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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.

SPDES ID

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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

N	Y	R	2	0	A	1	1	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) 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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MI

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Last Name

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Title

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Address

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City

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State

N	Y
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Zip

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eMail

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Phone

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County

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

2	0	1	4
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Name of MS4

T	o	w	n	o	f	F	a	r	m	i	n	g	t	o	n
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SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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Last Name

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City

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State

N	Y
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Zip

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eMail

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Phone

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County

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MS4 Municipal Compliance Certification (MCC) Form

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

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

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 1 4

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

T h e o d o r e

MI

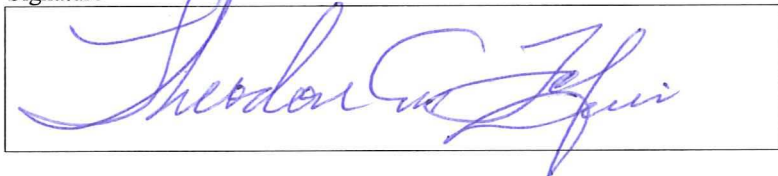
Last Name

F a f i n s k i

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 / 26 / 2014

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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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:

- ☐ 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,

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Town of Macedon

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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 c o t t	W	A l l e n

Title																			
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[illegible]

City	State	Zip
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eMail

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Phone (3 1 5) 9 8 6 - 5 9 3 2 County W a y n e

MCC form for period ending March 9,

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Town of Macedon

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

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, 2014

Name of MS4 TOWN OF MACEON

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

WILLIAM

MI

H

Last Name

HAMMOND

Title (Clearly print title of individual signing report)

SUPERVISOR

Signature



Date

08 / 08 / 2014

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	4
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Name of MS4

Village of Macedon

SPDES ID

N	Y	R	2	0	A	2	5	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																					

MCC form for period ending March 9,

2	0	1	4
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Name of MS4	Village of Macedon
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N	Y	R	2	0	A	2	5	8
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Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name										
D	a	n	i	e	l					

MI

Last Name									
C	o	r	n	w	a	l	l		

Title																				
V	i	l	l	a	g	e		E	n	g	i	n	e	e	r					

Address																				
8	1		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
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eMail																																
d	c	o	r	n	w	a	l	l	@	r	o	c	h	e	s	t	e	r	.	r	r	.	c	o	m							

Phone (3 1 5) 9 8 6 - 3 9 7 6

County												
W	a	y	n	e								

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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Section 2 - C

Important Instr

Contact information

- ## 1. Principal E

A separate

If a new Dr

For each contac

- Principal Executive Officer

First NameMILast Name

M	a	r	i	e									
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7

C	r	a	m	e	r								
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Title

[illegible]

Address

[illegible]

City

[illegible]

State

N	Y
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Zip

1	4	5	0	2	-				
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eMail

m	c	r	a	m	e	r	1	9	9	4	@	v	e	r	i	z	o	n	.	n	e	t
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Phone

$$\begin{pmatrix} 3 & 1 & 5 \end{pmatrix} \begin{matrix} 9 & 8 & 6 \end{matrix} - \begin{matrix} 3 & 9 & 7 & 6 \end{matrix}$$

County

[illegible]

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

2	0	1	4
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Name of MS4

V	i	l	l	a	g	e	o	f	M	a	c	e	d	o	n
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SPDES ID

N	Y	R	2	0	A	2	5	8
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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

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Address

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City

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

N	Y
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Zip

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eMail

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Phone

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Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

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

☒ MM1

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

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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

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☒ MM6

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

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	4
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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	1	4
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Name of MS4

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

Important Instr

Contact information

- ## 1. Principal E

A separate

If a new Dr

For each contac

- Principal Exe

First NameMILast Name

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

Address

[illegible]

City

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

N	Y
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Zip

1	4	4	2	4	-	9	5	5	3
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eMail

j	o	h	n	.	b	e	r	r	y	@	c	o	.	o	n	t	a	r	i	o	.	n	y	.	u	s
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Phone

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

County

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MCC form for period ending March 9,

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SPDES ID

N	Y	R	2	0	A	4	0	0
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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).

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

[illegible]

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	State	Zip
C a n a n d a i g u a	N Y	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 1 4

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 1 4

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 / 18 / 2014

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	4
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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

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- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
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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	1	4
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Name of MS4

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

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Section 2 - Contact Information

Important Instructions - Please Read

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

First Name

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MI

D

Last Name

C	o	l	l	i	n	s									
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Title

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Address

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City

O	n	t	a	r	i	o													
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State

N	Y
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Zip

1	4	5	1	9	-				
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eMail

c	o	l	l	i	n	s	@	o	n	t	a	r	i	o	t	o	w	n	.	o	r	g							
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Phone

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County

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MCC form for period ending March 9,

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

First Name	MI	Last Name
J o h n	J	S m i t h

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Address																			
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City	State	Zip
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Phone County
(3 1 5) 5 2 4 - 7 1 0 5 W a y n e

MCC form for period ending March 9,	2	0	1	4
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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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Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☒ Yes ☐ No

☒ 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.)

SPDES Partner ID - If applicable

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Address

[illegible]

City

State

Zip

C	a	n	a	n	d	a	i	g	u	a							N	Y	1	4	4	2	4	-							
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eMail

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

$$\begin{pmatrix} 5 & 8 & 5 \end{pmatrix} \begin{matrix} 3 & 9 & 6 \end{matrix} - \begin{matrix} 1 & 4 & 5 & 0 \end{matrix}$$

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.? ☒ Yes

☒ Yes ☐ No

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

● MM1	P	u	b	l	i	c	E	d	u	c	a	t	i	o	n	&	O	u	t	r	e	a	c	h
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● MM2 Pub . I n v o l v e m e n t / P a r t i c i p a t i o n

[illegible]

● 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	
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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 1 4

Name of MS4 Town of Ontario

SPDES ID

N Y R 2 0 A 0 9 8

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)

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

Signature



Date

03 / 11 / 2014

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	4
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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	1	4
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Name of MS4

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

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

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

K	e	n																	
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MI

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Last Name

W	i	l	s	o	n														
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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						
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Address

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City

V	i	c	t	o	r																															
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State

N	Y
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Zip

1	4	5	6	4	-				
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eMail

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

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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	1	4
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SPDES ID

Name of MS4	Town of Victor
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Contact information must be provided for *each* of the following positions as indicated below:

- L**

MS4 Municipal Compliance Certification (MCC) Form

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

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 1 4

Name of MS4 Town of Victor

SPDES ID

N Y R 2 0 A 2 4 9

Section 4 - Certification Statement

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

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

First Name

J a c k

MI

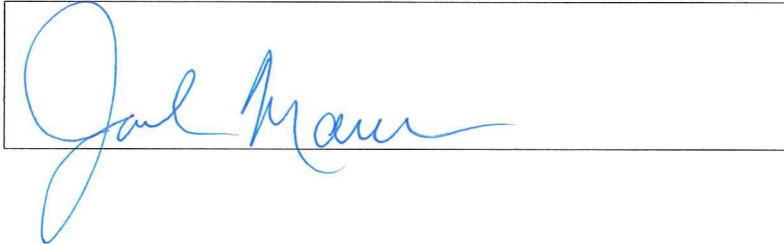
Last Name

M a r r e n

Title (Clearly print title of individual signing report)

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

Signature



Date

03 / 21 / 2014

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	4
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Name of MS4

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

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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) FormMCC form for period ending March 9,

2	0	1	4
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Name of MS4

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

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Section 2 - Contact Information

Important Instructions - Please Read

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3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
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											
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MI

C

Last Name

T	u	r	n	e	r									
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Title

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Address

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City

V	i	c	t	o	r												
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State

N	Y
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Zip

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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		
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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,

2	0	1	4
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Name of MS4

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

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

First Name

J	o	h	n											
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MI

S

Last Name

H	o	l	d	e	n									
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Title

M	a	y	o	r															
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Address

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City

V	i	c	t	o	r														
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State

N	Y
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Zip

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eMail

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

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County

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

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

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, 2 0 1 4

Name of MS4 Village of Victor

SPDES ID

N Y R 2 0 A 2 9 0

Section 4 - Certification Statement

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

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

First Name

J o h n

MI

S

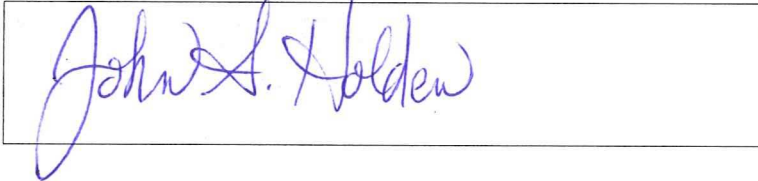
Last Name

H o l d e n

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

04 / 22 / 2014

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	4
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Name of MS4

Town of Walworth

SPDES ID

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

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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

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

2	0	1	4
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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

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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

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County

W	a	y	n	e											
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MCC form for period ending March 9,	2	0	1	4
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SPDES ID

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

First Name

MI

Last Name

P	a	t	r	i	c	i	a								
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7

M	a	r	i	n	i									
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Title

[illegible]

Address

[illegible]

City

[illegible]

State

N	Y
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Zip

1	4	5	6	8	-				
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eMail

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

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County

W	a	y	n	e
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MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Walworth

SPDES ID

N Y R 2 0 A 2 9 3

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 1 4

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

P a t r i c i a

MI

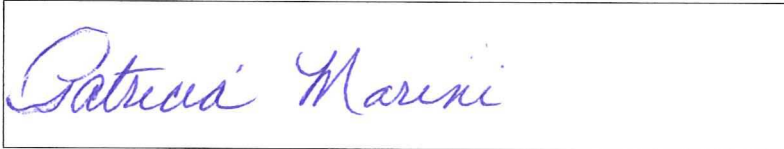
Last Name

M a r i n i

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 / 09 / 2014

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	4
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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	1	4
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SPDES ID

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

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

[illegible]

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[illegible]

A	s	s	i	s	t	a	n	t		E	n	g	i	n	e	e	r	i	n	g		M	a	n	a	g	e	r					
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[illegible][illegible]

State	
N	Y

1	4	4	8	9	-				
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[illegible]
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W	a	y	n	e								
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MCC form for period ending March 9,	2	0	1	4
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SPDES ID

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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.

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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

MI

Last Name

[illegible]

7

H	o	f	f	m	a	n							
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Title

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

Address

[illegible]

City

[illegible]

State

N	Y
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Zip

1	4	4	8	9	-				
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eMail

j	h	o	f	f	m	a	n	@	c	o	.	w	a	y	n	e	.	n	y	.	u	s
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Phone

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County

[illegible]

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4 Wayne County Highway Department

SPDES ID

N Y R 2 0 A 4 9 1

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

The Ontario - Wayne Stormwater

Partner/Coalition Name (con't.)

Coalition

SPDES Partner ID - If applicable

N Y R 2 0

Address

480 North Main Street

City

Canandaigua

State

N Y

Zip

14424 -

eMail

Ontswcd1@rochester.rr.com

Phone

(585) 396 - 1450

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

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

- MM1 Public Education & Outreach
- MM2 Pub. Involvement / Participation
- MM3 IDDE
- MM4 Construction Compliance
- MM5 Post-Construction Compliance
- MM6 Pollution Prevention Training

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Wayne County Highway Department

SPDES ID

N Y R 2 0 A 4 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

J a m e s

MI

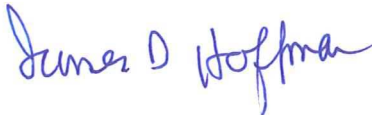
Last Name

H o f f m a n

Title (Clearly print title of individual signing report)

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

Signature



Date

03 / 18 / 2014

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

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

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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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Minimum Control Measure 1. Public Education and Outreach

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

☐ On behalf of an individual MS4

☒ On behalf of a coalition

How many MS4s contributed to this report?

		9
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1. Targeted Public Education and Outreach Best Management Practices

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

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

S	w	i	m	m	i	n	g		p	o	o	l		w	a	t	e	r		h	a	n	d	l	i	n	g					
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Other

2. Specific audiences targeted during this reporting period:

- | | |
|---|---|
| <input checked="" type="radio"/> Public Employees | <input checked="" type="radio"/> Contractors |
| <input checked="" type="radio"/> Residential | <input checked="" type="radio"/> Developers |
| <input checked="" type="radio"/> Businesses | <input checked="" type="radio"/> General Public |
| <input checked="" type="radio"/> Restaurants | <input checked="" type="radio"/> Industries |
| <input checked="" type="radio"/> Other: | <input checked="" type="radio"/> Agricultural |

s	t	u	d	e	n	t	s																							
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Other

MS4 Annual Report Form

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

2	0	1	4
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If submitting this form as 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

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☒ Direct Mailings

Mailings

	5	5	0	1
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☒ Kiosks or Other Displays

Locations

			1	6
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☐ List-Serves

In List

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☐ Mailing List

In List

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☐ Newspaper Ads or Articles

Days Run

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☒ Public Events/Presentations

Attendees

	1	0	0	3
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☒ School Program

Attendees

	2	8	2	9
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☐ TV Spot/Program

Days Run

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☒ Printed Materials:

Total # Distributed

	1	4	6	0
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Locations (e.g. libraries, town offices, kiosks)

T	o	w	n	/	V	i	l	l	a	g	e		H	a	l	l	,		
H	w	y		D	e	p	t	,	C	o	u	n	t	y		O	f	f	.
S	c	h	o	o	l	s	,	L	i	b	r	a	r	i	e	s	,		
M	a	r	k	e	t	s	,	U	t	i	l	i	t	y		C	o	.	

☒ Other:

p	r	o	m	o	t	i	o	n	a	l		m	a	t	e	r	i	a	l
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☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

h	t	t	p	:	/	/	o	w	s	c	.	o	r	g	/	6	M	i	n	i	m	u	m	M	e	a	s	u	r	e	s
/	1	P	u	b	l	i	c	E	d	u	c	a	t	i	o	n	a	n	d	O	u	t	r	e	a	c	h	.	a	s	p
x																															

URL

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[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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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?

		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).

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 calendar 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	0	1	4
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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 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?

		9
--	--	---

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
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☐ Comments on SWMP Received

Comments

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☒ Community Hotlines

Phone #

(5 8 5)

3 9 6 -

1 4 5 0

Phone # () -

Phone #

() -

Phone # () -

Phone #

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☒ Community Meetings

Attendees

		5	1
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☒ Plantings

Sq. Ft.

5	0	0	0
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☒ Storm Drain Markings

Drains

	4	0	0
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☐ Stakeholder Meetings

Attendees

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☒ Volunteer Monitoring

Events

			3
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☒ Other: m t g r e s . @ c o n s t r u c t i o n s i t e s

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

☒ Yes ☐ No

☐ List-Serve

In List

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☒ Newspaper Advertising

Days Run

		4	2
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☐ TV/Radio Notices

Days Run

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☒ Other: m u n i c i p a l b o a r d m e e t i n g s

☒ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

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

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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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2. URL(s) con't.:

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.

SPDES ID

Name of MS4/Coalition

The Ontario Wayne Stormwater Coalition

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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

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☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

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☐ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

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☒ 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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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.

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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.

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?

		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 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.

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The Ontario-Wayne Stormwater Coalition

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How many MS4s contributed to this report?	9
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	9	3	%
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4	9	9
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☐ None

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

The Ontario-Wayne Stormwater Coalition

SPDES ID

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

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

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

	2	0
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5. How many illicit discharges have been confirmed during this reporting period?

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

	1	8
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7. Has the storm sewershed mapping been completed in this reporting period?

☐ Yes ☒ No

If No, approximately what percent was completed in this reporting period?

	5	0	9
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8. Is the above information available in GIS?

☐ Yes ☒ No

Is this information available on the web?

☐ Yes ☒ No

If Yes, provide URL(s):

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

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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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8. URL(s) con't.:

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

URL

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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? ☒ 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?

	3	2
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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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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?

		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).

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.

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?

		9
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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No

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

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

☐ 09/2004 ☒ 03/2006 ☐ NT

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

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

	2	5
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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?

		0
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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	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5	<input type="radio"/> No Authority
<input checked="" type="radio"/> Stop Work Orders	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input checked="" type="radio"/> No Authority
<input checked="" type="radio"/> Termination of Contracts	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Fines	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="radio"/> No Authority
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<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	
<input type="radio"/> Other	#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="radio"/> No Authority

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 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?

		9
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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

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

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

1	0	0
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 %

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

1	0	0
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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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6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

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○ Library

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○ Web Page URL(s): Please provide specific address where SWPPPs 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

SPDES ID

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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.

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 kept 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?

		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).

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.

MS4 Annual Report Form

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

2	0	1	4
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If submitting this form as 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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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?

		9
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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried			# Inspections			# Times Maintained		
<input checked="" type="radio"/> Alternative Practices			3			3			3
<input type="radio"/> Filter Systems									
<input checked="" type="radio"/> Infiltration Basins			2			2			0
<input checked="" type="radio"/> Open Channels		1	4		4	2		1	0
<input checked="" type="radio"/> Ponds		7	3	2	5	1			2
<input checked="" type="radio"/> Wetlands			0			1			0
<input checked="" type="radio"/> Other					1	6			8

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?

- | | |
|---|--|
| <input checked="" type="radio"/> Building Codes | <input checked="" type="radio"/> Municipal Comprehensive Plans |
| <input type="radio"/> Overlay Districts | <input checked="" type="radio"/> Open Space Preservation Program |
| <input checked="" type="radio"/> Zoning | <input checked="" type="radio"/> Local Law or Ordinance |
| <input type="radio"/> None | <input checked="" type="radio"/> Land Use Regulation/Zoning |
| <input type="radio"/> Watershed Plans | <input type="radio"/> Other Comprehensive Plan |

☒ Other:

N	Y	S	D	E	C		D	e	s	i	g	n		M	a	n	u	a	l	/	G	.	I	.						
---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

		0
--	--	---

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

		4
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 %

MS4 Annual Report Form

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

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.

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?

		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).

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.

MS4 Annual Report Form

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

2	0	1	4
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If submitting this form as 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 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?

		9
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- 1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

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

MS4 Annual Report Form

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

2	0	1	4
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If submitting this form as 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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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 # Acres

		4	6	.	5
--	--	---	---	---	---

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

			1	3
--	--	--	---	---

4. What was the date of the last training?

0	3
---	---

 /

0	5
---	---

 /

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

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

	1	3
--	---	---

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

	3	1
--	---	---

 %

MS4 Annual Report Form

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2	0	1	4
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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 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
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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).

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.