

**MS4 Annual Report Cover Page**MCC form for period ending March 9, 

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

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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**OR** **This report is being submitted on behalf of a Single Entity**

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

Name of Single Entity

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

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

Name of Coalition


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**MS4 Annual Report Cover Page**

**MCC form for period ending March 9,**

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

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### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

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Name of MS4 

Town of Macedon
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SPDES ID

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### Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name 

C	a	s	s	a	n	d	r	a
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 MI 

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 Last Name 

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Title 

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City 

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 State 

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Phone 

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### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2017

Name of MS4

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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip  -

eMail

Phone  County

### MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2017

Name of MS4

SPDES ID  
N Y R 2 0 A 3 9 1

#### Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

C o a l i t i o n

SPDES Partner ID - If applicable

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Address

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City

C a n a n d a i g u a

State

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Zip

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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 M u l t i p l e T a s k s

MM2 M u l t i p l e T a s k s

MM3 S h a r e d I n f o r m a t i o n

MM4 S h a r e d I n f o r m a t i o n

MM5 S h a r e d I n f o r m a t i o n

MM6 S h a r e d I n f o r m a t i o n

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, 2017

Name of MS4

SPDES ID

**Section 4 - Certification Statement**

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

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

First Name          MI  Last Name

Title (Clearly print title of individual signing report)

Signature

Date  /  /

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 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 

Town of Macedon
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SPDES ID  

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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:**

- |   |                     |   |   |   |   |   |
|---|---------------------|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |   |   |   |
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| <input checked="" type="radio"/> Direct Mailings          | # Mailings          | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td></tr></table>               | 7 | 9 | 0 | 0 |
| 7   | 9                   | 0   | 0 |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations         | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td></tr></table>                      |   |   |   | 2 |
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| <input type="radio"/> List-Serves                         | # In List           | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |   |   |   |
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| <input type="radio"/> Mailing List                        | # In List           | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |   |   |   |
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| <input type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |   |   |   |
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| <input type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |   |   |   |
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| <input type="radio"/> School Program                      | # Attendees         | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |   |   |   |
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| <input type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |   |   |   |
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| <input checked="" type="radio"/> Printed Materials:       | Total # Distributed | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table> |   |   | 7 | 5 |
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Locations (e.g. libraries, town offices, kiosks)

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Other:

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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

Town of Macedon

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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.**

Goals to increase public education by using town wide mailers (Macedon Messenger), social media (creation of dedicated Town MS4 Facebook page), preparation of display posters promoting the coalition, continue to provide informational literature at Town Hall Display Kiosk, and library entrance, including coloring books, and informational pamphlets. Coalition made and distributed OWSC Vehicle Decals and 20 community signs advertising the Coalition and it's website.

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

Increased activity and "likes" noted on the MS4 Facebook page. As of March 9, 2017 the Facebook page had 64 Likes and 64 followers. There has been continuous citizen participation by residents taking coloring books and flyers while visiting Town Hall.

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

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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 develop and promote the Town MS4 Facebook page. Continue to stock and supply display kiosks at the Town Hall & Library. Participate in Waste Management local open house at High Acres. Investigate additional development or purchase of brochures to target septic sewer maintenance. Purchase additional refrigerator magnets/chip clips which are very popular with residents. Investigate coordinating with Marina or Campground to display informational brochures.

### MS4 Annual Report Form

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

2	0	1	7
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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 

T	o	w	n	o	f	M	a	c	e	d	o	n
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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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? 

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

- Cleanup Events # Events 

				1
--	--	--	--	---
- Comments on SWMP Received # Comments 

--	--	--	--	--
- Community Hotlines
 

Phone # ( <table border="1"><tr><td>5</td><td>8</td><td>5</td></tr></table> ) <table border="1"><tr><td>3</td><td>9</td><td>6</td></tr></table> - <table border="1"><tr><td>1</td><td>4</td><td>5</td><td>0</td></tr></table>	5	8	5	3	9	6	1	4	5	0	Phone # ( <table border="1"><tr><td></td><td></td><td></td></tr></table> ) <table border="1"><tr><td></td><td></td><td></td></tr></table> - <table border="1"><tr><td></td><td></td><td></td></tr></table>									
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- Community Meetings # Attendees 

--	--	--	--
- Plantings Sq. Ft. 

--	--	--	--
- Storm Drain Markings # Drains 

--	--	--	--
- Stakeholder Meetings # Attendees 

--	--	--	--
- Volunteer Monitoring # Events 

--	--	--	--
- Other: 

T	o	w	n		B	o	a	r	d		M	e	e	t	i	n	g															
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#### 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes No

- List-Serve # In List 

--	--	--	--
- Newspaper Advertising # Days Run 

--	--	--	--
- TV/Radio Notices # Days Run 

--	--	--	--
- Other: 

F	a	c	e	b	o	o	k		P	a	g	e	/	T	o	w	n		B	o	a	r	d		M	t	g	.
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---
- Web Page URL: Enter URL(s) on the following two pages.

### MS4 Annual Report Form

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

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	3	9	1
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**2. URL(s) con't.:**

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

URL

w	w	w	.	o	w	s	c	.	o	r	g																													

URL

h	t	t	p	:	/	/	w	w	w	.	m	a	c	e	d	o	n	t	o	w	n	.	n	e	t	/	m	s	4	/																								

URL


URL


URL


URL


URL




**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9,** 2 0 1 7

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Name of MS4/Coalition

SPDES ID

**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

Address

City

Zip

Phone

(  )

Library  Annual Report  SWMP Plan  Comments

Address

City

Zip

Phone

(  )

Other  Annual Report  SWMP Plan  Comments

Address

City

Zip

Phone

(  )

Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments



**MS4 Annual Report Form**

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

2	0	1	7
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Name of MS4/Coalition 

Town of Macedon
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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**4.a. If this report was made available on the internet, what date was it posted?**

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

0	5
---	---

 / 

1	8
---	---

 / 

2	0	1	7
---	---	---	---

*This Report will be posted on MS4 Website & Coalition Website.*

**4.b. For how many days was/will this report be posted?**

3	6	5
---	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a 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?

--	--

 / 

--	--

 / 

--	--	--	--

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, 

2	0	1	7
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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 

Town of Macedon
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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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.**

To encourage public participation in events such as development of the the annual report and SWMP. Also to increase public knowledge of stormwater related activities in our community including: pollution from active construction sites, drainage improvements, good housekeeping practices, and community cleanup events.

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

Increased activity and "Likes" noted on the MS4 Facebook page. As of March 9, 2017 the Facebook page had 64 Likes and 64 followers. The Town installed 20 "No Dumping, Only Rain Down the Drain" signs with Coalition website address listed for more information.

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

			1
--	--	--	---

(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).**

Investigate incorporating a feedback mechanism into the MS4 Website to solicit and track comments on the SWMP and Annual Report. Explore an Adopt-A-Stream program with the Macedon Trails Committee to cleanup and improve the canal or local streams. Explore a volunteer monitoring program of stormwater outfalls that recruits volunteers and provides them with equipment and training to monitor stormwater outfalls.





## MS4 Annual Report Form

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

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	9	1
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**8. URL(s) con't.:**

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

URL									
URL									
URL									
URL									
URL									

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

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

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

		0
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 %

**MS4 Annual Report Form**

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

2	0	1	7
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Name of MS4/Coalition 

Town of Macedon
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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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.**

Update mapping of outfalls and watersheds as needed. Ensure all IDDE outfalls are inspected.

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

47% of outfalls were inspected this past reporting year. We expect to increase this percentage next year with the help of an intern. No significant illicit discharges were noted at this time.

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

			1
--	--	--	---

(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).**

Our goal is to re-inventory our outfalls to ensure all have been properly identified and prioritized. Combine the Town of Macedon's outfalls with the Village of Macedon's outfalls. Create a GIS layer of outfalls and add to the Town's GIS system to permit public access to the list. Update watershed layer on GIS to match outfall modifications. Add Village MS4 boundaries to existing GIS layer. Review and update SOP's for IDDE trackdown and ORI.

**MS4 Annual Report Form**

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

2	0	1	7
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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

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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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? 

		1
--	--	---

**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?**

		0
--	--	---

**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:**

- Notices of Violation # 

					0
--	--	--	--	--	---

 ○ No Authority
- Stop Work Orders # 

					0
--	--	--	--	--	---

 ○ No Authority
- Criminal Actions # 

					0
--	--	--	--	--	---

 ○ No Authority
- Termination of Contracts # 

					0
--	--	--	--	--	---

 ○ No Authority
- Administrative Fines # 

					0
--	--	--	--	--	---

 ○ No Authority
- Civil Penalties # 

					0
--	--	--	--	--	---

 ○ No Authority
- Administrative Orders # 

					0
--	--	--	--	--	---

 ○ No Authority
- Enforcement Actions or Sanctions # 

					0
--	--	--	--	--	---

 ○ No Authority
- Other # 

					0
--	--	--	--	--	---

 ○ No Authority



**MS4 Annual Report Form**

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

2	0	1	7
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Name of MS4/Coalition 

Town of Macedon
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SPDES ID

N	Y	R	2	0	A	3	9	1
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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? 

		1
--	--	---

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

		2
--	--	---

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

		2
--	--	---

Lakeview Apartments & Pheasant Run

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

1	0	0
---	---	---

 %

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

1	0	0
---	---	---

 %

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, 2017

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

Name of MS4/Coalition:

SPDES ID

#### 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

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

Town of Macedon
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SPDES ID

N	Y	R	2	0	A	3	9	1
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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.**

Ensure all appropriate weekly site inspections are performed, with correct follow ups to outstanding issues to prevent offsite discharges of sediment and construction debris into adjacent waterbodies.

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

All weekly inspections performed by Ontario County Soil and Water on behalf of Town of Macedon with appropriate documentation. All reports copied to town, owner, and contractor, with appropriate follow ups as needed. Good lines of communication on all projects. The Town has created an excel inventory for both active and inactive Construction Permits and will prioritize active construction sites. This spreadsheet contains coordinates to allow future mapping into the Town's GIS system.

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

		2	4
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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 Town of Macedon will continue to utilize third party services to conduct SWPPP reviews and weekly site inspections to ensure compliance with the general permit. A future goal is to provide SWPPP's and site inspections at the Library for public review. The town also plans to create a GIS Layer of active construction sites to be prioritized and added to the Town's GIS system.

### MS4 Annual Report Form

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

2	0	1	7
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Name of MS4/Coalition 

Town of Macedon
-----------------

SPDES ID  

N	Y	R	2	0	A	3	9	1
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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? 

		1
--	--	---

**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 type="radio"/> Alternative Practices	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		0										
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<input type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
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<input type="radio"/> Infiltration Basins	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
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<input type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
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<input checked="" type="radio"/> Ponds	<table border="1"><tr><td> </td><td>1</td><td>2</td></tr></table>		1	2	<table border="1"><tr><td> </td><td>1</td><td>2</td></tr></table>		1	2	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
	1	2										
	1	2										
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<input type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
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<input type="radio"/> Other	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1"><tr><td> </td><td> </td><td>0</td></tr></table>			0
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		0										

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

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

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

Other: 

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

**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 

Town of Macedon
-----------------

SPDES ID

N	Y	R	2	0	A	3	9	1
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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?**

		3
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**5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?**

		0
--	--	---

 %

**MS4 Annual Report Form**

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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

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

The Town is in the process of re-evaluating and updating its post-construction inventory. Village features have been added and the updated inventory includes GIS coordinates that will eventually be added to the Town's GIS system.

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

Inspections are on-going. No major deficiencies were noted for this year. The Town did not receive or document any complaints about drainage issues from any post-construction facilities.

**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 inspections of Post-Construction facilities. Once inventory is completely updated, provide the new GIS layer to the Town's GIS system. The Town plans to update the inventory to include the attributes required in the draft 2017 MS4 permit. The Town also plans to explore obtaining inspection data from private owners of post-construction facilities.

**MS4 Annual Report Form**

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

2	0	1	7
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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 

Town of Macedon
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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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? 

		1
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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>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u>			
	<u>Addressed in SWMP?</u>		<u>years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2017

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

Name of MS4/Coalition Town of Macedon

SPDES ID  
NYR20A391

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres   11
- Streets Swept (Number of miles X Number of times swept) # Miles  463
- Catch Basins Inspected and Cleaned Where Necessary #   15
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #   12
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres      .

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

**4. What was the date of the last training?** 02 / 01 / 2017

**5. How many municipal employees have been trained in this reporting period?**  12

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?** 100 %



**MS4 Annual Report Form**

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

2	0	1	7
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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

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

Continue to implement good housekeeping practices. The new salt storage facility has been built and is in operation. The Highway Department has continued to train municipal employees on good housekeeping and pollution prevention practices.

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

Town continues to improve good housekeeping procedures. The Town continues the practice of wood waste recycling to mulch, animal carcass composting, and binned storage of materials at highway facility.

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

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

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

Yes    No

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

Yes    No

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

Review and update Standard Operating Procedures (SOPs) to include Village Operations and Facilities. Create a SWPPP for the old Village DPW. Consider installing pet waste bags at municipal parks.

## MS4 Annual Report Form

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

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Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	9	1
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### Additional Watershed Improvement Strategy Best Management Practices

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

**This section does not pertain to the Town of Macedon.**

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

How many MS4s contributed to this report?

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

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

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

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

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period.    %



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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SPDES ID 

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- 9. **Has your MS4/Coalition developed and implemented a program of native planting?**  
 Yes    No    N/A
  
- 10. **Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**  
 Yes    No    N/A
  
- 11. **Does your MS4/Coalition have a pet waste bag program?**  
 Yes    No    N/A
  
- 12. **Does your MS4/Coalition have a program to manage goose populations?**  
 Yes    No    N/A