



May 29, 2020

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

Attn: Ethan Sullivan, MS4 Permit Coordinator

Re: **Ontario-Wayne Stormwater Coalition 2019-2020**
Joint MS4 Annual Report SPDES General Permit GP-0-15-003

2289-20

Dear Ethan:

Please accept the following 2019-2020 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 report also includes comments that were made concerning the 2018-2019 Draft MS4 Annual Report.

The Draft 2019-2020 Joint MS4 Annual Report was posted on the Ontario-Wayne Stormwater Coalition website on May 14, 2020, and as of today, the Coalition has not received any public comments on this Annual Report. We have included comments received from the 2018-2019 Annual Report that were not included in last year's submission. The Final 2019-2020 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

A handwritten signature in blue ink that reads 'Kimberly Boyd'.

Kimberly Boyd, CFM, CPESC, CPSWQ, CPMSM

/KB

Enclosure

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

DRAFT
Ontario-Wayne Stormwater Coalition
2019-2020 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:



10 LIFT BRIDGE LANE EAST
FAIRPORT, NEW YORK 14450

May 2020

#2289-20

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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

Town of Farmington

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:

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

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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

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Last Name

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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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Name of MS4 Town of Farmington

SPDES ID

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Section 2 - Contact Information

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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 a u l

MI

V

Last Name

C r a n d a l l

Title

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

Address

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City

F a r m i n g t o n

State

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Zip

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Phone

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County

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MS4 Municipal Compliance Certification(MCC) FormMCC 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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- ☒ Principal Executive Officer/Chief Elected Official
- ☐ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

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MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Farmington

SPDES ID

N Y R 2 0 A 1 1 0

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

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Address

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City

C a n a n d a i g u a

State

N Y

Zip

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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, 2020

Name of MS4 Town of Farmington

SPDES ID

N Y R 2 0 A 1 1 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

P e t e r

MI

V

Last Name

I n g a l s b e

Title (Clearly print title of individual signing report)

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

Signature



Date

04 / 14 / 2020

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

Town of Macedon

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:

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- ☐ 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 Town of Macedon

SPDES ID

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Section 2 - Contact Information

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☐ Duly Authorized Representative
☐ Local Stormwater Public Contact
☐ Stormwater Management Program (SWMP) Coordinator
☒ Report Preparer

First Name

K i m b e r l y

MI

D

Last Name

B o y d

Title

S t o r m w a t e r S p e c i a l i s t , C P M S M

Address

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City

F a i r p o r t

State

N Y

Zip

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eMail

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

Phone

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

County

M o n r o e

MCC form for period ending March 9,

2	0	2	0
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Name of MS4	Town of Macedon
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N	Y	R	2	0	A	3	9	1
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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												
S	c	o	t	t								

MI
W

Last Name												
A	l	l	e	n								

Title																			
T	o	w	n		E	n	g	i	n	e	e	r							

Address	
3	2 Main Street

City												
M	a	c	e	d	o	n						

State	
N	Y

Zip

1	4	5	0	2
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eMail

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

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

County												
W	a	y	n	e								

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 0

Name of MS4

Town of Macedon

SPDES ID

N Y R 2 0 A 3 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).
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

MI

V

Last Name

L e o n a r d

Title

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

Address

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

City

M a c e d o n

State

N Y

Zip

1 4 5 0 2 -

eMail

m a c s u p e r @ m a c e d o n t o w n . n e t

Phone

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

County

W a y n e

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 1

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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 0

Name of MS4 TOWN OF MACEDON

SPDES ID

N Y R 2 0 A 3 9 1

Section 4 - Certification Statement

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

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

First Name

K I M

MI

V

Last Name

L E O N A R D

Title (Clearly print title of individual signing report)

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

Signature



Date

0 2 / 2 5 / 2 0 2 0

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	0
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Name of MS4 **Ontario County Highway Department**

SPDES ID

N	Y	R	2	0	A	4	0	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																					

MCC form for period ending March 9,

2	0	2	0
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Name of MS4

N	Y	R	2	0	A	4	0	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).
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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

[illegible]MI

Last Name												
B	e	r	r	y								

Title																																
D	P	T	Y		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

[illegible]

City												
C	a	n	a	n	d	a	i	g	u	a		

State	
N	Y

Zip

1	4	4	2	4	-	9	5	5	3
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j	o	h	n	.	b	e	r	r	y	@	c	o	.	o	n	t	a	r	i	o	.	n	y	.	u	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

$$\left(\begin{array}{|c|c|c|} \hline 5 & 8 & 5 \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline 3 & 9 & 6 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 4 & 9 & 9 & 0 \\ \hline \end{array}$$

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 0

SPDES ID

Name of MS4 **ONTARIO COUNTY HIGHWAY DEPARTMENT**

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 (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

W i l l i a m

MI

C

Last Name

W r i g h t

Title

C o m m i s s i o n e r o f P u b l i c W o r k s

Address

2 9 6 2 C o u n t y R o a d 4 8

City

C a n a n d a i g u a

State

N Y

Zip

1 4 4 2 4 - 9 5 5 3

eMail

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

Phone

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

County

O n t a r i o

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Ontario County Highway Department

SPDES ID

N Y R 2 0 A 4 0 0

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 0

Name of MS4 **Ontario County Highway Department**

SPDES ID

N Y R 2 0 A 4 0 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

W i l l i a m

MI

C

Last Name

W r i g h t

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

Signature



Date

04 / 17 / 2020

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	0
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Name of MS4

Town of Ontario

SPDES ID

N	Y	R	2	0	A	0	9	8
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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 0

Name of MS4

Town of Ontario

SPDES ID

N Y R 2 0 A 0 9 8

Section 2 - Contact Information

Important Instructions - Please Read

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

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
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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

A d a m

MI

J

Last Name

C u m m i n g s

Title

T o w n E n g . / S u p e r . W a t e r U t i l i t i e s

Address

2 2 0 0 L a k e R o a d

City

O n t a r i o

State

N Y

Zip

1 4 5 1 9 -

eMail

a c u m m i n g s @ o n t a r i o t o w n . o r g

Phone

(3 1 5) 5 2 4 - 2 9 4 1

County

W a y n e

MCC form for period ending March 9,

2	0	2	0
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Town of Ontario

N	Y	R	2	0	A	0	9	8
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Important Instructions - Please Read

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

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

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

First Name	MI	Last Name
F r a n k		R o b u s t o

[illegible][illegible]

City	State	Zip
O n t a r i o	N Y	1 4 5 1 9 -

eMail																																	
s	u	p	e	r	v	i	s	o	r	@	o	n	t	a	r	i	o	t	o	w	n	.	o	r	g								

Phone County
 (3 1 5) 5 2 4 - 7 1 0 5 x 100 W a y n e

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Ontario

SPDES ID

N Y R 2 0 A 0 9 8

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.

N	Y	R	2	0	A	0	9	8
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"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."

[illegible][illegible]

Frederick Levent

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	0
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Name of MS4

Town of Victor

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) FormMCC form for period ending March 9,

2	0	2	0
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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).
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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

M	a	y	n	a	r	d													
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Title

S	t	o	r	m	w	a	t	e	r		P	r	o	g	r	a	m		M	a	n	a	g	e	r											
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Address

8	5		E	a	s	t		M	a	i	n		S	t	r	e	e	t																		
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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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MCC form for period ending March 9,

2	0	2	0
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Name of MS4	Town of Victor
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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

[illegible]MI
F

Last Name												
M	a	r	r	e	n							

[illegible]

Address																				
8	5		E	a	s	t		M	a	i	n		S	t	r	e	e	t		

City														
V	i	c	t	o	r									

State	
N	Y

Zip

1	4	5	6	4	-				
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eMail																																	
s	u	p	e	r	v	i	s	o	r	@	t	o	w	n	-	v	i	c	t	o	r	-	n	y	.	u	s						

Phone (5 8 5) 7 4 2 - 5 0 2 0

County									
O	n	t	a	r	i	o			

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Victor

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	0
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Name of MS4 | Town of Victor

SPDES ID

N	Y	R	2	0	A	2	4	9
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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

[illegible]

1

M	a	r	r	e	n									
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Title (Clearly print title of individual signing report)

[illegible]

Signature

Jack Mann

Date _____

02 / 11 / 2020

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	0
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Name of MS4

Village of Victor

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,

2 0 2 0

Name of MS4 Village of Victor

SPDES ID

N Y R 2 0 A 2 9 0

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

J o h n

MI

C

Last Name

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

V i c t o r

State

N Y

Zip

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

(5 8 5) 9 2 4 - 3 3 1 1

County

O n t a r i o

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 0

Name of MS4 Village of Victor

SPDES ID

N Y R 2 0 A 2 9 0

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

G a r y

MI

A

Last Name

H a d d e n

Title

M a y o r

Address

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

City

V i c t o r

State

N Y

Zip

1 4 5 6 4 -

eMail

m a y o r @ v i l l a g e o f v i c t o r . o r g

Phone

(5 8 5) 9 2 4 - 3 3 1 1

County

O n t a r i o

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Village of Victor

SPDES ID

N Y R 2 0 A 2 9 0

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, 2020

Name of MS4	Village of Victor
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SPDES ID

N	Y	R	2	0	A	2	9	0
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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

[illegible]

MI

A

Last Name

H	a	d	d	e	n									
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Title (Clearly print title of individual signing report)

[illegible]

Signature

Gary A. Hadden

Date _____

0	4	/	2	3	/	2	0	2	0
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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) FormMCC form for period ending March 9,

2	0	2	0
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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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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,

2	0	2	0
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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 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

N	o	r	m	a	n								
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MI

F

Last Name

D	r	u	s	c	h	e	l						
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Title

B	u	i	l	d	i	n	g		I	n	s	p	e	c	t	o	r											
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Address

3	6	0	0		L	o	r	r	a	i	n	e		D	r	i	v	e										
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City

W	a	l	w	o	r	t	h										
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State

N	Y
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Zip

1	4	5	6	8	-				
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eMail

b	l	d	g	i	n	s	p	@	t	o	w	n	o	f	w	a	l	w	o	r	t	h	n	y	.	g	o	v			
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Phone

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

W	a	y	n	e										
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MCC form for period ending March 9,

2	0	2	0
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Town of Walworth

N	Y	R	2	0	A	2	9	3
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Important Instructions - Please Read

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

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

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

First Name	MI	Last Name
S u s i e	C	J a c o b s

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

Address																			
3	6	0	0		L	o	r	r	a	i	n	e		D	r	i	v	e	

City State Zip -

eMail

t	o	w	n	s	u	p	e	r	v	i	s	o	r	@	t	o	w	n	o	f	w	a	l	w	o	r	t	h	n	y	.	g	o	v
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Phone (3 1 5) 9 8 6 - 1 4 0 0 County W a y n e

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

2	0	2	0
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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

C	a	n	a	n	d	a	i	g	u	a																						
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State

N	Y
---	---

Zip

1	4	4	2	4	-																										
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eMail

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

(5	8	5)	3	9	6	-	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							
---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

● 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.

MS4 Municipal Compliance Certification(MCC) Form

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

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

S u s i e

MI

C

Last Name

J a c o b s

Title (Clearly print title of individual signing report)

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

Signature



Date

03 / 25 / 2020

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	0
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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																					

MCC form for period ending March 9,

2	0	2	0
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Name of MS4

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

Important Instr

Contact information

- ## 1. Principal E

A separate

If a new Dr

For each contac

- Principal Executive Officer

First Name

MILast Name[illegible]TitleAddressCityState

Zip

1	4	4	8	9	-				
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eMailPhoneCounty[illegible]

MCC form for period ending March 9,

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Name of MS4

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Section 2 - C

Important Instr

Contact information

- ## 1. Principal E

A separate

If a new Dr

For each contac

- Principal Executive Officer

First Name

MI

Last Name

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

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W a y n e

MS4 Municipal Compliance Certification (MCC) Form

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

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

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	0
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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

K	e	n	n	e	t	h						
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MI

F

Last Name

[illegible]

Title (Clearly print title of individual signing report)

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

Signature

Karl Fährle

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

2	0	2	0
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N	Y	R	2	0				
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Water Quality Trends

		8
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☐ Yes ☒ No

[illegible][illegible][illegible][illegible]

2	0	2	0
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Name of MS4/Coalition

N	Y	R	2	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

The 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

		1	2	0
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☒ Direct Mailings

Mailings

2	3	7	7	8
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☒ Kiosks or Other Displays

Locations

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

☒ List-Serves

In List

		5	0	0
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☒ Mailing List

In List

	5	0	5	0
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☒ Newspaper Ads or Articles

Days Run

				3
--	--	--	--	---

☒ Public Events/Presentations

Attendees

	7	5	2	5
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☒ School Program

Attendees

		7	6	8
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☐ TV Spot/Program

Days Run

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☒ Printed Materials:

Total # Distributed

	4	5	4	7
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Locations (e.g. libraries, town offices, kiosks)

T	o	w	n		H	a	l	l	s								
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L	i	b	r	a	r	i	e	s									
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☒ Other:

H	i	g	h		A	c	r	e	s		E	v	e	n	t		
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☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

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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

The Ontario-Wayne Stormwater Coalition

SPDES ID

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3. Web Page con't.: Provide specific web addresses - not home page.

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MS4 Annual Report Form

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

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Name of MS4/Coalition

The Ontario-Wayne Stormwater Coalition

SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

In the last reporting period, the Coalition worked with Causewave Community Partners to develop a Program & Communications Plan to prioritize activities, improve and increase public education and awareness. Committees were formed including Brochures, Awards/Business Connections and Strategic Planning. The Coalition in partnership with the Ontario County Soil & Water Conservation District (OCSWCD) added construction site operator training as a reoccurring activity.

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

Coalition members have reported an increase in the following numbers: construction site operators trained (61 to 120), direct mailings (12,411 to 23,778), mailing lists (0 to 5,050), and school children reached (720 to 768). The High Acres biannual event, Hang Around Victor Days, Lumberjack Festival and Ginegaw Park Farmers Market and school programs continue to be the most effective in interacting and teaching the general public and children about stormwater pollution.

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

		1	2
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(ex.: samples/participants/events)

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

The OWSC will continue to attend community events and provide promotional materials. The Coalition will continue to follow the Program and Communications Plan to focus on reaching and providing specific materials to local businesses. The OWSC will continue their partnership with the OCSWCD to educate school children and construction site operators. The Coalition has discussed increasing their involvement with Wayne County SWCD to increase green infrastructure education.

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

The Ontario Wayne Stormwater Coalition

SPDES ID

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Minimum Control Measure 2. Public Involvement/Participation

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

☐ On behalf of an individual MS4

☒ On behalf of a coalition

How many MS4s contributed to this report?

		8
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1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

☒ Cleanup Events

1 Comment Received regarding
2018-2019 Annual Report, previously
not reported, see attached.

Events

			1	5
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☒ Comments on SWMP Received

Comments

				1
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☒ Community Hotlines

Phone #

(5 8 5)

3 9 6

- 1 4 5 0

Phone #

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Phone #

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Phone #

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Phone #

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Phone #

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Phone #

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☒ Community Meetings

Attendees

		6	6	8
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☒ Plantings

Sq. Ft.

9	9	9	9	9
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☐ Storm Drain Markings

Drains

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☒ Stakeholder Meetings

Attendees

		1	0
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☒ Volunteer Monitoring

Events

			1
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☒ Other:

R	a	i	n		B	a	r	r	e	l		W	o	r	k	s	h	o	p	s								
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2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

☒ Yes ☐ No

☒ List-Serve

In List

		3	6	5
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☒ Newspaper Advertising

Days Run

		1	0
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☐ TV/Radio Notices

Days Run

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☒ Other:

P	a	p	e	r		C	o	p	i	e	s		@		P	u	b	l	i	c		L	o	c	a	t	i	o	n
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☒ Web Page URL: Enter URL(s) on the following two pages.

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

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

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

The Ontario Wayne Stormwater Coalition																			
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 SPDES ID

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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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City

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N	Y
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Zip

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Phone

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☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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City

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Zip

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Phone

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☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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City

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Zip

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☒ Web Page URL: ☒ Annual Report ☒ SWMP Plan ☒ Comments

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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

The Ontario-Wayne Stormwater Coalition																													
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SPDES ID

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4.a. If this report was made available on the internet, what date was it posted?

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

0	5
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1	4
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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

The Ontario Wayne Stormwater Coalition

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

The Coalition created a Program & Communications Plan and a Strategic Plan to prioritize and guide activities with the intent of increasing public involvement and participation. The OCSWCD started a Facebook page to reach more people and to teach the general public about stormwater issues. The Facebook page is also used to advertise events and to encourage public interaction and participation.

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

Coalition members reported an increase in the number of clean-up events (9 to 15), an increase of attendance at community meetings (123 to 668), and an increase in plantings (20,316 square feet to 100,000 square feet). The number of stakeholders meetings remained steady. The Coalition provided opportunities for the public to install storm drain markers and comment on the Annual Report. Two rain barrel workshops were held with 40 participants, and the workshops were well received.

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

		1	2
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

The OWSC website will continue to post a link to the Joint MS4 Annual Report and receive public comments. The OCSWCD will continue to post relevant stormwater information on the OWSC Facebook page to encourage public participation. The OWSC plans to continue the rain barrel workshop program. In the next permit year, the OWSC will consider 2 new programs to encourage public participation: a scholarship program and participation in an Adopt a Highway Program.

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

The 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	2
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 #

	9	7
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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	8
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3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

☒ Auto Recyclers

☒ Building Maintenance

☒ Churches

☒ Commercial Carwashes

☐ Commercial Laundry/Dry Cleaners

☒ Construction Vehicle Washouts

☒ Cross-Connections

☐ Distribution Centers

☐ Food Processing Facilities

☐ Garbage Truck Washouts

☐ Hospitals

☐ Improper RV Waste Disposal

☒ Industrial Process Water

☒ Other:

☒ Landscaping (Irrigation)

☐ Marinas

☒ Metal Plateing Operations

☐ Outdoor Fluid Storage

☒ Parking Lot Maintenance

☐ Printing

☒ Residential Carwashing

☒ Restaurants

☐ Schools and Universities

☒ Septic Maintenance

☒ Swimming Pools

☒ Vehicle Fueling

☒ Vehicle Maint./Repair Shops

☐ None

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☐ Sewersheds:

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The Ontario-Wayne Stormwater Coalition

N	Y	R	2	0				
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- ☒ Broken Lines From Sanitary Sewer
- ☒ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☒ Illegal Dumping
- ☒ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☒ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

	5	2
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	4	6
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	3	6
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☐ Yes ☒ No

	7	3	%
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☒ Yes ☐ No

☐ Yes ☒ No

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

[illegible][illegible]

MS4 Annual Report Form

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

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

Name of MS4/Coalition

The 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?

	8	5
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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

The 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 utilized the shared intern to map outfalls, conduct dry weather screening and to identify illicit discharges. The Coalition continued to offer annual IDDE training to each MS4 for their municipal employees.

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

Coalition members continued to map outfalls, reporting a total of 1,392 outfalls mapped. 52 illicit discharges were detected, 46 were confirmed and 36 were eliminated. This is an increase in detection and elimination from the previous permit years. The percent of employees receiving IDDE training remained relatively high.

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

		1	2
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(ex.: samples/participants/events)

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

Coalition members will continue following IDDE Standard Operating Procedures (SOPs). Coalition members will continue mapping outfalls, conducting dry weather screening, and identifying potential illicit discharges. The Coalition will continue to offer members annual IDDE employee 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

The Ontario-Wayne Stormwater Coalition

SPDES ID

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

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

☐ On behalf of an individual MS4

☒ On behalf of a coalition

How many MS4s contributed to this report?

		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?

	3	3
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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?

	2	5
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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"><tr><td></td><td></td><td></td><td>1</td><td>3</td></tr></table> | | | | 1 | 3 | <input type="radio"/> No Authority |
| | | | 1 | 3 | | | | |
| <input checked="" type="radio"/> Stop Work Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>4</td></tr></table> | | | | | 4 | <input type="radio"/> No Authority |
| | | | | 4 | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Termination of Contracts | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input checked="" type="radio"/> Administrative Fines | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table> | | | | | 1 | <input type="radio"/> No Authority |
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| <input type="radio"/> Civil Penalties | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input checked="" type="radio"/> Administrative Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table> | | | | | 1 | <input type="radio"/> No Authority |
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| <input checked="" type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>3</td></tr></table> | | | | | 3 | |
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| <input checked="" type="radio"/> Other | # | <table border="1"><tr><td></td><td></td><td></td><td>7</td><td>2</td></tr></table> | | | | 7 | 2 | <input type="radio"/> No Authority |
| | | | 7 | 2 | | | | |

Other: Friendly Letters

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

The Ontario-Wayne Stormwater Coalition

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?

	3	0
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	5	9
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3. What percent of active construction sites were inspected during this reporting period? ☐ NT

	8	2
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 %

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

	7	4
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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.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

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6. con't.:

Submit additional pages as needed.

☒ MS4/Coalition Office

Department

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☐ Library

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☐ Other

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Zip

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Phone

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☐ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

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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

The 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. The Coalition hired a summer intern to help MS4s with construction site inspections. MS4 members continued educating owners/operators and construction site contractors at pre-construction meetings. The Coalition has continued its partnership with the OCSWCD and is now offering 4-Hour DEC training events.

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

50% of the Coalition members used the stormwater training funds to educate employees on stormwater practices. Through its partnership with the OCSWCD, the Coalition doubled the number of Construction Site Operators trained (61 to 120). Individual MS4s inspected 82% of the construction sites with 74% visited more than once. Coalition members nearly doubled enforcement actions (54 to 94).

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

		1	2
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

The Coalition will continue to sponsor stormwater training for MS4 members up to \$300 per member. The Coalition discontinued the intern program due to funding priorities but still offers the use of equipment to each MS4 (GPS, camera, laptop, etc.). The partnership with the OCSWCD will continue to train Construction Site Operators on E&SCs. Individually, each MS4 member will continue to educate owners/operators and contractors at pre-construction meetings.

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

The 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									
● Alternative Practices	<table><tr><td></td><td></td><td>5</td></tr></table>			5	<table><tr><td></td><td></td><td>5</td></tr></table>			5	<table><tr><td></td><td></td><td>2</td></tr></table>			2
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○ Filter Systems	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
● Infiltration Basins	<table><tr><td></td><td></td><td>4</td></tr></table>			4	<table><tr><td></td><td></td><td>4</td></tr></table>			4	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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● Open Channels	<table><tr><td></td><td></td><td>2</td></tr></table>			2	<table><tr><td></td><td>2</td><td>9</td></tr></table>		2	9	<table><tr><td></td><td>2</td><td>7</td></tr></table>		2	7
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○ Wetlands	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
● Other	<table><tr><td></td><td></td><td>8</td></tr></table>			8	<table><tr><td></td><td></td><td>8</td></tr></table>			8	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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		8										
		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

The Ontario-Wayne Stormwater Coalition

SPDES ID

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

0	0	9
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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	0
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 %

MS4 Annual Report Form

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

2	0	2	0
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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

The Ontario-Wayne Stormwater Coalition

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.

MS4s utilized the Coalition's intern to inventory SWMFs and conduct inspections. Several facilities were cleaned and maintained. Several MS4s continue to improve inspection tracking programs to include follow-up with private facility owners.

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

MS4 members continued to inventory and inspect SWMFs. The number of facilities maintained increased from 39 to 50. The percentage of staff trained for Low Impact Development, Better Site Design, and Green Infrastructure has remained consistent (40%). Some MS4s noted that increased maintenance of SWMFs resulted in fewer flooding issues and increased water quality at the discharge of the SWMFs.

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

		1	2
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(ex.: samples/participants/events)

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

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 map, inspect, and maintain (as needed) post-construction control facilities. Several members plan to increase contact with private facility owners regarding inspection and maintenance. The Coalition may consider increasing efforts to increase MS4 GI training with the help of the Wayne County SWCD.

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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.

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

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

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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

		1	4	7
--	--	---	---	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

	3	8	8	2
--	---	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

	1	2	6	6
--	---	---	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			4	4
--	--	--	---	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

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

		2	6	3
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- ☒ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

		2	7	.	7
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3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

			1	9
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4. What was the date of the last training?

0	3	/	0	3	/	2	0	2	0
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5. How many municipal employees have been trained in this reporting period?

1	6	0
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6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	8	4	%
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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 (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 provide good housekeeping and pollution prevention (P2) training to MS4 employees. The Coalition continued to monitor Draft MS4 Permit updates by attending the Stormwater Specialty Conference. Each MS4 within the Coalition continued to implement their adopted SWMPP and the majority of the members performed self-assessments of their operations, activities, and facilities.

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

The acreage of parking lots swept increased from 60 to 147. The # of catch basins cleaned increased from 932 to 1,266. The number of stormwater trainings, employees trained and percent of employees trained remained relatively steady. The reported amount of nitrogen applied in chemical fertilizer decreased by 39% and the reported amount of pesticide/herbicide applied in acres decreased by 64%. Several MS4 members reported that employees are becoming more familiar with P2 principals.

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

		1	2
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(ex.: samples/participants/events)

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

The Coalition will continue to offer annual good housekeeping and pollution prevention training to each MS4 member. The Coalition will continue to monitor Draft MS4 Permit updates in order to remain proactive in achieving new training requirements. Each MS4 within the Coalition will continue to implement their adopted SWMPP and perform self assessments.

2018-2019 Annual Report Comments

Comments to the Town of Victor's Annual Report NYR20A249

Comments Received regarding the 2018-2019 Draft Annual Report:

In the section titled "7. Evaluating progress toward measurable goals MCM 2", the Town describes its measurable goal as having a public review of the Annual Report. The report indicates contradicting information on how this goal will be met. In 5.a. it is indicated that the report will be provided to the Town Board and they will be available to answer questions at a meeting, however in 5.b. it is indicated that a meeting will not be held. If the goal of the Town is to facilitate a public review of this document, why was this approach taken? Part 7.B. indicates that the Town plans to present the annual report. However it appears that town will not be doing this at a meeting based on the response to 5.b. It seems like it would be better served to have a discussion of the report as a line item on the agenda at a public meeting and invite questions.

On page 28/35, entry 5, the Town indicates that only one relevant staff has had green infrastructure or better site design in this reporting period. Given the number of citizen complaints and interest in development within the Town are there plans to increase staff training in these areas?

Action Taken/Response from the Town of Victor:

In Section 7 – 5.a. The report was changed to reflect that the Report was available for comment on the Town Website until June 15th 2019. The website was changed to accurately represent that. In 5.b. the report was changed to reflect that comments would be responded to in writing. In 7.b. the report was changed to reflect that as part of public education the report would be available on the Town Website for public comment and would be posted in three public places.

For the comment regarding 28/35, entry 5 the Town is continuing to have more education each year. However this is a budget related issue. The Stormwater Program Manager is currently signed up for a Green Infrastructure class in the near future.