

# Town of Macedon 2018-2019 MS4 Annual Report

Prepared For:

NYS DEC MS4 Coordinator  
Bureau of Water Permits  
Albany, NY

In Compliance with the Requirements of  
SPDES General Permit  
GP-0-15-003

*Prepared for:*

**The Town of Macedon**

*Prepared by:*



10 LIFT BRIDGE LANE EAST  
FAIRPORT, NEW YORK 14450

**April 2019**

#2530-19



**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,** 2 0 1 9

SPDES ID

Name of MS4

**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

MI

N

Last Name

P a g a n o

Title

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

Address

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

City

M a c e d o n

State

N Y

Zip

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Phone

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

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

Name of MS4

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- Duly Authorized Representative
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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, 

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Name of MS4 

Town of Macedon
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SPDES ID  

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- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name 

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## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2019

Name of MS4 Town of Macedon

SPDES ID

NYR20A391

### 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

Ontario Wayne Stormwater

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Coalition

Address

480 North Main Street

City

State

Zip

Canandaigua NY 14424 -    

eMail

ontswcd1@rochester.rr.com

Phone

( 585 ) 396 - 1450

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  No

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

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

Additional tasks/responsibilities

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







### MS4 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:**

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|--|---------------------|--|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained    | # Trained           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Direct Mailings             | # Mailings          | <table border="1" style="width: 100%;"><tr><td> </td><td>4</td><td>0</td><td>0</td><td>0</td></tr></table>               |   | 4 | 0 | 0 | 0 |
|  | 4                   | 0  | 0 | 0 |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays    | # Locations         | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td>4</td></tr></table>               |   |   |   |   | 4 |
|  |                     |  |   | 4 |   |   |   |
| <input type="radio"/> List-Serves                            | # In List           | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>               |   |   |   |   |   |
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| <input type="radio"/> Mailing List                           | # In List           | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>               |   |   |   |   |   |
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| <input type="radio"/> Newspaper Ads or Articles              | # Days Run          | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>               |   |   |   |   |   |
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| <input checked="" type="radio"/> Public Events/Presentations | # Attendees         | <table border="1" style="width: 100%;"><tr><td> </td><td>3</td><td>1</td><td>0</td><td>8</td></tr></table>               |   | 3 | 1 | 0 | 8 |
|  | 3                   | 1  | 0 | 8 |   |   |   |
| <input type="radio"/> School Program                         | # Attendees         | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>               |   |   |   |   |   |
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| <input type="radio"/> TV Spot/Program                        | # Days Run          | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>               |   |   |   |   |   |
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| <input checked="" type="radio"/> Printed Materials:          | Total # Distributed | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td>5</td><td>0</td></tr></table>               |   |   |   | 5 | 0 |
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Locations (e.g. libraries, town offices, kiosks)

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Other:

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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

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**MS4 Annual Report Form**

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Name of MS4/Coalition

Town of Macedon

SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

During this reporting period the Town had chosen to increase efforts to educate residents, businesses and park visitors. The "Stormwater Pollution Found in Your Area" door hanger was given to the Highway Department for distribution. The Town developed a commercial brochure targeting businesses and a park flyer was created to be posted at the local parks bulletin boards.

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

During this reporting period we noted increased "Likes" and "Followers" on the MS4 Facebook page. 100 Chip clips were purchased and 15 were handed out with permits. Approximately 50 stormwater brochures were taken from the Town Hall's kiosk. 100 Pet waste bag holders were purchased and 25 were handed out with pet licenses. The OWSC has contracted Causewave Community Partners to coordinate an educational campaign to improve education and outreach efforts.

**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).**

Macedon through the OWSC will continue working with Causewave Community Partners and the OCSWC District to provide educational opportunities to residents. An online survey has been initiated to provide a baseline for community knowledge of stormwater efforts and to help guide future educational efforts. Macedon with the OWSC plans to research purchasing reusable shopping bags to be handed out at community events.











**MS4 Annual Report Form**

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Name of MS4/Coalition 

Town of Macedon
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SPDES ID

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

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

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

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

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

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Town of Macedon
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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.**

Continue adding the SWMP and Annual Report to the Website and Facebook page to solicit comments from the public. Add storm drain stenciling flyer to Website and Facebook page. Continue advertising Canal Clean Sweep on Facebook page. Continue with an annual shredding event. Participate in the Pharmaceutical Collection Event with Macedon PD.

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

The SWMP and the Annual Report were added to website. No comments were received. The Storm Drain Marking flyer, directions, and volunteer forms were completed. OWSC is researching purchasing markers. After receipt of markers, Macedon will add this opportunity to the website. The Canal Clean Sweep project collected 10 bags of trash and included 28 participants. The Annual Shredding Event was well attended. The Lumberjack Festival had over 3,100 attendees.

**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 adding SWMP and Annual Report to Website and Facebook. Add Storm Drain Marking to Website and Facebook. Continue the Annual Shredding Event, the Pharmaceutical Collection Event, Annual E-waste Collection Event and participation in the Lumberjack Festival. Review results of the water quality survey to help plan future events. Conduct a Rain Garden Workshop to promote green infrastructure and an Enviroscope watershed model demo at the Town of Macedon's Library.







**MS4 Annual Report Form**

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

2	0	1	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  

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.**

The Town applied and obtained a WQIP grant to map the Town's stormwater system: catch basins, manholes, closed pipe systems, open drainage systems, and culvert crossings. In GIS, the MS4 boundary was updated to include the Village of Macedon. The Town continued outfall inspections and training.

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

122 outfalls were inspected this past reporting year. The former Village of Macedon outfalls are in the process of being mapped and have been inspected. These efforts have added 38 outfalls to the Town's inventory. The Town has created a GIS layer of potential areas of concern to include areas adjacent to water bodies, wetlands and specific industries such as manufacturing and commercial areas with parking lots. The Highway Staff were trained on IDDE.

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

			3
--	--	--	---

*(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 plans to map their stormwater system: catch basins, manholes, closed pipe systems, open drainage systems, and culvert crossings, within the MS4 regulated area. The OWSC will continue annual IDDE training for municipal employees. The Town plans to conduct site visits of properties enrolled in the Agricultural and Farmland Protection Program. The Town may target areas of concern for inspection including: commercial car washes, laundromats, and vehicle fueling stations.

**MS4 Annual Report Form**

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

2	0	1	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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**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?**

		1
--	--	---

**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
--	--	---

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



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

- |  |   |   |  |  |   |  |  |   |                                    |
|--|---|---|--|--|---|--|--|---|------------------------------------|
| <input type="radio"/> Notices of Violation             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority |
|  |   |   |  |  | 0 |  |  |   |                                    |
| <input type="radio"/> Stop Work Orders                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority |
|  |   |   |  |  | 0 |  |  |   |                                    |
| <input type="radio"/> Criminal Actions                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority |
|  |   |   |  |  | 0 |  |  |   |                                    |
| <input type="radio"/> Termination of Contracts         | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority |
|  |   |   |  |  | 0 |  |  |   |                                    |
| <input type="radio"/> Administrative Fines             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority |
|  |   |   |  |  | 0 |  |  |   |                                    |
| <input type="radio"/> Civil Penalties                  | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority |
|  |   |   |  |  | 0 |  |  |   |                                    |
| <input type="radio"/> Administrative Orders            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority |
|  |   |   |  |  | 0 |  |  |   |                                    |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority |
|  |   |   |  |  | 0 |  |  |   |                                    |
| <input type="radio"/> Other                            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority |
|  |   |   |  |  | 0 |  |  |   |                                    |

**MS4 Annual Report Form**

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

2	0	1	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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**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? 

		7
--	--	---
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		1
--	--	---
  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, 2019

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

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

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

Address

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

City

M a c e d o n

N Y

Zip

1 4 5 0 2 -

Phone

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

● Library

Address

3 0 W M a i n S t r e e t

City

M a c e d o n

N Y

Zip

1 4 5 0 2 -

Phone

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

● Other

Address

M a i l b o x o f c o n s t r u c t i o n s i t e

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, 

2	0	1	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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**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.**

Continue SWPPP reviews of new projects with the SWPPP Review checklist. Continue notifying the public that construction plans and SWPPPs are available to review at the Library. Continue utilizing the pre-construction checklist to educate owners/operators and construction site personnel on MS4 requirements for E&SC. Continue to obtain 4 Hour DEC training cards from contractors to include in SWPPPs. Continue implementing construction site inspections as per the SOPs.

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

The Town had one active construction site through the permitting year. SWPPP inspections were conducted 18 times during the calendar year. The Owner and Contractor were informed of deficiencies. Deficiencies were corrected or have been scheduled for correction, as weather conditions allow.

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

		1	9
--	--	---	---

(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 SWPPP reviews of new projects with the SWPPP Review checklist. Continue notifying the public that construction plans and SWPPPs are available to review at the Library. Continue utilizing the pre-construction checklist to educate owners/operators and construction site personnel on MS4 requirements for E&SC. Continue to obtain 4 Hour DEC training cards from contractors to include in SWPPPs. Continue implementing construction site inspections as per the SOPs.



**MS4 Annual Report Form**

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

2	0	1	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

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?**

		0
--	--	---

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

	9	9
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	1	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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**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.**

Verify accuracy and update the current Post-Construction Inventory to include inspection dates, maintenance needed, and dates of maintenance performed. Improve inspection program for newly developed and re-developed sites or compliance with post-construction regulations. Explore obtaining the as-builts of post-construction management facilities to ensure that post-construction management facilities have been built per plan.

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

We are in the process of updating the Post-Construction Inventory and Inspection Tracking and mapping the facilities. The inventory fields were updated to include inspection dates, maintenance needed, and dates of maintenance performed. Post-construction inspections were performed. The requirement to submit as-builts for post-construction management facilities was added to the Town's Conditions of Site Plan Approval. Seven out of eight Planning Board members received GI Training.

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

		2	4
--	--	---	---

*(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 updating the Post-Construction Inventory and Inspection Tracking spreadsheet. Utilize the DEC's Maintenance Guidance SMP Checklists for future post-construction inspections. Continue annual training for Planning Board members on Low Impact Development, Better Site Design, and other GI principles. Continue to add and map new post-construction facilities as they are added to the system. Implement Stormwater Maintenance Agreements for Post-Construction Facilities.

**MS4 Annual Report Form**

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

2	0	1	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  

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
--	--	---

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

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



### MS4 Annual Report Form

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

2	0	1	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  

N	Y	R	2	0	A	3	9	1
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**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

			1	0
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

	1	3	5	5
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			2	0
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			2	4
--	--	--	---	---
- 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?**

				1
--	--	--	--	---

**4. What was the date of the last training?**

0	2
---	---

 / 

2	6
---	---

 / 

2	0	1	9
---	---	---	---

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

	1	5
--	---	---

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

	9	9
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	1	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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**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.**

Complete the SWPPP for the Town DPW. Develop a a SWPPP for the Waste Water Treatment Plant. Continue annual Pollution Prevention and Good Housekeeping training. Review SOPs.

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

It was determined that the SWPPP for the Town DPW and Waste Water Treatment Plant were not required. SOPs were developed for the Waste Water Treatment Plant (WWTP). The Town DPW has incorporated SOPs already used by the Highway Department. Two Facility Site Assessments were completed. One for the WWTP and one for the Village DPW. MS4 employees received P2 & Good Housekeeping training by the OWSC.

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

			6
--	--	--	---

(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).**

During the next reporting year, the Town will continue P2 & Good Housekeeping Training for municipal employees. The Town will continue using SOPs and encourage best management practices at their facilities. The Town will continue indoor storage of equipment and materials. The Town plans to research pollution prevention posters and signs for the Highway Garage, Village DPW and WWTP.

## 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.

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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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  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? 

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 %

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  No  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 Standards?  Yes  No  N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A

7b. How many projects have been sited in this reporting period? 

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7c. What percent of the projects included in 7b have been completed in this reporting period? 

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 %

7d. What percent of projects planned in previous years have been completed? 

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 %

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  No  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?  Yes  No  N/A

**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