

Town of Macedon 2019-2020 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:



May 2020

#2530-20

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

2	0	2	0
---	---	---	---

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

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

2	0	2	0
---	---	---	---

N	Y	R	2	0	A	3	9	1
---	---	---	---	---	---	---	---	---

[illegible]

MCC form for period ending March 9,

2	0	2	0
---	---	---	---

Town of Macedon

N	Y	R	2	0	A	3	9	1
---	---	---	---	---	---	---	---	---

Important Instructions - Please Read

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

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

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

First Name	MI	Last Name
K i m b e r l y		L e o n a r d

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

[illegible]

City													State		Zip									
M	a	c	e	d	o	n							N	Y	1	4	5	0	2	-				

[illegible]

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 0

Name of MS4 Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 1

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

S c o t t

MI

Last Name

A l l e n

Title

C o d e E n f o r c e m e n t O f f i c e r / T o w n E n g

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

1 4 5 0 2 -

eMail

b u i l d i n g i n s p e c t o r @ m a c e d o n t o w n . n e t

Phone

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

County

W a y n e

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

2	0	2	0
---	---	---	---

Name of MS4

Town of Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

K	i	m	b	e	r	l	y										
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

MI

D

Last Name

B	o	y	d														
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

S	t	o	r	m	w	a	t	e	r		S	p	e	c	i	a	l	i	s	t	,		C	P	M	S	M								
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--

Address

1	0		L	i	f	t		B	r	i	d	g	e		L	a	n	e		E	a	s	t											
---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

City

F	a	i	r	p	o	r	t																											
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	4	4	5	0	-																														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

eMail

k	b	o	y	d	@	b	m	e	p	c	.	c	o	m																						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(5	8	5)	3	7	7	-	7	3	6	0
---	---	---	---	---	---	---	---	---	---	---	---	---

County

M	o	n	r	o	e																														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Town of Macedon

SPDES ID

N Y R 2 0 A 3 9 1

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Address

4 8 0 N o r t h M a i n S t r e e t

City

C a n a n d a i g u a

State

N Y

Zip

1 4 4 2 4 -

eMail

o n t s w c d 1 @ r o c h e s t e r . r r . c o m

Phone

(5 8 5) 3 9 6 - 1 4 5 0

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

☒ Yes ☐ No

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

● MM1 P u b l i c E d u c a t i o n & O u t r e a c h

● MM2 P u b . I n v o l v e m e n t / P a r t i c i p a t i o n

● MM3 I D D E T r a i n i n g

● MM4 C o n s t r u c t i o n C o m p l i a n c e

● MM5 P o s t - C o n s t r u c t i o n C o m p l i a n c e

● MM6 P o l l u t i o n P r e v e n t i o n T r a i n i n g

Additional tasks/responsibilities

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

2	0	2	0
---	---	---	---

Town of Macedon

N	Y	R	2	0	A	3	9	1
---	---	---	---	---	---	---	---	---

Water Quality Trends

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

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

How many MS4s are contributed to this report?	1
---	---

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. ☐ Yes ☐ No

☐ Yes ☒ No

If Yes, choose one of the following

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

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

[illegible][illegible][illegible][illegible]

2	0	2	0
---	---	---	---

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	3	9	1
---	---	---	---	---	---	---	---	---

		1
--	--	---

[illegible][illegible]

MCM 1 Page 1 of 4

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☒ Direct Mailings

Mailings

	6	4	0	0
--	---	---	---	---

☒ Kiosks or Other Displays

Locations

				2
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations **Lumberjack Festival & High Acres Event**

Attendees

	3	1	0	0
--	---	---	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

			2	5
--	--	--	---	---

Locations (e.g. libraries, town offices, kiosks)

T	o	w	n		H	a	l	l		K	i	o	s	k					
---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--

L	i	b	r	a	r	y		E	n	t	r	y							
---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--

M	a	r	i	n	a														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

T	w	i	l	g	i	h	t		C	a	m	p	g	r	o	u	d		
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--

☒ Other:

F	a	c	e	b	o	o	k	/	L	u	m	b	e	r	j	a	c	k	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

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

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

h	t	t	p	s	:	/	/	w	w	w	.	f	a	c	e	b	o	o	k	.	c	o	m	/	M	a	c	e	d	o	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

M	S	4	/																												
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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
---	---	---	---	---	---	---	---	---

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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, we continued working with the OWSC and Causewave Community Partners. The water quality survey was used to create the OWSC Program & Communications Plan. Pet Waste Brochures were created and will be given to a local veterinarian for distribution. The OWSC purchased reusable shopping bags and we plan to give them to Long Acres Farms for distribution.

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. The most popular posts involved the shredding event, the summer intern post, and street sweeping. 50 Chip clips were handed out with permits. Approximately 25 stormwater brochures were taken from the Town Hall's kiosk. 40 pet waste bag holders were handed out with dog licenses. 2,400 pet waste bags have been taken from the 8 dog stations located at local parks.

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).

Macedon will continue to work with the OWSC to develop educational materials to give to residents and businesses. We will continue Facebook posts relevant to stormwater and include stormwater information in the Macedon Messenger. We will continue to distribute promotional material such as the chip clips, pet waste bag holders, reusable bags, and pet waste bags. A local veterinarian will be given the Pet Waste Brochures for distribution. Long Acre Farms will be given the reusable bags.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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
--	--	---

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 **Annual Shredding, E-Waste & Pharmaceutical Events**

				4
--	--	--	--	---

☒ Comments on SWMP Received

Comments

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

☒ Community Hotlines

Phone #

(5 8 5)

3 9 6

- 1 4 5 0

Phone # () -

Phone # () -

Phone # () -

Phone # () -

Phone # () -

Phone # () -

Phone # () -

Phone # () -

Phone # () -

Phone # () -

☒ Community Meetings **2018-2019 SWMP & Annual Report Review May 9th, 2019**

Attendees

		1	5
--	--	---	---

☐ Plantings

Sq. Ft.

--	--	--	--

☐ Storm Drain Markings

Drains

--	--	--	--

☐ Stakeholder Meetings

Attendees

--	--	--	--

☐ Volunteer Monitoring

Events

--	--	--	--

☒ Other: R a i n G a r d e n W o r k s h o p

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 e t g .

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

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

N	Y	R	2	0	A	3	9	1
---	---	---	---	---	---	---	---	---

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

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

L

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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	5
---	---

 /

2	0	2	0
---	---	---	---

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

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

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?

--	--

 /

--	--

 /

--	--	--	--

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	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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.

We added the SWMPP and Annual Report to the Website and Facebook page to solicit comments from the public. We added storm drain marking volunteer opportunities to the website. We conducted an annual shredding event, an E-Waste Collection Event & 2 Pharmaceutical Collection Events and participated in the Lumberjack Festival. Macedon also held a rain garden workshop to promote green infrastructure and an Enviroscope watershed model demo at the Town's Library.

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

No comments were received regarding last year's SWMPP and Annual Report. Approximately 75 people participated in the annual shredding event. The E-Waste collection event collected 7,724 lbs of electronics. The two Pharmaceutical Events collected approximately 100 lbs of material. The Lumberjack Festival had approximately 3,100 attendees. The Rain Garden class at the library had 11 participants and the Enviroscope demo taught 15 children about stormwater pollution.

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).

Macedon will continue adding the SWMPP and Annual Report to the Website and Facebook page. We will continue the annual Shredding Event, annual E-Waste Collection Event, Pharmaceutical Events, and participation in the Lumberjack Festival. For the upcoming permit year, we plan to contact the Macedon Garden Club and OWSC to host a Rain Barrel Workshop. We will continue adding Facebook posts to encourage stormwater dialogue with the community.

L

2	0	2	0
---	---	---	---



Town of Macedon

N	Y	R	2	0	A	3	9	1
---	---	---	---	---	---	---	---	---

		1
--	--	---

		1	2	2	#				1	0	0	%
--	--	---	---	---	---	--	--	--	---	---	---	---

		9
--	--	---

C	o	n	s	t	r	u	c	t	i	o	n		S	i	t	e	s	/	G	a	s		S	t	a	t	i	o	n	s
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---

[illegible]

L

2	0	2	0
---	---	---	---

Town of Macedon

N	Y	R	2	0	A	3	9	1
---	---	---	---	---	---	---	---	---

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

[illegible]

		0
--	--	---

		0
--	--	---

		0
--	--	---

☐ Yes ☒ No

		0	%
--	--	---	---

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

URL

[illegible][illegible]

MS4 Annual Report Form

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

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
---	---	---	---	---	---	---	---	---

8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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?

	9	3	%
--	---	---	---

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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.

Macedon had planned to map the stormwater system; however, due to lack of staffing to administer the grant, mapping was delayed. We continued IDDE training and decided to hold off on outfall inspections since over the previous 2 permit years, we had inspected 100% of our outfalls. The Town planned to inspect properties enrolled in the Agricultural and Farmland Protection Program and commercial car washes and gas stations.

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

Nine outfalls were inspected this past reporting year. Zero illicit discharges were detected. The Highway Staff were trained on IDDE. Eight easements were inspected for the Agricultural & Farmland Protection Program. Two commercial car washes and two gas stations were inspected with zero instances of illicit discharges. The mapping of the stormwater system was delayed due to a lack of staffing to administer the mapping grant.

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

		2	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).

The Town hired an outside consultant to administer the Mapping Grant and expects to begin mapping the system within the MS4 regulated area in the Fall. The Town plans to continue to use the OWSC Education Coordinator for IDDE training of municipal employees. Outfall inspections are scheduled for this upcoming permit year.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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
--	--	---

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>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>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>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>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>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>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>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>0</td></tr></table>					0	
				0				
<input type="radio"/> Other	#	<table border="1"><tr><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	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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?

		0
--	--	---

 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,

2	0	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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 using 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 disturbing less than 5 acres throughout the permitting year. SWPPP inspections were conducted 12 times during the calendar year. The Owner and Contractor were informed of any deficiencies. All deficiencies were corrected.

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

		1	2
--	--	---	---

(ex.: samples/participants/events)

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

☒ Yes ☐ 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	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		0										
		0										
		0										
<input type="radio"/> Filter Systems	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		0										
		0										
		0										
<input checked="" type="radio"/> Infiltration Basins	<table><tr><td></td><td></td><td>2</td></tr></table>			2	<table><tr><td></td><td></td><td>2</td></tr></table>			2	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		2										
		2										
		0										
<input type="radio"/> Open Channels	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		0										
		0										
		0										
<input checked="" type="radio"/> Ponds	<table><tr><td></td><td>1</td><td>6</td></tr></table>		1	6	<table><tr><td></td><td>1</td><td>6</td></tr></table>		1	6	<table><tr><td></td><td></td><td>0</td></tr></table>			0
	1	6										
	1	6										
		0										
<input type="radio"/> Wetlands	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		0										
		0										
		0										
<input checked="" type="radio"/> Other	<table><tr><td></td><td></td><td>8</td></tr></table>			8	<table><tr><td></td><td></td><td>8</td></tr></table>			8	<table><tr><td></td><td></td><td>0</td></tr></table>			0
		8										
		8										
		0										

5 Bioretention Areas

3 Dissipation Devices

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,

2	0	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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?

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

 %

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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.

We continued updating the Post-Construction Inventory and Inspection Tracking Spreadsheet. We utilized the DEC's Maintenance Guidance SMP Checklists for post-construction inspections. No new systems were built but 2 facilities were added. We drafted a Stormwater Maintenance Agreement (SMA) for privately held post-construction facility owners. The goal of the agreement is to provide an access easement to allow the Town to conduct minor maintenance improvements if needed.

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

We inspected 26 post-construction controls. Once implemented, the SMAs will expedite minor maintenance and improve the overall condition of post-construction controls. We created a draft work order that can be used to identify deficiencies within the facilities and will be used to route corrective actions to the Highway Department. Seven out of seven Planning Board members and the Town Engineer received GI Training. Planning Board members appear more familiar the concepts.

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

		2	7
--	--	---	---

(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 and updates to the SMP Inventory. Continue annual training for Planning Board members on LID, BSD, and other GI principles. Continue to add and map SMPs as they are discovered or added to the system. We will continue to investigate the best way to implement SMAs for privately held SMPs and consider assigning a municipal employee to inspect and perform minor maintenance of SMPs annually. We plan to finalize work orders to expedite maintenance.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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

● Parking Lots Swept (Number of acres X Number of times swept)

Acres

			9	7
--	--	--	---	---

● Streets Swept (Number of miles X Number of times swept)

Miles

	1	1	9	7
--	---	---	---	---

● Catch Basins Inspected and Cleaned Where Necessary

			1	2
--	--	--	---	---

○ Post Construction Control Stormwater Management Practices
Inspected and Cleaned Where Necessary

--	--	--	--	--

○ 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	3	/	0	3	/	2	0	2	0
---	---	---	---	---	---	---	---	---	---

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

	1	4
--	---	---

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

	9	3	%
--	---	---	---

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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.

The Town continued P2 & Good Housekeeping Training. The Town continued to use SOPs and encourage best management practices. The Town continued indoor storage of equipment and materials. The Town installed pollution prevention posters and signs for the Highway Garage, Village DPW and WWTP.

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

MS4 employees appear to be more familiar with P2 & Good Housekeeping concepts.

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 Highway employees. The Town will continue using SOPs and review and encourage best management practices at their facilities. The Town will continue indoor storage of equipment and materials. The Town has scheduled 34 Municipal Facility Assessments for the upcoming permit year.

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
---	---	---	---	---	---	---	---	---

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)
NYC EOH Watershed	-	-	-
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
Onondaga Lake Watershed	-	-	-
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
Greenwood Lake Watershed	-	-	-
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
Oyster Bay	-	-	-
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
Peconic Estuary	-	-	-
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
Oscawana Lake Watershed	-	-	-
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
LI 27 Embayments	-	-	-
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,

--	--	--	--

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

--	--	--	--	--	--	--	--	--	--

- 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?**

--	--	--

 %
- 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?**

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

--	--	--

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

--	--	--

 %
- ☐ 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,

--	--	--	--

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

--	--	--	--	--	--	--	--	--	--

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