



May 31, 2023

NYSDEC
Bureau of Water Permits
625 Broadway, 4th Floor
Albany, NY 12233-3505

Attn: Ethan Sullivan, MS4 Permit Coordinator

Re: **Ontario-Wayne Stormwater Coalition 2022-2023**
Joint MS4 Annual Report SPDES General Permit GP-0-15-003

2289-23

Dear Ethan:

Please accept the following 2022-2023 Joint MS4 Annual Report on behalf of the Ontario-Wayne Stormwater Coalition. The report is being submitted in compliance with the requirements of the SPDES General Permit GP-0-15-003 on behalf of eight (8) MS4 members (Town of Farmington, Town of Macedon, Ontario County Highway Department, Town of Ontario, Town of Victor, Village of Victor, Town of Walworth, and Wayne County Highway Department).

The attached report includes a Municipal Compliance Certification Form with the signature page for each of the eight (8) MS4s.

The Draft 2022-2023 Joint MS4 Annual Report was posted on the Ontario-Wayne Stormwater Coalition website on May 2, 2023, and as of today, the Coalition has not received any public comments on the Joint Annual Report. One comment was received by the Town of Macedon for their Individual Report and has been included at the end of this report. The Final 2022-2023 Joint MS4 Annual Report will be posted on the Ontario-Wayne Stormwater Coalition website where it will remain indefinitely.

Should you have any questions regarding this submission, please contact us at 585-377-7360 ext. 133, or email at kboyd@bmepc.com.

Sincerely,
BME Associates

Kimberly Boyd, CFM, CPESC, CPSWQ, CPMSM

/KB

Enclosure

c: Luke Scannell; NYSDEC, Region 8 (via email)

Ontario-Wayne Stormwater Coalition 2022-2023 Joint MS4 Annual Report

Submitted to

NYS DEC MS4 Coordinator
Bureau of Water Permits
Albany, NY

In Compliance with the Requirements of
SPDES General Permit
GP-0-15-003

Prepared for:
**The Ontario-Wayne
Stormwater Coalition**

Prepared by:

BME | ASSOCIATES
ENGINEERS • SURVEYORS • LANDSCAPE ARCHITECTS

10 LIFT BRIDGE LANE EAST
FAIRPORT, NEW YORK 14450

May 31, 2023

#2289-23

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

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OR

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

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

Name of Coalition

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MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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Section 2 - Contact Information

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

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

For each contact, select all that apply:

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

First Name

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Town of Farmington

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Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

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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

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Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID
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Section 4 - Certification Statement

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

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

First Name MI Last Name

Title (Clearly print title of individual signing report)

Signature


Date
03 / 23 / 2023

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

Submit Form

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip -

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip -

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

Town of Macedon

SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

K	i	m	b	e	r	l	y								
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 MI

D

 Last Name

B	o	y	d												
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Title

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Address

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City

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 State

N	Y
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 Zip

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eMail

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Phone

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 County

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MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4

SPDES ID
N Y R 2 0 A 3 9 1

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable
N Y R 2 0

Address

City

State

Zip

eMail

Phone

() -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

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

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

N	Y	R	2	0	A	3	9	1
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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	MI	Last Name
K I M	V	L E O N A R D

Title (Clearly print title of individual signing report)

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

Signature

Kim V Leonard Digitally signed by Kim V Leonard
Date: 2023.05.18 13:01:40 -04'00'

Date

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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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

O	n	t	a	r	i	o		H	i	g	w	a	y		D	e	p	a	r	t	m	e	n	t
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o		-		W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																							

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

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Name of MS4

ONTARIO COUNTY HIGHWAY DEPARTMENT																			
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SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- Duly Authorized Representative [Ontario County Board of Supervisors Resolution No. 334-2010](#)
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name

W	I	L	L	I	A	M											
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Last Name

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Title

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Address

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City

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State

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Zip

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Phone

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 ONTARIO COUNTY HIGHWAY DEPARTMENT

SPDES ID

N Y R 2 0 A 4 0 0

Section 2 - Contact Information

Important Instructions - Please Read

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

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual...
2. Duly Authorized Representative...
3. The Local Stormwater Public Contact...
4. The Stormwater Management Program (SWMP) Coordinator...
5. Report Preparer...
A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual.

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

For each contact, select all that apply:
Principal Executive Officer/Chief Elected Official
Duly Authorized Representative
Local Stormwater Public Contact
Stormwater Management Program (SWMP) Coordinator
Report Preparer

First Name: TIMOTHY MI: G Last Name: MCELLEGGOTT

Title: DEPARTMENT COMMISSIONER OF PUBLIC WORKS

Address: 2962 COUNTY ROAD 48

City: CANANDAIGUA State: NY Zip: 14424-9553

eMail: TIMOTHY.MCELLEGGOTT@ONTARIOCOUNTY.NY

Phone: (585) 393-2999 County: ONTARIO

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Ontario County Highway Department

SPDES ID

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Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r				
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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

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City

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State

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Zip

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Phone

(585) 396 - 1450

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1

P	u	b	l	i	c		E	d	u	c	a	t	i	o	n		&		O	u	t	r	e	a	c	h				
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- MM2

P	u	b	.		I	n	v	o	l	v	e	m	e	n	t	/	P	a	r	t	i	c	i	p	a	t	i	o	n		
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- MM4

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- MM5

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- MM6

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Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

ONTARIO COUNTY HIGHWAY DEPARTMENT

SPDES ID

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Section 4 - Certification Statement

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

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

First Name

W	I	L	L	I	A	M													
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C

 Last Name

W	R	I	G	H	T														
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Title (Clearly print title of individual signing report)

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

Wright, Bill C	<small>Digitally signed by Wright, Bill C Date: 2023.04.04 08:45:52 -04'00'</small>
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Date

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0	4
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2	0	2	3
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The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

Town of Ontario

SPDES ID

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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r			
C	o	a	l	i	t	i	o	n																						

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

T	o	w	n	o	f	O	n	t	a	r	i	o
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SPDES ID

N	Y	R	2	0	A	0	9	8
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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name	MI	Last Name
F r a n k		R o b u s t o
Title		
T o w n S u p e r v i s o r		
Address		
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City	State	Zip
O n t a r i o	N Y	1 4 5 1 9 -
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Phone	County	
(3 1 5) 5 2 4 - 7 1 0 5 x100	W a y n e	

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

MI

Last Name

Title

Address

City

State

Zip

eMail

Phone

County

MS4 Municipal Compliance Certification (MCC) FormMCC form for period ending March 9, Name of MS4

SPDES ID

 Section 3 - Partner InformationDid your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

 -

eMail

Phone

 -

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 ● MM2 ● MM3 ● MM4 ● MM5 ● MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

SPDES ID

N	Y	R	2	0	A	0	9	8
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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

F	R	A	N	K										
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MI

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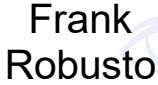
Last Name

R	O	B	U	S	T	O								
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Title (Clearly print title of individual signing report)

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



Digitally signed by Frank Robusto
DN: cn=Frank Robusto, c=US,
o=Town of Ontario, ou=Town
Government,
email=supervisor@ontariotown.org
Date: 2023.05.02 08:14:25 -04'00'

Date

	5	/		2	/	2	0	2	3
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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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

T	o	w	n	o	f	V	i	c	t	o	r
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SPDES ID

N	Y	R	2	0	A	2	4	9
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r				
C	o	a	l	i	t	i	o	n																							

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

N	Y	R	2	0	A	2	4	9
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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip -

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

T	o	w	n	o	f	V	i	c	t	o	r
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SPDES ID

N	Y	R	2	0	A	2	4	9
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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

K	e	i	t	h															
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 MI

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 Last Name

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Title

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Address

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City

V	i	c	t	o	r																																	
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 State

N	Y
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 Zip

1	4	5	6	4
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eMail

k	m	a	y	n	a	r	d	@	t	o	w	n	-	v	i	c	t	o	r	-	n	y	.	u	s																
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Phone

(5	8	5)		7	4	2	-	5	0	3	5
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 County

O	n	t	a	r	i	o														
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MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4

SPDES ID
N Y R 2 0 A 2 4 9

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

T h e O n t a r i o - W a y n e S t o r m w a t e r

Partner/Coalition Name (con't.)

C o a l i t i o n

SPDES Partner ID - If applicable
N Y R 2 0

Address

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

City

C a n a n d a i g u a

State

N Y

Zip

1 4 4 2 4 -

eMail

O n t s w c d 1 @ r o c h e s t e r . r r . c o m

Phone

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

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1 P u b l i c E d u c a t i o n & O u t r e a c h
- MM2 P u b . I n v o l v e m e n t / P a r t i c i p a t i o n
- MM3 I D D E
- MM4 C o n s t r u c t i o n C o m p l i a n c e
- MM5 P o s t - C o n s t r u c t i o n C o m p l i a n c e
- MM6 P o l l u t i o n P r e v e n t i o n T r a i n i n g

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 TOWN OF VICTOR

SPDES ID
N Y R 2 0 A 2 4 9

Section 4 - Certification Statement

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

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

First Name MI Last Name
J a c k M a r r e n

Title (Clearly print title of individual signing report)
T o w n S u p e r v i s o r

Signature
Jack Marren
Digitally signed by Jack Marren
Date: 2023.03.24 10:57:09
-04'00'

Date
0 3 / 2 4 / 2 0 2 3

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

Submit Form

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

V	i	l	l	a	g	e	o	f	V	i	c	t	o	r
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SPDES ID

N	Y	R	2	0	A	2	9	0
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

V	i	l	l	a	g	e	o	f	V	i	c	t	o	r
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SPDES ID

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

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

G	a	r	y																
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 MI

A

 Last Name

H	a	d	d	e	n														
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Title

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Address

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City

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 State

N	Y
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 Zip

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eMail

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Phone

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 County

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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SPDES ID

Name of MS4

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name	MI	Last Name
J o h n	C	T u r n e r

Title
D i r e c t o r o f P u b l i c W o r k s

Address
6 0 E a s t M a i n S t r e e t

City	State	Zip
V i c t o r	N Y	1 4 5 6 4 -

eMail
d p w d i r e c t o r @ v i l l a g e o f v i c t o r . o r g

Phone	County
(5 8 5) 9 2 4 - 3 3 1 1	O n t a r i o

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

-

eMail

Phone

() -

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.?

Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID
N Y R 2 0 A 2 9 0

Section 4 - Certification Statement

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

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

First Name MI Last Name

Title (Clearly print title of individual signing report)

Signature
Gary A Hadden
Digitally signed by Gary A Hadden
Date: 2023.05.03 13:07:45 -04'00'

Date
0 5 / 0 3 / 2 0 2 3

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

Submit Form

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

Town of Walworth

SPDES ID

N	Y	R	2	0	A	2	9	3
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip -

eMail

Phone - County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

Town of Walworth

SPDES ID

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

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name	MI	Last Name																																																
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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

T	o	w	n	o	f	W	a	l	w	o	r	t	h
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SPDES ID

N	Y	R	2	0	A	2	9	3
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Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

T	h	e	O	n	t	a	r	i	o	-	W	a	y	n	e	S	t	o	r	m	w	a	t	e	r				
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Partner/Coalition Name (con't.)

C	o	a	l	i	t	i	o	n																					
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SPDES Partner ID - If applicable

N	Y	R	2	0					
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Address

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

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State

N	Y
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Zip

1	4	4	2	4	-				
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eMail

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Phone

(

5	8	5
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)

3	9	6
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1	4	5	0
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Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1

P	u	b	l	i	c	E	d	u	c	a	t	i	o	n	&	O	u	t	r	e	a	c	h		
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- MM2

P	u	b	.	I	n	v	o	l	v	e	m	e	n	t	/	P	a	r	t	i	c	i	p	a	t	i	o	n
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- MM3

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- MM4

C	o	n	s	t	r	u	c	t	i	o	n	C	o	m	p	l	i	a	n	c	e										
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- MM5

P	o	s	t	-	C	o	n	s	t	r	u	c	t	i	o	n	C	o	m	p	l	i	a	n	c	e					
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- MM6

P	o	l	l	u	t	i	o	n	P	r	e	v	e	n	t	i	o	n	T	r	a	i	n	i	n	g					
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Additional tasks/responsibilities

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

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MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 TOWN OF WALWORTH

SPDES ID
N Y R 2 0 A 2 9 3

Section 4 - Certification Statement

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

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

First Name MI Last Name
M i c h a e l D o n a l t y

Title (Clearly print title of individual signing report)
T o w n S u p e r v i s o r

Signature
Michael R.
Donalty
Digitally signed by Michael R. Donalty
Date: 2023.04.05 13:55:09 -04'00'

Date
/ /

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

Submit Form

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

Wayne County Highway Department

SPDES ID

N	Y	R	2	0	A	4	9	1
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) Form

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

SPDES ID

Name of MS4 Wayne County Highway Department

N Y R 2 0 A 4 9 1

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

P h i l i p

MI

W

Last Name

E y g n o r

Title

C h a i r m a n o f t h e B d o f S u p e r v i s o r s

Address

2 6 C h u r c h S t r e e t

City

L y o n s

State

N Y

Zip

1 4 4 8 9 -

eMail

p e y g n o r @ c o . w a y n e . n y . u s

Phone

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

County

W a y n e

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Wayne County Highway Department

SPDES ID

N Y R 2 0 A 4 9 1

Section 2 - Contact Information

Important Instructions - Please Read

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

First Name MI Last Name
B r i a n W F r e y

Title
A s s i s t a n t E n g i n e e r i n g M a n a g e r

Address
7 2 2 7 R o u t e 3 1

City State Zip
L y o n s N Y 1 4 4 8 9 -

eMail
b f r e y @ c o . w a y n e . n y . u s

Phone County
(3 1 5) 9 4 6 - 5 6 0 0 W a y n e

MS4 Municipal Compliance Certification (MCC) Form

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

SPDES ID

Name of MS4 Wayne County Highway Department

N Y R 2 0 A 4 9 1

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

The Ontario - Wayne Stormwater

Partner/Coalition Name (con't.)

Coalition

SPDES Partner ID - If applicable

N Y R 2 0

Address

480 North Main Street

City

Canandaigua

State

NY

Zip

14424 -

eMail

ontswcd1@rochester.rri.com

Phone

(585) 396 - 1450

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 Public Education & Outreach
- MM2 Pub. Involvement / Participation
- MM3 IDDE
- MM4 Construction Compliance
- MM5 Post-Construction Compliance
- MM6 Pollution Prevention Training

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

WAYNE COUNTY HIGHWAY DEPARTMENT

SPDES ID

N	Y	R	2	0	A	4	9	1
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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

P	H	I	L	I	P														
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MI

W

Last Name

E	Y	G	N	O	R														
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Title (Clearly print title of individual signing report)

B	O	A	R	D		O	F		S	U	P	E	R	V	I	S	O	R	S		-		C	H	A	I	R	M	A	N				
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Signature

Philip W. Eygnor	<small>Digitally signed by Philip W. Eygnor Date: 2023.03.20 10:53:42 -04'00'</small>
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Date

0	3	/	2	0	/	2	0	2	3
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Submit Form

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

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

MS4 Annual Report Form

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

2	0	2	3
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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

Ontario-Wayne Stormwater Coalition

N	Y	R	2	0				
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Water Quality Trends

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

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

How many MS4s are contributed to this report?

		8
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1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.

Yes No

If Yes, choose one of the following

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

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

URL

URL

URL

URL

MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

		8
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1. Targeted Public Education and Outreach Best Management Practices

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

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

R	e	s	p	o	n	s	i	b	l	e		Y	a	r	d		W	a	s	t	e		M	a	n	a	g	e	m	e	n	t
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Other

2. Specific audiences targeted during this reporting period:

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

C	o	m	m	e	r	c	i	a	l		C	a	r		W	a	s	h	/	R	e	s	t	a	u	r	a	n	t	s		
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Other

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition																			
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SPDES ID

N	Y	R	2	0					
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

- Construction Site Operators Trained # Trained

			4	4
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- Direct Mailings # Mailings

1	9	8	6	1
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- Kiosks or Other Displays # Locations

				9
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- List-Serves # In List

		8	0	0
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- Mailing List # In List

1	5	0	5	0
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- Newspaper Ads or Articles # Days Run

				3
--	--	--	--	---
- Public Events/Presentations # Attendees

	5	7	7	5
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- School Program # Attendees

		5	3	0
--	--	---	---	---
- TV Spot/Program # Days Run

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- Printed Materials: Total # Distributed

	2	4	0	9
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Locations (e.g. libraries, town offices, kiosks)

T	o	w	n		H	a	l	l	s										
L	i	b	r	a	r	i	e	s											
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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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URL

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The OCSWCD continued to include OWSC information in their newsletters to reach residents. The Coalition continued Facebook posts and website updates to provide the public with stormwater information. The Coalition revised their Pool & Spa Brochure. The Coalition purchased additional promotional materials for public distribution. The Brochure Committee started to evaluate pollutants of concern (POC) Coalition wide to better target audiences, including industrial audiences.

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

OWSC members improved outreach methods by: increasing mailings 46% (13,637 to 19,861) and increasing mailing lists by 10% (13,656 to 15,050). There was an increase in public events and an increase in the amount of people reached by 183% (2,042 to 5,775). The number of school children increased slightly by 6% (500 to 530), and the number of printed materials distributed increased by 33% (1,811 to 2,409).

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

			6
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The Coalition has revised their social medial calendar to commit to posting at least one stormwater message per month on Facebook. The Coalition will continue reviewing the common pollutants of concern identified and submitted by Coalition members and target specific audiences and industries within the MS4 communities. The Coalition is also communicating with graphic designers to develop additional educational materials for public events and for the website.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

Minimum Control Measure 2. Public Involvement/Participation

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s contributed to this report?

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

- Cleanup Events # Events
- Comments on SWMP Received # Comments
- Community Hotlines Phone # () -
Phone # () -
Phone # () -
Phone # () -
Phone # () -
Phone # () -
- Community Meetings # Attendees
- Plantings Sq. Ft.
- Storm Drain Markings # Drains
- Stakeholder Meetings # Attendees
- Volunteer Monitoring # Events
- Other:

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

- List-Serve # In List
- Newspaper Advertising # Days Run
- TV/Radio Notices # Days Run
- Other:
- Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 350px; height: 20px;">Ontario-Wayne Stormwater Coalition</td></tr></table>	Ontario-Wayne Stormwater Coalition	SPDES ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">N</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">R</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>	N	Y	R	2	0					
Ontario-Wayne Stormwater Coalition												
N	Y	R	2	0								

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

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

- MS4/Coalition Office
 Annual Report
 SWMP Plan
 Comments

Department

O	n	t	a	r	i	o	-	W	a	y	n	e	S	t	o	r	m	w	a	t	e	r	C	o	a	l	i	t
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Phone

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- Library
 Annual Report
 SWMP Plan
 Comments

Address

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- Other
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 Annual Report
 SWMP Plan
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Please provide specific address of page where report can be accessed - not home page.

- eMail
 Comments

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition									
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SPDES ID

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

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

0	5
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0	5
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 /

2	0	2	3
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4.b. For how many days was/will this report be posted?

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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

Yes No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Annual Reports and SWMPPs were announced at public meetings. The OWSC continued to post the Joint Annual Report on their website and offer the public opportunities for comments. The Coalition continued to participate in an Earth Day Expo, Victor Summer Camp, the Ginegaw Farmers Market, the Lumberjack Festival, Macedon Heritage Festival, Climb Aboard Victor Festival, and the Victor Hiking Trails Anniversary.

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

The number of cleanup events grew by one from the previous year (8 to 9), The number of attendees at Stakeholder meetings remained consistent at 10. MS4s noted continued participation in popular collection events including pharmaceuticals, E-Waste, and paper shredding. The number of plantings grew back to pre-Covid numbers of around 20,000 square feet.

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

			6
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The OWSC website will post a link to the Joint MS4 Annual Report and members will offer the public opportunities to comment on Annual Reports & SWMPPs. MS4 members will continue holding community meetings, and participating in school programs, rain barrel events (if supplies are available), cleanup and collection events, and farmers markets. The Coalition is also researching partnering with County organizations for Household Hazardous Waste Events.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0					
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Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s contributed to this report?

		8
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1. Enter the number and approx. percent of outfalls mapped:

1	3	9	3
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 #

	9	8
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 %

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

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

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

R	o	a	d	s	i	d	e		D	r	a	i	n	a	g	e		F	a	c	i	l	i	t	i	e	s				
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MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0					
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8. URL(s) con't.:

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

URL

URL

URL

URL

URL

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

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

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

9	5
---	---

 %

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0					
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12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Coalition members continued to follow IDDE Standard Operating Procedures (SOPs). Coalition members continued mapping outfalls, conducting dry weather screening, and identifying potential illicit discharges. The Coalition continued to offer members annual IDDE employee training. The Coalition provided a municipal training session for SWMP Coordinators on outfall identification and mapping.

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

Coalition members continued to map outfalls, reporting a total of 1,393 outfalls mapped. 14 illicit discharges were detected, confirmed and eliminated. The number of illicit discharges detected reduced by 54% (26 to 14) from the previous year. The percentage of employees trained in IDDE increased by 9% (89% to 98%). Members can choose to train employees at their own pace using the YouTube Video and training materials provided by the OCSWCD.

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

			6
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Coalition members plan to continue following IDDE Standard Operating Procedures (SOPs). Coalition members plan to continue mapping outfalls, conducting dry weather screening, and identifying potential illicit discharges. The Coalition will continue to offer annual in-person or virtual IDDE training to each MS4 member. The Coalition is planning an annual Facebook post to educate the public about IDDE.

MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition									
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 SPDES ID

N	Y	R	2	0					
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

		8
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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

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

09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

	2	8
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

If Yes, how many public comments were received during this reporting period?

		3
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? Yes No

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

- | | | | | | | | | |
|---|---|--|---|---|--|---|---|------------------------------------|
| <input checked="" type="radio"/> Notices of Violation | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td></tr></table> | | | | 1 | 2 | <input type="radio"/> No Authority |
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| <input type="radio"/> Stop Work Orders | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
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| <input type="radio"/> Criminal Actions | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
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| <input type="radio"/> Termination of Contracts | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
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| <input type="radio"/> Civil Penalties | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input type="radio"/> Administrative Orders | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input checked="" type="radio"/> Enforcement Actions or Sanctions | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | 1 | | |
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| <input checked="" type="radio"/> Other | # | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">6</td><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table> | | | | 6 | 3 | <input type="radio"/> No Authority |
| | | | 6 | 3 | | | | |

"Friendly" Letters and Reminder Emails

MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition									
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SPDES ID

N	Y	R	2	0					
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

		8
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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

	2	9
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	6	3
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3. What percent of active construction sites were inspected during this reporting period? NT

	9	9
--	---	---

 %

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

	9	9
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 %

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

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT
 If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

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

SWPPPs are available for public review at each individual MS4.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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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.

The Coalition continued to sponsor stormwater training for MS4 members up to \$500 per member. The Coalition continues to offer the use of equipment to each MS4 (GPS, camera, laptop, etc.). Individually, MS4 members continued to educate owners/operators and contractors at pre-construction meetings. Coalition members continued to monitor and inspect permitted construction sites with over one acre of disturbance.

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

MS4s continued to accept public comments (3) on SWPPPs. Members reported a 62% (65 to 25) decrease in site development projects over one acre. The decrease may be the reason why we saw decreases in Stop Work Orders (4 to 0), enforcement actions (14 to 1), and written communication (69 to 63). Notices of Violation did increase by 2 instances. Inspections of construction sites remained high at 99% for at least one site visit and 99% inspected more than once.

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

			6
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The Coalition will continue to sponsor stormwater training for MS4 members up to \$500 per member. The Coalition will continue to offer the use of equipment to each MS4 (GPS, camera, laptop, etc.). Each MS4 member will continue to educate owners/operators and contractors at pre-construction meetings and continue construction site inspections. The Coalition will continue to offer training to MS4 employees requiring additional assistance with inspections.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

		8
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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained									
<input checked="" type="radio"/> Alternative Practices	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table>			3	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table>			3	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">6</td></tr></table>			6
		3										
		3										
		6										
<input checked="" type="radio"/> Filter Systems	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">7</td></tr></table>			7	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>			1	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			0
		7										
		1										
		0										
<input checked="" type="radio"/> Infiltration Basins	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">9</td><td style="width: 20px; height: 20px;"></td></tr></table>	1	9		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px;"></td></tr></table>	1	7		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">8</td></tr></table>			8
1	9											
1	7											
		8										
<input checked="" type="radio"/> Open Channels	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table>			3	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px;"></td></tr></table>	2	3		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table>	2	0	
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2	3											
2	0											
<input checked="" type="radio"/> Ponds	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>	1	5	1	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table>	7	0		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>	1	0	0
1	5	1										
7	0											
1	0	0										
<input type="radio"/> Wetlands	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			0
		0										
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<input type="radio"/> Other	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px;"></td></tr></table>	1	8		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			0
1	8											
		0										
		0										

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

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

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

Other:

N	Y	S		D	e	s	i	g	n		M	a	n	u	a	l		/	G	I							
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MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes No

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

Yes No

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

Yes No

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

		2
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	4	3
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 %

MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition			
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SPDES ID

N	Y	R	2	0				
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

The Coalition will continue to provide equipment (GPS, camera, laptop, etc.) to assist members with post-construction control inspections. Individual Coalition members will continue to inventory, inspect, and maintain (as needed) post-construction control facilities.

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

SMPs inventories increased by 16% (173 to 201). Inspections decreased by 62% (301 to 114). The number of facilities maintained remained consistent (136 to 134). The percent of staff trained for LID, BSD, and Green Infrastructure decreased by 21% (64% to 43%). Coalition members reported that inspections and maintenance of facilities helps to reduce flooding and complaints from residents and improve water quality. Some members reported the need for additional maintenance.

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

			6
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The Coalition will continue to provide equipment (GPS, camera, laptop, etc.) to assist members with post-construction control inspections. Individual Coalition members will continue to inventory, inspect, and maintain (as needed) post-construction control facilities. The Coalition will consider additional training on post-construction control maintenance and inspection and LID, BSD, and Green Infrastructure training.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition									
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SPDES ID

N	Y	R	2	0					
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

		8
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1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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2. Provide the following information about municipal operations good housekeeping programs:

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

			8	4
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- Streets Swept (Number of miles X Number of times swept) # Miles

	2	3	1	4
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

	1	1	7	2
--	---	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			8	0
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs.

	3	2	3	7
--	---	---	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

		3	0	.	8
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3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

			2	0
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4. What was the date of the last training?

0	3	/	0	8	/	2	0	2	3
---	---	---	---	---	---	---	---	---	---

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

1	8	3
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6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0	%
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MS4 Annual Report Form

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

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

Name of MS4/Coalition

Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0					
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7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The Coalition provided good housekeeping and pollution prevention (P2) training to employees. Coalitions members implemented adopted SWMP and members performed self-assessments of their operations, activities, and facilities. The OWSC provided two MS4 trainings for municipal employees: one covering pollutants of concern, focus areas, and targeted audiences and one regarding identifying and mapping outfalls. Six MS4 programs were reviewed by the Coalition.

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

The acreage of parking lots swept remained consistent (81 to 84 acres). The # of streets miles swept decreased by 55% (5,142 to 2,314). The # of catch basins cleaned increased by 66% (706 to 1,172). The # of SMPs inspected and cleaned decreased by 70% (264 to 80). The number of stormwater trainings increased by 33% (15 to 20) and employees trained increased by 7% (93% to 100%). The reported nitrogen applied in chemical fertilizer decreased by 5% (3,420 to 3,237).

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

			6
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The Coalition will continue to offer annual good housekeeping and P2 training. The Coalition will continue to monitor 2022 Draft MS4 Permit updates in order to remain proactive in achieving new facility and training requirements. Coalition members will continue to implement adopted SWMP and perform facility self assessments. The Coalition will continue to offer stormwater management training opportunities for SWMP Coordinators. Two MS4 programs are scheduled to be reviewed.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

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

This Section is Not Applicable

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

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

How many MS4s contributed to this report?

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period. %

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

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

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

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

--	--	--	--

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

--	--	--	--

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

MS4 Annual Report Form

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

2	0	2	3		
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

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

Yes No N/A

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

Yes No N/A

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

Yes No N/A

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

Yes No N/A

COMMENT & RESPONSE

Kim Boyd

From: james byron <byroninmacedon@yahoo.com>
Sent: Tuesday, May 16, 2023 3:56 PM
To: Kim Boyd
Subject: Re: Macedon MS4 Report

Hello! That attachment is what I was thinking of. Enjoy the summer!

Jim

On Monday, May 15, 2023 at 12:29:53 PM EDT, Kim Boyd <kboyd@bmepc.com> wrote:

James,

Thank you for reviewing the report. All of the dates should be 2023. Thanks for catching that! I made those changes, and they will be in the final draft.

When you write below that you “would like to see the Household Hazardous Waste Disposal document” placed on the Town’s website from time to time, are you referring to the attached *Managing & Minimizing Household Waste* brochure or something else?

I am not a Town employee. The Town contracts BME Associates to help them implement the six Minimum Control Measures found in the MS4 Stormwater Permit.

Please feel free to call me at the number below to discuss your comment, we don’t receive many comments and I want to make sure we address your comment adequately.

Kimberly D. Boyd, CFM, CPESC, CPSWQ, CPMSM



10 Liftbridge Lane East

Fairport, NY 14450



Visit our new website @ BMEpc.com

 **Think Green.** Please consider the environment and print this message only if necessary

From: james byron <byroninmacedon@yahoo.com>
Sent: Monday, May 15, 2023 7:45 AM
To: Kim Boyd <kboyd@bmepec.com>
Subject: Macedon MS4 Report

Report was updated with 2023.

Good morning! I have not read the entire report, many pages have a date of March 9, however some say 2022 and others are 2023, is this correct? Also I would like to see the Household Hazardous Waste Disposal document place on the town website from time to time as a reminder to people. Are you a town employee, if so, I would have thought you would have a macedontown.net e-mail address? Thank you for your work on this report!

Jim Byron

The Household Hazardous Waste Disposal brochure is on the website. Revised SWMPP to include a Facebook Post to remind residents of the availability of the brochures online.

Managing & Minimizing Household Waste

Trying to manage and minimize our household waste is crucial for the future of our environment. Remember to do your best to **Reduce, Reuse, and Recycle** when using/purchasing products.

Reduce: try to reduce your usage of single-use products that end up directly in a landfill.

Reuse: being able to reuse a product multiple times saves money and resources.

Recycle: when a product cannot be reused, make sure you find out the best way to recycle it.



Here are some tips:

- Buy local to reduce transportation and packaging.
- When sorting through items you no longer need, make sure to donate them to charities or secondhand shops so they can be put to a second use.
- Want to save money and help the environment? Purchasing items from a secondhand shop or garage sale is a great solution. This could be clothing, furniture, toys, sports equipment, etc.
- Limit purchases with lots of packaging.
- Invest in high quality items that will last for years to come (example: food storage containers).
- Know where/how to recycle and what is recyclable.
- Look for opportunities in your community to recycle/properly dispose of household hazardous waste, tires, and electronic waste.
- Don't forget your reusable bag(s) at the store.

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Ontario-Wayne Stormwater Coalition

www.owsc.org



Check out our website to learn more about the Ontario-Wayne Stormwater Coalition. Our calendar will stay updated with local recycling opportunities throughout Ontario and Wayne County.

Composting

- Composting is an amazing way to take household waste and turn it into a rich source of nutrients for your garden.
- Lots of communities are now offering composting programs through their transfer stations and there are local businesses available to pick-up compost containers.
- You can compost vegetable and fruit scraps, paper products, yard waste, eggshells, tea and coffee, shredded newspaper, and the lists goes on.



Recycling

- Did you just receive a large box from an online purchase? The cardboard can be recycled through your curbside pick-up or at your local transfer/recycling station. The shipping pillows or bubble wrap can be recycled at your local grocery store's plastic bag collection container.
- Do you have old batteries? Those can be recycled at your local household hazardous waste event. Some companies offer mail in options too.
- Do you have old computers or televisions that you no longer use? Find out when your local electronic recycling event is or find a local company that accepts e-waste.
- How about paint, old pesticides, or cleaning chemicals? A household hazardous waste event will be able to help.
- Make sure you take metal to your local scrap yard. You can make a little money and avoid putting that in a landfill.
- Do you have old power tool batteries? Check back with the hardware store you bought them from to see if they will take them for you.
- What do you do with used motor oil? Most auto parts stores will take your used motor oil and recycle it. Make sure you put the oil in a proper container. These stores usually take car batteries as well.



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