# Village of Pomona Rockland County, New York

### MUNICIPAL COMPLIANCE CERTIFICATION FORM ANNUAL REPORT

Stormwater Discharges from Municipal Separate Storm Sewer Systems (MS4s)

SPDES ID: NYR20A412

Reporting Period: March 10, 2022 - March 9, 2023

Submitted to:

New York State
Department of Environmental Conservation
Division of Water

# MS4 Annual Report Cover Page

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### MS4 Annual Report Cover Page

MCC form for period ending March 9,

| Provide SPDES ID of each permit | ted MS4 included in this report. |          |
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# MS4 Municipal Compliance Certification(MCC) Form

| MCC form for period ending March 9,  |
|--|
| Name of MS4 SPDES ID   |
| 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:   |
|  |
|  |

Phone

### MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **Section 2 - Contact Information** Important Instructions - Please Read Contact information must be provided for <u>each</u> of the following positions as indicated below: 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J). 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form) 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c). 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP). 5. Report Preparer (Consultants may provide company name in the space provided). A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual. If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached. For each contact, select all that apply: O Principal Executive Officer/Chief Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

County

### MS4 Municipal Compliance Certification(MCC) Form

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

|                               | _ | SPL | DES | ID |   |   |   |   |   |   |
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| Name of MS4 VILLAGE OF POMONA |   | N   | Y   | R  | 2 | 0 | А | 4 | 1 | 2 |

#### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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#### MS4 Municipal Compliance Certification (MCC) Form

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#### MS4 Municipal Compliance Certification (MCC) Form

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| MM1                  |            |       |       |       |       |            |      |     |      |     |      |       |      |      |       |      |              |              |      |       |         |      |       |           |               |       |                   |    |
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| MM2                  |            |       |       |       |       |            |      |     |      |     |      |       |      |      |       |      |              |              |      |       |         |      |       |           |               |       |                   |    |
| MM3                  |            |       |       |       |       |            |      |     |      |     |      |       |      |      |       |      |              |              |      |       |         |      |       |           |               |       |                   |    |
| MM4                  |            |       |       |       |       |            |      |     |      |     |      |       |      |      |       |      |              |              |      |       |         |      |       |           |               |       |                   |    |
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| MM5                  |            |       |       |       |       |            |      |     |      |     |      |       |      |      |       |      |              |              |      |       |         |      |       |           |               |       |                   | _  |
| MM6                  |            |       |       |       |       |            |      |     |      |     |      |       |      |      |       |      |              |              |      |       |         |      |       |           |               |       |                   |    |
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### MS4 Municipal Compliance Certification(MCC) Form

| MCC form for period ending March 9,  |  |
|--|--|
|  | SPDES ID   |
| Name of MS4  |  |
| Section 4 - Certification Statement  |  |
| "I certify under penalty of law that this document and all attachments were direction or supervision in accordance with a system designed to assure the properly gathered and evaluated the information submitted. Based on my in persons who manage the system, or those persons directly responsible for the information submitted is, the best of my knowledge and belief, true, as aware that there are significant penalties for submitting false information, fine and imprisonment for knowing violations." | at qualified personnel inquiry of the person or gathering the information, ecurate, and complete. I am |
| This form must be signed by either a principal executive officer or ranking authorized representative of that person as described in GP-0-08-002 Part  | -  |
| First Name MI Last Name  |  |
|  |  |
| Title (Clearly print title of individual signing report)   |  |
| The Cecury from the or marviatur <u>signing</u> reporty  |  |
| Signature  Da  | te / / /   |

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

| Name of MS4/Coalition  Water Quality Trends  The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition |         |
|--|---------|
| The information in this section is being reported (check one):  On behalf of an individual MS4   |         |
| The information in this section is being reported (check one):  On behalf of an individual MS4   |         |
| On behalf of an individual MS4   |         |
|  |         |
| 77 3704 11 1 1 1 1 1 1   |         |
| How many MS4s are contributed to this report?  |         |
| 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measur       | e       |
| One.   | es O No |
| If Yes, choose one of the following  |         |
| <ul> <li>Report(s) attached to the annual report</li> <li>Web Page(s) where report(s) is/are provided below</li> </ul>   |         |
| Please provide specific address of page where report(s) can be accessed - not home   | page.   |
| URL  |         |
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| This report is being submitted for the reporting period ending March 9,   |
|---|
| If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.  |
| SPDES ID  |
| Name of MS4/Coalition   |
| Minimum Control Measure 1. Public Education and Outreach  |
| The information in this section is being reported (check one):  |
| <ul> <li>○ On behalf of an individual MS4</li> <li>○ On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul> |
| 1. Targeted Public Education and Outreach Best Management Practices   |
| Check all topics that were included in Education and Outreach during this reporting period:   |
|   |
| ○ Construction Sites ○ Pesticide and Fertilizer Application   |
| ○ General Stormwater Management Information ○ Pet Waste Management  |
| ○ Household Hazardous Waste Disposal ○ Recycling  |
| ○ Illicit Discharge Detection and Elimination ○ Riparian Corridor Protection/Restoration  |
| ○ Infrastructure Maintenance ○ Trash Management   |
| ○ Smart Growth ○ Vehicle Washing  |
| ○ Storm Drain Marking ○ Water Conservation  |
| ○ Green Infrastructure/Better Site Design/Low Impact Development ○ Wetland Protection   |
| ○ Other: ○ None   |
|   |
| <ul><li>Other</li><li>2. Specific audiences targeted during this reporting period:</li></ul>  |
| 2. Specific dualences targeted during this reporting period.  |
| ○ Public Employees ○ Contractors  |
| ○ Residential ○ Developers  |
| O Businesses O General Public   |
| ○ Restaurants ○ Industries  |
| Other: OAgricultural  |
| Other   |

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: O Construction Site Operators Trained #Trained O Direct Mailings #Mailings O Kiosks or Other Displays # Locations O List-Serves # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run O Public Events/Presentations # Attendees O School Program # Attendees ○ TV Spot/Program # Days Run O Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) Other: O Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed. URL

|              |          | subi |       | -        |           |               |               | -         |          |       |           |    |           |          |           |           |           |           |      |           |    | SPD       | ES        | ID       |               |           |           |           |          |
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| aa of        | f MS4    | /C02 | 1;;;; |          |           |               |               |           |          |       |           |    |           |          |           |           |           |           |      |           |    |           |           |          |               |           |           |           |          |
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| JKL          |          |      |       |          |           |               |               |           |          |       |           |    |           |          |           |           |           |           |      |           |    |           |           |          |               |           |           |           |          |
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| This report is being submitted for the reporting period ending March 9,  |
|--|
| If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.   |
| SPDES ID   |
| Name of MS4/Coalition  |
| 4. Evaluating Progress Toward Measurable Goals MCM 1   |
| Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed. |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.   |
|  |
|  |
|  |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  |
|  |
|  |
|  |
| C. How many times was this observation measured or evaluated in this reporting period?   |
| e. How many times was this observation measured of evaluated in this reporting period.   |
| (ex.: samples/participants/ever  |
| <b>D.</b> Has your MS4 made progress toward this Measurable Goal during this reporting period?  O Yes O No   |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O Yes O No   |
| F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).   |
|  |
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| This report is being submitted for the reporting period ending March 9,   |                                       |
|---|---------------------------------------|
| If submitting this form as part of a joint report on behalf of a coalition leave SPDES  | ID blank.                             |
| SPDES ID  Name of MS4/Coalition   |                                       |
| Minimum Control Measure 2. Public Involvement/Particip  | ation                                 |
| The information in this section is being reported (check one):  |                                       |
| ○ On behalf of an individual MS4  |                                       |
| On behalf of a coalition How many MS4s contributed to this report?  |                                       |
| How many MS4s contributed to this report:   |                                       |
| 1. What opportunities were provided for public participation in implementation development, evaluation and improvement of the Stormwater Management P (SWMP) Plan during this reporting period? Check all that apply: | *                                     |
| ○ Cleanup Events #Events  |                                       |
| ○ Comments on SWMP Received #Comments   |                                       |
| ○ Community Hotlines Phone # ( )  | 1-                                    |
| Phone # (   | ] -                                   |
| Phone # (   | ] -                                   |
| Phone # ( ) Phone # ( )   | ] -                                   |
| Phone # ( ) Phone # ( )   | ] -                                   |
| Phone # ( ) Phone # ( )   | ] -                                   |
| O Community Meetings # Attendees  |                                       |
| ○ Plantings Sq. Ft.   |                                       |
| ○ Storm Drain Markings #Drains  |                                       |
| ○ Stakeholder Meetings # Attendees  |                                       |
| ○ Volunteer Monitoring #Events  |                                       |
| Other:  |                                       |
| 2. Was public notice of availability of this annual report and Stormwater Mana Program (SWMP) Plan provided?  | gement<br>○ Yes ○ No                  |
| ○ List-Serve # In List  |                                       |
| O Newspaper Advertising # Days Run  |                                       |
| ○ TV/Radio Notices # Days Run   |                                       |
| Other:  |                                       |
| O Web Page URL: Enter URL(s) on the following two pages.  | · · · · · · · · · · · · · · · · · · · |

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page. URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 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 O Annual Report ○ SWMP Plan ○ Comments Department Address City Zip Phone O Library Address O Annual Report O SWMP Plan ○ Comments City Zip Phone O Annual Report O SWMP Plan ○ Comments Other Address City Zip Phone O Annual Report ○ SWMP Plan ○ Comments O Web Page URL: Please provide specific address of page where report can be accessed - not home page. O eMail O Comments

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 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. 4.b. For how many days was/will this report be posted? 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? O Yes  $\bigcirc$  No If Yes, what was the date of the meeting? If No, is one planned? O Yes  $\bigcirc$  No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? O Yes  $\bigcirc$  No If No, is one planned for each? O Yes  $\bigcirc$  No 6. Were comments received during this reporting period? ○ Yes  $\bigcirc$  No If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

| This report is being submitted for the reporting period ending March 9,  |
|--|
| If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.   |
| SPDES ID   |
| Name of MS4/Coalition  |
| 7. Evaluating Progress Toward Measurable Goals MCM 2   |
| Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed. |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.   |
|  |
|  |
|  |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  |
|  |
|  |
|  |
| C. How many times was this observation measured or evaluated in this reporting period?   |
|  |
| (ex.: samples/participants/event   |
| D. Has your MS4 made progress toward this measurable goal during this reporting period?  O Yes O No  |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  |
| $\bigcirc$ Yes $\bigcirc$ No   |
| F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).   |
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This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measure 3. Illicit Discharge Detection and Elimination The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. Enter the number and approx. percent of outfalls mapped: % 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period? O Auto Recyclers ○ Landscaping (Irrigation) O Building Maintenance ○ Marinas O Churches O Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Parking Lot Maintenance O Commercial Laundry/Dry Cleaners O Construction Vehicle Washouts Printing O Cross-Connections O Residential Carwashing O Distribution Centers O Restaurants O Schools and Universities O Food Processing Facilities O Garbage Truck Washouts O Septic Maintenance O Hospitals ○ Swimming Pools O Improper RV Waste Disposal O Vehicle Fueling O Industrial Process Water O Vehicle Maint./Repair Shops Other: ○ None O Sewersheds:

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3.b. What types of illicit discharges have been found during this reporting period? O Broken Lines From Sanitary Sewer O Industrial Connections O Cross Connections ○ Inflow/Infiltration O Failing Septic Systems O Pump Station Failure O Floor Drains Connected To Storm Sewers O Sanitary Sewer Overflows O Illegal Dumping O Straight Pipe Sewer Discharges Other: ○ None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 5. How many illicit discharges have been confirmed during this reporting period? 6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 7. Has the storm sewershed mapping been completed in this reporting period? O Yes  $\bigcirc$  No If No, approximately what percent was completed in this reporting period? % 8. Is the above information available in GIS? ○ Yes  $\bigcirc$  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. URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 8. URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page URL URL URL URL 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? O Yes  $\bigcirc$  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? %

| If submitting this form as part of a joint report on behalf of a coalition leading of MS4/Coalition  2. Evaluating Progress Toward Measurable Goals MCM 3  Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), include II.C.1. Submit additional pages as needed.  | SPDES    |         | ID bl       | ank.            |          |
|--|----------|---------|-------------|-----------------|----------|
| 2. Evaluating Progress Toward Measurable Goals MCM 3  Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), included   |          | ID      |             |                 |          |
| 2. Evaluating Progress Toward Measurable Goals MCM 3  Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), included   | measi    |         |             |                 |          |
| 2. Evaluating Progress Toward Measurable Goals MCM 3  Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), included   | measi    |         |             |                 |          |
| Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), include  | measi    |         |             |                 |          |
| dentified in your Stormwater Management Program Plan (SWMPP), include  | measi    |         |             |                 |          |
|  |          |         | _           |                 | 'art     |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in  | n this   | repor   | ting        | perio           | d.       |
|  |          |         |             |                 |          |
|  |          |         |             |                 |          |
|  |          |         |             |                 |          |
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|  |          |         |             |                 |          |
| 3. Briefly summarize the observations that indicated the overall effecti   | ivenes   | s of tl | his M       | Ieasu           | rable    |
|  |          |         |             |                 |          |
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|  |          |         |             |                 |          |
| C. How many times was this observation measured or evaluated in this   | repoi    | rting   | perio       | od?             |          |
|  |          |         |             |                 |          |
|  |          | (ex.: ; | <br>sample: | s/part.         | icipant: |
| ). Has your MS4 made progress toward this measurable goal during the   |          |         |             |                 |          |
| The state of the s |          |         | $\circ$     |                 | O No     |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMI  | pp?      |         |             |                 |          |
| 7. Is your 14154 on schedule to meet the deadline set for in in the 5 with   |          |         | $\circ$ Y   | <sup>7</sup> es | ○ No     |
| S. Briefly summarize the stormwater activities planned to meet the goathe next reporting cycle (including an implementation schedule).   | als of t | his N   |             |                 |          |
| the next reporting eyele (including an implementation schedule).   |          |         |             |                 |          |
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|  |          |         |             |                 |          |

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measures 4 and 5. **Construction Site and Post-Construction Control** The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for **Stormwater Discharges from Construction Activities?** ○ Yes  $\bigcirc$  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  $\circ$  NT If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  $\bigcirc$  09/2004  $\bigcirc$  03/2006  $\circ$  NT 2. Does your MS4/Coalition have a SWPPP review procedure in place? O Yes  $\bigcirc$  No 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? O Yes  $\bigcirc$  No  $\circ$  NT If Yes, how many public comments were received during this reporting period? 5. Does your MS4/Coalition provide education and training for contractors about the local **SWPPP** process? ○ Yes ○ No

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

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

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measure 4. Construction Site Stormwater Runoff Control The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 3. What percent of active construction sites were inspected during this reporting period?  $\bigcirc$  NT % 4. What percent of active construction sites were inspected more than once?  $\circ$  NT % 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS **Construction Stormwater Inspection Manual?** O Yes 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  $\bigcirc$  No  $\bigcirc$  NT If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes  $\bigcirc$  No

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

This report is being submitted for the reporting period ending March 9, 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 6. con't.: Submit additional pages as needed. ○ MS4/Coalition Office Department Address City Zip Phone ○ Library Address City Zip Phone Other Address City Zip Phone ○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL

| This report is being submitted for the reporting period endin  | ng March 9,                   |
|--|-------------------------------|
| If submitting this form as part of a joint report on behalf of a coalition   | on leave SPDES ID blank.      |
|  | SPDES ID                      |
| Tame of MS4/Coalition  |                               |
| . Evaluating Progress Toward Measurable Goals MCM 4  |                               |
| Use this page to report on your progress and project plans toward achieved dentified in your Stormwater Management Program Plan (SWMPP), inc. II.C.1. Submit additional pages as needed. | -                             |
| A. Briefly summarize the Measurable Goal identified in the SWMPl   | P in this reporting period.   |
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| B. Briefly summarize the observations that indicated the overall effections.   | ectiveness of this Measurable |
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| C. How many times was this observation measured or evaluated in t  | this reporting period?        |
|  |                               |
|  | (ex.: samples/participants/e  |
| D. Has your MS4 made progress toward this measurable goal durin  | g this reporting period?      |
|  | $\bigcirc$ Yes $\bigcirc$ No  |
| E. Is your MS4 on schedule to meet the deadline set forth in the SW  | MPP?                          |
| •  | $\bigcirc$ Yes $\bigcirc$ No  |
| F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule).  | goals of this MCM during      |
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| This report   | t is being subm     | itted for the r   | eporting perio   | od ending March                      | 9,            |          |
|---|---------------------|-------------------|------------------|--------------------------------------|---------------|----------|
| If submittir  | ng this form as pa  | rt of a joint rep | ort on behalf of | a coalition leave SP                 | DES ID blank. |          |
| Name of MS4/Coalition   |                     |                   |                  | SPDES II                             | D             |          |
| Minimum (   | Control Meas        | sure 5. Post      | -Constructio     | on Stormwater                        | Management    | <b>'</b> |
| The information in th   | is section is being | g reported (chec  | ck one):         |                                      |               |          |
| <ul><li>On behalf of an inc</li><li>On behalf of a coal</li></ul> |                     |                   |                  |                                      |               |          |
| How m   | any MS4s contr      | ributed to this 1 | report?          |                                      |               |          |
| 1. How many and w<br>MS4/Coalition in                             | * * * *             |                   |                  | anagement practice reporting period? | es has your   |          |
|   |                     | #<br>Inventoried  | #<br>Inspections | # Times<br>Maintained                |               |          |
| O Alternative Practice  | es                  |                   |                  |                                      |               |          |
| ○ Filter Systems  |                     |                   |                  |                                      |               |          |
| ○ Infiltration Basins   |                     |                   |                  |                                      |               |          |
| Open Channels   |                     |                   |                  |                                      |               |          |
| ○ Ponds   |                     |                   |                  |                                      |               |          |
| O Wetlands  |                     |                   |                  |                                      |               |          |
| Other   |                     |                   |                  |                                      |               |          |
| 2. Do you use an e<br>BMPs, inspecti                              |                     |                   | abase, spreads   | heet) to track pos                   |               | No No    |
| 3. What types of a Development/B                                  |                     | -                 |                  | -                                    | Impact        |          |
| O Building Codes  | O Municipal Co      | omprehensive P    | lans             |                                      |               |          |
| Overlay Districts   | Open Space I        | Preservation Pro  | ogram            |                                      |               |          |
| $\bigcirc$ Zoning   | O Local Law or      | Ordinance         |                  |                                      |               |          |
| ○ None  | O Land Use Re       | egulation/Zoning  |                  |                                      |               |          |
| O Watershed Plans   | Other Compr         | rehensive Plan    |                  |                                      |               |          |
| Other:  |                     |                   |                  |                                      |               |          |

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? ○ Yes  $\bigcirc$  No 4b. Does the MS4 have a banking and credit system for stormwater management practices? O Yes  $\bigcirc$  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  $\bigcirc$  No 4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 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? %

| This report is being submitted for the reporting period en  | ding March 9,                    |
|---|----------------------------------|
| If submitting this form as part of a joint report on behalf of a coal   | lition leave SPDES ID blank.     |
|   | SPDES ID                         |
| Name of MS4/Coalition   |                                  |
|   |                                  |
| 6. Evaluating Progress Toward Measurable Goals MCM 5  |                                  |
| Use this page to report on your progress and project plans toward achidentified in your Stormwater Management Program Plan (SWMPP), III.C.1. Submit additional pages as needed. | 2                                |
| A. Briefly summarize the Measurable Goal identified in the SWM  | IPP in this reporting period.    |
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| B. Briefly summarize the observations that indicated the overall of Goal.   | effectiveness of this Measurable |
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| C. How many times was this observation measured or evaluated i  | in this reporting period?        |
|   |                                  |
|   |                                  |
| N. II M.C.A   | (ex.: samples/participant:       |
| D. Has your MS4 made progress toward this measurable goal dur   |                                  |
|   | $\bigcirc$ Yes $\bigcirc$ No     |
| E. Is your MS4 on schedule to meet the deadline set forth in the S  | SWMPP?                           |
| •   | $\bigcirc$ Yes $\bigcirc$ No     |
| F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedule   | 9                                |
|   | -/-                              |
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| MIST Annual Report Form   | <u> </u>                        |
|---|---------------------------------|
| This report is being submitted for the reporting period e   | nding March 9,                  |
| If submitting this form as part of a joint report on behalf of a co   | alition leave SPDES ID blank.   |
| Name of MS4/Coalition   | SPDES ID                        |
| Minimum Control Measure 6. Stormwater Managem   | ent for Municipal Operations    |
| The information in this section is being reported (check one):  |                                 |
| <ul> <li>○ On behalf of an individual MS4</li> <li>○ On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul> |                                 |
| 1. Choose/list each municipal operation/facility that contributes   | s or may potentially contribute |

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

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

|  |              | <u>perfo</u> i | <u>rmed withir</u> | 1 the past 3  |
|--|--------------|----------------|--------------------|---------------|
| <b>Operation/Activity/Facility</b>           | Addressed in | n SWMP?        | <u>years?</u>      | •             |
| Street Maintenance                           | ○ Yes        | ○ No           | O Yes              | $\bigcirc$ No |
| Bridge Maintenance                           | O Yes        | ○ No           | O Yes              | $\bigcirc$ No |
| Winter Road Maintenance                      | O Yes        | ○ No           | O Yes              | $\bigcirc$ No |
| Salt Storage                                 | O Yes        | ○ No           | O Yes              | $\bigcirc$ No |
| Solid Waste Management                       | O Yes        | ○ No           | O Yes              | $\bigcirc$ No |
| New Municipal Construction and Land Disturba | nce O Yes    | ○ No           | O Yes              | $\bigcirc$ No |
| Right of Way Maintenance                     | O Yes        | ○ No           | O Yes              | $\bigcirc$ No |
| Marine Operations                            | O Yes        | ○ No           | O Yes              | $\bigcirc$ No |
| Hydrologic Habitat Modification              | O Yes        | ○ No           | O Yes              | $\bigcirc$ No |
| Parks and Open Space                         | O Yes        | ○ No           | O Yes              | $\bigcirc$ No |
| Municipal Building                           | O Yes        | ○ No           | O Yes              | $\bigcirc$ No |
| Stormwater System Maintenance                | ○ Yes        | ○ No           | O Yes              | $\bigcirc$ No |
| Vehicle and Fleet Maintenance                | ○ Yes        | ○ No           | O Yes              | $\bigcirc$ No |
| Other  | ○ Yes        | ○ No           | O Yes              | $\bigcirc$ No |

| This report is being submitted for the reporting period ending March 9,  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. |
|---|
| SPDES ID  |
| Name of MS4/Coalition   |
| 2. Provide the following information about municipal operations good housekeeping programs:   |
| O Parking Lots Swept (Number of acres X Number of times swept) # Acres  |
| ○ Streets Swept (Number of miles X Number of times swept) # Miles   |
| O Catch Basins Inspected and Cleaned Where Necessary #  |
| O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary  #  |
| O Phosphorus Applied In Chemical Fertilizer # Lbs.  |
| ○ Nitrogen Applied In Chemical Fertilizer # Lbs.  |
| O Pesticide/Herbicide Applied # Acres (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?   |
| 4. What was the date of the last training?  |
| 5. How many municipal employees have been trained in this reporting period?   |
| 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?  |

| This report is being submitted for the reporting period ending March 9,  |
|--|
| If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.   |
| SPDES ID   |
| Name of MS4/Coalition  |
| 7. Evaluating Progress Toward Measurable Goals MCM 6   |
| Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed. |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.   |
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|  |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  |
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|  |
| C. How many times was this observation measured or evaluated in this reporting period?   |
|  |
| (ex.: samples/participants/event   |
| D. Has your MS4 made progress toward this measurable goal during this reporting period?  O Yes O No  |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  |
| $\bigcirc$ Yes $\bigcirc$ No   |
| F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).   |
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| If submitting this fo  |                                    |  | March 9,               |
|--|------------------------------------|--|------------------------|
|  | rm as part of a joint repor        | rt on behalf of a coalition                | leave SPDES ID blank.  |
|  |                                    |  | SPDES ID               |
| 63 KG 4/G 11/1   |                                    |  |                        |
| e of MS4/Coalition   |                                    |  |                        |
| A J J'4' 1 337 - 4 -   |                                    | - 4 C4 4 D 4 M                             | D                      |
| Additional Wate  | rshed Improvemen                   | nt Strategy Best Man                       | nagement Practices     |
|  |                                    |  |                        |
| information in this section  | n is heing reported (check         | k one).                                    |                        |
|  |                                    |  |                        |
| on behalf of an individual Non behalf of a coalition                                 | MS4                                |  |                        |
|  | As contributed to this re          | mort?                                      |                        |
| now many MS  | 4s contributed to this re          | sport?                                     |                        |
|  |                                    |  |                        |
| 'As moved anarrow the same   | agtions on shoot NA a              | a indicated in the table                   | halarr                 |
| 948 must answer the qu   | estions of check IVA a             | s indicated in the table                   | e Delow.               |
| MS4 Description  | Answer                             | Check NA                                   | (POC)                  |
| NYC EOH Watershed raditional Land Use  | -<br>1,2,3,4,5,6,7a-d,8a,8b,9      | 10,11,12                                   | -<br>Phosphorus        |
| raditional Non-Land Use  | 1,2,3,4,7a-d,8a,8b,9               | 5,10,11,12                                 | Phosphorus             |
| on-Traditional   | 1,2,77a-d,8a,8b,9                  | 3,4,5,10,11,12                             | Phosphorus             |
| Onondaga Lake Watershed  | 1 6 7- 4 9- 0                      | 2 2 4 5 95 10 11 12                        | Discoule and           |
| aditional Land Use<br>aditional Non-Land Use   | 1,6,7a-d,8a,9<br>1,6,7a-d,8a,9     | 2,3,4,5,8b,10,11,12<br>2,3,4,5,8b,10,11,12 | Phosphorus Phosphorus  |
| on-Traditional   | 1,6,7a-d,8a,9                      | 2,3,4,5,8b,10,11,12<br>2,3,4,5,8b,10,11,12 | Phosphorus             |
| Greenwood Lake Watershed   | -                                  | -  | -                      |
| aditional Land Use   | 1,4,6,7a-d,8a,9                    | 2,3,5,8b,10,11,12                          | Phosphorus             |
| raditional Non-Land Use  | 1,4,6,7a-d,8a,9                    | 2,3,5,8b,10,11,12                          | Phosphorus             |
| on-Traditional   | 1,4,6,7a-d,8a,9                    | 2,3,5,8b,10,11,12                          | Phosphorus             |
| Oyster Bay<br>raditional Land Use  | 1,4,7a-d,9,10,11,12                | 2,3,5,6,8a,8b                              | Pathogens              |
| raditional Non-Land Use  | 1,4,7a-d,9,10,11,12                | 2,3,5,6,8a,8b                              | Pathogens              |
| on-Traditional   | 1,4,7a-d,9                         | 2,3,4,5,8a,8b,10,11,12                     | Pathogens              |
| Peconic Estuary  | -                                  | -  | -                      |
| aditional Land Use   | 1,4,7a-d,8a,9,10,11,12             | 2,3,5,6,8b                                 | Pathogens and Nitrogen |
| raditional Non-Land Use  | 1,4,7a-d,8a,9,10,11,12             | 2,3,5,6,8b                                 | Pathogens and Nitrogen |
| on-Traditional Oscawana Lake Watershed   | 1,4,7a-d,8a,9                      | 2,3,4,5,8b,10,11,12                        | Pathogens and Nitrogen |
| Oscawana Lake Watersned  | 1,4,6,7a-d,8a,9                    | 2,3,5,8b,10,11,12                          | Phosphorus             |
|  |                                    |  |                        |
| aditional Land Use   | 1 4 6 7a-d 8a 9                    | 2 3 5 8b 10 11 12                          | Phosphorus             |
| aditional Land Use<br>aditional Non-Land Use   | 1,4,6,7a-d,8a,9<br>1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12<br>2,3,5,8b,10,11,12     | Phosphorus Phosphorus  |
| raditional Land Use raditional Non-Land Use on-Traditional LI 27 Embayments          | 1,4,6,7a-d,8a,9<br>1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12<br>2,3,5,8b,10,11,12     | Phosphorus -           |
| raditional Land Use<br>raditional Non-Land Use<br>on-Traditional                     |                                    | 2,3,5,8b,10,11,12                          |                        |
| raditional Land Use<br>raditional Non-Land Use<br>on-Traditional<br>LI 27 Embayments | 1,4,6,7a-d,8a,9                    | 2,3,5,8b,10,11,12                          | Phosphorus -           |

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. Name of MS4/Coalition 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? % 5. Has your MS4/Coalition developed a program that provides protection equivalent to the **NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities** (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A **Standards?** 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes  $\bigcirc$  N/A  $\bigcirc$  No 7b. How many projects have been sited in this reporting period? 7c. What percent of the projects included in 7b have been completed in this reporting period? % 7d. What percent of projects planned in previous years have been completed? O No Projects Planned 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A

populations?

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 9. Has your MS4/Coalition developed and implemented a program of native planting? O Yes  $\bigcirc$  No  $\bigcirc$  N/A 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 11. Does your MS4/Coalition have a pet waste bag program?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A 12. Does your MS4/Coalition have a program to manage goose

 $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A