



# MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID

SPDES ID



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

MCC form for period ending March 9,

Name of MS4

SPDES ID

**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  MI  Last Name

Title

Address

City  State  Zip  -

eMail

Phone (  )  -  County

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

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Name of MS4 

|  |
|--|
|  |
|--|

SPDES ID 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**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 

|  |
|--|
|  |
|--|

 MI 

|  |
|--|
|  |
|--|

 Last Name 

|  |
|--|
|  |
|--|

Title 

|  |
|--|
|  |
|--|

Address 

|  |
|--|
|  |
|--|

City 

|  |
|--|
|  |
|--|

 State 

|  |
|--|
|  |
|--|

 Zip 

|  |
|--|
|  |
|--|

 - 

|  |
|--|
|  |
|--|

eMail 

|  |
|--|
|  |
|--|

Phone ( 

|  |
|--|
|  |
|--|

 ) 

|  |
|--|
|  |
|--|

 - 

|  |
|--|
|  |
|--|

 County 

|  |
|--|
|  |
|--|

### MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

Name of MS4

SPDES ID

#### 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

Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable

Address

City  State  Zip  -

eMail

Phone  
(  )  -

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
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

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

MCC form for period ending March 9,

Name of MS4

SPDES ID

**Section 4 - Certification Statement**

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

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

First Name  MI  Last Name

Title (Clearly print title of individual signing report)

Signature

Date  /  /

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: [MS4compliance@dec.ny.gov](mailto:MS4compliance@dec.ny.gov). All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

**Submit Form**

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance  
Division of Water  
4th Floor  
625 Broadway  
Albany, New York 12233-3505











**MS4 Annual Report Form**

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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

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

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

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

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

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

*(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).**

**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

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

- Cleanup Events # Events
- Comments on SWMP Received # Comments
- Community Hotlines Phone # (    )  -     
Phone # (    )  -     
Phone # (    )  -     
Phone # (    )  -     
Phone # (    )  -     
Phone # (    )  -
- Community Meetings # Attendees
- Plantings Sq. Ft.
- Storm Drain Markings # Drains
- Stakeholder Meetings # Attendees
- Volunteer Monitoring # Events
- Other:

**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?**  Yes  No

- List-Serve # In List
- Newspaper Advertising # Days Run
- TV/Radio Notices # Days Run
- Other:
- Web Page URL: Enter URL(s) on the following two pages.





**MS4 Annual Report Form**

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

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. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?**

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department

Address

City  Zip  -

Phone (  )  -

- Library  Annual Report  SWMP Plan  Comments

Address

City  Zip  -

Phone (  )  -

- Other  Annual Report  SWMP Plan  Comments

Address

City  Zip  -

Phone (  )  -

- Web Page URL:  Annual Report  SWMP Plan  Comments

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

- eMail  Comments



**MS4 Annual Report Form**

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

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

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

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

/   /

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

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

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

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, 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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  

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

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

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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

**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

**Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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

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

How many MS4s contributed to this report?

**1. Enter the number and approx. percent of outfalls mapped:**       #    %

**2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?**

**3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?**

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None

Sewersheds:

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

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

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

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

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

7. Has the storm sewershed mapping been completed in this reporting period?  Yes  No  
If No, approximately what percent was completed in this reporting period?

%

8. Is the above information available in GIS?  Yes  No  
Is this information available on the web?  Yes  No

If Yes, provide URL(s):

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

URL

URL



**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  

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**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.**

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

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

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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

**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

         

**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report?

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**

Yes  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?**

  

**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?

  

**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**

Yes  No

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

- Notices of Violation # 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 ○ No Authority
- Stop Work Orders # 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 ○ No Authority
- Criminal Actions # 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 ○ No Authority
- Termination of Contracts # 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 ○ No Authority
- Administrative Fines # 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 ○ No Authority
- Civil Penalties # 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 ○ No Authority
- Administrative Orders # 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 ○ No Authority
- Enforcement Actions or Sanctions # 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 ○ No Authority
- Other # 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 ○ No Authority



**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

**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report?

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

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

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

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

**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,**

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

Name of MS4/Coalition

SPDES ID

**6. con't.:**

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City

Zip

 - 

Phone

(  )  -

Library

Address

City

Zip

 - 

Phone

(  )  -

Other

Address

City

Zip

 - 

Phone

(  )  -

Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**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.****B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.****C. How many times was this observation measured or evaluated in this reporting period?**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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

**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

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

|   | #<br>Inventoried     | #<br>Inspections     | # Times<br>Maintained |
|---|----------------------|----------------------|-----------------------|
| <input type="radio"/> Alternative Practices | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="radio"/> Filter Systems        | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="radio"/> Infiltration Basins   | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="radio"/> Open Channels         | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="radio"/> Ponds                 | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="radio"/> Wetlands              | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="radio"/> Other                 | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

**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:

**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 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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?

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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?

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

 %

**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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**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.****B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.****C. How many times was this observation measured or evaluated in this reporting period?**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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

**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

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

**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

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
  - Streets Swept (Number of miles X Number of times swept) # Miles
  - Catch Basins Inspected and Cleaned Where Necessary #
  - 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 # Acres     .
- (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

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

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

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



**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  

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**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.**

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

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

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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