MS4 Annual Report Cover Page

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MS4 Annual Report Cover Page

MCC form for period ending March 9,

Provide SPDES ID of each	permitted MS4 included in this	report.
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MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether	this MCC	form is being	submitted to	certify endorsemen	t or acceptance of:
------------------	----------	---------------	--------------	--------------------	---------------------

- O An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- O A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Jo	oınt	Rep	ort,	ent	er c	oali	tion	nai	ne:										
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This represents a stand-alone report for the Town of Walworth. A Joint report (for all municipalities in the Ontario-Wayne Stormwater Coalition) will be submitted to the NYSDEC.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

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Nome of MCA TOWN OF WALWORTH	SPDES ID
Name of MS4 TOWN OF WALWORTH	NYR20A293
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for each of the	e following positions as indicated below:
 Principal Executive Officer, Chief Elected Offici GP-0-08-002 Part VI.J). 	
2. Duly Authorized Representative (Information for Authorized Representative is signing this form)	this contact must only be submitted if a Duly
3. The Local Stormwater Public Contact (required p	oer GP-0-08-002 Part VII A 2 c & Part VIII A 2 c)
4. The Stormwater Management Program (SWMP) coordination/implementation of SWMP).	
 Report Preparer (Consultants may provide compa 	any many in the many in the
filled by the same individual. If one individual fill once and check all positions that apply to that individual individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that individual fill once and check all positions that apply to that the check all positions that apply the check all positions that apply the check all positions the che	tion listed above unless more than one position is lls multiple roles, provide the contact information
If a new Duly Authorized Representative is signi- provided and a signature authorization form, sign	ng this report, their contact information must be
Elected Official must be attached.	led by the I interpar Executive Officer of Chief
For each contact, select all that apply:	
 Principal Executive Officer/Chief Elected Official 	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinat	or
O Report Preparer	
T	
First Name MI	Last Name
Michael	Donalty
Title	
Town Supervisor	
Address	
3600 Lorraine Drive	
City	State Zip
Walworth	NY 1 4 5 6 8 -
eMail	
supervisor@townofwalworthny.gov	
Phone	County
(3 1 5) 9 8 6 - 1 4 0 0	Wayne

Phone

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

County

MS4 Municipal Compliance Certification (MCC) Form

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otion 2. Doutman Information		,				•		•		
ection 3 - Partner Information				داد مدد	:	41 <u>-</u>	:			_
your MS4 work with partners/coalition to complete some or all period?	riiiit re	equir	emei	ns at	arm	-	is re	_	run O	-
Yes, complete information below.						_			_	
Submit a separate sheet for each partner. Information provided								2		
accepted. If your MS4 cooperated with a coalition, submit one							he			
coalition. It is not necessary to include a separate sheet for each, proceed to Section 4 - Certification Statement.	ch MS	64 in	the	coal	1 t 101	n.				
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period	ending March 9,
	SPDES ID
Name of MS4	
Section 4 - Certification Statement	
"I certify under penalty of law that this document	and all attachments were prepared under my
direction or supervision in accordance with a syst	
properly gathered and evaluated the information s	-
<u> </u>	s directly responsible for gathering the information,
	wledge and belief, true, accurate, and complete. I am
aware that there are significant penalties for subm	nitting false information, including the possibility of
fine and imprisonment for knowing violations."	
This form must be signed by either a principal excauthorized representative of that person as describe	secutive officer or ranking elected official, or duly bed in GP-0-08-002 Part VI.J.
First Name	MI Last Name
Title (Clearly print title of individual signing report)	
The Cean, print are or marved a sugar report	
Signature	
	Dete
	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. 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

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Name of MS4/Coalition							Ш				
Minimum Control Measure 1. Public Ed	lucati	ion :	and	0	utr	eac	<u>h</u>				
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. Targeted Public Education and Outreach Best Manageme	ent Pı	racti	ces								
Check all topics that were included in Education and Outreach d	luring	this	repo	rtin	ıg pe	rio	d:				
○ Construction Sites	O Pe	estici	de ar	nd F	Fertil	izer	Ap	plica	atio	n	
O General Stormwater Management Information	○ Pe	et Wa	aste I	Mar	nagei	nen	ţ				
O Household Hazardous Waste Disposal	\circ R	ecycl	ing								
O Illicit Discharge Detection and Elimination	\circ R	iparia	an Co	orri	dor l	Prot	ectio	on/R	lest	orati	or
O Infrastructure Maintenance	\circ Tı	rash	Mana	age	ment						
O Smart Growth	\circ V	ehicle	e Wa	ashi	ng						
O Storm Drain Marking	\circ W	ater	Cons	serv	ation	ı					
O Green Infrastructure/Better Site Design/Low Impact Development	\circ W	etlan	d Pr	ote	ction						
Other:	\circ N	one									
Other 2. Specific and impost to restal during this reporting position.											
2. Specific audiences targeted during this reporting period:											
○ Public Employees ○ Contractors											
○ Residential ○ Developers											
○ Businesses ○ General Public											
○ Restaurants ○ Industries											
Other: Agricultural											
Other											

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

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This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
4. Evaluating Progress Toward Measurable Goals MCM 1
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/ever
D. Has your MS4 made progress toward this Measurable Goal during this reporting period? O Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? \bigcirc Yes \bigcirc No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

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	D bla	nk.	
SPDES ID			
Name of MS4/Coalition			
Minimum Control Measure 2. Public Involvement/Participa	<u>tion</u>		
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 Pro (SWMP) Plan during this reporting period? Check all that apply:		n	
○ Cleanup Events #Events			
○ Comments on SWMP Received #Comments			
○ Community Hotlines Phone # (-		
Phone # (-		
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O Community Meetings # Attendees			$\overline{\parallel}$
○ Plantings Sq. Ft.			Ħ
O Storm Drain Markings #Drains			
O Stakeholder Meetings # Attendees			Ħ
O Volunteer Monitoring #Events			$\overline{\Box}$
Other:			$\overline{1}$
2. Was public notice of availability of this annual report and Stormwater Manage Program (SWMP) Plan provided?	emen O Ye		⊃ No
○ List-Serve # In List			
O Newspaper Advertising # Days Run			
○ TV/Radio Notices # Days Run			$\overline{\Box}$
Other:			

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

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

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

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents? Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. ○ MS4/Coalition Office O Annual Report ○ SWMP Plan ○ Comments Department Address City Zip Phone O Library Address O Annual Report O SWMP Plan ○ Comments City Zip Phone O Annual Report O SWMP Plan ○ Comments Other Address City Zip Phone O Annual Report ○ SWMP Plan ○ Comments O Web Page URL: Please provide specific address of page where report can be accessed - not home page. O eMail O Comments

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 4.a. If this report was made available on the internet, what date was it posted? Leave blank if this report was not posted on the internet. 4.b. For how many days was/will this report be posted? If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b.. 5.a. Was an Annual Report public meeting held in this reporting period? O Yes \bigcirc No If Yes, what was the date of the meeting? If No, is one planned? O Yes \bigcirc No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? O Yes \bigcirc No If No, is one planned for each? O Yes \bigcirc No 6. Were comments received during this reporting period? ○ Yes \bigcirc No If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

This report is being submitted for the reporting period ending March 9,	
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.	
SPDES ID	
Name of MS4/Coalition	
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Par III.C.1. Submit additional pages as needed.	t
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 Measura Goal.	ble
C. How many times was this observation measured or evaluated in this reporting period?	
(ex.: samples/partici	pants
D. Has your MS4 made progress toward this measurable goal during this reporting period?	
\bigcirc Yes \bigcirc	No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	
·	No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during	3
the next reporting cycle (including an implementation schedule).	

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measure 3. Illicit Discharge Detection and Elimination The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. Enter the number and approx. percent of outfalls mapped: % 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period? O Auto Recyclers ○ Landscaping (Irrigation) O Building Maintenance ○ Marinas O Churches O Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Parking Lot Maintenance O Commercial Laundry/Dry Cleaners O Construction Vehicle Washouts Printing O Cross-Connections O Residential Carwashing O Distribution Centers O Restaurants O Schools and Universities O Food Processing Facilities O Garbage Truck Washouts O Septic Maintenance O Hospitals ○ Swimming Pools O Improper RV Waste Disposal O Vehicle Fueling O Industrial Process Water O Vehicle Maint./Repair Shops Other: ○ None O Sewersheds:

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3.b. What types of illicit discharges have been found during this reporting period? O Broken Lines From Sanitary Sewer O Industrial Connections O Cross Connections ○ Inflow/Infiltration O Failing Septic Systems O Pump Station Failure O Floor Drains Connected To Storm Sewers O Sanitary Sewer Overflows O Illegal Dumping O Straight Pipe Sewer Discharges Other: ○ None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 5. How many illicit discharges have been confirmed during this reporting period? 6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 7. Has the storm sewershed mapping been completed in this reporting period? O Yes \bigcirc No If No, approximately what percent was completed in this reporting period? % 8. Is the above information available in GIS? ○ Yes \bigcirc No Is this information available on the web? ○ Yes ○ No If Yes, provide URL(s): Please provide specific address of page where map(s) can be accessed - not home page. URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 8. URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page URL URL URL URL 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? O Yes \bigcirc No 10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ○ Yes ○ No ○ NT 11. What percent of staff in relevant positions and departments has received IDDE training? %

This report is being submitted for the reporting period ending March 9,	
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.	
SPDES ID	_
Name of MS4/Coalition	
	_
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 Measurab Goal.	ole
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C. How many times was this observation measured or evaluated in this reporting period?	
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D. Has your MS4 made progress toward this measurable goal during this reporting period?	XIICS
• Yes • N	Vo.
	10
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	T.
\circ Yes \circ N	10
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during	
the next reporting cycle (including an implementation schedule).	

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

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

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

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measure 4. Construction Site Stormwater Runoff Control The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 3. What percent of active construction sites were inspected during this reporting period? \bigcirc NT % 4. What percent of active construction sites were inspected more than once? \circ NT % 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS **Construction Stormwater Inspection Manual?** O Yes 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ○ Yes \bigcirc No \bigcirc NT If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes \bigcirc No If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 6. con't.: Submit additional pages as needed. ○ MS4/Coalition Office Department Address City Zip Phone ○ Library Address City Zip Phone Other Address City Zip Phone ○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
7. Evaluating Progress Toward Measurable Goals MCM 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/eve
D. Has your MS4 made progress toward this measurable goal during this reporting period?
\circ Yes \circ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
\bigcirc Yes \bigcirc No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

-	C	nitted for the 1	. 01	iod ending Mar	
If submitting	ng this form as p	art of a joint rep	ort on behalf of	f a coalition leave	SPDES ID blank.
Name of MS4/Coalition				SPDE	S ID
Minimum	Control Mea	asure 5. Post	-Constructi	ion Stormwat	ter Management
The information in th	nis section is bein	ng reported (che	ck one):		
On behalf of an incOn behalf of a coa					
	nany MS4s cont	cributed to this	report?		
1. How many and MS4/Coalition is					
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	200				
Filter Systems	<i>7</i> C 3				
Infiltration Basins					
Open Channels					
O Ponds					
○ Wetlands					
Other					
2. Do you use an BMPs, inspecti			abase, spread	sheet) to track	post-construction • Yes • No
3. What types of a Development/B		-		-	w Impact
O Building Codes	O Municipal C	Comprehensive I	Plans		
Overlay Districts	Open Space	Preservation Pr	ogram		
○ Zoning	O Local Law o	or Ordinance			
○ None	O Land Use R	egulation/Zonin	g		
O Watershed Plans	Other Comp	rehensive Plan			
Other:					

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? ○ Yes \bigcirc No 4b. Does the MS4 have a banking and credit system for stormwater management practices? O Yes \bigcirc No 4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice? \bigcirc Yes \bigcirc No 4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? %

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
6. 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?
C. How many times was this observation measured or evaluated in this reporting period?
C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/e
(ex.: samples/participants/e D. Has your MS4 made progress toward this measurable goal during this reporting period?
(ex.: samples/participants/e
D. Has your MS4 made progress toward this measurable goal during this reporting period? O Yes O No
D. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes • No • Yes • No • Yes • No
D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Set O No F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during
D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Set O No F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during
D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Set O No F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during
D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Set O No F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during
D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Yes O No F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during

WIST Amidal 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.

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

	perior	incu witiin	i tile past 3
Addressed in	n SWMP?	<u>years?</u>	<u>-</u>
O Yes	○ No	O Yes	\bigcirc No
O Yes	○ No	O Yes	\bigcirc No
O Yes	○ No	O Yes	\bigcirc No
○ Yes	○ No	O Yes	\bigcirc No
O Yes	○ No	O Yes	\bigcirc No
nce O Yes	○ No	O Yes	\bigcirc No
O Yes	○ No	O Yes	\bigcirc No
O Yes	○ No	O Yes	\bigcirc No
○ Yes	○ No	O Yes	\bigcirc No
○ Yes	○ No	O Yes	\bigcirc No
_	○ No	O Yes	\bigcirc No
	○ No	O Yes	\bigcirc No
	○ No	O Yes	\bigcirc No
····· O Yes	○ No	O Yes	\bigcirc No
	 ○ Yes 	Addressed in SWMP?	○ Yes ○ No ○ Yes ○ Yes ○ No ○ Yes

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

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

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
7. Evaluating Progress Toward Measurable Goals MCM 6
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
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/even
D. Has your MS4 made progress toward this measurable goal during this reporting period?
\bigcirc Yes \bigcirc 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).

This report is bein	1VIO I IIIII GE	al Report Form	
This report is bein	g submitted for the re	porting period ending	March 9,
If submitting this fo	rm as part of a joint repor	rt on behalf of a coalition	leave SPDES ID blank.
			SPDES ID
ne of MS4/Coalition			
Additional Wate	rshed Improvemen	nt Strategy Best Ma	nagement Practices
e information in this section	n is being reported (check	This se	ection does not apply t
On behalf of an individual I	-	Town o	of Walworth.
On behalf of a coalition	VI54		
	4s contributed to this re	eport?	
110 11 1111111 1112			
S4s must answer the qu	estions or check NA a	s indicated in the table	e below.
<u> </u>			
MS4 Description NYC EOH Watershed	Answer	Check NA	(POC)
Fraditional 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	-	-	-
Fraditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Fraditional Non-Land Use Non-Traditional	1,6,7a-d,8a,9 1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus
Greenwood Lake Watershed	1,0,7a-u,8a,9	2,3,4,3,80,10,11,12	Phosphorus
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Fraditional 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
Fraditional 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
	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
	1.467.10.0		
Traditional Non-Land Use Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional LI 27 Embayments	-	-	-
Non-Traditional	1,4,6,7a-d,8a,9 - 1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9,10,11,12	2,3,5,8b,10,11,12 - 5,6,8a,8b 5,6,8a,8b	Phosphorus - Pathogens Pathogens

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

populations?

MS4 Annual Report Form

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

 \bigcirc Yes \bigcirc No \bigcirc N/A