of the next		he

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

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Name of MS4/Coalition Broome-Tioga Stormwater Coalition	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 identified in your Stormwater Management Program Plan (SWMFIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Assist MS4s by implementing training programs and providing training and employees, as well as local developers and contractors.	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
- Broome/Tioga SWCD, Sediment and Erosion Control (4/10/13, - BTSC sponsored a Construction Site Inspection Training (Octol - Good Housekeeping and IDDE training videos. Viewing was he - Broome County Planning hosted Municipal Board Training on - Munis reported on participation in these events under additional	ber 2013) - 22 muni reps eld in February 2014, 20 muni reps Stormwater (June 2013) - 48 ppl
C. How many times was this observation measured or evaluate	ted in this reporting period?
	7
D. Has your MS4 made progress toward this Measurable Goa	(ex.: samples/participants/even al during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
Develop a training schedule for the coming years. Continued sed additional trainings for good housekeeping program developmen Assess opportunities for additional topics.	

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Minimum Control Measure 2. 1	Public II	 ทบกไบ	em	enf	/P2	rti	ein	ati	nn			
The information in this section is being reported (check		ITOIT		CIII			VI P	uci	<u> </u>			
O On behalf of an individual MS4	one).											
 On behalf of a coalition 	nort? 0	1 5										
How many MS4s contributed to this re	port? [º]	1 3										
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	the Stor	mwate	r N	1an					rar	n		
● Cleanup Events					#	Eve	nts					2
Comments on SWMP Received					#Co	mme	nts					0
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O Plantings						Sq.	Ft.	Ī				
Storm Drain Markings					#	Dra	ins		1	0	5	0
Stakeholder Meetings					# A	tend	ees				4	8
 Volunteer Monitoring 					#	Eve	nts					3
● Other: H H W / E l e c t r o n i c	s ,	T	r	е	e	g	а	1	е	s		
2. Was public notice of availability of this annual Program (SWMP) Plan provided?	al report	and St	tor.	mw	ater	Ma	ma	_	nen Ye		0	No
● List-Serve					1	‡ In l	List				4	8
● Newspaper Advertising					# D	ays F	tun					1
O TV/Radio Notices					# D	ays F	tun					
● Other: W e b s i t e												

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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 1 \end{vmatrix}$

	SPDES ID
Name of MS4/Coalition Broome-Tioga Stormwater Coalition	N Y R 2 0 C 0 0 2
4.a. If this report was made available on the internet, what date was	as 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 p	period? Yes O No
If Yes, what was the date of the meeting?	0 5 / 3 0 / 2 0 1 4
If No, is one planned?	O Yes ● No
5.b. Was an Annual Report public meeting held for all MS4s confi	
this reporting period?	• Yes O No
If No, is one planned for each?	O Yes ● No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.	O Yes ● No

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix}$ $\begin{bmatrix} 1 & 4 \end{bmatrix}$

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SPDES ID

Name of MS4/Coalition Broome-Tioga Stormwater Coalition 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?	
(ex.: samples/participants/event	s)
D. Has your MS4 made progress toward this measurable goal during this reporting period?	
Yes O No E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	
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.	

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

Name of MS4/Coalition Broome-Tioga Stormwater Coalition SPDES I N Y I	
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward achieving measu identified in your Stormwater Management Program Plan (SWMPP), including red III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in this r	reporting period.
Expand public involvement in development of stormwater programs and reporting issues or concerns.	g of stormwater
B. Briefly summarize the observations that indicated the overall effectiveness Goal.	s of this Measurable
Created a fact sheet "Detecting and Reporting Illicit Discharges". Educates the purecognize an illicit discharge and who to call to report it. Distributed to riverbank participants who were also asked to report anything they noticed during the cleans	cleanup
C. How many times was this observation measured or evaluated in this repor	rting period?
	(ex.: samples/participants/events,
D. Has your MS4 made progress toward this measurable goal during this rep	
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 the next reporting cycle (including an implementation schedule).	
Establish clear protocol for receipt of complaints. Further distribute fact sheet.	

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

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 dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.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?
(ex.: samples/participants/event. 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.

Name of MS4/Coalition Broome-Tioga Stormwater Coalition

MS4 Annual Report Form

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

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

SPDES ID

N Y R 2 0 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?
(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.
MCM 2 Page 6 of 6

Name of MS4/Coalition Broome-Tioga Stormwater Coalition

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \begin{bmatrix} 0 & 1 \end{bmatrix} 4$

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

SPDES ID

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0 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?
(ex.: samples/participants/events) D. Has your MS4 made progress toward this measurable goal during this reporting period?
• Yes O 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.
MCM 2 Page 6 of 6

	SPDES ID
Name of MS4/Coalition BROOME COUNTY	N Y R 2 0 A 3 3 2
Minimum Control Measure 3. Il	licit Discharge Detection and Elimination
The information in this section is being reported (cl	heck one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to th 	
1. Enter the number and approx. percent o	foutfalls mapped: 476#100%
2. How many of these outfalls have been so reporting period (outfall reconnaissance	reened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershed reporting period?	ds were targeted for inspection during this
O Auto Recyclers	● Landscaping (Irrigation)
O Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	 Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	O Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	● Vehicle Fueling
O Industrial Process Water	 Vehicle Maint./Repair Shops
Other: E Q U I M E N T S T O R	O None A G E I N P A R K S
O Sewersheds:	

			SPDES ID		<u> </u>	<u></u>	T							
Name of MS4/Coalition BROOME COUNTY			N Y R	2 0_	A 3	3	2							
3.b. What types of illicit discharges have	been fou	and during this repo	rting perio	d?										
O Broken Lines From Sanitary Sewer	O Industrial Connections													
O Cross Connections	O Inflow	/Infiltration												
O Failing Septic Systems														
O Floor Drains Connected To Storm Sewers O Sanitary Sewer Overflows														
O Illegal Dumping	O Stanisht Ding Source Discharges													
O Other: None														
4. How many illicit discharges/potentia reporting period?	ıl illegal	connections have be	en detected	l dur	ing tl	nis 	0							
5. How many illicit discharges have be	en confii	med during this re	porting per	iod?	[0							
6. How many illicit discharges/illegal c period?	connectio	ns have been elimin	ated during	g this	repe	ortin	0							
7. Has the storm sewershed mapping by If No, approximately what percent was	s comple	pleted in this reported in this reporting p	ting period period?	?	O Ye	T	● No 0 %							
8. Is the above information available i Is this information available on the If Yes, provide URL(s):	web?				YeYe	-	O No O No							
Please provide specific address of pag	e where r	nap(s) can be accesse	ed - not hom 	e pag	ge. 									
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This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix} \begin{bmatrix} 4 & 1 \end{bmatrix}$

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

SPDES ID

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Name of MS4/Coalition BROOME COUNTY	N Y R 2 0 A 3 3 2
12. Evaluating Progress Toward Measurable Goals MCN	13
Use this page to report on your progress and project plans to identified in your Stormwater Management Program Plan (SIII.C.1. Submit additional pages as needed.	ward achieving measurable goals
A. Briefly summarize the Measurable Goal identified in	the SWMPP in this reporting period.
MEASURABLE GOAL #3D is to install markers on 100 and DI's within the MS4 area.	
B. Briefly summarize the observations that indicated th	ne overall effectiveness of this Measurable
This is a new goal and objectives have not been met in the	
C. How many times was this observation measured or	
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurab	O Yes ● No
E. Is your MS4 on schedule to meet the deadline set for	3
F. Briefly summarize the stormwater activities planne the next reporting cycle (including an implementati	d to meet the goals of this MCM during on schedule).
The SWMPP identifies that this process will begin during County resources were spent on measurable goals #3A are installed on the 20% of outfalls inspected during the 2014	the 2013-2014 reporting period. All and #3B this past summer, so markers will be

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$

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If submitting this form as part of a joint report on beha	if of a coalition leave SPDES ID blank.
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2. Evaluating Progress Toward Measurable Goals MCM 3 Jse this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in III.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting per MEASURABLE GOAL #3A is to verify that 100% of County-owned outfalls have been ma 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 reperiod. B. Briefly summarize the observations that indicated the overall effectiveness of this Mea Goal. All of the outfalls within the County roadways (and within the designated MS4 boundaries) had 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. C. How many times was this observation measured or evaluated in this reporting period. P. Has your MS4 made progress toward this measurable goal during this reporting period. S. Samples/	od.
2. Evaluating Progress Toward Measurable Goals MCM 3 Jose this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in ILC.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting per MEASURABLE GOAL #3A is to verify that 100% of County-owned outfalls have been mand 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 reported. B. Briefly summarize the observations that indicated the overall effectiveness of this Mea Goal. All of the outfalls within the County roadways (and within the designated MS4 boundaries) has 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. C. How many times was this observation measured or evaluated in this reporting period. C. How many times was this observation measured or evaluated in this reporting period. E. Is your MS4 made progress toward this measurable goal during this reporting period. Output D. Has your MS4 made progress toward this measurable goal during this reporting period.	od.
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MEASURABLE GOAL #3A is to verify that 100% of County-owned outfalls have been may 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 reperiod. B. Briefly summarize the observations that indicated the overall effectiveness of this Meagoal. All of the outfalls within the County roadways (and within the designated MS4 boundaries) has 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. (ex.: samples/ D. Has your MS4 made progress toward this measurable goal during this reporting period. Yes. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	od.
MEASURABLE GOAL #3A is to verify that 100% of County-owned outfalls have been may 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 reperiod. B. Briefly summarize the observations that indicated the overall effectiveness of this Meagoal. All of the outfalls within the County roadways (and within the designated MS4 boundaries) has 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. (ex.: samples/ D. Has your MS4 made progress toward this measurable goal during this reporting period. Yes. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	
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D. Has your MS4 made progress toward this measurable goal during this reporting per each of Years. E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	Ve
D. Has your MS4 made progress toward this measurable goal during this reporting per each of Years. E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	l ?
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F. Briefly summarize the stormwater activities planned to meet the goals of this MCM the next reporting eyele (including an implementation schedule).	s O No
During the summer of 2014 facility outfalls will be filed verified and mapped by DPW staff.	

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

SPDES ID N Y R 2 0 A 3 3 2	
Name of MS4/Coalition BROOME COUNTY 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 #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 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/participant]	ts/ever
D. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes O 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).	7
Continue with inspection program developed in 2013. Incorporate outfalls at county facilities as good housekeeping program is finalized and implemented.	

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

ame of MS4/Coalition BROOME COUNTY	N Y R 2 0 A 3 3 2
2. Evaluating Progress Toward Measurable Goals MCM 3	
Jse this page to report on your progress and project plans towa dentified in your Stormwater Management Program Plan (SW II.C.1. Submit additional pages as needed.	rd achieving measurable goals MPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in th	e SWMPP in this reporting period.
MEASURABLE GOAL #3C is to develop and pass a local accordance with the State's model IDDE law.	IDDE law in Broome County in
B. Briefly summarize the observations that indicated the o	overall effectiveness of this Measurable
Goal objectives have not been met in the 2013-2014 reporting	g period.
Goal objectives have not been met in the 2013-2014 reporting	duated in this reporting period? (ex.: samples/participan goal during this reporting period?
Goal objectives have not been met in the 2013-2014 reporting C. How many times was this observation measured or eva	duated in this reporting period? (ex.: samples/participan goal during this reporting period? Yes • No
C. How many times was this observation measured or evanuable of the control of th	duated in this reporting period? (ex.: samples/participan goal during this reporting period? Yes • No in the SWMPP? Yes • No o meet the goals of this MCM during schedule).

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ame of MS4/Coalition BROOME COUNTY N	Y R 2 0 A 3 3 2
2. Evaluatiug Progress Toward Measurable Goals MCM 3	
se this page to report on your progress and project plans toward achieving n lentified in your Stormwater Management Program Plan (SWMPP), includin I.C.1. Submit additional pages as needed.	neasurable goals ng requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in	
MEASURABLE GOAL #3E is to establish a dedicated IDDE hotline and and list it on the storm water website. This goal also includes creating centrareporting of IDDE complaints with information related to follow-up.	to advertise this hotline alized tracking and
3. Briefly summarize the observations that indicated the overall effectiv	veness of this Measurable
This is a new goal and objectives have not been met in the 2013-2014 repor-	ting period.
C. How many times was this observation measured or evaluated in this	(ex.: samples/participants/eve
D. Has your MS4 made progress toward this measurable goal during tl	his reporting period? ○ Yes ● No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMI	0 105 - 11-
F. Briefly summarize the stormwater activities plauned to meet the goz the next reporting cycle (including an implementation schedule).	als of this MCM during
The SWMPP identifies that the hotline portion of this goal to be implement reporting period. This item will be added to the 2014-2015 MS4 action item.	ted during the 2013-2014 em list.
	

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

	SPDES ID
Nan	ne of MS4/Coalition BROOME COUNTY N Y R 2 0 A 3 3 2
	Evaluating Progress Toward Measurable Goals MCM 3
ide	e this page to report on your progress and project plans toward achieving measurable goals entified in your Stormwater Management Program Plan (SWMPP), including requirements in Part C.1. Submit additional pages as needed.
Δ.	Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
M	EASURABLE 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 palition activities related to public education, but will be directed specifically to county employees.
G	. Briefly summarize the observations that indicated the overall effectiveness of this Measurable oal.
	Vith the beginning steps to develop and implement specific good housekeeping guidelines and ocuments 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	C. How many times was this observation measured or evaluated in this reporting period?
Ι). Has your MS4 made progress toward this measurable goal during this reporting period? • Yes O No
	E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • O 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).

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix}$ 1 4

Name of MS4/Coalition BROOME COUN	тү		NYR201	4 3 3 2
12. Evaluating Progress Towar				da.
Use this page to report on your pages identified in your Stormwater Market III.C.1. Submit additional pages	anagement Program Frances as needed.	(() WM17), III		
A. Briefly summarize the Mea	surable Goal identified	in the SWMP	P in this reporting	g period.
MEASURABLE GOAL #3G - environmental impacts of illegatencourage the use of BMP's to review process, which is an ad-	is to inform and educate I dumping, as well as ch prevent and control these	e businesses and	l industries about tl ardous waste spills,	ne negative , and to
B. Briefly summarize the obs				
Broome County Planning and reviews where BMP's were incappropriate.	Engincering staff continuction corporated or included as	ne to review and advisory comn	I analyze 239 devel nents to municipali	opment ties as
C. How many times was this	observation measured	or evaluated in	this reporting pe	riod?
C. How many times was this	Upaci varion meneral			
D. Has your MS4 made pro	gress toward this measu	ırable goal dur		ples/participants/events) period? O Yes No
E. Is your MS4 on schedule				Yes O No
F. Briefly summarize the st the next reporting cycle (including an unpiemen	LALIUM SCHEGUN		
For this next reporting period count the number of times the process. Besides this modification in the process of the process of the process.	we need to create a bett	er tracking syste	em through County	Planning to review ablished.

Name of MS4/Coalition TIOGA COUNTY	SPDES ID N Y R 2 0 A 0 4 7
Minimum Control Measure 3. Il	licit Discharge Detection and Elimination
The information in this section is being reported (cl	heck one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the 	is report?
1. Enter the number and approx. percent of	f outfalls mapped: # // # // // // // // // // // // // //
2. How many of these outfalls have been ser reporting period (outfall reconnaissance	reened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershed reporting period?	ds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	O Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	O Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
O Other:	None
O Sewersheds:	

	SPDES ID	
Name of MS4/Coalition TIOGA COUNTY	N Y R 2	0 A 0 4 7
3.b. What types of illicit discharges have	been found during this reporting period?	
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	O Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	None	
4. How many illicit discharges/potential reporting period?	d illegal connections have been detected du	ring this
5. How many illicit discharges have be	en confirmed during this reporting period	? 0
6. How many illicit discharges/illegal c period?	onnections have been eliminated during th	is reporting
7. Has the storm sewershed mapping to If No, approximately what percent was	een completed in this reporting period? s completed in this reporting period?	• Yes O No 1 0 0 %
8. Is the above information available i Is this information available on the If Yes, provide URL(s):	web?	● Yes O No O Yes ● No
	e where map(s) can be accessed - not home pa	ige.
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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 0 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition TIOGA COUNTY N|Y|R|20 A 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? (ex.: samples/participants/events) D. Has your MS4 made progress toward this measurable goal during this reporting period? O No Yes E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O_{No} Yes 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 agreeement.

Name of MS4/Coalition City of Binghamton	SPDES ID N Y R 2 0 A 3 4 1
Minimum Control Measure 3. II	licit Discharge Detection and Elimination
The information in this section is being reported (c	heck one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to th 	is report? 1
1. Enter the number and approx. percent of	f outfalls mapped: 200#98%
reporting period (outfall reconnaissance	
3.a. What types of generating sites/sewershed reporting period?	ds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	O Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	O Restaurants
O Food Processing Facilities	O Schools and Universities
Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other: City Streets	O None
O Sewersheds:	

City of Binghmton								SI	DE I Y	Т	T	2	0 7	1	3 4	1 1	
Name of MS4/Coantion						·		-48-				19					
3.b. What types of illicit discharges have							spo	rui	ıg I	jei	100	1;					
Broken Lines From Sanitary Sewer		dustri				IS											
O Cross Connections		flow/															
O Failing Septic Systems		ump S															
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4. How many illicit discharges/potential reporting period?	d ille	gal c	onne	ectio	ns h	ave	be	en (det	ect	ed	du	rin	g tl	iis		4
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7. Has the storm sewershed mapping be 1f No, approximately what percent was	een (comp iplete	lete d in	d in this	this repo	rep ortin	ort g p	ing eric	pe od?	rio	d?		0	Ye	s	0	No &
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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 co	alition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition City of Binghamton	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 acidentified in your Stormwater Management Program Plan (SWMPP III.C.I. Submit additional pages as needed.	chieving measurable goals), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SW	MPP iu this reporting period.
Conducted Outfall Reconnaissance Inventory. Updated outfall may of SWPPPs, Reviewed IDDE Ordinance. Cleaned and inspected a non stromwater discharges. Investigated and eliminated all reported IDDE Program. Created outfall watershed map. Created a SWPPI educational measures through distribution of water bills.	d illicit discharges. Reviewed
B. Briefly summarize the observations that indicated the overa Goal.	ll effectiveness of this Measurable
Outfall Mapping in in progress to make the inventory 100%. Revi 1674 drain structures were cleaned and inspected. Replaced 60 Ca installed 81 new castings. 23 "No Bumping Drains To River" mar	tch Basins. Repaid 4 mannoies.
C. How many times was this observation measured or evaluate	ed in this reporting period?
C. How many transfer to	1
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/particlpants/evo during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in th	e SWMPP? ○ Yes • No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation scheen	et the goals of this MCM during lule).
continue outfall reconnaissance inventory. Review of ordinance, discharge detection investigation, and installation of catchbaisn m in IDDE for all staff.	catchbasin cleaning, illicit arkers will be on going. Training

Name of MS4/Coalition Town of Binghamton	SPDES ID N Y R 2 0 A 0 0 9
Minimum Control Measure 3. I	llicit Discharge Detection and Elimination
The information in this section is being reported (o	check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the 	nis report? 0 0 1
1. Enter the number and approx. percent of	of outfalls mapped: 25# 100%
reporting period (outfall reconnaissance	
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
■ Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	O Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	O Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	● Vehicle Fueling
O Industrial Process Water	● Velucle Maint./Repair Shops
Other:	O None
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 & 4 \end{bmatrix}$ 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
3.b. What types of illicit discharges have	e been found during this reporting period?
O Broken Lines From Sanitary Sewer	O Industrial Connections
O Cross Connections	○ Inflow/Infiltration
O Failing Septic Systems	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	○ Sanitary Sewer Overflows
Illegal Dumping	O Straight Pipe Sewer Discharges
Other:	○ None
4. How many illicit discharges/potentia	al illegal connections have been detected during this
reporting period?	
5. How many illicit discharges have been	en confirmed during this reporting period?
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting
7. Has the storm sewershed mapping b If No, approximately what percent was	
8. Is the above information available in	ı GIS? ♥ Yes ○ No
Is this information available on the v	web? ○ Yes • No
If Yes, provide URL(s): Please provide specific address of page URL	where map(s) can be accessed - not home page.
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- not home page
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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 4 \end{vmatrix}$

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 numicipal operations completed, eateh basin markers installed, illicit discharge discharge trackdown procedures adopted.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/eve 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.

	SPDES ID
Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 3
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Minimum Control Measure 3	. Illicit Discharge Detection and Elimination
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1. Enter the number and approx. percent	nt of outfalls mapped: 60# 100%
2. How many of these outfalls have been reporting period (outfall reconnaissa	n screened for dry weather discharges during this nee inventory)?
3.a. What types of generating sites/sewer reporting period?	sheds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
Churches	O Metal Plateing Operations
O Commercial Carwashes	O Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
Hospitals	O Swimming Pools
O Improper RV Waste Disposal	Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	, , <u>, , , , , , , , , , , , , , , , , </u>

	SPDES ID	
Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2	0 A 1 4 3
	e been found during this reporting period?	
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	O Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	None	
4. How many illicit discharges/potential reporting period?	al illegal connections have been detected du	aring this
5. How many illicit discharges have be	en confirmed during this reporting period	?
6. How many illicit discharges/illegal operiod?	connections have been eliminated during th	nis reporting
7. Has the storm sewershed mapping has lf No, approximately what percent was	s completed in this reporting period?	O Yes O No
8. Is the above information available in Is this information available on the If Yes, provide URL(s): Please provide specific address of page		O Yes ● No O Yes ● No age.
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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.

SPDES ID

Name of MS4/Coalition TOWN OF DICKINSON	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 identified in your Stormwater Management Program Plan (SWMIIII.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
ILLICIT DISCHARGES FOUND	
B. Briefly summarize the observations that indicated the ove Goal.	rall effectiveness of this Measurable
FOUND ILLICIT DISCHARGES ARE TARGETD FOR ENFO AS SOON AS POSIBLE.	RCEMENT AND ELIMINATED
C. How many times was this observation measured or evalua	
	(ex.: samples/participants/even
D. Has your MS4 made progress toward this measurable goa	• • • •
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in	
F. Briefly summarize the stormwater activities planned to m	• Yes O No
the next reporting cycle (including an implementation sch	edule).
ALL PUBLIC WORKS EMPLOYEES WILL BE DIRECTED TALL ILLLICIT DISCHARGES	TO LOOK FOR AND REPORT
WE HAVE A DECIDATED WEB SITE AND WILL BE PUT MATERIAL ON IT.	TING ALL MS4 RELATED

						SPI	DES	ID						
Name of MS4/Coalition	Town of Chenengo					N	Y	R	2	0	Α	1	2	7
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	Minimum Control Measure 3. I	Illicit Discharge Detection and Elimination
The	e information in this section is being reported (o	check one):
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to th	his report?
1.	Enter the number and approx. percent o	of outfalls mapped: 1 6 # 1 0 0 %
2.	How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this inventory)?
3.8	a.What types of generating sites/sewershere reporting period?	eds were targeted for inspection during this
	O Auto Recyclers	O Landscaping (Irrigation)
	O Building Maintenance	O Marinas
	O Churches	O Metal Plateing Operations
	O Commercial Carwashes	O Outdoor Fluid Storage
	O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
	O Construction Vehicle Washouts	O Printing
	O Cross-Connections	O Residential Carwashing
	O Distribution Centers	O Restaurants
	O Food Processing Facilities	O Schools and Universities
	O Garbage Truck Washouts	O Septic Maintenance
	O Hospitals	O Swimming Pools
	O Improper RV Waste Disposal	O Vehicle Fueling
	O Industrial Process Water	O Vehicle Maint./Repair Shops
	Other:	O None
	Sewersheds: B e n e r a 1	Sewer Networks

		SPDES IE)			
Name of MS4/Coalition Town of Chenengo		N Y R) A	1 2	7
3.b. What types of illicit discharges have	been found during this	reporting per	iod?			
O Broken Lines From Sanitary Sewer	O Industrial Connections					
O Cross Connections	O Inflow/Infiltration					
O Failing Septic Systems	O Pump Station Failure					
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflow	ws				
O Illegal Dumping	O Straight Pipe Sewer Dis	charges				
Other:	None					
4. How many illicit discharges/potential reporting period?	al illegal connections have	e been detecte	ed du	ring	this	
	e 11 · 4·		:. J0		\Box	
5. How many illicit discharges have be	en confirmed during this	reporting pe	rioa;			
6. How many illicit discharges/illegal	onnections have been eli	minated durir	ng thi	is rep	orti	ng
period?						
7. Has the storm sewershed mapping l	oeen completed in this rep	porting period	d?	• Y	es	O No
If No, approximately what percent wa	s completed in this reporting	ng period?		1	0	0 ક્ર
8. Is the above information available i	n GIS?			● Y	es	O No
Is this information available on the				• Y	es	O No
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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?
(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 • O 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.
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This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 \begin{bmatrix} 4 \end{bmatrix}$

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

	SPDES ID
Name of MS4/Coalition Town of Conklin	N Y R 2 0 A 2 5 5
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported	i (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	t of outfalls mapped: 6 # 1 0 0 %
2. How many of these outfalls have been a reporting period (outfall reconnaissand	screened for dry weather discharges during this ce inventory)?
3.a. What types of generating sites/sewersh reporting period?	heds were targeted for inspection during this
O Auto Recyclers	Landscaping (Irrigation)
■ Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
 Commercial Carwashes 	 Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
Construction Vehicle Washouts	○ Printing
O Cross-Connections	O Residential Carwashing
 Distribution Centers 	Restaurants
O Food Processing Facilities	 Schools and Universities
O Garbage Truck Washouts	Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	Vehicle Fueling
O Industrial Process Water	Vehicle Maint./Repair Shops
O Other:	O None
O Sewersheds:	

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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition	Town of Conklin		N Y R 2 0 A 2 5	5
12. Evaluating Pro	gress Toward Measurable Goals MC	CM 3		
identified in your St	ort on your progress and project plans ormwater Management Program Plan tional pages as needed.			
A. Briefly summar	rize the Measurable Goal identified i	n the SWMPl	P in this reporting period.	
	to locate and map all outfalls within the to routinely inspect the outfalls during charges if found.			
B. Briefly summar Goal.	rize the observations that indicated t	he overall effe	ectiveness of this Measural	l ble
Since the local IDD	E Law was passed the Town has not d	etected any ill	icit discharges.	
C. Harrison disconnection				
C. How many time	es was this observation measured or	evaluated in t	nis reporting period?	1
			(ex.: samples/particip	ants/event
D. Has your MS4	made progress toward this measural	ole goal durin	g this reporting period? ● Yes ○	Na
E. Is your MS4 on	schedule to meet the deadline set fo	rth in the SW	- 100	- 1.0
	rize the stormwater activities planne ng cycle (including an implementati			
Continue to do annu conditions.	ual outfall inspections to identify illicit	discharges es	pecially during dry weather	
				

	SPDES ID
Name of MS4/Coalition Village of Endicott	N Y R 2 0 A 1 4 9
Minimum Control Measure 3. I	llicit Discharge Detection and Elimination
The information in this section is being reported (c	check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the 	nis report?
1. Enter the number and approx. percent of	of outfalls mapped: 21# 100%
2. How many of these outfalls have been so reporting period (outfall reconnaissance	reened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	O Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	O Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	• None
O Sewersheds:	

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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.

	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 midentified in your Stormwater Management Program Plan (SWMPP), including 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. Nother River during June, July and August of 2013.	Io Dumping Drains to
B. Briefly summarize the observations that indicated the overall effective Goal.	eness of this Measurable
People would ask questions about what they were doing. They would explain attaching Storm Water Markers to the Catch Basins to inform and educate pewater that drained into these basins went directly to the Susquehanna River.	
C. How many times was this observation measured or evaluated in this i	reporting period?
C. How many times was this observation measured of evidance in this	(ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goal during this	
E. Is your MS4 on schedule to meet the deadline set forth in the SWMP1	● Yes ○ No
	• Yes O No
F. Briefly summarize the stormwater activities planned to meet the goals the next reporting cycle (including an implementation schedule).	s of this MCM during
Train Village Employees in all Departments using the Training Videos from and Water Conservation.	Broome County Soil

Name of MS4/Coalition Town of Fenton	SPDES ID N Y R 2 0 A 0 7 8
Minimum Control Measure 3. I	llicit 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 the 	nis report?
1. Enter the number and approx. percent	of outfalls mapped: 27#85%
reporting period (outfall reconnaissance	
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	O Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	O Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint,/Repair Shops
• Other: A 1 1 w i t h i n t h	O Nonc
() Sewersheds:	

	SPDES ID	
Name of MS4/Coalition Town of Fenton	NYR2	0 A 0 7 8
3.b. What types of illicit discharges have	been found during this reporting period?	
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	O Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	● None	
4. How many illicit discharges/potential reporting period?	l illegal connections have been detected du	uring this
5. How many illicit discharges have be	en confirmed during this reporting period	? [0]
6. How many illicit discharges/illegal c period?	onnections have been eliminated during th	nis reporting
7. Has the storm sewershed mapping be If No, approximately what percent was	een completed in this reporting period? completed in this reporting period?	O Yes ● No 8 5 %
8. Is the above information available in Is this information available on the If Yes, provide URL(s):		O Yes ● No O Yes ● No
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10. If Yes, has every traditional MS4 contributing to this report cert equivalent to the NYS Model IDDE Law?	tified th			NT
equivalent to the NAS winder LDDE Law:		165	ONO O	141
11. What percent of staff in relevant positions and departments has	receive	ed IDDE	training?	
And the persons of press in resevent positions and departments into			1	ી ક

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

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 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 midentified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in t	this reporting period.
Via annual inspection of Outfalls Identified within the MS4.	
B. Briefly summarize the observations that indicated the overall effective Goal.	eness of this Measurable
Surveying each identified outfall increases confidence that Illicit Discharges the MS4	are not an issue within
C. How many times was this observation measured or evaluated in this r	reporting period?
	1
	(ex.: samples/participants/
D. Has your MS4 made progress toward this measurable goal during thi	,
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPF	P? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the goals the next reporting cycle (including an implementation schedule).	· · · · · · · · · · · · · · · · · · ·
Inspect/Survey additional outfalls recently identified within the MS4. Map the storm sewersheds for them.	he outfalls and determine

Name of MS4/Coalition Village of Johnson City	SPDES ID N Y R 2 0 A 1 0 1
Minimum Control Measure 3. I	llicit Discharge Detection and Elimination
The information in this section is being reported (o	check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the 	nis report? 0 0 1
1. Enter the number and approx. percent of	f outfalls mapped: 18# 100%
2. How many of these outfalls have been so reporting period (outfall reconnaissance	reened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
O Auto Recyclers	● Landscaping (Irrigation)
■ Building Maintenance	O Marinas
● Churches	O Metal Plateing Operations
O Commercial Carwashes	O Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
 Distribution Centers 	• Restaurants
O Food Processing Facilities	O Schools and Universities
 Garbage Truck Washouts 	O Septic Maintenance
• Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
● Other: R e s i d e n t i a 1 V	O None e h i c l e M a i n t e n a n c e
O Sewersheds:	

Name of MSA/Conlision Village of Johnson City		-				SPI	DES Y		2	0 2	A 1	0	1
Name of MS4/Coalition Village of Johnson City 3.b. What types of illicit discharges have	hoon fo	ound d	urine		rone	 retin	a ne		 .a2				
O Broken Lines From Sanitary Sewer		istrial C	_		repo)1 ()11	g p	, I I (, ш				
O Cross Connections		ow/Infil											
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• Illegal Dumping		ight Pir				ges							
• Other:	O Non		,		V-1012	800							
Animal waste	1.11	t o	c	a t	С	h b	a	ន	i	n			
4. How many illicit discharges/potentia	l illena	l conne	ection	e hav	e he	en d	etec	ted	dı	ırin	a th	ie	
reporting period?	i mega	Comme	Clion	.5 1161 4	C DC			···			ַ רַ	0	1
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5. How many illicit discharges have been	en conf	irmed	durin	g this	rep	orti	ng p	eri	od'	?		0 0	1
6. How many illicit discharges/illegal coperiod?	onnecti	ons ha	ve be	en eli	min	ated	duı	ing	g th	is re		rtinį	
7. Has the storm sewershed mapping b If No, approximately what percent was								od?	•		Yes		No R
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This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 4 \end{bmatrix}$

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? [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.

Name of MS4/Coalition Town of Kirkwood	SPDES ID N Y R 2 0 A 0 7 2
Minimum Control Measure 3. I	Ilicit 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 the 	nis report?
1. Enter the number and approx. percent of	of outfalls mapped: 91# 100%
2. How many of these outfalls have been so reporting period (outfall reconnaissance	ereened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
■ Auto Recyclers	● Landscaping (Irrigation)
■ Building Maintenance	O Marinas
Churches	Metal Plateing Operations
 Commercial Carwashes 	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
Distribution Centers	O Restaurants
Food Processing Facilities	● Schools and Universities
O Garbage Truck Washouts	Septic Maintenance
O Hospitals	Swimming Pools
O Improper RV Waste Disposal	• Vehicle Fueling
Industrial Process Water	● Vehicle Maint./Repair Shops
O Other:	O None
O Sewersheds:	

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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} = 1$

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

SPDES ID
Name of MS4/Coalition Town of Kirkwood 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?
(ex.: samples/participants/event 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.

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 & 4 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Nove of MSA/Coalities Town of Owego	NYR20A079
Name of MS4/Coalition Town of Owego	NITKZ OK O 7 3
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	t of outfalls mapped: 22# 100%
2. How many of these outfalls have been sereporting period (outfall reconnaissance)	screened for dry weather discharges during this ce inventory)?
3.a. What types of generating sites/sewersh reporting period?	reds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	O Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	O Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	None
O Sewersheds:	

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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.

SPDES ID

Name of MS4/Coalition	Town of Owego			NY	R 2 0 A 0	7 9
12. Evaluating Prog	gress Toward Me	asurable Goals	MCM 3			
Use this page to repoidentified in your Stall.C.1. Submit additional control of the control of t	ormwater Manage	ment Program P				Part
A. Briefly summar	ize the Measural	ole Goal identifi	ied in the SV	VMPP in this	s reporting per	iod.
Using GPS units, m	apping of catch ba	asins and installa	ation of 560 :	storm drain m	narkers by interr	1.
B. Briefly summar Goal.	ize the observation	ons that indicat	ted the overs	ıll effectivene	ess of this Meas	surable
Additional catch ba	sins will be mapp	ed that were disc	covered while	e installing sto	orm drain mark	ers
C. How many time	es was this observ	ration measured	d or evaluate	ed in this rep	orting period?	
						rticipants/events)
D. Has your MS4 i	made progress to	ward this meas	urable goal	during this r	eporting perior Yes	d? O No
E. Is your MS4 on	schedule to meet	the deadline so	et forth in th	e SWMPP?	• Yes	O No
F. Briefly summar the next reporti	rize the stormwat ng cycle (includin	_		-	f this MCM du	
The Town of Oweg Sheet while inspect		EPA Outfall Rec	onnaissance	Inventory/Sa	mple Collection	Field

Name of MS4/Coalition VILLAGE OF PORT DICKINSOI	SPDES ID N Y R 2 0 A 0 8 0
Minimum Control Measure 3.	. Illicit Discharge Detection and Elimination
The information in this section is being reporte	d (check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to 	o this report?
1. Enter the number and approx. percen	nt of outfalls mapped: 30#100%
2. How many of these outfalls have been reporting period (outfall reconnaissan	a screened for dry weather discharges during this ace inventory)?
3.a. What types of generating sites/sewers reporting period?	sheds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
Churches	O Metal Plateing Operations
O Commercial Carwashes	 Outdoor Fluid Storage
Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
Distribution Centers	O Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	Vehicle Fueling
Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	O None
O Sewersheds:	

Name of MS4/Coalition VILLAGE OF PORT DICKINSO	SPDES II N Y F	D R 2 0 A 0 8 0
3.b. What types of illicit discharges have	been found during this reporting per	·iod?
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	O Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
O Other:	● None	
4. How many illicit discharges/potentia reporting period?	l illegal connections have been detect	ed during this
5. How many illicit discharges have been	en confirmed during this reporting po	eriod?
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated duri	ing this reporting
7. Has the storm sewershed mapping b If No, approximately what percent was	een completed in this reporting perio completed in this reporting period?	d?
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This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 4 \end{bmatrix}$

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Name of MS4/Coalition	VILLAGE OF PORT DICKINSON		N Y R 2 0 A 0 8 0
12. Evaluating Prog	ress Toward Measurable Go	oals MCM 3	
identified in your Sto	ort on your progress and project ormwater Management Programional pages as needed.		ieving measurable goals including requirements in Part
A. Briefly summari	ize the Measurable Goal idcı	ntified in the SWN	MPP in this reporting period.
ILLICIT DISCHAR	GES FOUND		
B. Briefly summar Goal.	ize the observations that indi	icated the overall	effectiveness of this Measurable
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AS SOON AS POS	SIBLE		
C. How many time	s was this observation measu	ired or evaluated	
			(ex.: samples/participants/
D. Has your MS4 r	nade progress toward this m	easurable goal du	
·	-		• Yes O No
E. Is your MS4 on	schedule to meet the deadlin	e set forth in the	SWMPP? • Yes O No
F. Briefly summar the next reporti	rize the stormwater activities ng cycle (including an imple	planned to meet t mentation schedu	the goals of this MCM during
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Name of MS4/Coalition Town of Union	SPDES ID N Y R 2 0 A 0 5 0												
Minimum Control Measure 3. I	Ilicit 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 the 	nis report? 1												
1. Enter the number and approx. percent of	of outfalls mapped: 15# 100%												
2. How many of these outfalls have been so reporting period (outfall reconnaissance	ereened for dry weather discharges during this inventory)?												
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this												
O Auto Recyclers	O Landscaping (Irrigation)												
O Building Maintenance	O Marinas												
Churches	O Metal Plateing Operations												
O Commercial Carwashes	O Outdoor Fluid Storage												
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance												
O Construction Vehicle Washouts	O Printing												
O Cross-Connections	O Residential Carwashing												
O Distribution Centers	Restaurants												
● Food Processing Facilities	O Schools and Universities												
O Garbage Truck Washouts	Septic Maintenance												
O Hospitals	O Swimming Pools												
O Improper RV Waste Disposal	O Vehicle Fueling												
O Industrial Process Water	O Vehicle Maint./Repair Shops												
O Other:	O None												
O Sewersheds;													

		SPDES ID	
Name of MS4/Coalition Town of Union		1 1 1 1	2 0 A 0 5 0
3.b. What types of illicit discharges have	been found during t	his reporting period	1?
O Broken Lines From Sanitary Sewer	O Industrial Connection	ons	
O Cross Connections	O Inflow/Infiltration		
O Failing Septic Systems	O Pump Station Failur	re	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Ove	rflows	
Hlegal Dumping	O Straight Pipe Sewer	Discharges	
Other: GRASSCLIPPIN	O None G S I N S	TREET	,
4. How many illicit discharges/potentia reporting period?	l illegal connections l	nave been detected o	during this
5. How many illicit discharges have been	en confirmed during	this reporting perio	d? 2
6. How many illicit discharges/illegal coperiod?	onnections have been	eliminated during	this reporting
7. Has the storm sewershed mapping be If No, approximately what percent was	_		O Yes ● No
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This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 4$

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

	SPDES ID
Name of MS4/Coalition Town of Union	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 identified in your Stormwater Management Program Plan (SWM 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 sinto storm system. New outfalls are mapped with new developmentained.	
B. Briefly summarize the observations that indicated the over Goal.	erall effectiveness of this Measurable
Code enforcement has increase fire safety inspections for busine during inspections. Town participates in CRS program and chec periodically. Put in bid documents for lawn cutting that contrac street. Previous offenders where not observed to be in violation	cks certain choke points in streams tor cannot discharge euttings into
C. How many times was this observation measured or evalua	
	(ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goo	
E. Is your MS4 on schedule to meet the deadline set forth in	
F. Briefly summarize the stormwater activities planned to m the next reporting cycle (including an implementation sch	
Need to install more storm drain markers to make public aware t	that illegal dumping not permitted.

Name of MS4/Coalition Town of Vestal	SPDES ID N Y R 2 0 A 0 6 4												
Minimum Control Measure 3. II	licit Discharge Detection and Elimination												
The information in this section is being reported (c	heck one):												
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the 	is report?												
1. Enter the number and approx. percent o	f outfalls mapped: 1 6 0 # 9 0 %												
2. How many of these outfalls have been so reporting period (outfall reconnaissance	reened for dry weather discharges during this inventory)?												
3.a. What types of generating sites/sewershed reporting period?	ds were targeted for inspection during this												
O Auto Recyclers	O Landscaping (Irrigation)												
O Building Maintenance	O Marinas												
O Churches	O Metal Plateing Operations												
Commercial Carwashes	O Outdoor Fluid Storage												
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance												
O Construction Vehicle Washouts	O Printing												
Cross-Connections	O Residential Carwashing												
O Distribution Centers	Restaurants												
O Food Processing Facilities	O Schools and Universities												
O Garbage Truck Washouts	O Septic Maintenance												
O Hospitals	O Swimming Pools												
O Improper RV Waste Disposal	Vehicle Fueling												
O Industrial Process Water	♥ Vehicle Maint./Repair Shops												
O Other:	O None												
O Sewersheds:													

	SPDES ID
Name of MS4/Coalition Town of Vestal	N Y R 2 0 A 0 6 4
3.b. What types of illicit discharges have	been found during this reporting period?
 Broken Lines From Sanitary Sewer 	O Industrial Connections
O Cross Connections	● Inflow/Infiltration
O Failing Septic Systems	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	Sanitary Sewer Overflows
O Illegal Dumping	O Straight Pipe Sewer Discharges
O Other:	O None
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected during this
5. How many illicit discharges have been	en confirmed during this reporting period?
6. How many illicit discharges/illegal coperiod?	connections have been eliminated during this reporting
7. Has the storm sewershed mapping b If No, approximately what percent was	oeen completed in this reporting period? O Yes No s completed in this reporting period?
8. Is the above information available in Is this information available on the If Yes, provide URL(s):	
URL URL	, whose map(s) can be decessed not home page.
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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
Name of MS4/Coalition
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.
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?
D. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes • No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
complete sanitary smoke testing inspect outfalls

If submitting this form as part of a joint report on behalf of a coalition	on leave SPDES ID blank.
	SPDES ID N Y R 2 0 A 3 3 2
Name of MS4/Coalition BROOME COUNTY	N I R Z O P S S
Minimum Control Measures 4 and	<u>15.</u>
Construction Site and Post-Construction	<u>Control</u>
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, ordina	ince or other regulatory
1a. Has each MS4 contributing to this report adopted a law, or and mechanism that provides equivalent protection to the NYS SPD Stormwater Discharges from Construction Activities?	O Yes • No
1b. Has each Town, City and/or Village contributing to this report equivalent to a NYSDEC Sample Local Law for Stormwater M Sediment Control through either an attorney cerfification or us Analysis Workbook?	
If Yes, Towns, Cities and Villages provide date of equivalent NYS	Sample Local Law. O 09/2004 O 03/2006 O NT
2. Does your MS4/Coalition have a SWPPP review procedure in	place? • Yes • No
3. How many Construction Stormwater Pollution Prevention Pla reviewed in this reporting period?	ns (SWPPPs) have been
4. Does your MS4/Coalition have a mechanism for receipt and co- comments related to construction SWPPPs?	FTT
If Yes, how many public comments were received during this repo	orting period?
5. Does your MS4/Coalition provide education and training for a SWPPP process?	contractors about the local Yes O 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:

							
O Notices of Violation	# [0	O No Authority
O Stop Work Orders	#		-			0	O No Authority
O Criminal Actions	#		1				No Authority
O Termination of Contracts	#					0	O No Authority
O Administrative Fines	#					_	No Authority
	#	計		_	=		 No Authority
O Civil Penalties	#	H		=	╏	-	No Authority
O Administrative Orders				<u> </u>	-	0	J 1
O Enforcement Actions or Sanctions	#	F	 	<u> </u>	 - -		O No Authority
O Other	Ħ	L	L_	1_		L	

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SPDES ID	 1
Name of MS4/Coalition BROOME COUNTY N Y R 2 0 A	3 3 2
Minimum Control Measure 4. Construction Site Stormwater Runoff Construction Site Site Stormwater Runoff Construction Site Stormwater Runof	<u>ontrol</u>
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 during this reporting period?	or more
2. How many construction projects disturbing at least one acre were active in your juddering this reporting period?	risdiction 0
3. What percent of active construction sites were inspected during this reporting perion 1	
4. What percent of active construction sites were inspected more than once?	O NT 7 5 %
Construction Stormwater hispection manual.	140 0 141
6. Does your MS4/Coalition provide public access to Stormwater Pollution Preventio (SWPPPs) of construction projects that are subject to MS4 review and approval? ● Yes ○	n Plans No ONT
If your MS4 is Non-Traditional, are SWPPPs of construction projects made availa	

SPDES ID
Name of MS4/Coalition BROOME COUNTY N Y R 2 0 A 3 3 2
6. con't.: Submit additional pages as needed.
● MS4/Coalition Office
Department Department Department Department
Address 6 0 H A W L E Y S T R E E T Zip
City B I N G H A M T O N N Y
Phone (
O Library
Address
Phone (
O Other
Address
City -
Phone (
O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.
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This report is being submitted for the reporting period ending March 9,

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7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

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 t	this reporting period?
C. How many times was this observation measures of	
	<pre>(ex.: samples/participants/events)</pre>

- D. Has your MS4 made progress toward this measurable goal during this reporting period?
 - O No
- E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes O 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.

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 4 \end{bmatrix}$

If submittin	g this form as part of a joint report on	behalf of a coalition	leave SPD	ES II) blar	nk.	
_			SPDES ID N Y R				
Name of MS4/Coalition	BROOME COUNTY						

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	
samp	les	par	tici	pani	s/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 O 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.

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

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me of MS4/Coalition BROOME	COUNTY N Y R 2 0 A 3 3 2
Evaluating Progress To	oward Measurable Goals MCM 4
entified in your Stormwate I.C.1. Submit additional pa	
Briefly summarize the	Measurable Goal identified in the SWMPP in this reporting period.
	4C is to assure that 100% of inspectors on 100% of County projects are rained and certified in erosion and sediment control.
Gnal.	e observations that indicated the overall effectiveness of this Measurable
Notices were sent to all co	onsulting engineers that provide construction consulting services to the
County that this would be	a County recommendation during the accommitted to training and ditionally, County Engineering Division has committed to training and taff as well. During this reporting period an additional 3 members of the
County that this would be requirement in 2014. Add certifying 100% of their sengineering staff were tra	a County recommendation during the accommitted to training and ditionally, County Engineering Division has committed to training and taff as well. During this reporting period an additional 3 members of the
County that this would be requirement in 2014. Add certifying 100% of their sengineering staff were trace. C. How many times was	a County recommendation during and ditionally, County Engineering Division has committed to training and taff as well. During this reporting period an additional 3 members of the ined and certified. This observation measured or evaluated in this reporting period?
County that this would be requirement in 2014. Add certifying 100% of their sengineering staff were trace. C. How many times was	a County recommendation during and ditionally, County Engineering Division has committed to training and taff as well. During this reporting period an additional 3 members of the ined and certified. this observation measured or evaluated in this reporting period?
County that this would be requirement in 2014. Add certifying 100% of their sengineering staff were trace. C. How many times was D. Has your MS4 made	a County Teconimentation during and ditionally, County Engineering Division has committed to training and taff as well. During this reporting period an additional 3 members of the ined and certified. This observation measured or evaluated in this reporting period? (ex.: samples/participar progress toward this measurable goal during this reporting period? Yes O N dule to meet the deadline set forth in the SWMPP?
County that this would be requirement in 2014. Add certifying 100% of their sengineering staff were transported. C. How many times was D. Has your MS4 made E. Is your MS4 on scheen F. Briefly summarize the next reporting cy	a County recommendation during and ditionally, County Engineering Division has committed to training and taff as well. During this reporting period an additional 3 members of the ined and certified. This observation measured or evaluated in this reporting period? [ex.: samples/participar] [ex.: samples/participar] [ex.: samples/participar] [ex.: samples/participar] [ex.: samples/participar] [ex.: samples/participar]

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

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	gress Toward Mea				
dentified in your S	oort on your progres tormwater Manage litional pages as nee	ment Program F	ans toward achie Plan (SWMPP), ir	ving measurable acluding require	goals ments in Part
. Briefly summa	rize the Measurah	ole Goal identif	ied in the SWM	PP in this repor	ting period.
MEASURABLE (GOAL #4D is to bypes of projects for ctors. This include are responsible for a	have 100% of C the County con	ounty staff who a plete the 4-hour h, County Highw	are involved with	h earth moving iment control
3. Briefly summ	arize the observati	ons that indica	ted the overall e	ffectiveness of (this Measurable
13 staff members	from the Highway	Division were t	rained and certific	ed during this re	porting period.
C. How many ti	mes was this obser	vation measure	ed or evaluated i	n this reporting	g period?
					samples/participants/ev
D. Has your MS	4 made progress t	oward this mea	isurable goal du	ring this report	ing period? ● Yes ○ No
E. Is your MS4	on schedule to med	et the deadline	set forth in the S	SWMPP?	• Yes O No
F. Briefly summ	narize the stormwa orting cycle (includ	ater activities p ling an implem	lanned to meet t	he goals of this le).	MCM duriug
Program as deve	eloped will continue hers as identified.	to be implement	nted and addition	al training will b	e provided for

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

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• Yes O No
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This report is being submitted for the reporting period ending March 9, 2 0 1 4

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une of MS4/Coalition BROOME COUNTY	N Y R 2 0 A 3 3 2
Evaluating Progress Toward Measurable Goals MCM 4	
se this page to report on your progress and project plans toward lentified in your Stormwater Management Program Plan (SWM I.C.1. Submit additional pages as needed.	, in the second of the second
. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
MEASURABLE GOAL #4F is to log and track 100% of com County related to erosion and/or sedimentation issues, and track	plaints / reports coming into the
B. Briefly summarize the observations that indicated the ove Goal.	
There were no specific ealls / complaints related to erosion and reporting period.	or sediment related issues during this
C. How many times was this observation incasured or evaluation	nated in this reporting period?
D. Has your MS4 made progress toward this measurable g	
E. Is your MS4 on schedule to meet the deadline set forth i	
F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation s	
	ntified further refinement of this lans to better define this process and

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If attornering two years are [SPDES ID
Name of MS4/Coalition BROOME COUNTY	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 a identified in your Stormwater Management Program Plan (SWMP) III.C.1. Submit additional pages as needed.	achieving measurable goals P), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SV	WMPP in this reporting period.
MEASURABLE GOAL #4G is to utilize the 239 review process review to incorporate consideration of potential water quality imperosion and sediment control criteria in general, and potential impand infrastructure specifically.	
B. Briefly summarize the observations that indicated the over Goal.	
189 total 239 reviews were completed by County Planning during these were also reviewed by the Engineering Division for potential and/or infrastructure. Any projects with potential storm water rein this process.	
C. How many times was this observation measured or evalua	ited in this reporting period? 1 8 9 (ex.: samples/participants/event.
D. Has your MS4 made progress toward this measurable goa	
E. Is your MS4 on schedule to meet the deadline set forth in	
F. Briefly summarize the stormwater activities planned to m the next reporting cycle (including an implementation sch	neet the goals of this MCM during nedule).
This process is ongoing and well established, and County staff vin accordance with the established SWMP goal and review crite definition of how many 239 reviews deal with water quality issues.	will continue to perform these duties eria; however, we will look at better

H A Z A R D

MS4 Annual Report Form

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

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If submitting	this form as pa	rt of a joint repo	rt on behalf of a	coalition leave SPDES ID t	Hank.
				SPDES ID	— , —, —, —
Name of MS4/Coalition B	ROOME COUNTY			N Y R 2 0	A 3 3 2
	ontrol Mea	<u>sure 5. Post-</u>	<u>Construction</u>	n Stormwater Manas	gement
The information in this	section is bein	ng reported (chec	k one):		
	ion ny MS4s cont	ributed to this r	eport: [i_i	L	
How many and w MS4/Coalition in	hat type of po ventoried, insp	st-construction pected and main	stormwater ma atained in this re	nagemeut practices has ye eporting period?)ur
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practice	s				
O Filter Systems				<u> </u>	
O Infiltration Basins					
Open Channels		3	3		
Ponds					
O Wetlands					
O Other					
BMPs, inspecti	ons and mair	itanance?			• 103
3. What types of a Development/B	non-structur: Better Site De	al practices hav sign/Green Inf	ve been used to Frastructure pi	o implement Low Impac inciples?	:t
O Building Codes	Municipal	Comprehensive	Plans		
O Overlay Districts	O Open Space	ce Preservation P	rogram		
O Zoning	O Local Law	or Ordinance			
O None	O Land Use	Regulation/Zoni	ng		
Watershed Plans	O Other Con	mprehensive Plan	ı		
A 0.1					

MITIGA

PLAN

		(ES ID Y R 2) A 3	3 2
Nam	e of MS4/Coalition BROOME COUNTY	N	Y R 2	<u> </u>	<u> </u>
4a.	Are the MS4s contributing to this report involved in a regional/v	watershed w	vide planni	ng effort ● Yes	? O No
4b.	Does the MS4 have a banking and credit system for stormwater	manageme	nt practice	es? ○ Yes	• No
4c.	Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a sto	iclude a pro rinwater m	tocol for e anagement	valuatior practice O Yes	1 ?? ● No
4d.	How many stormwater management practices have been implered reporting period?	mented as p	art of this	system in	n this
5.	What percent of municipal officials/MS4 staff responsible for p training on Low Impace Development (LID), Better Site Design Infrastructure principles in this reporting period?	orogram im 1 (BSD) and	plementati other Gre	on attendent	led 0 %

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

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afMSA/Coalitie			SPDES ID N Y R 2 0 A 3 3 2
ime of M34/Coantie	BROOME COUNTY		N Y R 2 0 A 3 3 2
	ogress Toward Measurable G		
lentified in your I.C.1. Submit ad	eport on your progress and proje Stormwater Management Progra ditional pages as needed.	iii Piaii (3 wwi 1), me	itums roquis
. Briefly summ	arize the Measurable Goal ide	ntified in the SWMP)	P in this reporting period.
	GOAL #5A is to maintain an ctices including location, inspec	inventory of 100% of	the County's Stormwater
Goal.			ectiveness of this Measurable
This measure ha 2013-2014 repor	s been met, and new practices w ting year).	ill be added as construc	cted (none were added in the
			this reporting period?
	:mas was this observation mea	Surcu or crandatos	· · · · · · · · · · · · · · · · · · ·
C. How many (imes was this observation mea	isured or evaluated in	
	imes was this observation mea S4 made progress toward this		(ex.: samples/participant
D. Has your M	S4 made progress toward this f on schedule to meet the dead	measurable goal duri line set forth in the SV	(ex.: samples/participant ing this reporting period? ■ Yes ○ Now WMPP? ■ Yes ○ Now
D. Has your M	S4 made progress toward this	measurable goal duri line set forth in the SV	(ex.: samples/participant ing this reporting period? ● Yes ○ No WMPP? ● Yes ○ No e goals of this MCM during

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

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teh.n.itting thi	e form as part of a joint report on b	behalf of a coalition leave SPDES ID blank.
II Submitting un	S form to part of a j ==== 1	SPDES ID

	ng this form as part of a join	Toport on some 3-2	SPDES ID N Y R 2 0 A 3 3 2
me of MS4/Coalitior	BROOME COUNTY		N Y R 2 0 A 3 3 2
se this page to repentified in your S I.C.1. Submit add	tormwater Management I itional pages as needed.	project plans toward achie Program Plan (SWMPP), i	
. Briefly summa MEASURABLE (Practices annually	GOAL #5B is to inspec	at 100% of the County's Sto	IPP in this reporting period. ormwater Management
Goal.			effectiveness of this Measurable
			riod within County-owned MS4
C. How many ti	mes was this observation	n measured or evaluated	in this reporting period? [ex.: samples/participants]
D. Has your MS	4 made progress toward	d this measurable goal du	uring this reporting period? Yes O No
		deadline set forth in the	
F. Briefly sum the next rep	narize the stormwater a orting cycle (including a	etivities planned to meet in implementation schedu	the goals of this MCM during ule).
Continue inspec		nned activities over the nex owned closed system map	kt 3 reporting periods are to ping within MS4 boundaries and

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

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If submitting this form as part of a joint ropert	SPDES ID
	NVP20A332

Name of MS4/Coalition BROOME COUNTY 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 go identified in your Stormwater Management Program Plan (SWMPP), including requirement III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting	ng period.
MEASURABLE GOAL #5C is to maintain 100% of the County's Stormwater Manage Practices annually - in accordance with established O&M guidelines.	ement
B. Briefly summarize the observations that indicated the overall effectiveness of thi Goal.	
100% of the County's Stormwater Management Practices were maintained in accordanc O&M guideleines during this reporting period.	c with the
C. How many times was this observation measured or evaluated in this reporting p	period? 4 ramples/participants/event
D. Has your MS4 made progress toward this measurable goal during this reporting	
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	• Yes O No
F. Briefly summarize the stormwater activities planned to meet the goals of this N the next reporting cycle (including an implementation schedule).	
Continue maintenance as established. Planned activities over the next 3 reporting peri establish maintenance schedules for 100% of the County-owned closed system mapping as part of goal #5B.	ods are to ng completed

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

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It submitting this form as part of a jar	SPDES ID

II 2001III.	g ting remains p	3	-	SPDES	ID		_			
Name of MS4/Coalition	BROOME COUNTY			NY	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?

O No

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

O No Yes

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.

)					
2	0	A	0	4	7
					2 0 A 0 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?	0
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?	Т
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. © 09/2004 © 03/2006 © N	Т
2. Does your MS4/Coalition have a SWPPP review procedure in place? • Yes O N	О
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 • No • No • No • No • No • No • N	_
If Yes, how many public comments were received during this reporting period?	<u>o</u> j
5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? • Yes • O N	10

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:

O Notices of Violation	#	No Authority
O Stop Work Orders	#	No Authority
O Criminal Actions	#	No Authority
O Termination of Contracts	#	No Authority
O Administrative Fines	#	No Authority
O Civil Penalties	#	No Authority
O Administrative Orders	#	No Authority
O Enforcement Actions or Sanctions	#	
O Other	#	No Authority

	SPDES ID N Y R 2 0 A 0 4 7
Name of MS4/Coalition TIOGA COUNTY	N I K Z V I V Z V
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 fo during this reporting period?	r disturbances of one acre or more
2. How many construction projects disturbing at least one a during this reporting period?	acre were active in your jurisdiction
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 contribe Construction Stormwater Inspection Manual?	O Yes O No S NI
6. Does your MS4/Coalition provide public access to Storm (SWPPPs) of construction projects that are subject to M	water Pollution Prevention Plans S4 review and approval? ○ Yes ○ No ● NT
If your MS4 is Non-Traditional, are SWPPPs of construpublic review?	ction projects made available for ● Yes ○ No
If Yes, use the following page to identify location(s) where	SWPPPs can be accessed.

SPDES ID
Name of MS4/Coalition TIOGA COUNTY N Y R 2 0 A 0 4 7
6. con't.:
Submit additional pages as needed.
MS4/Coalition Office
Department TIOGACOUNTYPlanning
Address 5 6 Main Street
City
Phone
(607)687-8257
O Library
Address
City
Phone
O Other
Address
City
Phone
O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.
URL

URL

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

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N Y	
me of MS4/Coalition TOGA COUNTY	R 2 0 A 0 4 7
Evaluating Progress Toward Measurable Goals MCM 4	
se this page to report on your progress and project plans toward achieving meast entified in your Stormwater Management Program Plan (SWMPP), including re I.C.1. Submit additional pages as needed.	urable goals equirements in Part
. Briefly summarize the Measurable Goal identified in the SWMPP in this	reporting period.
. Briefly summarize the observations that indicated the overall effectivenes oal.	ss of this Measurable
. How many times was this observation measured or evaluated in this repo	orting period?
. How many times was this observation measures of	
NGC I toward this measurable goal during this re	(ex.: samples/participants
). Has your MS4 made progress toward this measurable goal during this re	(ex.: samples/participants
D. Has your MS4 made progress toward this measurable goal during this re C. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	tex.: samples/participants eporting period? O Yes O No
2. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? 3. Briefly summarize the stormwater activities planned to meet the goals of	tex.: samples/participants eporting period? O Yes O No
2. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	tex.: samples/participants eporting period? O Yes O No
2. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? 3. Briefly summarize the stormwater activities planned to meet the goals of	tex.: samples/participants eporting period? O Yes O No
2. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? 3. Briefly summarize the stormwater activities planned to meet the goals of	tex.: samples/participants eporting period? O Yes O No

Name of MS4/Coalition 1	TIOGA COUNTY			SPDES ID NYR2	0 A 0 4 7
Minimum Control Measure 5. Post-Construction Stormwater Management					
The information in this		g reported (chec	k one):		
On behalf of an indiOn behalf of a coalidHow ma		ibuted to this r	eport?		
1. How many and w MS4/Coalition in	hat type of post ventoried, inspe	t-construction : ected and main	stormwater ma tained in this re	nagement practices has eporting period?	your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practice	s				
O Filter Systems					
O Infiltration Basins					
O Open Channels					
O Ponds					
O Wetlands					
O Other					
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?					
O Building Codes	O Municipal C	comprehensive I	Plans		
O Overlay Districts	O Open Space Preservation Program				
O Zoning	O Local Law or Ordinance				
O None	O Land Use Regulation/Zoning				
Watershed Plans	O Other Comprehensive Plan				
Other:					

Nam	ne of MS4/Coalition BROOME TIOGA STORMWATER COALITION SPDES IN Y	D R 2	0 A 0	4 7
4a.	Are the MS4s contributing to this report involved in a regional/watershed wide	plann	ing effor ● Yes	t? O No
4b.	Does the MS4 have a banking and credit system for stormwater management page.	ractic	es? ○ Yes	• No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a protoco and approval of banking and credit of alternative siting of a stormwater manag	l for e emen	t practice	n e? ● No
4d.	. How many stormwater management practices have been implemented as part or reporting period?	of this	system i	n this
5.	What percent of municipal officials/MS4 staff responsible for program implem training on Low Impace Development (LID), Better Site Design (BSD) and othe Infrastructure principles in this reporting period?	entati er Gre	on attendent	ded %

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 4$

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SPDES ID

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ame of MS4/Coalition TIOGA Co	YTMUC		N I K Z V A	<u> </u>
. Evaluating Progress T	oward Measurable Goals	MCM 5		
Jse this page to report on y dentified in your Stormwat II.C.1. Submit additional p	our progress and project pleer Management Program Inges as needed.	lans toward achiev Plan (SWMPP), in	ing measurable goals cluding requirements	in Part
A. Briefly summarize the	Measurable Goal identif	ied in the SWMP	P in this reporting p	eriod.
B. Briefly summarize the	observations that indica	ted the overall ef	fectiveness of this M	easurable
Goal.				
				ľ
C. How many times was	this observation measure	ed or evaluated in	this reporting perio	od?
				s/participants/
D. Has your MS4 made j	progress toward this mea	surable goal duri	ing this reporting pe	riou: /es ONo
				03 0 110
E. Is your MS4 on sched	ule to meet the deadline	set forth in the S	WMPP? O Y	es O No
	4 - 41-141 og m	langed to most th	_	•
F. Briefly summarize the the next reporting cy-	e stormwater activities pl cle (including an impleme	entation schedule). 	—————

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix}$ 1 $\begin{bmatrix} 4 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	If Submitting this form to Part 1 and 1		
Name	e of MS4/Coalition City of Binghamton SPDES ID N Y R 2 C	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):		
● O. ○ O.	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
	Has each MS4 contributing to this report adopted a law, ordinance or other reg mechanism that provides equivalent protection to the NYS SPDES General Pers Stormwater Discharges from Construction Activities?	ulatory nit for • Yes	O No
	.Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and I Sediment Control through either an attorney cerfification or using the NYSDEC Analysis Workbook?	FLOSION	v is and ONT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La O 09/2004 O 0	w. 3/2006	• NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	e been	4
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of pu comments related to construction SWPPPs? • Yes	ıblic O No	ONT
	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 SWPPP process?	the location (Control of the location)	al • 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:

#		1	O No Authority
#		1	O No Authority
#			No Authority
#		0	O No Authority
#			No Authority
#			No Authority
#			No Authority
, #		0	
#			No Authority
	# # # # # #	#	# 1 1 1 H

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

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Name of MS4/Coalition City of Binghamton	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 during this reporting period?	r disturbances of one acre or more
2. How many construction projects disturbing at least one a during this reporting period?	acre were active in your jurisdiction
3. What percent of active construction sites were inspected	during this reporting period? \bigcirc NT $\boxed{1\ 0\ 0\ \%}$
4. What percent of active construction sites were inspected	more than once? ONT
5. Do all inspectors working on behalf of the MS4s contribu	iting to this report use the NYS
Construction Stormwater Inspection Manual?	• Yes O No O NT
6. Does your MS4/Coalition provide public access to Storm (SWPPPs) of construction projects that are subject to MS	water Pollution Prevention Plans S4 review and approval? ● Yes ○ No ○ NT
If your MS4 is Non-Traditional, are SWPPPs of construct public review?	ction projects made available for O Yes O No
If Yes, use the following page to identify location(s) where	SWPPPs can be accessed.

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.

SPDES ID
Name of MS4/Coalition City of Binghamton N Y R 2 0 A 3 4 1
6. con't.:
Submit additional pages as needed.
• MS4/Coalition Office
Department Engineering Department Department Department
Address
3 8 Hawley Street Zip
City Binghamton NY 13901-
Phone
(6 0 7) 7 7 2 - 7 0 0 7
O Library
Address
City
Phone
(
O Other
Address
City
Phone
O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.
URL THE TOTAL OF T
URL
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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. SPDES ID N|Y|R|20 A City of Binghamton Name of MS4/Coalition 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 SWPPPs 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? O No Yes E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O No Yes 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.

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

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					SPDI	ES ID)			
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Name of MS4/Coalition	City of Binghamton			NYF	2 0 A 3 4 1
Minimum (Control Mea	sure 5. Post-	<u>-Constructio</u>	n Stormwater	<u>Management</u>
The information in the	is section is being	g reported (chec	k one):		
On behalf of an indOn behalf of a coalHow m		ibuted to this 1	report?	1	
1. How many and w MS4/Coalition in	what type of pos	t-construction ected and main	stormwater ma tained in this r	nagement practice eporting period?	es has your
		# Inventoried	# Inspections	# Times Maintained	
■ Alternative Practic	es	5	3	3	
O Filter Systems	••				
O Infiltration Basins					
O Open Channels					
O Ponds					
O Wetlands					
O Other					
2. Do you use an o			abase, spreads	heet) to track po	st-construction ● Yes ○ No
3. What types of Development/E	non-structural Better Site Desi	practices hav gn/Green Infi	e been used to astructure pri	implement Low inciples?	Impact
● Building Codes	O Municipal C	omprehensive P	lans		
O Overlay Districts	O Open Space	Preservation Preservation	ogram		
Zoning	• Local Law o	r Ordinance			
O None	● Land Use R	egulation/Zonin	g		
O Watershed Plans	O Other Comp	rehensive Plan			
O Other:					

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.

					SPI	DES	JD					
Nam	ne of MS4/Coalition City of Binghamto	n			N	Y	R	2 (A	3	4	1
4a.	Are the MS4s contributing to	this report involv	ved in a reg	gional/wat	ershed v	vide	pla		ıg e ● Y		t ?	No
4b.	. Does the MS4 have a banking	and credit syster	n for storn	nwater m	anageme	nt p	ract		? () \	es	•	No
4c.	Do the SWMP Plans for each and approval of banking and	MS4 contributin credit of alternat	g to this re ive siting o	port inclu f a storm	ide a pro water m	toco anag	l fo gem	ent	alua pra O Y	etice	?	No
4d.	. How many stormwater mana reporting period?	gement practices	have been	impleme	ited as p	art (of tl	is s	yste	ın iı	thi	S
5.	What percent of municipal of training on Low Impace Deve Infrastructure principles in the	lopment (LID), I	Better Site	e for prog Design (B	ram imp SD) and	olem oth	enta er G	ree	ı at	tend 8	led 0	%

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

If submitting thi	s form as part of a jo	int report on behal		SPDES ID	ID blank.	
Name of MS4/Coalition City	of Binghamton			NYR2	0 A 3 4	1
6. Evaluating Progres	s Toward Measura	able Goals MCM	15			
Use this page to report of identified in your Storm III.C.1. Submit addition	water Management	l project plans to Program Plan (S	ward achievin WMPP), inclu	g measurable iding require	goals ments in Par	t
A. Briefly summarize	the Measurable Go	oal identified in	the SWMPP	in this repor	ting period.	
Train inspection / enformation procedures. Perform in inventory of post const.	spections to ensure	conformance with	on runoff regu th specificatio	lations and inns. Continue	nspection to keep	
B. Briefly summarize Goal.						_
SWPPP inventory is us stormwater practices ha	ed to track post con as been created. pro	struction stormw ovide training wh	vater practices ven available.	. I map of po	st constructi	on
C. How many times w	as this observation	n measured or e	valuated in th		period?	1
D. Has your MS4 mad	le progress toward	l this measurabl	e goal during		ng period?) No
E. Is your MS4 on sel	nedule to meet the	deadline set for	th in the SWI	MPP?	• Yes C) No
F. Briefly summarize the next reporting	the stormwater ac cycle (including a	ctivities planned n implementatio	to meet the g n schedule).	goals of this l	MCM durin	g
train inspection person projects and post cons	nel. perform inspectruction storm-wate	ctions when appr r practices.	opriate. Cont	inue to track	construction	

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

Nan	ne 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	e 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 remechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?		
1b	Has each Town, City and/or Village contributing to this report documented the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDE Analysis Workbook?	Erosion	wis and ONT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La O 09/2004	aw. 03/2006	ОИТ
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) har reviewed in this reporting period?	ve been	0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of procomments related to construction SWPPPs? • Yes	ublic	ONT
	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 SWPPP process?	the loca Yes	al O 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:

O Notices of Violation	Ħ		_		0	O No Authority
O Stop Work Orders	#				0	O No Authority
O Criminal Actions	#				0	O No Authority
O Termination of Contracts	#				0	O No Authority
O Administrative Fines	#			_}	0	O No Authority
O Civil Penalties	#		ı		0	O No Authority
O Administrative Orders	Ħ				0	O No Authority
O Enforcement Actions or Sanctions	#				0	
O Other	#				0	O No Authority

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 4 \end{vmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition Town of Binghamton	N Y R 2 0 A 0 0 9
Minimum Control Measure 4. Construction Site Storn	nwater 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? 	
 How many construction projects have been authorized for disturduring this reporting period? 	bances of one acre or more
2. How many construction projects disturbing at least one acre were during this reporting period?	re active in your jurisdiction
3. What percent of active construction sites were inspected during	this reporting period? • NT
4. What percent of active construction sites were inspected more th	an once? • NT
5. Do all inspectors working on behalf of the MS4s contributing to Construction Stormwater Inspection Manual?	this report use the NYS • Yes • No • NT
6. Does your MS4/Coalition provide public access to Stormwater P (SWPPPs) of construction projects that are subject to MS4 review	
If your MS4 is Non-Traditional, are SWPPPs of construction propublic review?	- , , , , , , , , , , , , , , , , , , ,
If Yes, use the following page to identify location(s) where SWPPPs	can be accessed.

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 & 4 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID	
Name of MS4/Coalition Town of Binghamton	N Y R 2 0 A (0 0 9
6. con't.:		
Submit additional pages as needed.		
● MS4/Coalition Office		
Department		TI
Town of Binghamton		
Address		$\overline{1}$
2 7 9 Park Avenue	in	
	ip 1 3 9 0 3 -	
Phone		
(6 0 7) 7 7 2 - 0 3 5 7		
O Library		
Address	-, , , , , , , , , , , , , , , , , , , 	
City	<u>ip</u>	
Phone		
()		
O Other		
Address		 -1
City Z	ip ·	
		<u> </u>
Phone		
(
O Web Page URL(s): Please provide specific address where SWPPPs can be	e accessed - not home pa	ge.
URL		7 1 1
	- R-1	++-
URL	_ 1 _ 1 _ 1 _ 1 _ 1	
	<u> </u>	++

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} = 1$

Name of MS4/Coalition Town of Binghamton NYR20A09
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?
(ex.: samples/participants/event) 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?
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.

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 Binghamtor	ı		SPDES II N Y R	 ;,
<u>Minimum (</u>	Control Mea	nsu <u>re 5. Post</u>	-Constructio	on Stormwater	<u>Management</u>
The information in th	is section is bein	ng reported (che	ck one):		
On behalf of an incOn behalf of a coaHow m		ributed to this	report?	1	
1. How many and w	what type of po nventoried, insp	st-construction pected and main	stormwater ma ntained in this r	inagement practice eporting period?	s has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	es	0	0	0	
O Filter Systems				0	
O Infiltration Basins			0	0	
Open Channels		O	0	0	
O Ponds		0	0	0	
O Wetlands		0	0	0	
Other		0	0	0	
2. Do you use an BMPs, inspecti			abase, spreads	heet) to track pos	t-construction ○ Yes ● No
3. What types of Development/E	non-structural Better Site Desi	l practices hav ign/Green Infi	e been used to rastructure pri	implement Low Inciples?	Impact
● Building Codes	• Municipal C	Comprehensive I	Plans	•	
Overlay Districts	O Open Space	Preservation Pr	ogram		
Zoning	• Local Law o	or Ordinance			
○ None	Land Use R	tegulation/Zonin	g		
O Watershed Plans	Other Comp	orehensive Plan			
Other:					

This report is being submitted for the reporting period ending March 9, $2 \begin{bmatrix} 0 & 1 \end{bmatrix} 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Nan	ne of MS4/Coalition Town of Binghanston 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 plant	ing -	effor	t?	
		•	Yes	О	No
4b	. Docs the MS4 have a banking and credit system for stormwater management practic	es?			
		•	Yes	0	No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a protocol for a and approval of banking and credit of alternative siting of a stormwater managemen	t pra		e?	No
4d.	. How many stormwater management practices have heen implemented as part of this	syst	em i	n th	is
	reporting period?			0	
5.	What percent of municipal officials/MS4 staff responsible for program implementati training on Low Impace Development (LID), Better Site Design (BSD) and other Green		tend	led	
	Infrastructure principles in this reporting period?			0	%

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

Name of MS4/Coalition Town of Binghamton NYR20A09
6. Evaluating Progress Toward Measurable Goals MCM 5
Use this page to report on your progress and project plans toward achieving measurable goals dentified 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?
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

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$. If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

				SPI	DES	ID						
Name of MS4/Coalition	TOWN OF DICKINSON			N	Y	R	2	0	Α	1	4	3
			 	1.5								

	<u> Minimum Control Measures 4 and 5.</u>	
	Construction Site and Post-Construction Control	
The	e 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 regulator mechanism that provides equivalent protection to the NYS SPDES General Permit fo Stormwater Discharges from Construction Activities?	1.
1b	.Has each Town, City and/or Village contributing to this report documented that the l equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosic Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?	n and
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. ○ 09/2004 ● 03/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Yes	O 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	ONT
	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 lo SWPPP process?	

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:

O Notices of Violation	#		O No Authority
O Stop Work Orders	#		O No Authority
O Criminal Actions	#		O No Authority
O Termination of Contracts	#		O No Authority
O Administrative Fines	#		O No Authority
O Civil Penalties	#		O No Authority
O Administrative Orders	#		O No Authority
O Enforcement Actions or Sanctions	#		
O Other	#		O No Authority

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} = 1 \begin{vmatrix} 4 & 4 \end{vmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

			SPI	DES	ID						
Name of MS4/Coalition	TOWN OF DICKINSON]	N	Y	R	2	0	Α	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 during this reporting period?	acre or	more 1
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisd	iction 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 Construction Stormwater Inspection Manual? • Yes	the NY	S ONT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preve (SWPPs) of construction projects that are subject to MS4 review and approva		ans O NT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?		for
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	d.	

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 4 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	-	SPDES ID
Name of MS4/Coalition TOWN OF DICKINSON		N Y R 2 0 A 1 4 3
6. con't.:		
Submit additional pages as needed.		
Stibilit additional pages as needed.		
O MS4/Coalition Office		
Department		
TOWN HALL		
Address		
5 3 1 O L D F R O N T	STREET	
City		Zip
DICKINSON	N Y	1 3 9 0 5 -
Phone		
(6 0 7) 7 2 3 - 5 9 5 4		
O Library		
Address		
		7:
City		Zip
Phone		
(
O Other		
Address		
City		Zip
Phone	•	
O Web Page URL(s): Please provide specific a	ddress where SWPPPs cat	be accessed - not home page.
URL	daress where by the recu	t be decessed that name page.
	<u>, </u>	
URL		
		
		_

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

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 (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 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?
C. How many times was this observation incustred of estimated in this reporting period.
(ex.: samples/participants/event D. Has your MS4 made progress toward this measurable goal during this reporting period?
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 ANY SWPPP'S AND MAKE AVAILABLE FOR PUBLIC COMMENT PLACE ACTIVITY ON WEB SITE WHENE OPERATIONAL

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 1 4 3						
<u>Minimum (</u>	Control Mea	sure 5. Post-	<u>·Constructio</u>	n Stormwater M:	<u>anagement</u>			
	ividual MS4 ition any MS4s cont	ributed to this r	report?					
 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				
O Alternative Practice	es							
O Filter Systems								
O Infiltration Basins								
O Open Channels								
O Ponds								
O Wetlands								
O Other								
2. Do you use an o BMPs, inspecti			abase, spreads	heet) to track post-c	onstruction ● Yes ○ No			
3. What types of a Development/E	non-structural Better Sitc Desi	l practices hav ign/Green Infr	e been used to astructure pri	implement Low Imples?	pact			
O Building Codes	O Municipal C	Comprehensive P	Plans					
O Overlay Districts	O Open Space	Preservation Preservation	ogram					
O Zoning	O Local Law	or Ordinance						
O None	O Land Use R	tegulation/Zoning	g					
O Watershed Plans	O Other Comp	orehensive Plan						
Other:								

TH

 $\begin{bmatrix} A & C & T & I & V & I & T & Y \end{bmatrix}$

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PERIOD

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.

SPDES ID

Nam	ne of MS4/Coalition	TOWN OF DICKINSON		N	Y	R	2	0	A	1	4	3
4a.	Are the MS4s co	ntributing to this report involved in a regional	/watershe	ed w	/ide	e pla	ann		g eff) Ye		? ●]	No
4b.	Does the MS4 ha	ve a banking and credit system for stormwate	r manage	me	nt p	rac	etie) Ye	a c	• 1	Νa
4c.	Do the SWMP P and approval of	lans for each MS4 contributing to this report i banking and credit of alternative siting of a sto	nclude a j ormwater	pro ma	toce ma	ol fo gen	or e 1en	eval t pi	luat ract	tion tice		
4d.	How many storm reporting period	nwater management practices have been imple?	emented a	s p	art	of t	his	sys	sten	n in	thi:	\$
5.	training on Low	mnnicipal officials/MS4 staff responsible for p Impace Development (LID), Better Site Design rinciples in this reporting period?							atte	endo 2		%

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.

SPDES ID

Name of MS4/Coalition TOWN OF DICKINSON	N Y R 2 0 A 1 4 3
6. Evaluating Progress Toward Measurable Goals MCM 5	
<u> </u>	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	l achieving measurable goals IPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
NO ACTIVITY	
B. Briefly summarize the observations that indicated the over Goal.	erall effectiveness of this Measurable
NA	
C. How many times was this observation measured or evaluation	ated in this reporting period?
D. Has your MS4 made progress toward this measurable go	ex.: samples/participants/events)
D. Has your M54 made progress toward this measurable go	Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in	the SWMPP?
	• Yes O No
F. Briefly summarize the stormwater activities planned to n the next reporting cycle (including an implementation sch	hedule).
IT IS NOT LIKELY THAT THERE WILL BE ANY POST COYEAR	ONSTRUCTION ACTIVITIES THIS

This report is being submitted for the reporting period ending March $9, 2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID Name of MS4/Coalition Town of Chenengo N Y R 2 0 A 1 2 7

	Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control		
The in	formation in this section is being reported (check one):		
	behalf of an individual MS4 behalf of a coalition How many MS4s contributed to this report?		
me	as each MS4 contributing to this report adopted a law, ordinance or other regechanism that provides equivalent protection to the NYS SPDES General Perormwater Discharges from Construction Activities?		O No
eq	as each Town, City and/or Village contributing to this report documented tha uivalent to a NYSDEC Sample Local Law for Stormwater Management and diment Control through either an attorney certification or using the NYSDE	Erosion	
Aı	nalysis Workbook?	O No	ONT
If	Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La	w. 3/2006	O NT
2. Do	oes your MS4/Coalition have a SWPPP review procedure in place?	• Yes	O No
	ow many Construction Stormwater Pollution Prevention Plans (SWPPPs) have viewed in this reporting period?	e been	1
	pes your MS4/Coalition have a mechanism for receipt and consideration of pumments related to construction SWPPPs? • Yes	ıblic O No	O NT
If	Yes, how many public comments were received during this reporting period?		o
	oes your MS4/Coalition provide education and training for contractors about VPPP process?	the loca ● Yes	al O 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	O No Authority
Stop Work Orders	#	О	O No Authority
O Criminal Actions	#		O No Authority
O Termination of Contracts	#		O No Authority
O Administrative Fines	#		O No Authority
O Civil Penalties	#		O No Authority
O Administrative Orders	#		O No Authority
O Enforcement Actions or Sanctions	#		
O Other	#		O No Authority

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID
Name of MS4/Coalition Town of Chencego	N Y R 2 0 A 1 2 7
Minimum Control Measure 4. Construction Site S	tormwater 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 d during this reporting period?	isturbances of one acre or more
2. How many construction projects disturbing at least one acr during this reporting period?	e were active in your jurisdiction
3. What percent of active construction sites were inspected du	ring this reporting period? ONT
4. What percent of active construction sites were inspected mo	ore than once? ONT
5. Do all inspectors working on behalf of the MS4s contribution Construction Stormwater Inspection Manual?	ng to this report use the NYS • Yes O No O NT
6. Does your MS4/Coalition provide public access to Stormwa (SWPPPs) of construction projects that are subject to MS4	
If your MS4 is Non-Traditional, are SWPPPs of construction public review?	
If Yes, use the following page to identify location(s) where SW	PPPs can be accessed.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 & 4 \end{vmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID										
Name of MS4/Coalition Town of Chencego N Y R 2 0 A 1 2 7										
6. con't.:										
Submit additional pages as needed.										
● MS4/Coalition Office										
Department Building Ordinance and Planning										
Address										
City 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										
O Library Address										
Addices										
City										
N										
Phone / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
O Other Address										
Address										
City Zip										
Phone (
O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.										
URL THE THE THE THE THE THE THE THE THE THE										
URL										

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 1 \end{vmatrix}$

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 (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 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?
(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 staff on permit updates: continue to review, inspect, and document.

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

					D			
Name of MS4/Coalition	Town of Chenengo	<u> </u>		N Y R	2 0 A 1 2 7			
Minimum Control Measure 5. Post-Construction Stormwater Management								
The information in th	is section is being	g reported (checi	k one):					
● On behalf of an ind ○ On behalf of a coal How m		ibuted to this re	eport?					
1. How many and w MS4/Coalition is					es has your			
		# Inventoried	# Inspections	# Times Maintained				
O Alternative Practic	es							
O Filter Systems								
O Infiltration Basins								
Open Channels				1				
• Ponds		2	2	1				
O Wetlands								
O Other								
2. Do you use an o BMPs, inspecti	,	. •	base, spreads	heet) to track pos	st-construction ○ 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 Co	omprehensive Pl	ans					
Overlay Districts	O Open Space F	Preservation Pro	grain					
○ Zoning	O Local Law or	Ordinance						
O None	O Land Use Re	gulation/Zoning						
O Watershed Plans	Other Compr	ehensive Plan						
Other:	 		111					

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

	SPDES ID				
Nam	ne of MS4/Coalition Town of Chenengo N Y R 2 C) A	. 1	2	7
4 a.	Are the MS4s contributing to this report involved in a regional/watershed wide planni	ng e			No
4b.	Does the MS4 have a banking and credit system for stormwater management practices	s?			
		OY	l'es	•	No
	Do the SWMP Plans for each MS4 contributing to this report include a protocol for evand approval of banking and credit of alternative siting of a stormwater management		ctice	?	No
	How many stormwater management practices have been implemented as part of this s reporting period?	yste	em i	thi	is
5.	What percent of municipal officials/MS4 staff responsible for program implementatio training on Low Impace Development (LID), Better Site Design (BSD) and other Gree		tend	ed	
	Infrastructure principles in this reporting period?			0	%

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

Name of MS4/Coalition Town of Chenengo 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 (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.
Staff continiued 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?
(ex.: samples/participants/even
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 train employees. Develop GIS and/or spreadsheet to track maintenance, practices, etc.

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

		_	SPDES ID									
Name of MS4/Coalition	Town of Conklin		N	Y	R	2	0	Α	2	5	5	
Manic of Mish/Coantion		J							$\overline{}$	-	_	

	Minimum Control Measures 4 and 5.	
	Construction Site and Post-Construction Control	
The	e 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?	
1b	.Has each Town, City and/or Village contributing to this report documented that the la equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion Sediment Control through either an attorney cerfification or using the NYSDEC Gap	and
	Analysis Workbook? • Yes • No	ONT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. • 09/2004 • 03/2006	ONT
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Yes	O 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	ONT
	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 loc SWPPP process? • Yes	al O 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	#	O No Authority
Stop Work Orders	#	O No Authority
O Criminal Actions	#	No Authority
O Termination of Contracts	#	No Authority
O Administrative Fines	#	No Authority
O Civil Penalties	#	No Authority
O Administrative Orders	#	No Authority
O Enforcement Actions or Sanctions	#]
O Other	#	No Authority

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 4 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Nan	ne of MS4/Coalition Town of Conklin SPDES ID N Y R 2	0 A 2	5 5				
	Minimum Control Measure 4. Construction Site Stormwater Rune	off Cont	<u>trol</u>				
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 during this reporting period?	acre or 1	nore				
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	ır jurisd	iction 2				
3.	3. What percent of active construction sites were inspected during this reporting period						
4.	What percent of active construction sites were inspected more than once?	1 0	ONT				
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	e the NYS	S Ont				
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preve (SWPPPs) of construction projects that are subject to MS4 review and approv	al?					
	• Yes If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?	O No vailable fo O Yes	O NT or O No				

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

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ 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	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 1 1	
Address	
1 2 7 1 C o n k 1 i n R o a d	7in
City N Y	Zip 1 3 7 4 8 -
Phone	
(6 0 7) 7 7 5 - 3 4 5 6	
O Library Address	
Address	
City	Zip
Phone	
(
O Other	
Address	
City	Zip
Phone	
(
O Web Page URL(s): Please provide specific address where SWPPPs ca	n be accessed - not home page.
URL	
URL	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 4 \end{vmatrix}$

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 identified in your Stormwater Management Program Plan (SWMFIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Measurable goal is to inventory the number of SWPPP's received the number and amount of times construction projects are inspect	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
All construction projects with disturbances of one or more acres land active construction projects were inspected multiple times during the construction projects were inspected multiple times during the construction projects were inspected multiple times during the construction projects with disturbances of one or more acres land active construction projects with disturbances of one or more acres land active construction projects were inspected multiple times during the construction projects were inspected multiple times during the construction projects were inspected multiple times during the construction projects were inspected multiple times during the construction projects were inspected multiple times during the construction projects were inspected multiple times during the construction projects were inspected multiple times during the construction projects were inspected multiple times during the construction projects were inspected multiple times during the construction projects were inspected multiple times during the construction of the cons	
C. How many times was this observation measured or evaluate	ted in this reporting period?
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/event) during this reporting period? Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in t	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
Continue to verify that all construction projects disturbing 1 or m in place and inspect every active construction project at least once	

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.

II Suomitti	ng una tomi as pa	iit or a joint rep	on ochan or	a coalition leave 51 i)ES ID Utalik.					
				SPDES ID)					
Name of MS4/Coalition	Town of Conklin			NYR	2 0 A 2 5 5					
Minimum Control Measure 5. Post-Construction Stormwater Management										
The information in the	nis section is bein	g reported (chec	k one):							
On behalf of an incOn behalf of a coa	lition			¬						
How m	nany MS4s contr	ibuted to this r	eport?							
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						
O Alternative Practic	es									
• Filter Systems			1							
• Infiltration Basins			1							
Open Channels		1	1							
• Ponds		3	3	0						
O Wetlands										
O Other										
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?										
O Building Codes	Municipal Co	omprehensive Pl	lans							
Overlay Districts	O Open Space I	Preservation Pro	gram							
O Zoning	O Local Law or Ordinance									
O None	O Land Use Re	gulation/Zoning								
O Watershed Plans	O Other Compr	ehensive Plan								
Other:										

| R | e | c | o | m | m | e | n | d | a | t |

Boar

d

a n n i n g

	SPDES ID				
· Nan	ne of MS4/Coalition Town of Conklin NYR20	A	2	5	5
4a.	Are the MS4s contributing to this report involved in a regional/watershed wide planning		ffor 'es		No
4b.	. Does the MS4 have a banking and credit system for stormwater management practices?	ı			
) Y	es		No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a protocol for eva and approval of banking and credit of alternative siting of a stormwater management p				
) Y	es		No
4d.	. How many stormwater management practices have been implemented as part of this syrreporting period?	ste	nı ir	thi	is
	reporting period:	L		0	
5.	What percent of municipal officials/MS4 staff responsible for program implementation training on Low Impace Development (LID), Better Site Design (BSD) and other Green	att	end	ed 	
	Infrastructure principles in this reporting period?		3	3	%

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 achie identified in your Stormwater Management Program Plan (SWMPP), it III.C.1. Submit additional pages as needed.	-
A. Briefly summarize the Measurable Goal identified in the SWM	PP in this reporting period.
Measurable goal is to document the number of post construction BMP that the owner has conducted and documented maintenance of the pos	
B. Briefly summarize the observations that indicated the overall ed Goal.	ffectiveness of this Measurable
After the post construction BMP's were in place staff inspected them a found no flood damage or migration of Silt/Sediment surrounding the	
C. How many times was this observation measured or evaluated in	n this reporting period? 1 2 (ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goal duri	ing this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the S	
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule	e goals of this MCM during
Continue to inspect post construction BMP's and hold owner's/operato them. Also, to request and file annual maintenance records from each	
<u> </u>	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID						
Name of MS4/Coalition	Village Of Endicott	N	Y	R	2	0	A	1	4	9

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

	Construction Site and Post-Construction Control		
The	e 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 remechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?		O No
	Stormwater Discharges from Construction Activities:	9 103	0110
	equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney certification or using the NYSDE Analysis Workbook? Yes If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Lation 0 09/2004	C Gap O No	ONT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) ha reviewed in this reporting period?	ve been	0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of promments related to construction SWPPPs? O Yes	ublic ● No	ONT
	If Yes, how many public comments were received during this reporting period?		
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	the loca	al O 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:

O Notices of Violation	#			O No Authority
O Stop Work Orders	#			O No Authority
O Criminal Actions	#			O No Authority
O Termination of Contracts	#			O No Authority
O Administrative Fines	#			O No Authority
O Civil Penalties	#			O No Authority
O Administrative Orders	#			O No Authority
O Enforcement Actions or Sanctions	#			
• Other	#			O No Authority

public review?

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 \begin{bmatrix} 4 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

<u></u>	SPDES ID
Name of MS4/Coalition Village of Endicott	N Y R 2 0 A 1 4 9
Minimum Control Measure 4. Construction Site S	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 during this reporting period?	listurbances of one acre or more
2. How many construction projects disturbing at least one acreduring this reporting period?	e were active in your jurisdiction
3. What percent of active construction sites were inspected du	ring this reporting period? \bigcirc NT $\boxed{1 \ 0 \ 0}$ %
4. What percent of active construction sites were inspected me	ore than once? ONT
5. Do all inspectors working on behalf of the MS4s contributi Construction Stormwater Inspection Manual?	ng to this report use the NYS ● Yes ○ No ○ NT

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

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?

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

Yes

ONo ONT

O Yes O No

	SPDES ID
Name of MS4/Coalition Village of Endicott	N Y R 2 0 A 1 4 9
6. con't.:	
Submit additional pages as needed.	
O MS4/Coalition Office	
Department	
	e n t
Address	
1009 East Main Stre	
Endicott NY	Zip 1 3 7 6 0 -
Phone	
(6 0 7) 7 5 7 - 2 4 2 5	
O Library	
Address	
City	Zip
Phone	
O Other Address	
Auditss The Control of the Control o	
City	Zip
]
Phone	
(
O Web Page URL(s): Please provide specific address where SWPPF	s can be accessed - not home page.
URL	
URL	
	<u> </u>

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.						

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 (Minimum Control Measure 5. Post-Construction Stormwater Management					
The information in the		g reported (chec	k one):			
On behalf of an indOn behalf of a coalHow m		ributed to this r	eport?	1		
1. How many and w MS4/Coalition in				nagement practices has eporting period?	your	
		# Inventoried	# Inspections	# Times Maintained		
O Alternative Practice	es					
O Filter Systems						
O Infiltration Basins						
O Open Channels						
O Ponds						
O Wetlands						
Other		0				
2. Do you use an o BMPs, inspecti			base, spreadsl	heet) to track post-con	struction ● Yes ○ No	
3. What types of a Development/B		•		implement Low Impa nciples?	ct	
O Building Codes	O Municipal C	omprehensive P	lans			
O Overlay Districts	O Open Space	Preservation Pro	ogram			
O Zoning	O Local Law or Ordinance					
O None	O Land Use Re	egulation/Zoning	3			
O Watershed Plans O Other Comp		rehensive Plan				
Other:	 	1111				

			SPDES ID				
Nan	ame of MS4/Coalition Village of Endicon		NYR2	0 A	1	4	9
4a.	a. Are the MS4s contributing to this report involved in a	regional/wa	atershed wide plann	ing ef	fort		
				OY	es		No
4b.	b. Does the MS4 have a banking and credit system for st	ormwater n	nanagement practice	s?			
	•		5 1	O Y	es	•	No
4c.	c. Do the SWMP Plans for each MS4 contributing to thi and approval of banking and credit of alternative siting				tice		No
4d.	ld. How many stormwater management practices have be reporting period?	een implem	ented as part of this	syster	n in	thi 0	S
5.	5. What percent of municipal officials/MS4 staff responsitioning on Low Impace Development (LID), Better S Infrastructure principles in this reporting period?				ende	ed	0/
	imiasti actare principies in this reporting periou;				ΙI	미	%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 4 \end{vmatrix}$

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
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMPI III.C.1, Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SV	VMPP in this reporting period.
None	
B. Briefly summarize the observations that indicated the overa	ll effectiveness of this Measurable
None	
C. How many times was this observation measured or evaluate	ed in this reporting period?
	0
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/even
D. Has your 14154 made progress toward this measurable goal	O Yes ● No
E. Is your MS4 on schedule to meet the deadline set forth in th	e SWMPP?
20 J C 21 112 C C 21 20 20 20 20 20 20 20 20 20 20 20 20 20	○ Yes • No
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	
None	

Nar	ne 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
Th	e 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?
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?
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. O 09/2004 O 03/2006 O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Yes O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? • Yes O No O 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:

O Notices of Violation	#		0	O No Authority
O Stop Work Orders	#		0	O No Authority
O Criminal Actions	#		0	O No Authority
O Termination of Contracts	#		0	O No Authority
O Administrative Fines	#		0	O No Authority
O Civil Penalties	#		0	O No Authority
O Administrative Orders	#		0	O No Authority
O Enforcement Actions or Sanctions	#		0	
O Other	#		0	O No Authority

If submitting this form as part of a joint report on behalf of a coalition	on 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 Stora	nwater 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 disturduring this reporting period?	bances of one acre or more
2. How many construction projects disturbing at least one acre wer during this reporting period?	re active in your jurisdiction
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 th	an once?
	[] 0 %
5. Do all inspectors working on behalf of the MS4s contributing to Construction Stormwater Inspection Manual?	this report use the NYS ● Yes ○ No ○ NT
6. Does your MS4/Coalition provide public access to Stormwater P (SWPPPs) of construction projects that are subject to MS4 review	w and approval?
If your MS4 is Non-Traditional, are SWPPPs of construction propublic review?	● Yes ○ No ○ NT ojects made available for ○ Yes ○ No
If Yes, use the following page to identify location(s) where SWPPPs	can be accessed.

Name of MS4/Coalition Town of Fenion			SPDES N Y	
6. con't.:			-1 1 	
Submit additional pages as no	eeded.			
■ MS4/Coalition Office				
Department				
Town of F	ento	n Offi	c e s	
Address 44 Park				
City			Zip	
Port Cran Phone	_ e	N T	(1 3 8	3 3 - 1 5 0 4
(607)648-	4 8 0 0]		
O Library				
Address				
City			Zip	
Phone (
O Other		-		
Address				
City			Zip	
Phone			_	
() -]		
● Web Page URL(s): Please prov	vide specific a	address where SWPP	Ps can be accesse	d - not home page.
URL_	_		T	
www.towno	ffen	ton.co	m /	
select en	g i n e	e r i n g	a n d s	c r o 1 1
to SWMP o	rsw	PPP&	s e l e c	t
URL	<u></u>	·1	T	· · · · · · · · · · · · · · · · · · ·

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?
(ex.: samples/participants/even D. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes • O 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.

Name of MS4/Coalition	Town of Fenton			SPDES ID N Y R	2 0 A 0 7 8
<u>Minimum (</u>	Control Mea	sure 5. Post	-Constructio	n Stormwater I	<u>Management</u>
The information in thi	s section is beir	ng reported (che	ck one):		
On behalf of an indicate On behalf of a coali	ition		_ [- [-]	-1	
How ma	any MS4s cont	ributed to this	report?	_}	
 How many and w MS4/Coalition in 				_	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practice	* \$				
O Filter Systems					
O Infiltration Basins					
O Open Channels					
O Ponds					
O Wetlands					
O Other					
2. Do you use an e BMPs, inspection		. —	abase, spreads	heet) to track post	-construction ○ Yes • No
3. What types of n Development/B		•		-	mpact
O Building Codes	Municipal C	Comprehensive F	Plans		
O Overlay Districts	Open Space	Preservation Preservation	ogram		
Zoning	• Local Law o	or Ordinance			
O None	■ Land Use R	egulation/Zonin	g		
O Watershed Plans	Other Comp	rehensive Plan			
O Other:					

			OL:	JEO II	,				
Nan	ne of MS4/Coalition Town of Fenton		N	Y	2	0	A	0∐7	[8]
4 a.	Are the MS4s contributing to this report involved in a regiona	l/watersh	ed v	ride <u>p</u>	lanı	_			
						0	Yes	•	No
4 b.	. Does the MS4 have a banking and credit system for stormwate	er manage	me	nt pr	aetic	es?			
						0	Yes		No
4c.	Do the SWMP Plans for each MS4 contributing to this report and approval of banking and credit of alternative siting of a se					t pr		e?) No
4d.	. How many stormwater management practices have been impl	emented a	ıs p	art of	this	sys	tem	in th	ais
	reporting period?							0	
5.	What percent of municipal officials/MS4 staff responsible for training on Low Impace Development (LID), Better Site Design		_				itten	ded	
	Infrastructure principles in this reporting period?							To	%

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix}$ 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES 1D 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 (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 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?
cx.: samples/participants/events). 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 and approve or correct any post construction activity on projects that may be completed. Nothing is currently under construction.

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix}$ 1 4 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID						
Name of MS4/Coalition Village of Johnson City]	N	Y	R	2	0	Α	1	0	1
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Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The	e 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 remechanism that provides equivalent protection to the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Personal Remember 2 of the NYS SPDES General Remember 2 of the NYS SPDES General Remember 2 of the NYS SPDES General Remember 2 of the NYS SPDES General Remember 2 of the NYS SPDES General Remember 2 of the NYS SPDES General Remember 2 of the NYS SPDES GENERAL REMEMBER 2 of the NYS SPDES GENERAL REMEMB		O No
1b	Has each Town, City and/or Village contributing to this report documented the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDI Analysis Workbook?	d Erosion EC Gap	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local I O 09/2004	_aw. 03/2006	ONT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) he reviewed in this reporting period?	ave been	1
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of processing comments related to construction SWPPPs?		O NT
	If Yes, how many public comments were received during this reporting period?	L	
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	ıt the loca ● Yes	al O 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:

O Notices of Violation	#		(<u>)</u>	O No Authority
O Stop Work Orders	#			0	O No Authority
O Criminal Actions	#		(o	O No Authority
O Termination of Contracts	#		(0]	O No Authority
O Administrative Fines	#		(0	O No Authority
O Civil Penalties	#		(0	O No Authority
O Administrative Orders	#		(0	O No Authority
O Enforcement Actions or Sanctions	#		(0	
O Other	#		- (0	O No Authority

		 SPI	DES	ID						
Name of MS4/Coalition	Village of Johnson City	N	Y	R	2	0	Α	1	0	1

	Minimum Control Measure 4. Construction Site Stormwater Run	off Con	<u>trol</u>
The	e 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 during this reporting period?	acre or i	more 0
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	ır jurisd	iction 1
3.	What percent of active construction sites were inspected during this reporting	period?	
4.	What percent of active construction sites were inspected more than once?	1 0	O NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	e the NY O No	S ONT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preve (SWPPPs) of construction projects that are subject to MS4 review and approv		alis ont
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made as public review?		
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	ed.	

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Name of MS4/Coalition

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.

Village of Johnson City

SPDES ID

N Y R 2 0 A 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 O No
F. Briefly summarize the stormwater activities planued 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.

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.

		SPE	ES	ID						
Name of MS4/Coalition	Village of Johnson City	N	Y	R	2	0	Α	1	0	1

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being	The information in this section is being reported (check one):									
On behalf of an individual MS4 On behalf of a coalition										
How many MS4s conti	ributed to this re	eport?								
1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?										
	#	#	# Times							
	Inventoried	Inspections	Maintained ———							
O Alternative Practices	0	0	0							
Filter Systems	1 2	1 2	0							
O Infiltration Basins	3	3	0							
O Open Channels	0	0	0							
O Ponds	4	4	0							
O Wetlands	0	0	0							
O Other	0	0	0							
2. Do you use an electronic tool BMPs, inspections and maint		base, spreads	sheet) to track p	ost-construction • Yes • O No						
3. What types of non-structural Development/Better Site Desi	-		_	v Impact						
● Building Codes ● Municipal C	omprehensive Pl	ans								
O Overlay Districts O Open Space	Preservation Pro	gram								
● Zoning ● Local Law o	r Ordinance									
O None O Land Use Re	egulation/Zoning									
O Watershed Plans O Other Comp	rehensive Plan									
• Other:										
Site Plan	Revie	w s								

		SPI)F2 I	U					
Nan	ne of MS4/Coalition Village of Johnson City	N	Y	R 2	0	A	1	0	1
4a.	. Are the MS4s contributing to this report involved in a regional/wat	tershed v	vide _l	planı	_	g eff			No
4b.	. Does the MS4 have a banking and credit system for stormwater ma	anageme	nt pr	actio	es?				
					0	Ye	S		No
4c.	. Do the SWMP Plans for each MS4 contributing to this report incluand approval of banking and credit of alternative siting of a storm	_			ıt pr		ice	?	No
4d.	. How many stormwater management practices have been implemen	ited as pa	art o	f this	sys	tem	ı in	thi	S
	reporting period?							0	
5.	What percent of municipal officials/MS4 staff responsible for prog training on Low Impace Development (LID), Better Site Design (B	_				atte	nde	ed	
	Infrastructure principles in this reporting period?	•				1	0	0	%

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

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

SPDES ID

Name of MS4/Coalition Village of Johnson City	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 identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Village has a data base established for Post-Construction Wainspections. The property owner is responsible for maintenance of Village does not maintain the systems.	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
The annual inspections conclude that the implemented systems as	re maintained and operable.
C. How many times was this observation measured or evalua-	1 9
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/eventh
	● Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
The MCC goal will continue to be met by continuing the annual inspections to include any new systems that may be installed dur	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} = 1$

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

				SPE	DES	ID					
Name of MS4/Coalition	Town of Kirkwood			N	Y	R	2	0 A	0	7	2

Minimum Control Measures 4 and 5.

	Construction Site and Post-Construction Control		
The	e 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 reg mechanism that provides equivalent protection to the NYS SPDES General Peri	mit for	
	Stormwater Discharges from Construction Activities?	Yes	O No
	equivalent to a NYSDEC Sample Local Law for Stormwater Management and I Sediment Control through either an attorney certification or using the NYSDEC Analysis Workbook? Yes If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Later 09/2004 0 03	C G ap ○ No	ОИТ
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	e been	0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of purcomments related to construction SWPPPs? • Yes	blic O No	ОИТ
	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 SWPPP process?	the loca ● Yes	al O 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	O No Authority
Stop Work Orders	#	0	O No Authority
O Criminal Actions	#		No Authority
O Termination of Contracts	#		No Authority
O Administrative Fines	#		No Authority
O Civil Penalties	#		No Authority
O Administrative Orders	#		No Authority
O Enforcement Actions or Sanctions	#		
O Other	#		No Authority

_		SPI	DES	ID						
Name of MS4/Coalition	Town of Kirkwood	N	Y	R	2	0	Α	0	7	2
•										

	Minimum Control Measure 4. Construction Site Stormwater Runo	off Con	<u>trol</u>
Th	e 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 during this reporting period?	acre or	more 0
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	ır jurisd	iction 0
3.	What percent of active construction sites were inspected during this reporting	period?	0 NT
4.	What percent of active construction sites were inspected more than once?		O NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	the NY	S ONT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preve (SWPPPs) of construction projects that are subject to MS4 review and approved the experimental experiments of the experiments o		ans O NT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?		
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	d.	

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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.

SPDES ID

Name of MS4/Coalition	Town of Kirkwood		N Y R 2 0 A	0 7 2
7. Evaluating Pro	gress Toward Measurable	e Goals MCM 4		
identified in your S		•	achieving measurable goals PP), including requirements	in Part
A. Briefly summa	rize the Measurable Goal	identified in the S	WMPP in this reporting p	eriod.
	to inventory the number of to ount of times construction		l and reviewed. Also to docted.	ument
B. Briefly summa Goal.	rize the observations that	indicated the over	rall effectiveness of this Me	easurable
	ojects with disturbances of tion projects were inspected		had an approved SWPPP in ring this reporting period.	place.
C. How many tim	es was this observation m	easured or evalua	ted in this reporting period	1
D. Has vour MS4	made progress toward th	is measurable goa	ex.: samples/ l during this reporting peri	/participants/event iod?
·	, -	_	● Ye	
E. Is your MS4 or	schedule to meet the dea	dline set forth in t	the SWMPP? ● Ye	s O No
	rize the stormwater activi ing cycle (including an im		eet the goals of this MCM of edule).	luring
			nore acres have an approved ee a week during construction	
<u> </u>	:-			

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 <u>Mea</u>	sure 5. Post-	<u>Constructio</u>	<u>n Stormwater M</u>	<u> Ianagement</u>
The information in th On behalf of an ind On behalf of a coal How m	lividual MS4				
1. How many and w MS4/Coalition in					has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	es				
O Filter Systems					
O Infiltration Basins					
O Open Channels					
• Ponds		2	2	0	
O Wetlands					
O Other					
2. Do you use an o BMPs, inspecti			basc, spreadsl	heef) to track post-	construction ● Yes ○ No
3. What types of a Development/B		•			apact
Building Codes	O Municipal C	omprehensive Pl	ans		
O Overlay Districts	O Open Space	Preservation Pro	gram		
O Zoning	O Local Law o	r Ordinance			
O None	O Land Use R	egulation/Zoning			
O Watershed Plans	O Other Comp	rehensive Plan			
● Other:					

Board

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			SPL)F2 I	U					
Nan	ne of MS4/Coalition Town of Kirkwood		N	Y	≀ 2	0	Α	0	7	2
4a.	. Are the MS4s contributing to this report involved in a regional/	watershe	d w	/ide j	olanı		g efi Ye			No
4b.	. Does the MS4 have a banking and credit system for stormwater	manage	mei	nt pr	actic				_	
) Y	es		No
4c.	Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a sto					t p		tice	?	No
4d.	. How many stormwater management practices have been imple	mented a	s pa	art of	this	sys	sten	n in	thi	is
	reporting period?		•			·		j	0	
5.	What percent of municipal officials/MS4 staff responsible for p training on Low Impace Development (LID), Better Site Design						atte	end	ed	
	Infrastructure principles in this reporting period?							3	3	%

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.

SPDES ID

Name of MS4/Coalition	Town of Kirkwood		N Y R 2	0 A 0 7 2
6. Evaluating Prog	gress Toward Measural	ble Goals MCM 5		
identified in your St	ort on your progress and ormwater Management Fitional pages as needed.		_	_
A. Briefly summar	ize the Measurable Go	al identified in the S	WMPP in this repor	ting period.
	the number of post const conducted and document			
B. Briefly summar Goal.	ize the observations the	at indicated the over	all effectiveness of tl	nis Measurable
-	ruction BMP's were in p nigration of Silt/Sedimen		•	ll events and
C. How many time	es was this observation	measured or evalua	ted in this reporting	period?
D. Has vour MS4 i	nade progress toward (his measurable ooa		samples/participants/eve ng neriod?
D. ARRS YOU HAD'T	male progress to mire	ino measurable gou	t titting this report.	• Yes O No
E. Is your MS4 on	schedule to meet the de	eadline set forth in t	he SWMPP?	● Yes ○ No
	ize the stormwater acti ng cycle (including an i			
	post construction BMP's lest and file annual main			

	SPE	DES I	ID						
Name of MS4/Coalition Town of Owego	N	Y	R	2	0	A	0	7	9

	<u>Minimum Control Measures 4 and 5.</u> <u>Construction Site and Post-Construction Control</u>	
The	e 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?	
1b	.Has each Town, City and/or Village contributing to this report documented that the la equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion Sediment Control through either an attorney cerfification or using the NYSDEC Gap	w is n and
	Analysis Workbook? • Yes • No	ОИТ
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. ○ 09/2004 ● 03/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Yes	O 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	ONT
	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 loc SWPPP process? • Yes	eal O 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:

O Notices of Violation	#	<u> </u>		O No Authority
Stop Work Orders	#		1	O No Authority
O Criminal Actions	#			O No Authority
O Termination of Contracts	#			O No Authority
O Administrative Fines	#			O No Authority
O Civil Penalties	#			O No Authority
O Administrative Orders	#			O No Authority
O Enforcement Actions or Sanctions	#			
O Other	#			O No Authority

			SPD	ES ID		
Name of MS4/Coalition Tow	n of Owego		N	Y R 2	0 A 0	7 9
Minimum Cont	rol Measure 4. Con	struction Site	<u>Stormwate</u>	er Run <u>o</u>	ff Cont	<u>trol</u>
The information in this se	ection is being reported (che	eck one):				
 On behalf of an individ On behalf of a coalition How many 		report?]			
1. How many constru during this reporti	ection projects have been ng period?	ı authorized for	disturbance	es of one a	acre or 1	nore
2. How many constru during this reporti	ection projects disturbin ng period?	g at least one ac	re were acti	ive in you	r jurisd	iction 3
3. What percent of a	ctive construction sites v	vere inspected d	uring this ro	eporting p	period?	O NT
4. What percent of a	ctive construction sites v	vere inspected m	ore than on	ice?	1 0	O NT
-	vorking on behalf of the mwater Inspection Man		ing to this r	eport use • Yes	the NY	S ONT
	palition provide public a truction projects that ar					ans O NT
If your MS4 is No public review?	n-Traditional, are SWP	PPs of construct	ion projects	- 105		
If Yes, use the follo	owing page to identify loc	ation(s) where SV	WPPPs can b	e accesse	d.	

	SPDES ID
Name of MS4/Coalition Town of Owego	N Y R 2 0 A 0 7 9
6. con't.:	
Submit additional pages as needed.	
● MS4/Coalition Office	
Department	
	artment
Address	
2 3 5 4 State Route 4 3 4	
City Zi A p a l a c h i n N Y	1 3 7 3 2 -
Phone	
(607)687-0123	
O Library	
Address	
City Z	ip
Phone	
(
O Other	
Address	
City	ip
Phone	
(
O Web Page URL(s): Please provide specific address where SWPPPs can be	e accessed - not home page.
URL	
URL	

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

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?
(ex.: samples/participants/eve. D. Has your MS4 made progress toward this measurable goal during this reporting period?
• Yes O No
E. Is your MS4 on sehedule 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

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

				SPDES ID	, <u> </u>
Name of MS4/Coalition	Town of Owego			N Y R	2 0 A 0 7 9
<u>Minimum (</u>	Control Mea	sure 5. Post	-Constructio	on Stormwater	<u>Management</u>
The information in th	is section is bein	g reported (che	ck one):		
On behalf of an indOn behalf of a coalHow m		ributed to this	report?		
1. How many and w MS4/Coalition in	what type of pos nventoried, insp	st-construction ected and main	stormwater ma ntained in this r	magement practice eporting period?	s has your
		# Inventoried	# Inspections	# Times Maintained	
Alternative Practic	es	1	1	0	
O Filter Systems					
● Infiltration Basins			1	0	
O Open Channels					
• Ponds			4	4	
O Wetlands					
O Other					
2. Do you use an o BMPs, inspecti			abase, spreads	heet) to track pos	t-construction ○ Yes ● No
3. What types of a Development/E		_			Impact
O Building Codes	O Municipal C	Comprehensive I	Plans		
O Overlay Districts	O Open Space	Preservation Pr	ogram		
O Zoning	O Local Law o	or Ordinance			
None	O Land Use R	egulation/Zonin	g		
O Watershed Plans	Other Comp	rehensive Plan			
Other:					

	SPDES ID				
Nan	ne of MS4/Coalition Town of Owego N Y R 2 C		0	7	9
	Are the MS4s contributing to this report involved in a regional/watershed wide planning		effor Yes		No
4b.	Does the MS4 have a banking and credit system for stormwater management practices	?			
		C	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 plants.	ora		?	No
4d.	. How many stormwater management practices have been implemented as part of this sy	/ste	em i	n th	is
		L			j.
5,	What percent of municipal officials/MS4 staff responsible for program implementation training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?		tend	led 0] %

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

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
D. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • O 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

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

	SPI	DES	ID						
Name of MS4/Coalition VILLAGE OF PORT DICKINSON	N	Y	R	2	0	Α	0	8	0

	Minimum Control Measures 4 and 5.	
	Construction Site and Post-Construction Control	
The	e information in this section is being reported (check one):	
• (C	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?	O No
1b	.Has each Town, City and/or Village contributing to this report documented that the lav equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion Sediment Control through either an attorney certification or using the NYSDEC Gap	and
	Analysis Workbook? • Yes • No	ONT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. ○ 09/2004 ● 03/2006	О МТ
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Yes	O 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? O Yes O No	ONT
	If Yes, how many public comments were received during this reporting period?	0
5.	Does your MS4/Coalitiou provide education and training for contractors about the loca SWPPP process? • Yes	ıl O No

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:

O Notices of Violation	#	O No Authority
O Stop Work Orders	#	O No Authority
O Criminal Actions	#	O No Authority
O Termination of Contracts	#	O No Authority
O Administrative Fines	#	O No Authority
O Civil Penalties	#	O No Authority
O Administrative Orders	#	O No Authority
O Enforcement Actions or Sanctions	#	
O Other	#	O No Authority

during 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.

	SPDES ID
Name of MS4/Coalition VILLAGE OF PORT DICKINSON	N Y R 2 0 A 0 8 0
Minimum Control Measure 4. Construction Site St	ormwater 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 dis	sturbances of one acre or more

2.	How many construction projects disturbing at least one acre were active in your jun	ri <u>sdi</u> c	etic	o <u>n</u>
	during this reporting period?			0

3.	What percent of active construction sites were inspected during this reporting	periou:	\bullet N	i
				ó
4.	What percent of active construction sites were inspected more than once?		● N′	Г

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

O Yes
O No

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

N Y R	2 0 A 0 8 0
Name of MS4/Coalition VILLAGE OF PORT DICKINSON N Y R	2 0 4 0 8 0
6. con't.:	
Submit additional pages as needed.	
O MS4/Coalition Office	
Department	
Address 7 8 6 C H E N A N G O S T R E E T	
City BINGHAMTON ZID	
Phone	
$(\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
O Library	
Address	
City Zip	
City Zip	
Db	
Phone	
\ <u> </u>	
O Other	
Address	
City Zip	
Phone	
(
O Web Page URL(s): Please provide specific address where SWPPPs can be accessed -	not home page.
URL	
URL	

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

ms report is being submitted for the report	ing period ending mater of 2 v 2 v	J
If submitting this form as part of a joint report on	behalf of a coalition leave SPDES ID blank.	

	SPDES ID
lame of MS4/Coalition VILLAGE OF PORT DICKINSON	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 achieve dentified in your Stormwater Management Program Plan (SWMPP), in II.C.1. Submit additional pages as needed.	ving measurable goals cluding requirements in Part
A. Briefly summarize the Mcasurable Goal identified in the SWMI	PP in this reporting period.
THERE HAS BEEN NO PROJECTS	
B. Briefly summarize the observations that indicated the overall ef	fectiveness of this Measurable
NA	
C. How many times was this observation measured or evaluated in	this reporting period? (ex.: samples/participants/event.
D. Has your MS4 made progress toward this measurable goal duri	ing this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SV	WMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule	e goals of this MCM during).
REVIEW ANY SWPPP'S AND MAKE AVAILABLE FOR PUBLIC PLACE ACTIVITY ON WEB SITE WHEN AVAILABLE	COMMENT.

ио

 $\begin{bmatrix} \mathbf{A} \mid \mathbf{C} \mid \mathbf{T} \mid \mathbf{I} \mid \mathbf{V} \mid \mathbf{I} \mid \mathbf{T} \mid \mathbf{Y} \end{bmatrix}$

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		N Y R 2 0 A 0 8 0
Minimum (<u>Control Mea</u>	<u>sure 5. Post-</u>	<u>Construction</u>	n Stormwater Management
The information in thi	is section is bein	g reported (chec	k one):	
On behalf of an ind On behalf of a coal How ma		ributed to this r	eport?	
1. How many and w MS4/Coalition in	vhat type of pos iventoried, insp	st-construction ected and main	stormwater man tained in this re	nagement practices has your porting period?
		# Inventoried	# Inspections	# Times Maintained
O Alternative Practice	es			
O Filter Systems				
O Infiltration Basins				
O Open Channels				
O Ponds				
O Wetlands				
O Other				
BMPs, inspecti	ions and maint	tanance?		heet) to track post-construction ● Yes ○ No
3. What types of Development/E	non-structural Better Site Desi	l practices hav ign/Green Infi	e been used to astructure pri	implement Low Impact nciples?
O Building Codes	O Municipal C	Comprehensive P	lans	
O Overlay Districts	O Open Space	Preservation Pr	ogram	
O Zoning	O Local Law	or Ordinance		
O None	O Land Use R	Regulation/Zonin	g	
O Watershed Plans	O Other Comp	orehensive Plan		
() Other				

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	SPDES ID N Y R 2	0	0 8	0	\neg
4a.	Are the MS4s contributing to this report involved in a regional/watershed wide planni				
		O	Yes	•	No
4h	. Does the MS4 have a banking and credit system for stormwater management practice	s?			
70.	, Does the Mast have a commission of the master specific and the master specif		Yes		No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a protocol for each and approval of banking and credit of alternative siting of a stormwater management	pra	iatioi actice Yes	n e? ●	No
4d.	. How many storinwater management practices have been implemented as part of this	syst	em i	n thi	S
	reporting period?			0	
5.	What percent of municipal officials/MS4 staff responsible for program implementation	n a	ttend	led	
	training on Low Impace Development (LID), Better Site Design (BSD) and other Gree	n r			
	Infrastructure principles in this reporting period?		3	0	%

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

	SPDES ID
Name of MS4/Coafition VILLAGE OF PORT DICKINSON	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 tow identified in your Stormwater Management Program Plan (SWIII.C.1. Submit additional pages as needed.	ard achieving measurable goals VMPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the	ne SWMPP in this reporting period.
NO ACTIVITY	
B. Briefly summarize the observations that indicated the Goal.	overall effectiveness of this Measurable
NA	
C. How many times was this observation measured or eva	
D. Has your MS4 made progress toward this measurable	(ex.: samples/participants/events, goal during this reporting period?
	● Yes O 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 the next reporting cycle (including an implementation	meet the goals of this MCM during
IT IS NOT LIKELY THAT THERE WILL BE ANY POST REPORTING PERIOD	CONSTRUCTION ACTIVITIES THIS

Nan	ne of MS4/Coalition Town of Union NYR20A050
	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?
1 b	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? O Yes No ONT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. O 09/2004 O 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.	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	O No Authority
O Stop Work Orders	#				O No Authority
O Criminal Actions	#				O No Authority
O Termination of Contracts	#		_		O No Authority
O Administrative Fines	#				O No Authority
O Civil Penalties	#		Ĩ		O No Authority
O Administrative Orders	#				O No Authority
O Enforcement Actions or Sanctions	#				
O Other	#				O No Authority

Nan	SPDES ID N Y R 2 0		
	Minimum Control Measure 4. Construction Site Stormwater Runo	ff Cont	<u>rol</u>
The	e 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 during this reporting period?	acre or n	o
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisdi	ction 0
3.	What percent of active construction sites were inspected during this reporting	period?	O NT
4.	What percent of active construction sites were inspected more than once?	1 0	O NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?	the NYS	S O NT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prevention (SWPPPs) of construction projects that are subject to MS4 review and approved the experimental experiments of the experimental experiments of the experimental experiments of the experimental experiments of the experiments of the experimental experiments of the experime	ntion Pla 11? O No	nns O NT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?	ailable fo	or O No
	If Yes, use the following page to identify location(s) where SWPPPs can be accesse	d.	

·	SPDES ID
Name of MS4/Coalition Town of Union	N Y R 2 0
6. con't.:	
Submit additional pages as needed.	
MS4/Coalition Office	
Department	*
Code Enforcement	
Address 3 1 1 1 E Main Street	
City	Zip
Endwell NY	1 3 7 6 0 -
Phone (6 0 7) 7 8 6 - 2 9 2 0	
O Library	
Address	
City	Zip
Phone	
(
O Other	
Address	, , , , , , , , , , , , , , , , , , ,
City	Zip
Phone /	
O Web Page URL(s): Please provide specific address where SWPPPs	can be accessed - not home page.
URL	, , , , , , , , , , , , , , , , , , ,
URL	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

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

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ches,
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				SPDES ID	
Name of MS4/Coalitio	Town of Union			N Y R	2 0 A 0 5 0
<u>Minimum</u>	Control Mea	asure 5. Post	-Constructio	on Stormwater I	<u>Management</u>
The information in t	his section is bei	ng reported (che	ck one):		
• On behalf of an in O On behalf of a coa How n		tributed to this	report?		
				nagement practices eporting period?	has your
		#	#	#Times	
044		Inventoried	Inspections	Maintained	
O Alternative Practic	ces				
O Filter Systems					
O Infiltration Basins					
O Open Channels					
Ponds		1 0	1 0		
O Wetlands					
O Other					
2. Do you use an BMPs, inspect			abase, spreadsl	heet) to track post-	-construction ● Yes O No
3. What types of Development/E		-		~	npact
Building Codes	• Municipal C	omprehensive P	lans		
O Overlay Districts	O Open Space	Preservation Pro	ogram		
O Zoning	O Local Law o	r Ordinance			
O None	Land Use Re	egulation/Zoning	<u>,</u>		
O Watershed Plans	O Other Comp	rehensive Plan			
O Other:					

		S	LDF	עוצי						
Nar	ne of MS4/Coalition Town of Union		1 7	/ R	2	0	A (0 5	5	0
4a.	. Are the MS4s contributing to this report involved in a regional/s	watershed	wie	de pl	ann	_	effo Yes		л С	Vo
4b.	. Does the MS4 have a banking and credit system for stormwater	managem	ent	pra	etie	-	103		<i>,</i>	10
						О	Yes	(1	40
4c.	Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a stor	-				t pr		e?	9 1	No
4d.	. How many stormwater management practices have been implen reporting period?	nented as	par	t of (this	sys(tem i	in tl	his]	į.
5,	What percent of municipal officials/MS4 staff responsible for pr training on Low Impace Development (LID), Better Site Design Infrastructure principles in this reporting period?	_	-				tten	ded	_	%

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

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?
(ex.: samples/participants/event
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?
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.

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID N Y R 2 0 A 0 6 4
Name of MS4/Coalition
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?
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 attorncy certification or using the NYSDEC Gap Analysis Workbook? O Yes O No NT
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. O 09/2004 O 03/2006 O NT
2. Does your MS4/Coalition have a SWPPP review procedure in place?
3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
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 O 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	O No Authority
O Stop Work Orders	#		O No Authority
O Criminal Actions	#]	O No Authority
O Termination of Contracts	#		O No Authority
 Administrative Fines 	#	1	O No Authority
O Civil Penalties	#		O No Authority
O Administrative Orders	#		O No Authority
O Enforcement Actions or Sanctions	#		
O Other	#	_	O No Authority

Nam	se of MS4/Coalition Town of Yestel SPDES ID N Y R 2	0 A 0	6 4
	Minimum Control Measure 4. Construction Site Stormwater Runo	ff Con	<u>trol</u>
The	information in this section is being reported (check one):		
• 0 0 0	on behalf of an individual MS4 on behalf of a coalition How many MS4s contributed to this report?	_	
	How many construction projects have been authorized for disturbances of one a during this reporting period?	acre or 1	more
	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisd	iction 3
3.	What percent of active construction sites were inspected during this reporting	period?	Т 3
4.	What percent of active construction sites were inspected more than once?	1 0	0 NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?	the NY	S ONT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prevention (SWPPPs) of construction projects that are subject to MS4 review and approved	ıl?	
	Yes If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?	O No ailable i O Yes	O NT for O No
	If Yes use the following page to identify location(s) where SWPPPs can be accessed	d.	

Name of MS4/Coalition Town of Vestal	N Y R 2 0 A 0 6 4
6. con't.:	
Submit additional pages as needed.	
O MS4/Coalition Office	
Department	
Address	
City	
Phone	
(
O Library Address	
Address	
City	Zip
]
Phone /	
(•
O Other	
Address	
City	<u> </u>
Phone	J
O Web Page URL(s): Please provide specific address where SWPP	es can be accessed - not home page.
URL	
URL	

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 SPDE	S ID blank.
SPDES ID	
Name of MS4/Coalition Town of Vestal 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 measurablidentified in your Stormwater Management Program Plan (SWMPP), including require III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in this repo	rting period.
all construction sites had SWPPP review and approvals	
B. Briefly summarize the observations that indicated the overall effectiveness of Goal.	this Measurable
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?
Ci 1101 many times time color factor invastred of optimized at out of out-	1 0
	samples/participants/eve
D. Has your MS4 made progress toward this measurable goal during this report	ing period? Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	
	Yes O No
F. Briefly summarize the stormwater activities planned to meet the goals of this the next reporting cycle (including an implementation schedule).	MCM during
keep reviewing SWPPP as needed	

SPDES ID

Name of MS4/Coalition	Town of Vestal			NY	R 2 0 A 0 6 4
Minimum (Control Meas	sure 5. Post	-Constructio	n Stormwate	er Management
The information in the	is section is being	g reported (chec	k one):		
On behalf of an indOn behalf of a coalHow m		ibuted to this 1	report?		
How many and a MS4/Coalition in					
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practice	es				
Filter Systems		1	1		
Infiltration Basins		1 4	1 4		
Open Channels		2	2		
• Ponds		1 1	1 1		
O Wetlands					
O Other					
2. Do you use an o BMPs, inspecti			ibase, spreads	heet) to track p	oost-construction • Yes O No
3. What types of a Development/B	·	-		•	w Impact
Building Codes	O Municipal Co	omprehensive P	lans		
O Overlay Districts	O Open Space I	Preservation Pro	ogram		
O Zoning	6 Local Law or	Ordinance			
O None	O Land Use Re	gulation/Zoning	3		
O Watershed Plans	O Other Compr	ehensive Plan			
Other:	ing Bo	ard			

	SPDES ID				
Nan	ne of MS4/Coalition Town of Vestal N Y R 2	0 A	0	6	4
4 n.	Are the MS4s contributing to this report involved in a regional/watershed wide plann	ing ef	Torti	,	
	The the has to contain and the topolit in total in a regional national and process	• Y			No
4Ъ.	Does the MS4 have a banking and credit system for stormwater management practice	es?			
		OY	es	•]	No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a protocol for e and approval of banking and credit of alternative siting of a stormwater management			i I	
		OY			No
4d.	How many stormwater management practices have been implemented as part of this	syster	n in	thi	s
	reporting period?			2	
5.	What percent of municipal officials/MS4 staff responsible for program implementation		ende	d	
	training on Low Impace Development (LID), Better Site Design (BSD) and other Gree Infrastructure principles in this reporting period?	en 	3	3	%
			<u> </u>		, 0

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

Name of MS4/Coalition Town of Vestal			N Y R 2 0 A 0 6 4
6. Evaluating Progress Toward Meas	surable Goals MCM	15	
Use this page to report on your progress identified in your Stormwater Managemottl.C.1. Submit additional pages as neede	ent Program Plan (S'		-
A. Briefly summarize the Measurable	Goal identified in	the SWMPI	P in this reporting period.
all past construction sites are inspected	yearly		
B. Briefly summarize the observation	s that indicated the	overall effe	ectiveness of this Measurable
no deficient items found			
C. How many times was this observat	tion measured or ev	aluated in f	his reporting period?
			2 8
			(ex.: samples/participants/e
D. Has your MS4 made progress towa	ard this measurable	goal durin	g this reporting period? • Yes O No
E. Is your MS4 on schedule to meet th	he deadline set fortl	n in the SW	MPP?
•			9 Yes O No
 F. Briefly summarize the stormwater the next reporting cycle (including 			goals of this MCM during
continue yearly inspections			
			}

This report is being submitted for the reporting period ending March 9, 2 0 1 4If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPD	ES	ID				_	
N			0	Α	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>Self-Assessment</u> <u>Operation/Activity/Fac</u> <u>performed within the pa</u>			
Operation/Activity/Facility	<u>Addressed in</u>		<u>years?</u>	0.11
Street Maintenance	• Yes		© 105	O No
Bridge Maintenance	• Yes		• Yes	O No
Winter Road Maintenance	● Yes		• Yes	O No
Salt Storage	• Yes		• Yes	O No
Solid Waste Management	• Yes		Yes	O No
New Municipal Construction and Land Disturba	nce • Yes		• Yes	O No
Right of Way Maintenance	• Yes	O No	Yes	O No
Marine Operations	O Yes	● No	O Yes	O No
Marine Operations	• Yes		• Yes	O No
Hydrologic Habitat Modification	• Yes	O No	• Yes	O No
Parks and Open Space	• Yes	O No	• Yes	O No
Municipal Building			● Yes	O No
Stormwater System Maintenance		O No		O No
Vehicle and Fleet Maintenance		O No		O No
Other			**********	

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 g	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
 Posticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numb times applied to the nearest tenth.) 	# Acres 4 7 7
3. How many stormwater management trainings have been providuring this reporting period?	ded to municipal employees
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 repo	orting period?
6. What percent of municipal employees in relevant positions and stormwater management training?	d departments receive

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

I lie tchott is being apprint		-	
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11 3410111111111111111111111111111111111			SPDES ID
DROOME COUNTY			N Y R 2 0 A 3 3 2
Name of MS4/Coalition BROOME COUNTY			

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 developing 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 O No

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

• Yes O 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.

This report is being submitted for the reporting period ending March 9, 2 0 1 4If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition BROOME COUNTY	N Y R 2 0 A 3 3 2
7. Evaluating Progress Toward Measurable Goals MC	
Jse this page to report on your progress and project plans t dentified in your Stormwater Management Program Plan (II.C.1. Submit additional pages as needed.	oward achieving measurable goals SWMPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in	n the SWMPP in this reporting period.
MEASUREABLE GOAL #6B is to clean and inspect 50 the MS4 boundary annually.	0% of catch basins and drop inlets within
B. Briefly summarize the observations that indicated t	he overall effectiveness of this Measurabl
Ci / impraction is accurring by County Highway Di	ivision each year, however, we do not have
confirmation whether 50% of structures as denoted in this	s bhat are actually being election and

during the upcoming reporting period. We are still in the process of analyzing field data collected in

(ex.: samples/participants/events)

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

Yes O No

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

2013 and developing usable maps of closed drainage.

Yes O 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

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

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	SPDES ID
Name of MS4/Coalition BROOME COUNTY	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 identified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed.	measurable goals ding requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWMPP i	n this reporting period.
MEASUREABLE GOAL #6C is to reduce chemical fertilizer, herbicide the MS4 boundaries.	and pesticide use within
B. Briefly summarize the observations that indicated the overall effect Goal.	
The goal to reduce usage of these products has been added to the County's progress has been made in this goal during the past recording period.	s SWMPP, so no specific
C. How many times was this obscrvation measured or evaluated in th	is reporting period? [Dec.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal during	
E. Is your MS4 on schedule to meet the deadline set forth in the SWN	● 162 ○ 140
F. Briefly summarize the stormwater activities planned to meet the g the next reporting cycle (including an implementation schedule).	oals of this MCM during
Activities planned for this year include documenting exactly where and hutilized in order to establish strategies to reduce usage.	now these products are being

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

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				S IE						
52.50.450 823	BROOME COUNTY	T I	ΙĮ	R	2	0	Α	3	3	2
Name of MS4/Coalition										

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 pe	riod	iod?		
C. 1x011 many amos was asset to		-	2	-

(ex.: samples/participants/events)

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

Yes O No

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

• Yes O 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.

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

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BROOME COUNTY Name of MS4/Coalition

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 obscrvation 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?

No

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

Yes O 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.

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

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SPDES ID

SPDES ID

Name of MS4/Coalition BROOME COUNTY	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 identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	l achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
MEASURABLE GOAL #6F is to maintain the County's exist established and to keep these plans current with any changes in	ing PBS/SPCC plans and training as state and/or federal regulations.
B. Briefly summarize the observations that indicated the over Goal.	
Existing SPCC plans have been reviewed for compliance with cand all staff training at each facility has been completed during the SPCC reports. During this reporting period 30 staff members.	
C. How many times was this observation measured or evaluation	nated in this reporting period? 3 0 (ex.: samples/participants/even
D. Has your MS4 made progress toward this measurable go	

- E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
- Yes O No
- F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cyclc (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.

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

II Submitting	g tins form as part of a Josse 11		SPDES ID
Name of MS4/Coalition	BROOME COUNTY		N Y R 2 0 A 3 3 2
	gress Toward Measurable Goals N		
identified in your St	ort on your progress and project plan ormwater Management Program Pla tional pages as needed.	ns toward achievi an (SWMPP), inc	ng measurable goals luding requirements in Part
A. Briefly summan	rize the Measurable Goal identifie	ed in the SWMPI	P in this reporting period.
and facilities within	iOAL #6G is to complete an updan the MS4 boundaries, to develop fall housekeeping criteria and develop tions within the County Government	specific programs	
Goal.	rize the observations that indicate		
houndary. We hav	nty facilities, 4 County parks, and 1 over developed draft, facility specific this reporting period.	County Golf Cou good housckeepir	rse located within the MS4 ng documents/plans for all bu
C. How many tim	nes was this observation measured	l or evaluated in	this reporting period? [1 6] (ex.: samples/participants/even
D. Has your MS4	4 made progress toward this meas	urable goal duri	
E. Is your MS4 o	on schedule to meet the deadline s	et forth in the SV	WMPP? ● Yes ○ No
the next repor	arize the stormwater activities plarting cycle (including an implement	mtation schedule	·
the 19 sites listed	will continue to develop and finalize above. It is the intent of the Count ing the 2014-2015 reporting period.	y to have these ee	keeping documents/plans for ompleted and fully

This report is being submitted for the reporting period ending March 9, |2|If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

If submitting this form as part of a Joint report on									
1 00000		PDE							
PROOME COUNTY	7 [N Y	R	2	0	Α	3	3	2
Name of MS4/Coalition BROOME COUNTY	. L			• –					

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/	/partici	pants/	events)

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

No

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

O No Yes

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.

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

	s form as part of a joint report on behalf of a coalition leave SPDES ID blank.
· ·	SPDES ID
Jame of MS4/Coalition BROO	N Y R 2 0 A 3 3 2
7. Evaluating Progress	Toward Measurable Goals MCM 6
Use this page to report or identified in your Stormv III.C.1. Submit additiona	n your progress and project plans toward achieving measurable goals water Management Program Plan (SWMPP), including requirements in Part all pages as needed.
A. Briefly summarize f	he Measurable Goal identified in the SWMPP in this reporting period.
building/facility identified	#61 is to complete a self-assessment every 3 years by each ed under goal #6G and then to use these assessments to evaluate established implement changes as needed.
B. Briefly summarize t	the observations that indicated the overall effectiveness of this Measurable
	t was completed during 2011-2012 reporting period. As the good

(ex.: samples/participants/events) D. Has your MS4 made progress toward this measurable goal during this reporting period?

O No Yes

1 6

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

O No Yes

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.

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 4 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

If Sublitating this form as part of a John 1-4	
Name of MS4/Coalition TIOGA COUNTY	SPDES ID NYR20A047
Minimum Control Measure 6. Stormwater Managem	ent 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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

Operation/Activity/Facility	<u>Addressed in</u>	n SWMP?	<u>vears?</u>	
Street Maintenance	● Yes	O No	Yes	O No
Bridge Maintenance	Yes	O No	Yes	O No
Winter Road Maintenance	• Yes	O No	Yes	O No
Salt Storage	Yes	O No	Yes	\bigcirc No
Solid Waste Management	• Yes	O No	Yes	O No
New Municipal Construction and Land Disturba		O No	Yes	O No
Right of Way Maintenance		O No	Yes	O No
Marine Operations		● No		No
Hydrologic Habitat Modification	~ **	• No		No
, .		• No		No
Parks and Open Space	- 37	O No		O No
Municipal Building	•••••	O No		O No
Stormwater System Maintenance	• Yes	O No		O No
Vehicle and Fleet Maintenance		• No		No
Other	0 105	- * * * * * * * * * * * * * * * * * * *	'	

This report is being submitted for the reporting period ending March $9\sqrt{2 \mid 0 \mid 1 \mid 4}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID				
Name of MS4/Coalition TIOGA COUNTY	N Y R 2	0 A	0	4	7
2. Provide the following information about municipal operations	good housekeep	oing p	rog	ram	ıs:
O Parking Lots Swept (Number of acres X Number of times swept)	# Acres				
O Streets Swept (Number of miles X Number of times swept)	# Miles				
● Catch Basins Inspected and Cleaned Where Necessary	#			5	5
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#				
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				
O Nitrogen Applied In Chemical Fertilizer	#Lbs.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numb times applied to the nearest tenth.)	# Acres [er of			_].[
3. How many stormwater management trainings have been providuring this reporting period?	ded to municip	al em	ploy	ees	1
4. What was the date of the last training?]/[
5. How many municipal employees have been trained in this repo	orting period?				
6. What percent of municipal employees in relevant positions and stormwater management training?	i departments r	eceive	e		%

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR2 TIOGA COUNTY Name of MS4/Coalition 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? O No E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No F. Briefly summarize the stormwater activities plauned 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.

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$ 4 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPI	ES	ID						
Name of MS4/Coalition City of Binghantton	N	Y	R	2	0	Α	3	4	1
Name of Wist Countries.									

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):		
• On behalf of an individual MS4		
On behalf of a coalition How many MS4s contributed to this report?		1

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

Self-Assessment
Operation/Activity/Facility
performed within the past 3

		<u> </u>	CCA ITECTION	THE PERCE
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>	· -
Street Maintenance	• Yes	O No	. • Yes	O No
Bridge Maintenance	O Yes	● No	O Yes	No
Winter Road Maintenance	• Yes	O No	, • Yes	O No
Salt Storage	• Yes	O No ,	. • Yes	O No
Solid Waste Management	O Yes	• No	, O Yes	No
New Municipal Construction and Land Disturb	ance • Yes	O No	Yes	O No
Right of Way Maintenance		• No	. O Yes	No
Marine Operations		● No	. O Yes	No
Hydrologic Habitat Modification	O Yes	• No		No
Parks and Open Space		O No	. • Yes	O No
Municipal Building		O No	• Yes	O No
Stormwater System Maintenance	********	O No		O No
Stormwater System Maintenance	• Yes	O No		O No
Vehicle and Fleet Maintenance	∩ ¥	• No		No
Other			••	

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.

	SPDES ID			
Name of MS4/Coalition City of Binghanuton	NYR2	0 A	3 4	1
2. Provide the following information about municipal operation	ions good housekeep	ing pro	ograi	ns:
• Parking Lots Swept (Number of acres X Number of times swep	t) # 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 N times applied to the nearest tenth.)	# Acres [lumber of		0].	.[0]
3. How many stormwater management trainings have been p	provided to municipa	al empl	loyee	s
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 position stormwater management training?	s and departments r	eceive	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 c	coalition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition City of Binghamton	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 a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	nchieving measurable goals P), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Provide training to all municipal employees whose operations impact of mowing/landscaping through the use of best manageme equipment maintenance / washing according to paln, to reduce impactions / waste material from impaction stormwater through properties. Continue street sweeping and catchbasin cleaning operations.	pact storm-water. Reduce the ent practices. Perform vehicle and apact of stormwater. Prevent coper use / storage / disposal
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
1248 miles of streets swept, and 1674 catchbasins cleaned during	reporting period.
C. How many times was this observation measured or evalua	
D. Has your MS4 made progress toward this measurable goa	(ex.: samples/participants/event l during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in	W Yes O No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sch	eet the goals of this MCM during edule).
Continue training as available. Continue the use of BMPs in mo Continue to use good house keeping procedures to reduce the immaintenance and washing.	owing/landscaping operations. apact of vehicle/equipment

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition	Town of Binghamton			N	Y	R	2 () A	0	0	9
Minimum Cont	rol Measure 6. S	Stormwater Mana	agement fo	r N	<u> (Lu</u>	<u>nici</u>	рa	<u>l O</u>	<u>oers</u>	atio	<u>ons</u>

The information in this section is being reported (check one):			
● On behalf of an individual MS4 ○ On behalf of a coalition	[1	
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/Coalitiou'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 doue already.

Self-Assessment Operation/Activity/Facility performed within the past 3 Operation/Activity/Facility Addressed in SWMP? years? ○ No • Yes Street Maintenance..... 9 Yes O No Bridge Maintenance.....

Yes ○ No • Yes O No ○ No • Yes O No Winter Road Maintenance.....

Yes ○ No • Yes Salt Storage..... O No ○ No • Yes O No Solid Waste Management..... 9 Yes ○ No • Yes O No New Municipal Construction and Land Disturbance..

Yes O No O Yes Right of Way Maintenance..... O Yes O No ○ No ○ Yes Marine Operations..... O Yes O No O No Hydrologic Habitat Modification..... 9 Yes ○ No • Yes Parks and Open Space..... ○ No • Yes O No ○ No • Yes O No Municipal Building.....

Yes ○ No • Yes O No Stormwater System Maintenance..... • Yes ○ No • Yes O No Vehicle and Fleet Maintenance..... 9 Yes \bigcirc No _____ \bigcirc Yes Other..... O Yes O No

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 \begin{bmatrix} 4 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID
Name of MS4/Coalition Town pof Binghamton	N Y R 2 0 A 0 0 9
2. Provide the following information about municipal operation	ons good housekeeping programs:
O Parking Lots Swept (Number of acres X Number of times swept) # Acres 2
O Streets Swept (Number of miles X Number of times swept)	# Miles 3 0
O Catch Basins Inspected and Cleaned Where Necessary	# 2 0 0
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	# O
O Phosphorus Applied In Chemical Fertilizer	# Lbs. 0
O Nitrogen Applied In Chemical Fertilizer	# Lbs. 0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Nutimes applied to the nearest tenth.)	# Acres 0.
3. How many stormwater management trainings have been producing this reporting period?	rovided to municipal employees
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 r	reporting period?
6. What percent of municipal employees in relevant positions stormwater management training?	and departments receive

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

Name of MS4/Coalition Town of Binghamt	lon	SPDES ID N Y R 2 0 A 0 0 9
7. Evaluating Progress Toward	d Measurable Goals MCM 6	
Use this page to report on your pridentified in your Stormwater Ma III.C.1. Submit additional pages a	magement Program Plan (SWM	l achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Meas	surable Goal identified in the	SWMPP in this reporting period.
Self assess municipal operations	and train personnel in procedur	res.
D. Dais Guaranteering the choose	mentions that indicated the over	arall offactiveness of this Measurable
Goal.	-vations that maleated the ove	erall effectiveness of this Measurable
self assessment has identified po	tential pollutants and training h	as promoted proper procedures.
	<u> </u>	
C. How many times was this of	bservation measured or evalua	ated in this reporting period?
D. Has your MS4 made progre	es toward this measurable gos	ex.: samples/participants/events. al during this reporting period?
D. Mas your Mist made progre	an town a this measurable Bos	● Yes ○ No
E. Is your MS4 on schedule to	meet the deadline set forth in	the SWMPP?
F. Briefly summarize the storm the next reporting cycle (inc	nwater activities planned to m cluding an implementation sch	● Yes ○ No neet the goals of this MCM during nedule).
Continue training and proper pro Implement capital improvement	ocedures.	

This report is being submitted for the reporting period ending March 9, 2 0 1 4If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition TJOWN OF DICKINSON		SPI N	PES ID Y R 2 0 A	A 1 4 3
Minimum Control Measure 6. Stormy	vater <u>M</u> ana	gement for <u>I</u>	Municipal (<u>)perations</u>
The information in this section is being reported (che	eck 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 Pollutants of Concern to the MS4 system. operation/facility has been addressed in the Program(SWMP) Plan and whether a self-reporting period. A self-assessment is perpotentially generated by the permittee's operfectiveness of existing programs and 3) that will he addressed by the pollution premot done already.	For each ope e MS4's/Coa -assessment l formed to: 1) perations and identify the 1	eration/facility lition's Stormy has been perfo determine the facilities; 2) e nunicipal oper	indicate whe water Managormed during sources of powaluate the rations and fa	ther the ement the ollutants cilities
		On	<u>Self-Assessi</u> eration/Act <u>ivi</u>	
			formed within	
Operation/Activity/Facility	Addressed i	<u>n SWMP?</u>	<u>years?</u>	
Street Maintenance	Yes	O No	🖲 Yes	O No
Bridge Maintenance	O Yes	● No	O Yes	No
Winter Road Maintenance		O No		O No
Salt Storage	• Yes	O No	• Yes	O No
Solid Waste Management	● Yes	O No		O No
New Municipal Construction and Land Disturba	ınce 🖲 Yes	○ No		O No
Right of Way Maintenance	Yes	O No		O No
Marine Operations		● No		• No
Hydrologic Habitat Modification		• No		• No
Parks and Open Space		O No		O No
Municipal Building	• Yes	O No	▼ Yes	O No

Stormwater System Maintenance.....

Yes

Vehicle and Fleet Maintenance....

Yes

Other..... O Yes

O No ● Yes

O No ● Yes

O No O Yes

O No

O_{No}

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.

	SPDES ID	
Name of MS4/Coalition TOWN OF DICKINSON	NYR2	0 A 1 4 3
2. Provide the following information about municipal operations	good housekeep	ing 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
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	# {	
Phosphorus Applied In Chemical Fertilizer	# Lbs.	
Nitrogen Applied In Chemical Fertilizer	# Lbs.	
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	# Acres er of	
3. How many stormwater management trainings have been provided uring this reporting period?	ded to municipa	l employees
4. What was the date of the last training?	12/01	/ 2 0 1 2
5. How many municipal employees have been trained in this repo	rting period?	7
6. What percent of municipal employees in relevant positions and stormwater management training?	l departments re	eceive

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

SPDES ID
Name of MS4/Coalition TJOWN OF DICKINSON 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 (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.
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/ 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 GET GOOD HOUSEKEEPING TRAINING ONCE A YEAR

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.

			SPI	DES	ID						
Name of MS4/Coalition	Town of Chenengo	ı	N	Y	R	2	0	A	1	2	7
Itanic of Mistreballion											

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/fa Pollutants of Concern to the MS4 syste operation/facility has been addressed i Program(SWMP) Plan and whether a reporting period. A self-assessment is potentially generated by the permittee effectiveness of existing programs and that will be addressed by the pollution not done already.	em. For each operation/faction the MS4's/Coalition's Store self-assessment has been preformed to: 1) determined to: 1) determined is operations and facilities; d 3) identify the municipal of	ility indicate whether the brmwater Management erformed during the ethe sources of pollutants 2) evaluate the operations and facilities
		Self-Assessment
		Operation/Activity/Facility
		performed within the past 3
Operation/Activity/Facility	Addressed in SWMP?	<u>years?</u>
Street Maintenance	■ Ves O No	Yes O No

			performed within	the past 3
Operation/Activity/Facility	<u>Addressed i</u>	n SWMP?	<u>years?</u>	
Street Maintenance	9 Yes	O No	• Yes	O No
Bridge Maintenance	O Yes	● No	O Yes	No
Winter Road Maintenance		O No	• Yes	O No
Salt Storage		O No	• Yes	O No
Solid Waste Management		● No	O Yes	No
New Municipal Construction and Land Disturbar		O No	O Yes	No
Right of Way Maintenance		O No	O Yes	No
Marine Operations	O Yes	• No	O Yes	No
Hydrologic Habitat Modification	O Yes	● No	O Yes	No
Parks and Open Space	● Yes	O No	O Yes	No
Municipal Building		O No	O Yes	No
Stormwater System Maintenance		O No	• Yes	O No
Vehicle and Fleet Maintenance		O No	O Yes	No
Other		● No	○ Yes	No

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID				
Name of MS4/Coalition Town of Chenengo	N Y R 2	0 A	1_	2	7
2. Provide the following information about municipal operations g	ood housekeep	oing p	rog	ran	18:
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
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				
O Nitrogen Applied In Chemical Fertilizer	# Lbs.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numbe times applied to the nearest tenth.)	# Acres [r of].	
3. How many stormwater management trainings have been provid	ed to municipa	al em	ploy	ees	ı
during this reporting period?					4
4. What was the date of the last training?	0 2 / 1 3] / [2	2 0	1	4
5. How many municipal employees have been trained in this repor	ting period?				0
6. What percent of municipal employees in relevant positions and stormwater management training?	departments r	eceive	e O	0	%

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

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 achievidentified in your Stormwater Management Program Plan (SWMPP), incl. III.C.1. Submit additional pages as needed.	-
A. Briefly summarize the Measurable Goal identified in the SWMP	P in this reporting period.
Continue to maintain a clean fleet, hydroseed exposed ares and ditches, sand application, as well as chemical applications (fertilizers, etc.). Staf	
B. Briefly summarize the observations that indicated the overall effo	ectiveness of this Measurable
No noticeable runoff problems noted or reported associated within muni	icipal facilities.
C. How many times was this observation measured or evaluated in t	1
D. Has your MS4 made progress toward this measurable goal durin	(ex.: samples/participants/events) g this reporting period?
	Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SW	MPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule).	goals of this MCM during
Continue to improve on staff training and log of imrovements. Possible recreation.	IPM programs for parks and

This report is being submitted for the reporting period ending March 9, 2 0 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		S	PDE	S ID						
Name of MS4/Coalition	Town of Conklin		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 (ch	neck one);			
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this 				
1. Choose/list each municipal operation/facility Pollutants of Concern to the MS4 system. operation/facility has been addressed in the Program(SWMP) Plan and whether a self-reporting period. A self-assessment is perpotentially generated by the permittee's of effectiveness of existing programs and 3) that will be addressed by the pollution pronot done already.	For each open to MS4's/Coafeassessment land to: 1) perations and identify the results.	eration/fac dition's Sto has been p determind I facilities; municipal d	ility indicate who orniwater Manag erformed during e the sources of p 2) evaluate the operations and fa	ether the ement the ollutants
			Self-Assess	ment
			Operation/Activi	
			performed within	the past 3
Operation/Activity/Facility	<u>Addressed i</u>	n SWMP?	<u>years?</u>	<u>-</u>
Street Maintenance	Yes	O No	9 Yes	O No
Bridge Maintenance	• Yes	O No	• Yes	O No
Winter Road Maintenance		O No	• Yes	O No
Salt Storage	• Yes	O No	• Yes	O No
Solid Waste Management		● No	O Yes	No
New Municipal Construction and Land Disturba		O No	• Yes	O No
Right of Way Maintenance	Yes	O No	Yes	O No

Right of Way Maintenance.....

Yes

Marine Operations..... O Yes

Hydrologic Habitat Modification..... O Yes

Parks and Open Space.....

Municipal Building.....

Yes

Stormwater System Maintenance..... • Yes

Vehicle and Fleet Maintenance.....

Yes

Other..... • Yes

No

No

O No

O No

O No

O No O No

• No O Yes

● No ○ Yes

O No _____ • Yes

O No ● Yes

O No • Yes

O No ● Yes

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.

	SPDES ID					
Name of MS4/Coalition Town of Conklin	N Y R	2	0 A	2	5	5
2. Provide the following information about municipal operations go	od housek	eepi	ing p	rog	ram	ıs:
● Parking Lots Swept (Number of acres X Number of times swept)	# Acı	es				3
• Streets Swept (Number of miles X Number of times swept)	# Mi	les [4	1
● Catch Basins Inspected and Cleaned Where Necessary		# [3	9
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 		# [1			3
O Phosphorus Applied In Chemical Fertilizer	# LI	s. [
O Nitrogen Applied In Chemical Fertilizer	# LI	s. [
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	# Acre	s [].[
3. How many stormwater management trainings have been provide	d to munic	cipa	l em	ploy	ees	
during this reporting period?		Į				3
4. What was the date of the last training?	0 2 / 1	2	1 2	2 0	1	4
5. How many municipal employees have been trained in this report	ing period	?				1
6. What percent of municipal employees in relevant positions and d stormwater management training?	epartment	s re	ceive	3	3	%

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 4 \end{bmatrix}$

Name of MS4/Coalition	Town of Conklin		N Y		5 5
7. Evaluating Pro	gress Toward Measurabl	e Goals MCM 6			
identified in your St	oort on your progress and progress and protormwater Management Protonal pages as needed.	roject plans toward ogram Plan (SWM	achieving meas PP), including re	urable goals equirements in P	'art
A. Briefly summai	rize the Measurable Goal	identified in the	SWMPP in this	reporting perio	od.
Measurable goal is	to reduce pollutants of cor	ncern through the u	se of good house	— ekeeping progra	ms.
B. Briefly summar Goal.	rize the observations that	indicated the over	rall effectivenes	ss of this Measu	ırable
There has been a do	ecrease in the incidents of	flooding due to cal	ch basin and cul	verts clogging.	
C. How many time	es was this observation m	neasured or evalu	ated in this repo	orting period?	1
				(ex.: samples/part	
D. Has your MS4	made progress toward th	nis measurable go	al during this re	eporting period Yes	? ○ No
E. Is your MS4 on	n schedule to meet the dea	adline set forth in	the SWMPP?	● Yes	○ No
F. Briefly summa the next report	rize the stormwater activ	ities planned to m	eet the goals of ledule).	this MCM dur	ing
Continue to evalua of concern.	ate good housekeeping prog	grams and impleme	ent new practices	s to reduce pollu	tants

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$ 4 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

			SPDES ID									
Name of MS4/Coalition	Village of Endicott	 -		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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

			pertormed within	ine pasi s
Operation/Activity/Facility	Addressed in	SWMP?	<u>vears?</u>	
Street Maintenance	🖲 Yes	O No	• Yes	O No
Bridge Maintenance	O Yes	● No	O Yes	No
Winter Road Maintenance	● Yes	O No	• Yes	O No
Salt Storage	• Yes	O No	• Yes	O No
Solid Waste Management		O No	• Yes	O No
New Municipal Construction and Land Disturba	nce 🖲 Yes	O No	• Yes	O No
Right of Way Maintenance	• Yes	O No	• Yes	O No
Marine Operations	O Yes	● No	Yes	No
Hydrologic Habitat Modification		● No	O Yes	No
Parks and Open Space	Yes	O No	Yes	O No
Municipal Building	• Yes	O No	• Yes	O No
Stormwater System Maintenance	• Yes	O No	• Yes	O No
Vehicle and Fleet Maintenance	• Yes	O No	• Yes	O No
Other	O Yes	O No	O Yes	O No

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.

	SPDES ID					
Name of MS4/Coalition Village of Endicott	N Y R 2	0	A	1	4	9
2. Provide the following information about municipal operations good	od housekeej	oing	pr	ogr	'am	ıs:
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
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#					
O Phosphorus Applied In Chemical Fertilizer	# Lbs.					
O Nitrogen Applied In Chemical Fertilizer	# Lbs.					
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres [of].[
3. How many stormwater management trainings have been provided	d to municip	al ei	npl	loy	ees	
during this reporting period?	_					2
4. What was the date of the last training?	3 / 0 4]/[2	0	1	4
5. How many municipal employees have been trained in this reporti	ng period?					2
6. What percent of municipal employees in relevant positions and do stormwater management training?	epartments i	ecei [ve	į	1	%

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 4$

SPDES ID N Y R 2 0 A 1 4 9
Name of MS4/Coalition Village of Endicott 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? (ex.: samples/participants/even) 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.

not done already.

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. Stormwate	er Managemen	t for Municipal Operations
The information in this section is being reported (check of	one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report 	ort?	
1. Choose/list each municipal operation/facility to Pollutants of Concern to the MS4 system. For operation/facility has been addressed in the M Program(SWMP) Plan and whether a self-ass	r each operation/f IS4's/Coalition's S	acility indicate whether the Stormwater Management

reporting period. A self-assessment is performed to: 1) determine the sources of pollutants

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

potentially generated by the permittee's operations and facilities; 2) evaluate the

Self-Assessment
Operation/Activity/Facility
performed within the past 3

		1	performed within the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>ycars?</u>
Street Maintenance	• Yes	O No	,
Bridge Maintenance	O Yes	● No	○ Yes • No
Winter Road Maintenance		○ No	● Yes ○ No
Salt Storage	• Yes	○ No	● Yes ○ No
Solid Waste Management		O No	● Yes ○ No
New Municipal Construction and Land Disturba	_	○ No	○ Yes • No
Right of Way Maintenance	• Yes	○ No	● Yes ○ No
Marine Operations		● No	○ Yes • No
Hydrologic Habitat Modification		● No	○ Yes • No
Parks and Open Space	Yes	O No	
Municipal Building		○ No	● Yes ○ No
Stormwater System Maintenance		O No	● Yes O No
Vehicle and Fleet Maintenance		O No	● Yes ○ No
Other	~ YZ	● No	○ Yes • No

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	N Y R 2 0 A 0 7 8
2. Provide the following information about municipal operation	ns 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	# 50
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	# 0
O Phosphorus Applied In Chemical Fertilizer	# Lbs. 0
O Nitrogen Applied In Chemical Fertilizer	# Lbs. 0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Nuttimes applied to the nearest tenth.)	mber of # Acres 0.0
3. How many stormwater management trainings have been produring this reporting period?	ovided to municipal employees
4. What was the date of the last training?	02/12/2014
5. How many municipal employees have been trained in this re	eporting period?
6. What percent of municipal employees in relevant positions a stormwater management training?	and departments receive

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

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 achie identified in your Stormwater Management Program Plan (SWMPP), in III.C.1. Submit additional pages as needed.	•
A. Briefly summarize the Measurable Goal identified in the SWMI	PP in this reporting period.
Annual Training of appropriate staff	
B. Briefly summarize the observations that indicated the overall ef Goal.	fectiveness of this Measurable
TBD	
C. How many times was this observation measured or evaluated in	this reporting period?
D. H	(ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goal duri	ing this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SV	WMPP?
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule)	•
Training associated with Good Housekeeping Practices and Illicit Disc Elimination	charge Detection and

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.

		SPE	ES	ID						
Name of MS4/Coalition	Village of Johnson City	N	Y	R	2	0	Α	1	0	1

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (cl	neck one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to thi 	s report?	
1. Choose/list each municipal operation/faci Pollutants of Concern to the MS4 system. operation/facility has been addressed in the Program(SWMP) Plan and whether a sel reporting period. A self-assessment is perpotentially generated by the permittee's of effectiveness of existing programs and 3) that will be addressed by the pollution prinot done already.	For each operation/fache MS4's/Coalition's Stone of the MS4's/Coalition's Stone of the MS4's/Coalition of the MS4's/Coalition of the MS4's of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Municipal of the Manicipal of the Manicipal of the MS4's/Coalition/Stone of the MS4's/Coalition of the MS4's/Coaliti	ility indicate whether the ormwater Management erformed during the the sources of pollutants 2) evaluate the operations and facilities
		Self-Assessment
		Operation/Activity/Facility
		performed within the past 3
Operation/Activity/Facility	Addressed in SWMP?	<u>years?</u>

			<u>performed within</u>	the past 3
Operation/Activity/Facility	Addressed i	n SWMP?	years?	
Street Maintenance	🖲 Yes	O No	• Yes	O No
Bridge Maintenance	O Yes	● No	O Yes	No
Winter Road Maintenance		O No	• Yes	O No
Salt Storage	• Yes	O No	• Yes	O No
Solid Waste Management	• Yes	O No	• Yes	O No
New Municipal Construction and Land Disturbat	nce 🖲 Yes	○ No	• Yes	O No
Right of Way Maintenance	• Yes	O No	• Yes	O No
Marine Operations	O Yes	● No	O Yes	No
Hydrologic Habitat Modification	O Yes	● No	O Yes	No
Parks and Open Space	• Yes	O No	• Yes	O No
Municipal Building	• Yes	O No	• Yes	O No
Stormwater System Maintenance	• Yes	O No	• Yes	O No
Vehicle and Fleet Maintenance		O No	• Yes	O No
Other	O Yes	O No	Yes	O No

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	N Y R 2	0 A 1	0 1
2. Provide the following information about municipal operation	ous good housekeep	ing prog	rams:
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
O Phosphorus Applied In Chemical Fertilizer	# Lbs.		
O Nitrogen Applied In Chemical Fertilizer	# Lbs.		
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Nu times applied to the nearest tenth.)	# Acres [mber of		
3. How many stormwater management trainings have been pr	ovided to municipa	l employ	/ees
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 r	eporting period?		2 5
6. What percent of municipal employees in relevant positions stormwater management training?	and departments r	eceive	0 %

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$

	SPDES ID
Name of MS4/Coalition Village of Johnson City	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 achieved identified in your Stormwater Management Program Plan (SWMPP), in III.C.1. Submit additional pages as needed.	ving measurable goals cluding requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWMF	PP in this reporting period.
The Village continues to train employees regarding municipal operation contribute POCs to the MS4 system.	ns that could possibly
B. Briefly summarize the observations that indicated the overall efficient.	fectiveness of this Measurable
During this reporting period the street sweeper was utilized 368 hours, 728 hours for cleaning catchbasins, the loader/backhoe were utilized 14 ditches and a total of 2256 manhours were utilized for this Measurable drainage markers were placed at catchbasins that state; "No Dumping I	14 hours for cleaning creeks & Goal. Also, 36 storm
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 duri	• • •
E. Is your MS4 on schedule to meet the deadline set forth in the SV	VMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planued to meet the the next reporting cycle (including an implementation schedule)	
The Village will continue to train employees responsible for municipal potentially contribute to the MS4 system. The Village will continue its sweeping, cathcbasin cleaning, creek/open ditch maintenance and instamarkers.	s operations of street

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		_	SPL	ES	ID						
Name of MS4/Coalition	Town of Kirkwood		N	Y	R	2	0	Α	0	7	2

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (ch	neck one):		
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this 	s report?		
1. Choose/list each municipal operation/facil Pollutants of Concern to the MS4 system. operation/facility has been addressed in the Program(SWMP) Plan and whether a self-reporting period. A self-assessment is perpotentially generated by the permittee's of effectiveness of existing programs and 3) that will be addressed by the pollution prinot done already.	For each open to the MS4's/Coaf-assessment formed to: 1) perations and identify the i	eration/faci dition's Sto has been pe determine l facilities; municipal d	lity indicate whether the rmwater Management erformed during the the sources of pollutants 2) evaluate the operations and facilities
			Self-Assessment
			Operation/Activity/Facility performed within the past 3
Operation/Activity/Facility	Addressed i	n SWMP?	years?
Street Maintenance			
Bridge Maintenance			
bridge ivialitenance	O 165	→ No	• Yes • No
Winter Road Maintenance	Tes	O NO	Tes ONO

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.

	SPDES ID					
Name of MS4/Coalition Town of Kirkwood	N Y R	2 0	A	0	7	2
2. Provide the following information about municipal operations go	od houseke	epin	g pr	ogı	ran	15:
● Parking Lots Swept (Number of acres X Number of times swept)	# Acre	s [5
• Streets Swept (Number of miles X Number of times swept)	# Mile	s 🗌			4	4
● Catch Basins Inspected and Cleaned Where Necessary	3	# [1	6	0
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	Ŧ	# [0
O Phosphorus Applied In Chemical Fertilizer	# Lbs					0
O Nitrogen Applied In Chemical Fertilizer	# Lbs	. [0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	# Acres of			_ (],[o	0
3. How many stormwater management trainings have been provide	d to munici	pa <u>l</u> e	nıp	loy	ees	
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 reporti	ng period?					3
6. What percent of municipal employees in relevant positions and destormwater management training?	epartments	rece	ive	0	0	%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 4 \end{vmatrix}$

Name of MSA/Coalition Town of Kirkwood	SPDES ID N Y R 2 0 A 0 7 2
Name of MS4/Coalition 10wn of Kirkwood	
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward ach identified in your Stormwater Management Program Plan (SWMPP), III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWN	MPP in this reporting period.
Measurable goal is to reduce pollutants of concern through the use of	f good housekeeping programs.
B. Briefly summarize the observations that indicated the overall Goal.	effectiveness of this Measurable
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?
C. How many times was this observation measured or evaluated	
	(ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goal du	ring this reporting period? ● Yes ○ No
To Tanana MCA an arbadala 4a masak 4ba das diina sak fandi in tha f	
E. Is your MS4 on schedule to meet the deadline set forth in the S	• Yes O No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedul	
Continue to evaluate good housekeeping programs and implement no of concern.	ew practices to reduce pollutants

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
Name of M54/Coantion		J		
Minimum Control Measure 6. Stormy	vater Mana	gement fo	or <u>Municipal (</u>	<u>Operations</u>
The information in this section is being reported (che	eck 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/faciling Pollutants of Concern to the MS4 system. operation/facility has been addressed in the Program(SWMP) Plan and whether a self-reporting period. A self-assessment is perpotentially generated by the permittee's operfectiveness of existing programs and 3) that will be addressed by the pollution premot done already.	For each ope e MS4's/Coa -assessment I formed to: 1) perations and identify the r	ration/faci lition's Stor nas been pe determine facilities; 2 nunicipal o	lity indicate who rmwater Manag rformed during the sources of p 2) evaluate the perations and fa	ether the ement the the ollutants
•			Self-Assess	ment
			Operation/Activi	
			performed within	the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years'</u>	<u>-</u>
Street Maintenance	Yes		• Yes	O No
Bridge Maintenance	● Yes		• Yes	O No
Winter Road Maintenance			• Yes	O No
Salt Storage	🖲 Yes	O No	■ Van	
Solid Waste Management		•	• Yes	O No
		● No	O Yes	O No O No
New Municipal Construction and Land Disturba	O Yes	● No ○ No	O Yes • Yes	O No O No O No
New Municipal Construction and Land Disturba	nce • Yes	• No O No O No	O Yes Yes Yes	O No O No O No O No
Right of Way Maintenance	O Yes	• No O No O No	O Yes	O No O No O No O No O No
	O Yes once • Yes • Yes O Yes	• No O No O No	O Yes Yes Yes O Yes	O No O No O No O No

O No • Yes

O No • Yes

O No • Yes

O No O Yes

O No

O No

O No O No

Municipal Building.....

Yes

Stormwater System Maintenance.....

Yes

Vehicle and Fleet Maintenance.....

Yes

Other..... O Yes

	SPDES ID				_
Name of MS4/Coalition Town of Owego	NYR2	0 A	0	7 !	9
2. Provide the following information about municipal operations g	ood housekeep	ing pr	ogra	ams	s:
O 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
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				
O Nitrogen Applied In Chemical Fertilizer	# Lbs.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numbe times applied to the nearest tenth.)	# Acres =].[
3. How many stormwater management trainings have been provide	led to municipa	al emp	loye	es	
during this reporting period?					2
4. What was the date of the last training?	02/12	/ 2	0	1	4
5. How many municipal employees have been trained in this report	rting period?				3
6. What percent of municipal employees in relevant positions and stormwater management training?	departments r	eceive	3	3	%

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$

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	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 achievi identified in your Stormwater Management Program Plan (SWMPP), inc III.C.1. Submit additional pages as needed.	ng measurable goals luding requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWMPI	P in this reporting period.
The BTSC hosted an IDDE and Good Housekeeping Training utilized coDVDs	oalition purchased training
B. Briefly summarize the observations that indicated the overall effections.	ectiveness of this Measurable
The Town of Owego will borrow the training DVDs to conduct in-house	e training
C. How many times was this observation measured or evaluated in t	
D. Has your MS4 made progress toward this measurable goal durin	tex.: samples/participants/even ng this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SW	MPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule).	goals of this MCM during
Continue to provide training to municipal employees through the Tioga Conservation District	County Soil and Water

This report is being submitted for the reporting period ending March 9, 2 0 1 4If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

			SPI	DES	ID						
Name of MS4/Coalition	VILLAGE OF PORT DICKINSON		N	Y	R	2	0	Α	0	8	0
Tunio of 1710 to control		•									

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

Minimum Coutrol Measure 6. Stormwater Management for Municipal Operations

The international actions are the graph of the control of the cont
 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.

Self-Assessment

Operation/Activity/Facility performed within the past 3 Addressed in SWMP? years? Operation/Activity/Facility O No • Yes Street Maintenance..... 9 Yes O No ● No ○ Yes Bridge Maintenance..... O Yes ● No ○ Yes Winter Road Maintenance..... O Yes No O No • Yes O No Salt Storage.....

Yes O No • Yes O No Solid Waste Management..... • Yes New Municipal Construction and Land Disturbance.. O Yes No ○ Yes No O No ● Yes O No Right of Way Maintenance..... 9 Yes Marine Operations..... O Yes ● No ○ Yes No ● No ○ Yes No Hydrologic Habitat Modification..... O Yes O No Yes O_{No} Parks and Open Space..... O No • Yes O No Municipal Building.....

Yes O No • Yes O No Stormwater System Maintenance..... • Yes O No ● Yes Vehicle and Fleet Maintenance.....

Yes O No O No O Yes O No Other..... O Yes

	SPDES ID	
Name of MS4/Coalition VILLAGE OF PORT DICKINSON	N Y R 2	0 8 0 A 0
2. Provide the following information about municipal operations goo	od housekeep	ing 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
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
O Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
O Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres of	4.
3. How many stormwater management trainings have been provided during this reporting period?	d to municips	al employees
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 reporti	ng period?	3
6. What percent of municipal employees in relevant positions and destormwater management training?	epartments r	eceive 1 0 0 %

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix}$ 1 4

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

SPDES ID
Name of MS4/Coalition VILLAGE OF PORT DICKINSON 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 SWEPT 2-5 TIMES EACH YEART; LEAVES ARE COLLECTED FROM DITCHES; ALL PARKING LOTS ARE SWEPT AND KEPT CLEAN; WE DO NOT USE CHEMICAL FERTERLIZER
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).
ALL EMPLOYEES ARE RECEIVING GOOD HOUSEKEEPING TRAING EACH YEAR.

not done already.

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]	N	YF	2	0	A (0 5	0]
Minimum Control Measure 6. Stormwater Manage	ment fo	<u>r N</u>	<u>lun</u>	<u>icip</u>	al (<u>Эре</u>	<u>rat</u>	tior	<u>1S</u>
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 contribute Pollutants of Concern to the MS4 system. For each operation/facility has been addressed in the MS4's/Coalitie Program(SWMP) Plan and whether a self-assessment has	tion/facili on's Stor	ity i mw	ndio ater	ate Ma	whe	ethe eme	r th nt		

reporting period. A self-assessment is performed to: 1) determine the sources of pollutants

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

potentially generated by the permittee's operations and facilities; 2) evaluate the

Self-Assessment
Operation/Activity/Facility
performed within the past 3

SPDES ID

		per	iormea within	tine hygra
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>	ı
Street Maintenance	🖲 Yes	O No	O Yes	No
Bridge Maintenance	O Yes	O No	O Yes	O No
Winter Road Maintenance		O No	O Yes	No
Salt Storage	🖲 Yes	O No	O Yes	No
Solid Waste Management		O No		No
New Municipal Construction and Land Disturba		O No	O Yes	No
Right of Way Maintenance	• Yes	O No	O Yes	No
Marine Operations	O Yes	O No	O Yes	O No
Hydrologic Habitat Modification		O No	O Yes	O No
Parks and Open Space		O No	O Yes	No
Municipal Building		O No	O Yes	No
Stormwater System Maintenance		O No	O Yes	No
Vehicle and Fleet Maintenance		O No	O Yes	No
Other	O 1/	O No		O No

Name of MS4/Coalition Town of Union	NYR20A050
2. Provide the following information about municipal operations	good housekeeping programs:
O 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	# 1300
O 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
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numb times applied to the nearest tenth.)	er of
3. How many stormwater management trainings have been providuring this reporting period?	ded to municipal employees
4. What was the date of the last training?	10/29/2013
5. How many municipal employees have been trained in this repo	orting period?
6. What percent of municipal employees in relevant positions and stormwater management training?	departments receive

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

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Increase staff training on BMP and self evaluations. Install storm dra	ain markers.
F. Briefly summarize the stormwater activities planned to meet t the next reporting cycle (including an implementation schedul	
E. Is your MS4 on schedule to meet the deadline set forth in the S	SWMPP? ○ Yes • No
D. Has your MS4 made progress toward this measurable goal du	ring this reporting period? ● Yes ○ No
	(ex.: samples/participants/events)
C. How many times was this observation measured or evaluated	in this reporting period?
Amount of c waste collected. Amount of roads swept and storm drain	ns cleaned
B. Briefly summarize the observations that indicated the overall Goal.	effectiveness of this Measurable
Provided ewaste collection and continue to participate in drug collect disposal at landfill. Continue to promote good housekeeping efforts	
A. Briefly summarize the Measurable Goal identified in the SWM	IPP in this reporting period.
Use this page to report on your progress and project plans toward ach identified in your Stormwater Management Program Plan (SWMPP), III.C.1. Submit additional pages as needed.	- ·
7. Evaluating Progress Toward Measurable Goals MCM 6	
Name of MS4/Coalition 10000 of October 10000 of MS4/Coalition 10000 of October 10000 of MS4/Coalition 10000 of MS4	N I R Z O R O S O
No. 15 A CALCALLER Town of Union	NYR20A050

Name of MS4/Coalition Town of Vestal	SPDES ID N Y R 2 0 A 0 6 4
Minimum Control Measure 6. Stormwater Man	nagement 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 con Pollutants of Concern to the MS4 system. For each of operation/facility has been addressed in the MS4's/Concern(SWMP) Plan and whether a self-assessment reporting period. A self-assessment is performed to potentially generated by the permittee's operations are effectiveness of existing programs and 3) identify the that will be addressed by the pollution prevention and not done already.	peration/facility indicate whether the palition's Stormwater Management thas been performed during the 1) determine the sources of pollutants and facilities; 2) evaluate the municipal operations and facilities
	<u>Self-Assessment</u> <u>Operation/Activity/Facility</u>
	performed within the past 3
	in SWMP? vears?
Street Maintenance	
Bridge Maintenance	***************************************
Winter Road Maintenance.	= //////////////////////////////////
Salt Storage	
Solid Waste Management Yes New Municipal Construction and Land Disturbance Yes	
1 to 1, 11 minute part of the and 2 minute part of the angle part	
ragic or maj maniconarovamentamentament	
Transaction of the state of the	
Tij di Ologio I mortat I i omi i od omi i i omi	
rano are open operentations	
Municipal Building	***************************************
Vehicle and Fleet Maintenance	

Name of MS4/Coalition Town of Vestal	NYR20A064
2. Provide the following information about municipal operation	ons good housekeeping programs:
O Parking Lots Swept (Number of acres X Number of times swept) # Acres 2
O Streets Swept (Number of miles X Number of times swept)	# Miles 4 0
O Catch Basins Inspected and Cleaned Where Necessary	# 1 5 0
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	# 2 8
O Phosphorus Applied In Chemical Fertilizer	#Lbs.
O Nitrogen Applied In Chemical Fertilizer	#Lbs.
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres
3. How many stormwater management trainings have been p during this reporting period?	rovided to municipal employees
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?
6. What percent of municipal employees in relevant positions stormwater management training?	and departments receive 3 3 %

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$ 4

If	submitting this	form as part of a	i joint report on	behalf of a coalit	ion leave SPDES	ID blank.
				 1	SPDES ID	
Name of MS4	1/Coalition Town o	[Vestal			NYR2	0 A 0 6 4
7. Evalua	ting Progress	Foward Meas	urable Goals	МСМ 6		
identified i		ater Manageme	ent Program Pl	ins toward achie an (SWMPP), ii		
A. Briefly	summarize th	e Measurable	Goal identifie	ed in the SWM1	PP in this repor	ting period.
The Town	of Vestal clea	is catch basins	each year and	also provides br	ush and leaf pic	k up
B. Briefly Goal.	summarize tl	e observation	s that indicate	ed the overall ef	fectiveness of t	his Measurable
	o clean catch b ater storms	isin has lessen	over the years	, especially with	elimination of s	and spreading
C. How n	nany times wa	this observat	ion measured	or evaluated in		period?
D. Has yo	our MS4 made	progress towa	ard this measi	ırable goal duri		
E. Is your	r MS4 on sche	dule to meet tl	ne deadline se	t forth in the S	WMPP?	Yes O No
				nned to meet th tation schedule		ACM during
continue t	o clean streets	and catch basin	18			
			•			

If N/A, go to question 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.

TIOGA CO			SPDES ID N Y R 2 0 A 0 4
me of MS4/Coalition TIOGA CO			
Additional Wate	rshed Improvemen	t Strategy Best Ma	nagement Practices
e information in this section	n is being reported (check	one):	
On behalf of an individual I	MS4		
On behalf of a coalition			
How many MC	4s contributed to this re	port?	
How many MS	45 Continuited to this re	port:	
IS4s must answer the qu	estions or check NA a		
MS4 Description	Answer	Check NA	(POC)
NYC EQII Watershed			Phosphorus
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 1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-u,6a,6b,9		-
Onondaga Lake Watershed	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Land Use Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,86,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	1,0,14 0,04,5	<u> </u>	<u> </u>
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	<u> </u>	-	Pethanana
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens 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	radiogens
Peconic Estuary		225696	Pathogens and Nitrogen
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b 2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Non-Traditional	1,4,7a-u,8a,9	-	-
Oscawana Lake Watershed Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments			
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	<u>Pathogens</u>
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	
			. , ,
1. Does your MS4/Coali	tion have an educatior	program addressing	impacts of
-hearh own/nitregen	pathogens on waterbo	dies?	O Yes O No •
pnospnorus/mirogen/	parnugens on water no	GIVU!	0 100 0 110
			- CITOD
2. Has 100% of the MS4	1/Coalition conveyance	e system been mapped	m GIS?
	•	= "	O Yes 🔎 No 🔘

If No, estimate what percentage of the conveyance system has been mapped so far.

Estimate what percentage was mapped in this reporting period.

		SPDES ID	- , , , , , , , , , , , , , , , , , , ,
Nan	ne of MS4/Coalition TIOGA COUNTY	N Y R 2	0 A 0 4 7
3.	Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	System (infrastructur Yes	re) Inspection O No O N/A
4.	Estimate the percentage of on-site wastewater treatment s and maintained or rehabilitated as necessary in this repor	ystems that have been ting period?	inspected %
5.	Has your MS4/Coalition developed a program that provid NYSDEC SPDES General Permit for Stormwater Dischar (GP-0-08-001) to reduce pollutants in stormwater runoff f disturb five thousand square feet or more?	rges from Constructio	II ACHVING
6.	Has your MS4/Coalition developed a program to address runoff from new development and redevelopment project equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Act the New York State Stormwater Design Manual Enhance Standards?	is that disturb greater he NYS DEC SPDES (tivities (GP-0-08-001)	than or General , including
7a	a. Does your MS4/Coalition have a retrofitting program to phosphorus/nitrogen/pathogen loading?	reduce erosion or O Yes	O No • N/A
71	b. How many projects have been sited in this reporting peri	od?	0
70	c. What percent of the projects included in 7b have been co	mpleted in this repor	ting period?
70	d. What percent of projects planned in previous years have		\(\) \%
		• No	Projects Planned
8	a. Has your MS4/Coalition developed and implemented a tu procedures policy that addresses proper fertilizer applica- lands?	urf management pract ation on municipally o O Yes)W Heu
8	b. Has your MS4/Coalition developed and implemented a to procedures policy that addresses proper disposal of gras municipally owned lands?	urf management prac s clippings and leaves ○ Yes	HOM

	PDES ID I Y R 2	0 A 0	4 7
9. Has your MS4/Coalition developed and implemented a program of n	ative plan	ting? ○ No	• N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste or prohibiting goose feeding?	n municipa ○ Yes	l prope O No	rties and ● N/A
11. Does your MS4/Coalition have a pet waste bag program?	O Yes	O No	• N/A
12. Does your MS4/Coalition have a program to manage goose populations?	O Yes	O No	• N/A

Oscawana Lake Watershed

LI 27 Enibayments

Traditional Land Use

Traditional Land Use

Non-Traditional

Non-Traditional

Traditional Non-Land Use

Traditional Non-Land Use

1,4,6,7a-d,8a,9

1,4,6,7a-d,8a,9

1,4,6,7a-d,8a,9

1.2.3,4.7a-d,9

1,2,3,4,7a-d,9,10,11,12

1,2,3,4,7a-d,9,10,11,12

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Phosphorus

Phosphorus

Phosphorus

Pathogens

Pathogens

Pathogens

ne of MS4/Coalition City of Bin	glamion		N Y R 2 0 A 3 4
Additional Water	rshed Improvemen	t Strategy Best Man	agement Practices
e information in this section	ı is being reported (check	one):	
On behalf of an individual M On behalf of a coalition How many MS S4s must answer the qu	4s contributed to this re		below.
MS4 Description	Auswer	Check NA	(POC)
NYC EOH Watershed		_	<u> </u>
Traditional Land Use	1,2,3,4,5,6,7a·d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1.2.77a-d.8a.8b.9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,86,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	<u> </u>	
	 		
	1 1.4.6.7a-d.8a.9	2,3,5,8b,10,11, <u>12</u>	Phosphorus
	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9		
Traditional Non-Land Use Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus Phosphorus
Traditional Non-Land Use Non-Traditional Oyster Bay	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus Phosphorus Pathogens
Traditional Non-Land Use Non-Traditional Oyster Bay Traditional Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 2,3,5,6,8a,8b 2,3,5,6,8a,8b	Phosphorus Phosphorus Pathogens Pathogens
Traditional Non-Land Use Non-Traditional Oyster Bay Traditional Land Use Traditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 - 1,4,7a-d,9,10,11,12	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 - 2,3,5,6,8a,8b	Phosphorus Phosphorus Pathogens
Traditional Non-Land Use Non-Traditional Oyster Bay Traditional Land Use Traditional Non-Land Use Non-Traditional	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 - 1,4,7a-d,9,10,11,12 1,4,7a-d,9,10,11,12	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 2,3,5,6,8a,8b 2,3,5,6,8a,8b	Phosphorus Phosphorus Pathogens Pathogens Pathogens
Traditional Non-Land Use Non-Traditional Oyster Bay Traditional Land Use Traditional Non-Land Use Non-Traditional Peconic Estuary	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 - 1,4,7a-d,9,10,11,12 1,4,7a-d,9,10,11,12	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 	Phosphorus Phosphorus Pathogens Pathogens Pathogens Pathogens
Oyster Bay Traditional Land Use Traditional Non-Land Use Non-Traditional	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 - 2,3,5,6,8a,8b 2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12	Phosphorus Phosphorus Pathogens Pathogens Pathogens

1.	Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? • Yes	O No	O N/A
2.	Has 100% of the MS4/Coalition conveyance system been mapped in GIS? ● Yes	O No	O 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.		

2,3,5,8b,10,11,12

2,3,5,8b,10,11,12

2,3,5,8b,10,11,12

5,6,8a,8b,10,11,12

5,6,8a,8b

5,6,8a,8b

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 & 4 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Nai	me 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 and Maintenance Plan Program?	ee System (infrastructu • Yes	re) Inspe	ection O N/A
4.	Estimate the percentage of on-site wastewater treatment and maintained or rehabilitated as necessary in this repo	systems that have bee orting period?	n inspect	
5.	Has your MS4/Coalition developed a program that provi NYSDEC SPDES General Permit for Stormwater Discha (GP-0-08-001) to reduce pollutants in stormwater runoff disturb five thousand square feet or more?	arges from Constructi	on Activi	ities
6.	Has your MS4/Coalition developed a program to address runoff from new development and redevelopment project equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Act the New York State Stormwater Design Manual Enhance Standards?	cts that disturb greater the NYS DEC SPDES .ctivities (GP-0-08-001)	r than or General , includi	
7a	a. Does your MS4/Coalition have a retrofitting program to phosphorus/nitrogen/pathogen loading?	reduce erosion or O Yes	• No	O N/A
7 <u>}</u>	b.How many projects have been sited in this reporting per	riod?	[0
	c. What percent of the projects included in 7b have been co		ting peri	od?
,	a. What percent of projects provided in providing y		Projects	
8	a. Has your MS4/Coalition developed and implemented a t procedures policy that addresses proper fertilizer applic lands?	turf management prac cation on municipally (O Yes	owned	O N/A
81	b. Has your MS4/Coalition developed and implemented a t procedures policy that addresses proper disposal of gras municipally owned lands?	turf management prac ss clippings and leaves • Yes	tices and from O No	 O n/a

Name of MS4/Coalition City of Binghamton	SPDES ID N Y R 2	0 A 3	3 4 1
9. Has your MS4/Coalition developed and implemented a program of	native plan • Yes	ting?	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste oprohibiting goose feeding?	on municipa O Yes	l prope • No	rties and O N/A
11. Does your MS4/Coalition have a pet waste bag program?	O Yes	• No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	O Yes	• No	O N/A

ii saomining nilo to	nn as part of a joint repo	ri on behalf of a coalition	leave SPDES ID blank.
Name of MS4/Coalition Town of Bi	inghantton		SPDES ID N Y R 2 0
Additional Water	rshed Improvemen	nt Strategy Best Ma	nagement Practices
The information in this section	is being reported (check	c one):	
 On behalf of an individual M On behalf of a coalition How many MS 	484 As contributed to this re	eport? 1	
MS4s must answer the que	estions or check NA a	s indicated in the table	below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus Phosphorus
Traditional Non-Land Use Non-Traditional	1,2,3,4,7a-d,8a,8b,9 1,2,77a-d,8a,8b,9	5,10,11,12 3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	1,2,774-0,04,00,7		•
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 <u>,7</u> a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Traditional Land Use Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Non-Imditional	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Oyster Bay	14/10/1/2010	•	
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	2,3,4,5,80,86,10,11,12	Pathogens
Peconic Estuary	1.47-10-0101112	225691	Pathogens and Nitrogen
Traditional Land Use Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b 2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-		
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
L1 27 Embayments	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Land Use 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

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix} \begin{bmatrix} 4 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPDES ID		
Na	me of MS4/Coalition Town of Binghanston	NYR2	0 A	0 0 9
3.	Does your MS4/Coalition have a Stormwater Conveyance S and Maintenance Plan Program?	System (infrastructu ○ Yes	re) Insp O No	oection
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report		n inspec	eted%
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff fr disturb five thousand square feet or more?	ges from Construction	on Activ	ities/
6.	Has your MS4/Coalition developed a program to address prunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Actithe New York State Stormwater Design Manual Enhanced Standards?	that disturb greater NYS DEC SPDES (vities (GP-0-08-001)	than or General , includ	r l
7a	Does your MS4/Coalition have a retrofitting program to re phosphorus/nitrogen/pathogen loading?	duce erosion or O Yes	O No	O N/A
7b	.How many projects have been sited in this reporting period	1?		
	. What percent of the projects included in 7b have been com		ing peri	iod?
7d	.What percent of projects planned in previous years have be		Projects	%
8a	Has your MS4/Coalition developed and implemented a turiprocedures policy that addresses proper fertilizer application lands?	management pract	ices and	
8b	.Has your MS4/Coalition developed and implemented a turi procedures policy that addresses proper disposal of grass c municipally owned lands?			I On/a

	_		—
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 blani	κ.
	SPDES ID	, , , , =	
Name of MS4/Coalition	NYR2	0	
9. Has your MS4/Coalition developed and implemented a program of	native plan	ting?	
y, and jour his westment to only in the second	O Yes	O No	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste	n municipa	l prope	rties and
prohibiting goose feeding?	O Yes		O N/A
11. Does your MS4/Coalition have a pet waste bag program?	O Yes	O No	O N/A
12. Does your MS4/Coalition have a program to manage goose	O.V	O No	O N/A
populations?	O Yes	O No	O N/A

	enton		SPDES ID N Y R 2 0 A 0 7 8
Additional Water	rshed Improvemen	nt Strategy Best Ma	anagement Practices
The information in this section	is haing reported (about	k one)	
 On behalf of an individual N On behalf of a coalition 	_ ,	k Onej.	
	4s contributed to this re	eport?	
MS4s must answer the que	estions or check NA a	s indicated in the tabl	e below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed			
Traditional Land Use Traditional Non-Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Non-Traditional	1,2,3,4,7a-d,8a,8b,9 1,2,77a-d,8a,8b,9	5,10,11,12 3,4,5,10,11,12	Phosphorus Phosphorus
Onondaga Lake Watershed	-	•	
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use Non-Traditional	1,6,7a-d,8a,9 1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus
Greenwood Lake Watershed	1,0,78-0,08,7	2,5,4,5,80,10,11,12	racspiotus
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 Oyster Bay	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed			
Traditional Land Use Traditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Li 27 Embayments	1		
	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Land Use Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens (

		SPDES ID		
Na	me of MS4/Coalition Town of Fenton	NYR2	0 A 0	7 8
3.	Does your MS4/Coalition have a Stormwater Conveyance S and Maintenance Plan Program?	System (infrastructu ● Yes	· -	tion N/A
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report		r)) %
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff for disturb five thousand square feet or more?	ges from Construction	on Activitie ivities that	
6.	Has your MS4/Coalition developed a program to address prunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Acti the New York State Stormwater Design Manual Enhanced Standards?	that disturb greates NYS DEC SPDES vities (GP-0-08-001)	than or General , including al	; > N/A
7a	. Does your MS4/Coalition have a retrofitting program to rephosphorus/nitrogen/pathogen loading?	educe erosion or ○ Yes	♦ No C	N/A
7Ŀ	.How many projects have been sited in this reporting period	d?		0
7¢	. What percent of the projects included in 7b have been com	pleted in this repor		!? 0 %
7 d	. What percent of projects planned in previous years have b	-		%
		• No	Projects Pl	anned
88	.Has your MS4/Coalition developed and implemented a tur procedures policy that addresses proper fertilizer applicat lands?	ion on municipally o) N/A
8l	.Has your MS4/Coalition developed and implemented a tur procedures policy that addresses proper disposal of grass	clippings and leaves	from	\ \ ! !!
	municipally owned lands?	● Yes	\bigcirc No \bigcirc) N/A

Name of MS4/Coalition Town of Fenton	NYR2	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 prohibiting goose feeding?	-		rties and O N/A				
11. Does your MS4/Coalition have a pet waste bag program?	Yes	O No	O N/A				
12. Does your MS4/Coalition have a program to manage goose populations?	O Yes	• No	O N/A				

MS4 Annual Report Form

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

Name of MS4/Coalition Town of Union		
shed Improvemen	t Strategy Best Mai	nagement Practices
is being reported (check	cone):	
1 S4		
is contributed to this re	eport?	
5 COMMICA CO CINE 10	,po.t. (
stions or check NA a	s indicated in the table	below.
Answer	Check NA	(POC)
	-	
		Phosphorus
		Phosphorus Phosphorus
1,2,77a-d,8a,8b,9	3,4,3,10,11,12	
1670 482 9	2 3 4 5 8 5 10 11 12	Phosphorus
		Phosphorus
		Phosphorus
1,0,74-0,04,7		
1.4.6.7a-d.8a.9	2,3,5,8b,10,11,12	Phosphorus
	2,3,5,86,10,11,12	Phosphorus
1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
		<u> </u>
1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
1,4,7a-d,9,10,11,12		Pathogens
1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
<u> </u>	<u> </u>	
		Pathogens and Nitrogen
		Pathogens and Nitrogen
1,4,7a-d,8a,9	2,3,4,5,86,10,11,12	Pathogens and Nitragen
-	22595101112	Phosphorus
		Phosphorus
		Phosphorus
1,4,0,7a-0,6a,7	, 2,3,3,00,10,11,12	· · · · ·
1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
	5,6,8a,8b	Pathogens
1,2,3,4,7a·d,9,10,11,12	3,0,00,00	Pathogens
	is being reported (check IS4 s contributed to this restions or check NA at Answer 1,2,3,4,5,6,7a-d,8a,8b,9 1,2,3,4,7a-d,8a,8b,9 1,2,77a-d,8a,8b,9 1,6,7a-d,8a,9 1,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	Stions or check NA as indicated in the table Answer Check NA 1,2,3,4,5,6,7a-d,8a,8b,9 10,11,12 1,2,77a-d,8a,8b,9 5,10,11,12 1,6,7a-d,8a,9 2,3,4,5,8b,10,11,12 1,6,7a-d,8a,9 2,3,4,5,8b,10,11,12 1,6,7a-d,8a,9 2,3,4,5,8b,10,11,12 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 1,4,7a-d,9,10,11,12 2,3,5,6,8a,8b 1,4,7a-d,9 2,3,4,5,8a,8b,10,11,12 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8a,8b 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8b 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8b 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8b 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8b 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8b 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8b 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8b 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8b 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8b 1,4,7a-d,8a,9 2,3,5,8b,10,11,12 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12

Estimate what percentage was mapped in this reporting period.

		SPD	ES ID		
Nar	me of MS4/Coalition Town of Union	1	\neg	0 A 0	5 0
3.	Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	System (infra	estructur O Yes	e) Inspo No	ection O N/A
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report	ystems that h ting period?	ave bçen	inspect	ed %
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Dischar (GP-0-08-001) to reduce pollutants in stormwater runoff for disturb five thousand square feet or more?	ges from Cor	nstructio	n Activi	ities
6.	Has your MS4/Coalition developed a program to address prunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Act the New York State Stormwater Design Manual Enhanced Standards?	that disturb e NYS DEC : ivities (GP-0-	greater SPDES (-08-001),	than or Seneral inclndi	
7a	. Does your MS4/Coalition have a retrofitting program to re phosphorus/nitrogen/pathogen loading?	cduce erosioi	or O Yes	O No	O N/A
7 b	.How many projects have been sited in this reporting perio	d?			
7c. What percent of the projects included in 7b have been completed in this reporting period?					
7d	I. What percent of projects planned in previous years have b	oeen complet	ed?		\
			O No	Projects	Planned
8 a	n.Has your MS4/Coalitiou developed and implemented a tur procedures policy that addresses proper fertilizer applicate lands?	·f manageme tion on muni	cipally o	ces and wned O No	o n/a
81:	o. Has your MS4/Coalition developed and implemented a turprocedures policy that addresses proper disposal of grass municipally owned lands?	rf manageme clippings and	ent practed d leaves t O Yes	ices and from O No	O N/A

Name of MS4/Conlition Town of Union	N Y R 2	0	
9. Has your MS4/Coalition developed and implemented a program of			O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?	_	_	rties and O N/A
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	O No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	O Yes	● No	O N/A