MS4 Annual Report Cover Page

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

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

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

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OR

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

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

Name of Single Entity

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OR

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

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

Name of Coalition

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Cover Page 1 of 2

MS4 Annual Report Cover Page

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

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

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

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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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MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Farmington

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

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

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MCC form for period ending March 9, 2 0 1

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Section 2 - Contact Information

Important Instructions - Please Read

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

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
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If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

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

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

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Name of MS4 Town of Farmington

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

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Additional tasks/responsibilities

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

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MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Farmington

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.

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Title (Clearly print title of individual signing report)		
T o w n S u p e r v i s o r		
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Send completed form and any attachments to the DEC Central Office at:

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

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

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Name of MS4 Town of Macedon	Ν	Y	R	2	0	А	3	9	1	

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

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If Joint Report, enter coalition name:

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MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Macedon

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Section 2 - Contact Information

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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

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Section 2 - Contact Information

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- Principal Executive Officer/Chief Elected Official
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- \bigcirc Local Stormwater Public Contact
- \odot Stormwater Management Program (SWMP) Coordinator
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Name of MS4 Town of Macedon

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

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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. 3165331518

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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.

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

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

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

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Name of MS4	Village of Macedon		Ν	Y	R	2	0	А	2	5	8	

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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MCC form for period ending March 9, 2 0 1

Name of MS4 Village of Macedon

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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- \bigcirc Duly Authorized Representative
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- Stormwater Management Program (SWMP) Coordinator
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MCC form for period ending March 9, 2 0 1

Name of MS4 Village of Macedon

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Name of MS4 Village of Macedon

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

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

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MCC form for period ending March 9, 2	0 1	4							
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Name of MS4 Village of Macedon	N	Y	R	2	0	A	2	5	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."

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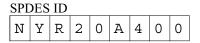
First Name M a r i e	MI	Last Name C r a m e r
Title (Clearly print title of individual signing report)		
Mayor		
Signature		
M. Cramer, mayor		Date

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

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

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

Name of MS4 Ontario County Highway Department



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Section 1 - MCC Identification Page

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MCC form for period ending March 9, 2 0 1

Name of MS4 Ontario County Highway Department

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Section 2 - Contact Information

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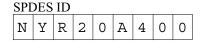
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MCC form for period ending March 9, 2 0 1

Name of MS4 Ontario County Highway Department



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For each contact, select all that apply:

O Principal Executive Officer/Chief Elected Official

- Duly Authorized Representative
- \bigcirc Local Stormwater Public Contact
- \odot Stormwater Management Program (SWMP) Coordinator
- \bigcirc Report Preparer

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

Name of MS4 Ontario County Highway Department

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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?

If Yes, complete information below.

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Additional tasks/responsibilities

Watershed Improvement Strategy Best Management Practices required for MS4s in impaired

watersheds included in GP-0-08-002 Part IX.

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First Name W i l l i a m	MI Last Name C 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	Public Works
Signature	Date 0411812014

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

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

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

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MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Ontario

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MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Ontario

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- O Duly Authorized Representative
- \bigcirc Local Stormwater Public Contact
- \odot Stormwater Management Program (SWMP) Coordinator
- \bigcirc Report Preparer

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Name of MS4 Town of Ontario

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

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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 Certificat	ion(MCC	.) I	For	·m					
MCC form for period ending March 9	, 2	0 1	4							
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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 J o h n	MI J	Last Name S m i t h
Title(Clearly print title of individual signing report)TOWNSUpervisOr		
Signature		Date

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

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

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

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Name of MS4 Town of Victor	Ν	Y	R	2	0	Α	2	4	9	

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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MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Victor

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

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

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MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Victor

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Section 2 - Contact Information

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

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

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Name of MS4 Town of Victor

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

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

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

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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."

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

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

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

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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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MCC form for period ending March 9, 2 0 1

Name of MS4 Village of Victor

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Section 2 - Contact Information

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- Report Preparer

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MCC form for period ending March 9, 2 0 1

Name of MS4 Village of Victor

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Section 2 - Contact Information

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

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

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

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Name of MS4 Village of Victor

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

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

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

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Name of MS4 Village of Victor

Section 4 - Certification Statement

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

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

First Name John	MI S	Last Name H o l d e n
Title (Clearly print title of individual signing report) M a y o r		
Signature John H. Holden		Date 0412212014

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

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

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

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Name of MS4 Town of Walworth	Ν	Y	R	2	0	А	2	9	3	

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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MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Walworth

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Section 2 - Contact Information

Important Instructions - Please Read

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

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

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

For each contact, select all that apply:

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

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MCC form for period ending March 9, 2 0 1

Name of MS4 Town of Walworth

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For each contact, select all that apply:

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

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

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Name of MS4 Town of Walworth

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

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Additional tasks/responsibilities

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

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MCC form for period ending March 9	,20	1	4							
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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."

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First Name	MI	Last Name
Patricia		Marini
Title (Clearly print title of individual signing report)		
T o w n S u p e r v i s o r		
Signature		
Ot . M.		
Satricia Marini		$\begin{array}{c c} \text{Date} \\ \hline 0 \ 4 \ 1 \ 0 \ 9 \ 1 \ 2 \ 0 \ 1 \ 4 \end{array}$

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

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

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

Name of MS4 Wayne County Highway Department



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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MCC form for period ending March 9, 2 0 1

Name of MS4 Wayne County Highway Department

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MCC form for period ending March 9, 2 0 1

Name of MS4 Wayne County Highway Department

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

Name of MS4 Wayne County Highway Department

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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?

If Yes, complete information below.

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Additional tasks/responsibilities

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

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MCC form for period ending March 9, 2 0 1

Name of MS4 Wayne County Highway Department

Section 4 - Certification Statement

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First Name	MI	Las	t Na	me										
James		Η	0	f	fm	a	n							
Title (Clearly print title of individual signing report)														
Chairman of the	B	d	0	f	S	u	р	е	r	v	i	s	0	r s
Signature June D Hoffman						Dat	e 3	/	1	8	/[2	01	4

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

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

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

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

Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

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Water Quality Trends

9

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

- On behalf of an individual MS4
- On behalf of a coalition How many MS4s are contributed to this report?
- 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. ○ Yes

If Yes, choose one of the following

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

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

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No

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

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

Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

 SPDES ID

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Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

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

 Construction Sites • Pesticide and Fertilizer Application General Stormwater Management Information Pet Waste Management Household Hazardous Waste Disposal Recycling Illicit Discharge Detection and Elimination Riparian Corridor Protection/Restoration Infrastructure Maintenance Trash Management • Smart Growth Vehicle Washing • Water Conservation Storm Drain Marking • Wetland Protection • Green Infrastructure/Better Site Design/Low Impact Development • Other: \bigcirc None S W i m m i n 0 0 1 W а t е r h a n d 1 i | n g р g Other 2. Specific audiences targeted during this reporting period:

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

MCM 1 Page 1 of 4

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

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

Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

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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:

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• Other:

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

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Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Promote the stormwater coalition and provide public education and outreach programs in order to educate & encourage interest & comments from the public. Public education & outreach was accomplished through: Public Education Displays, pamphlets & brochures @ community events (i.e. 4th of July Celebration) & town/village/county buildings, promoting the coalition website (w/ email link for public comments) in newsletters, direct mailings to MS4 residents, & public mtgs.

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

MS4 officials met with residents at community events, students at schools, at municipal offices and on-site on multiple occasions to discuss the stormwater program and related issues. The informational materials available to the public (bag clips, magnets, pamphlets, etc.) have consistently been distributed and require regular replenishment. Positive feedback has been received from many residents. The coalition website continues to receive views from the local residents.

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

12

(ex.: samples/participants/events)

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

• Yes \bigcirc No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • No

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

Expand community event outreach. Continue to attend and represent the stormwater coalition at community events throughout the next reporting period (March 9, 2014 - March 9, 2015), promote the coalition website (www.owsc.org) where the MS4 Annual Report will be displayed for the upcoming calender year, replenish educational material supplies & continue to design & create new educational materials for public consumption that will spark interest in the community residents.

MS4 Annual Report Form This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1$ 4 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Y R 2 0 The Ontario Wayne Stormwater Coalition Ν Name of MS4/Coalition 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 9 How many MS4s contributed to this report? 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply: • Cleanup Events # Events 8 ○ Comments on SWMP Received #Comments • Community Hotlines Phone # 5 3 9 6 1 5 0 5 8 4 Phone # 1 1 Phone

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2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? • Yes

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Name of MS4/Coalition	The Ontario-Wayne Stormwater Coalition
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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

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.

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Leave blank if this report was not posted on the internet.	0 5 / 2 0 / 2 0 1 4
4.b. For how many days was/will this report be posted?	3 6 5
If submitting a report for single MS4, answer 5.a If submitting a	i joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this reporting p If Yes, what was the date of the meeting?	period? O Yes O No / / / /
If No, is one planned?	\bigcirc Yes \bigcirc No
5.b. Was an Annual Report public meeting held for all MS4s cont this reporting period?	ributing to this report during ○ Yes ● No
If No, is one planned for each?	○ Yes ● No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to	○ Yes ● No

SWMP in response to comments to this report.

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

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

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Name of MS4/Coalition The Ontario Wayne Stormwater Coalition

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Promote increased public involvement/participation through: community events (i.e. High Acres Landfill Open House), academic events, the coalition website which displays the annual report, educational material and volunteer opportunities. The Village of Victor for example, provided volunteer opportunities by working with students and girl scouts for road side cleanup events and stenciling of catch basins.

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

A noticeable increase in attendance and participation at community events was observed. Volunteers helped clean roadsides in the "Adopt a Highway" programs, and participated in local trail clean-up events and Earth Day events. The annual High Acres Landfill Open House had another large turnout of people. The Ontario-Wayne Stormwater Coalition website (www.owsc.org) has allowed local residents to continue to view the MS4 Annual Report throughout the year & comment.

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

(ex.: samples/participants/events)

1 2

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

• Yes \bigcirc No

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

• Yes O No

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

The Stormwater Coalition website (www.owsc.org) will continue to list upcoming events which provide public involvement/participation opportunities throughout the next reporting period (March 9, 2014 - March 9, 2015) and include a link to view/comment on the MS4 Annual Report. The individual MS4's have link's on their own websites directing the public to the OWSC website for stormwater related information.

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

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

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Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

- \bigcirc On behalf of an individual MS4
- On behalf of a coalition
 - How many MS4s contributed to this report?
- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?
- **3.a.**What types of generating sites/sewersheds were targeted for inspection during this reporting period?

Auto Recyclers	Landscaping (Irrigation)
Building Maintenance	○ Marinas
• Churches	○ Metal Plateing Operations
• Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
 Construction Vehicle Washouts 	\bigcirc Printing
Cross-Connections	Residential Carwashing
• Distribution Centers	Restaurants
\bigcirc Food Processing Facilities	\bigcirc Schools and Universities
 Garbage Truck Washouts 	• Septic Maintenance
\bigcirc Hospitals	• Swimming Pools
\bigcirc Improper RV Waste Disposal	• Vehicle Fueling
\bigcirc Industrial Process Water	Vehicle Maint./Repair Shops
	○ None
O Sewersheds:	

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

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

SPDES ID R 2 0 The Ontario-Wayne Stormwater Coalition Υ Name of MS4/Coalition 3.b. What types of illicit discharges have been found during this reporting period? • Broken Lines From Sanitary Sewer ○ Industrial Connections • Cross Connections ○ Inflow/Infiltration • Failing Septic Systems • Pump Station Failure ○ Floor Drains Connected To Storm Sewers • Sanitary Sewer Overflows • Illegal Dumping ○ Straight Pipe Sewer Discharges • Other: ○ None oli 1 h|y d r a u 1 i c s p i 1 1 i n r 0 d W a а У 4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

- 5. How many illicit discharges have been confirmed during this reporting period?
- 6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 1 8

2 0

1 8

No

No

• No

○ Yes

○ Yes

○ Yes

5 0 응

- 7. Has the storm sewershed mapping been completed in this reporting period? If No, approximately what percent was completed in this reporting period?
- 8. Is the above information available in GIS? Is this information available on the web? If Yes, provide URL(s):

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

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Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

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- 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?
- **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?

328

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

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

Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Identify /detect and eliminate all potential illicit discharges (including dry weather discharges). Develop/update mapping systems that locate all outfalls within each MS4, including new expanded MS4 coverage areas. Send MS4 employees to IDDE training and educate the public about IDDE, how to identify illicit discharges and that if they do identify an illicit discharge to contact the Ontario-Wayne Stormwater Coalition to have it addressed.

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

MS4's within the Ontario-Wayne Stormwater Coalition have an adopted IDDE Management Plan. A summer intern was hired to inspect the outfalls within each MS4. 18 illicit discharges were detected, confirmed and eliminated during this reporting period. MS4 staff members have also attended IDDE training seminars within this reporting period.

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

(ex.: samples/participants/events)

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

• Yes \bigcirc No

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

• Yes O No

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

Continue to identify outfalls and detect for illicit discharges through March 9, 2015. If an illicit discharge is detected, the source is to be identified and eliminated. Continue mapping storm sewershed boundaries. The stormwater coalition has already hired a summer intern for the next reporting period to continue to identify potential illicit discharges. The coalition has a GPS unit to map the outfalls and storm sewersheds and will continue to look for additional tools.

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

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Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

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<u>Minimum Control Measures 4 and 5.</u> <u>Construction Site and Post-Construction Control</u>

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

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

How many MS4s contributed to this report?

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

9

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 cerfification or using the NYSDEC Gap Analysis Workbook?

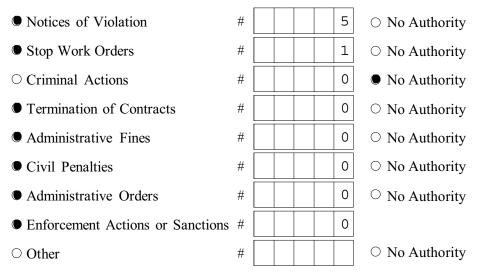
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. 09/2004 • 03/2006 • NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?
 Yes No NT

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

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

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



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

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

Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

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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?

MS4s contributed to this report?		_	

- 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
- 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
- 3. What percent of active construction sites were inspected during this reporting period? \odot NT

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

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

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

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

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

Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

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Submit additional pages as needed.

• MS4/Coalition Office

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Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

Review and comment on the Construction Erosion Control Plans and SWPPP for each project disturbing more than 1 acre to ensure they confirm to at a minimum the guidelines set forth in the NY SPDES General Permit. SWPPP inspections on all sites disturbing more than 1 acre are to be performed and the inspection reports are to be keep in the on-site copy of the SWPPP. Any site erosion control deficiencies are to be reported until they are eliminated.

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

100% of the sites with over an acre of disturbance have been visited at least once within the reporting period. Few issues were reported during this reporting period due to the MS4 site inspections and plan/SWPPP review process.

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

(ex.: samples/participants/events)

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

• Yes O No

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

• Yes O No

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

Continue to review the Construction Erosion Control Plans and SWPPP's for all projects that disturb more than 1 acre through March 9, 2015. Continue site inspections for all projects that disturb more than 1 acre through March 9, 2015. Report any erosion control deficiencies throughout the next reporting period until they are eliminated. Ensure all sites comply with the design of the approved SWPPP's and the NY SPDES General Permit. Continue to educate developers and contractors.

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

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

Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

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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?

- ort? 9
- 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	3	3	3				
\bigcirc Filter Systems							
Infiltration Basins	2	2	0				
• Open Channels	1 4	4 2	1 0				
Ponds	7 3	2 5 1	2				
• Wetlands	0	1	0				
• Other		1 6	8				

- 2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? • Yes O 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
 - Land Use Regulation/Zoning
- Watershed Plans Other Comprehensive Plan
- Other:

 \bigcirc None

~ •	 																								
N	Y	S	D	Ε	С	D	е	s	i	g	n	М	a	n	u	a	1	/	G	•	Ι	•			

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

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

Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition	SPDES ID N Y R 2 0				
4a. Are the MS4s contributing to this report involved in a regional/watersh	ed wide planning effort?				
	○ Yes ● No				
4b. Does the MS4 have a banking and credit system for stormwater manag	ement practices?				
	○ Yes ● No				
4c. Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwate	•				
	○ Yes ● No				
4d. How many stormwater management practices have been implemented as part of this system i					
reporting period?	0				
5. What percent of municipal officials/MS4 staff responsible for program training on Low Impace Development (LID), Better Site Design (BSD) a	•				

4 %

Infrastructure principles in this reporting period?

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

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Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

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.

Identify and inspect all post-construction stormwater management practices. Update stormwater management inventories. Make sure that the construction of the post-construction stormwater management practice follows the design in the approved SWPPP. Monitor & maintain the post-construction stormwater management practices as necessary and per their individual SWPPP. Inspection reports are to be kept on file.

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

MS4 inspections of the post-construction stormwater management practices revealed some deficiencies which were reported, and the required maintenance was completed. The increased attention to the post-construction stormwater management practices and the higher frequency of inspections has led to a drop off in flooding issues and increased water quality at the discharge of the stormwater management practices.

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

(ex.: samples/participants/events)

1 2

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

• Yes \bigcirc No

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

• Yes O No

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

Continue to be proactive and update the inventories to include all post-construction stormwater management practices through March 9, 2015. Continue inspections and maintenance for all post-construction stormwater management practices as necessary and per the individual SWPPP's. Report and repair any deficiencies and work to eliminate them throughout the next reporting period.

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

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Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

SPI	DES	ID				
Ν	Y	R	2	0		

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?



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

			-Assessr		
					ty/Facility
			<u>performe</u>	d within	the past 3
Operation/Activity/Facility	Addressed i	<u>n SWMP?</u>		<u>vears?</u>	
Street Maintenance	• Yes	○ No		• Yes	\bigcirc No
Bridge Maintenance	• Yes	○ No		• Yes	\bigcirc No
Winter Road Maintenance	• Yes	○ No		• Yes	○ No
Salt Storage	• Yes	○ No		• Yes	○ No
Solid Waste Management	• Yes	○ No		• Yes	○ No
New Municipal Construction and Land Disturban	nce • Yes	○ No		• Yes	\bigcirc No
Right of Way Maintenance	• Yes	○ No		• Yes	\bigcirc No
Marine Operations	• Yes	• No		\bigcirc Yes	• No
Hydrologic Habitat Modification	O Yes	• No		\bigcirc Yes	• No
Parks and Open Space	• Yes	○ No		• Yes	\bigcirc No
Municipal Building	• Yes	○ No		• Yes	\bigcirc No
Stormwater System Maintenance		○ No		• Yes	○ No
Vehicle and Fleet Maintenance		○ No		• Yes	\bigcirc No
Other	• Yes	○ No		• Yes	\bigcirc No

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

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

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Name of MS4/Coalition	The Ontario-Wayne Stormwater Coalition
Name of MIS4/Coalition	5

2. Provide the following information about municipal operations good housekeeping programs:

• Parking Lots Swept (Number of acres X Number of times swept)	# Acres			8	4
• Streets Swept (Number of miles X Number of times swept)	# Miles	1	7	9	4
• Catch Basins Inspected and Cleaned Where Necessary	#	1	4	5	6
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			8	7
Phosphorus Applied In Chemical Fertilizer	# Lbs.		3	0	0
• Nitrogen Applied In Chemical Fertilizer	# Lbs.		6	6	3
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# Acres	4	4 6	5.	5

- 3. How many stormwater management trainings have been provided to municipal employees during this reporting period?
- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

0 3

0 5



%

2 0 1 4

MCM 6 Page 2 of 3

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

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Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

Continue to increase Pollution Prevention / Good Housekeeping efforts. Continue to increase # of available education training programs offered and promote attendance by municipal employees. Train relevant MS4 personal as necessary and create system of tracking employee training.

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

Most roads within the limits of the OWSC were swept at least once (1,794 miles) within the the reporting period, while some were swept multiple times. 1,456 catch basins within the coalition were inspected/cleaned, while 84 acres of parking lots were also swept within the reporting period. MS4 personnel are becoming more aware of pollution prevention through related trainings and field work operations.

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

1 2

(ex.: samples/participants/events)

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

• Yes \bigcirc No

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

• Yes O No

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

Each MS4 within the coalition will continue the implementation of the adopted SWMPP. Complete all necessary inspections/maintenance/inventories by March 9, 2015. MS4 employees to continue to receive additional good housekeeping training throughout the next reporting period which ends March 9, 2015.