







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

MCC form for period ending March 9, 

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Name of MS4 

MTA - LONG ISLAND RAIL ROAD
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SPDES ID  

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**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name 

L	O	R	E	T	T	A													
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 MI 

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 Last Name 

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Title 

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Address 

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City 

J	A	M	A	I	C	A																															
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Phone 

(	7	1	8	)		5	5	8	-	3	1	0	1
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 County 

Q	U	E	E	N	S														
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MCC form for period ending March 9, 2023

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#### Section 2 - Contact Information

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5. Report Preparer (Consultants may provide company name in the space provided).

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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: P A U L      MI: L      Last Name: M A N S K E

Title: D E P U T Y   C H I E F   S A F E T Y   O F F I C E R

Address: 1 4 4 - 4 1   9 4 T H   A V E .   M C   1 9 4 4

City: J A M A I C A      State: N Y      Zip: 1 1 4 3 5 -

eMail: P L M A N S K @ L I R R . O R G

Phone: ( 3 4 7 ) 4 9 4 - 6 0 2 7      County: Q U E E N S

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MCC form for period ending March 9, 2023

Name of MS4 MTA - LONG ISLAND RAIL ROAD

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**Section 2 - Contact Information**

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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

M A G D A L E N A [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] R Y C H T E C K A [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Title

M G R . C O R P O R A T E P R O J E C T E H S C O M P L

Address

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City State Zip

J A M A I C A [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] N Y 1 1 4 3 5 - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

eMail

M R Y C H T E @ L I R R . O R G [ ]

Phone County

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MCC form for period ending March 9, 2 0 2 3

Name of MS4: MTA - LONG ISLAND RAIL ROAD

SPDES ID  
N Y R 2 0 A 4 8 1

**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: P A U L MI: L Last Name: M A N S K E

Title (Clearly print title of individual signing report): D E P U T Y C H I E F S A F E T Y O F F I C E R

Signature: [Handwritten Signature]

Date: 0 6 / 1 2 / 2 0 2 3

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











**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

MTA - LONG ISLAND RAIL ROAD									
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SPDES ID

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

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

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

Track employee participation in our annual stormwater training classes.

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

Three stormwater training classes were held in the current reporting period, with a total of 25 employees trained. The last training class was held on 7/27/2022.

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

		2	5
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(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**

Yes  No

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

Yes  No

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

Continue to track employee participation in our annual stormwater training sessions.

Add and maintain educational materials to the LIRR Stormwater Management Information web pages, as necessary.



**MS4 Annual Report Form**

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Name of MS4/Coalition: MTA - LONG ISLAND RAIL ROAD

SPDES ID  
N Y R 2 0 A 4 8 1

**2. URL(s) con't.:**

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

URL  
H T T P S : / / N E W . M T A . I N F O / T R A N S P A R E N C  
Y / S T O R M - W A T E R - R E P O R T S

URL  
H T T P : / / W W W . L I R R . O R G / C o r p o r a t e S a f  
e t y / C S D P r o g P l a n s P r o c / p l a n s P P . h t m  
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URL





**MS4 Annual Report Form**

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

Name of MS4/Coalition:

SPDES ID

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

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

MS4/Coalition Office       Annual Report     SWMP Plan     Comments

Department

Address

City

Zip  
     -

Phone  
        -

Library       Annual Report     SWMP Plan     Comments

Address

City

Zip  
 -

Phone  
      -

Other       Annual Report     SWMP Plan     Comments

Address  
   -

City

Zip  
     -

Phone  
        -

Web Page URL:       Annual Report     SWMP Plan     Comments

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

eMail       Comments

## MS4 Annual Report Form

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

2	0	2	3
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Name of MS4/Coalition 

MTA - LONG ISLAND RAIL ROAD																			
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SPDES ID

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

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

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

	1	4
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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

Yes    No

If Yes, what was the date of the meeting?

		/			/				
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If No, is one planned?

Yes    No

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

Yes    No

If No, is one planned for each?

Yes    No

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

Yes    No

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

**MS4 Annual Report Form**

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Name of MS4/Coalition 

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

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

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

Check if comments were received at the stormwater hotline.  Continue to update the SWMP as its measurable goals evolve each year.
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**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

No comments were received at the stormwater hotline during this reporting period.  The LIRR SWMP was updated in April 2022.
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**C. How many times was this observation measured or evaluated in this reporting period?**

			0
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Continue to monitor the stormwater hotline for comments. Continue to update the SWMP as its measurable goals evolve.
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## MS4 Annual Report Form

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2	0	2	3
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Name of MS4/Coalition

MTA - LONG ISLAND RAIL ROAD

SPDES ID

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**8. URL(s) con't.:**

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

URL


URL


URL


URL


URL


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

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

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

1	0	0
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 %

### MS4 Annual Report Form

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SPDES ID  

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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Report the quantity and type of illicit discharges detected, confirmed and eliminated.  
Continue to identify any new storm drain structures with GIS coordinates and place these into the GIS stormwater map.

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

No illicit discharges were identified.  
No new storm drain structures were identified.

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

			0
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

We have made progress in that no illicit discharges were detected. Continue to monitor our MS4 for illicit discharges.  
If any stormwater drains are identified, enter them into the GIS map.

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

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

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

How many MS4s contributed to this report? 

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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
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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? 

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



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

- |  |   |                      |   |
|--|---|----------------------|---|
| <input type="radio"/> Notices of Violation             | # | <input type="text"/> | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Stop Work Orders                 | # | <input type="text"/> | <input type="radio"/> No Authority            |
| <input type="radio"/> Criminal Actions                 | # | <input type="text"/> | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Termination of Contracts         | # | <input type="text"/> | <input type="radio"/> No Authority            |
| <input type="radio"/> Administrative Fines             | # | <input type="text"/> | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Civil Penalties                  | # | <input type="text"/> | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Administrative Orders            | # | <input type="text"/> | <input type="radio"/> No Authority            |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <input type="text"/> | <input type="radio"/> No Authority            |
| <input type="radio"/> Other                            | # | <input type="text"/> | <input type="radio"/> No Authority            |

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SPDES ID

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

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s contributed to this report? 

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

		0
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		2
--	--	---
3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
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 %
4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
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 %
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.



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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

Review construction projects to determine if they will disturb one acre or more of land.

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

Six construction projects were reviewed to determine if they would disturb one or more acres of land. One project was determined to disturb one or more acres of land.

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

			6
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(ex.: samples/participants/events)

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

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

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

Continue to evaluate the mechanisms assuring compliance with the NYS SPDES General Permit for Stormwater Discharges from Construction Activities.



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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?  

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

	3	3
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 %

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SPDES ID  

N	Y	R	2	0	A	4	8	1
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

Number of post construction practices inventoried, inspected and maintained during the reporting period.

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

During this reporting period, 99 of the 99 post construction structural mechanisms inventoried were inspected at least once and maintenance was performed 70 times.

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

		9	9
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue to track the number of post construction practices that are inspected, maintained and cleaned during the next reporting period.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

MTA - LONG ISLAND RAIL ROAD																																							
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SPDES ID  

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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Street Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

MTA - LONG ISLAND RAIL ROAD																																							
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SPDES ID  

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

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

		1	2	6
--	--	---	---	---
- 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 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

1	5	7	3	.	5
---	---	---	---	---	---

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

				3
--	--	--	--	---

4. What was the date of the last training? 

0	7	/	2	7	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

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

	2	5
--	---	---

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

	6	6	%
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**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

MTA - LONG ISLAND RAIL ROAD									
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SPDES ID  

N	Y	R	2	0	A	4	8	1
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

Report on number of acres to which pesticides/herbicides were applied. Calculate the number of pounds of pesticides/herbicides applied. Record petroleum spills reported to NYSDEC and closed to the satisfaction of NYSDEC during the reporting period.
--

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

Pesticides/herbicides were machine applied to 1,475 acres and hand applied to 98.5 acres. The number of pounds of pesticides/herbicides was calculated. Nine petroleum spills were reported to NYSDEC and Six were closed to the satisfaction of the NYSDEC. The remaining open spills will require long-term remediation.
--

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

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 to calculate the acreage that pesticides/herbicides are applied to. Continue to calculate the pounds of pure pesticide/herbicide product applied to determine trends in the application of pesticides/herbicides. Continue to record petroleum spills reported to NYSDEC and closed during the reporting period.
---

**MS4 Annual Report Form**

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

2	0	2	3
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Name of MS4/Coalition 

MTA - LONG ISLAND RAIL ROAD																			
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**Additional Watershed Improvement Strategy Best Management Practices**

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? 

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

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

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

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

If N/A, go to question 3.

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

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 %

Estimate what percentage was mapped in this reporting period. 

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 %

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

MTA - LONG ISLAND RAIL ROAD																			
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SPDES ID  

N	Y	R	2	0	A	4	8	1
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

--	--	--

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?  Yes  No  N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?  Yes  No  N/A

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

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

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

--	--	--

 %

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, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

MTA - LONG ISLAND RAIL ROAD									
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SPDES ID  

N	Y	R	2	0	A	4	8	1
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- 9. Has your MS4/Coalition developed and implemented a program of native planting?  
 Yes    No    N/A
  
- 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?  
 Yes    No    N/A
  
- 11. Does your MS4/Coalition have a pet waste bag program?  
 Yes    No    N/A
  
- 12. Does your MS4/Coalition have a program to manage goose populations?  
 Yes    No    N/A

**Signature Authorization Form**

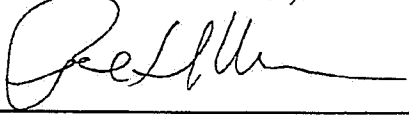
Permittee Name: **MTA - Long Island Rail Road**

SPDES NO. NYR20A481

Date: **06/14/2021**

Name of person described in paragraph (1): <b>Loretta Ebbighausen</b>	Title: <b>Vice President - Corporate Safety</b>
Signature of person described in paragraph (1): <b>Lori Ebbighausen</b>	Date: Digitally signed by Lori Ebbighausen Date: 2021.06.14 09:18:47 -04'00'

**THE PERMITTEE MUST NOTIFY THE DEPARTMENT OF ANY CHANGE IN THIS INFORMATION. THIS FORM SHOULD ONLY BE SENT IN WITH THE ANNUAL REPORT.**

Name and/or title of person responsible for signing and submitting official documents including reports, certifications or information required by the NYS Small MS4 General Permit: <b>Paul Manske</b>	Phone:  <b>(347) 494-6027</b>		
Signature (if individual named above): 			
Mailing Address: <b>144-41 94th Avenue, MC 1944</b>	City: <b>Jamaica</b>	State: <b>NY</b>	Zip: <b>11435</b>

\* Note: Notices of Intent (NOI) associated with permit coverage under the NYS Small MS4 General Permit must be signed by a principal executive officer or ranking elected official. See paragraph (1) for definition of a principal executive officer.

Return to:      MS4 Coordinator  
                    Bureau of Water Permits  
                    New York State Department of Environmental Conservation 625  
                    Broadway  
                    Albany, NY 12233-3505