



**MS4 Annual Report Cover Page**

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

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

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

MCC form for period ending March 9, 

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Name of MS4 

NEW YORK CITY TRANSIT
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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 

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 Last Name 

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## Signature Authorization Form

Permittee Name New York City Transit SPDES NO. NYR20A479  
Facility Name Multiple Date: 04/19/2021

Name of person described in paragraph (1): Timothy J. Doddo	Title: Acting Vice President
Signature of person described in paragraph (1): 	Date: April 27, 2021

**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 MS4 Annual Report: Lead Specialist, Environmental Protection, Office of System Safety	Phone: (646) 252 – 5777		
Signature (if individual named above):			
Mailing Address: 2 Broadway, 27 <sup>th</sup> Floor	City: New York	State: NY	Zip: 10004

Return To: Bureau of Water Compliance  
New York State Department of Environmental Conservation  
625 Broadway  
Albany, NY 12233-3506

# MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 

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Name of MS4 

NEW YORK CITY TRANSIT																													
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### 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

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Partner/Coalition Name (con't.)

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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 

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Additional tasks/responsibilities

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

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### 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 

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

- Construction Site Operators Trained # Trained 

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- Direct Mailings # Mailings 

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- Kiosks or Other Displays # Locations 

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- List-Serves # In List 

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- Mailing List # In List 

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- Newspaper Ads or Articles # Days Run 

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- Public Events/Presentations # Attendees 

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- School Program # Attendees 

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- TV Spot/Program # Days Run 

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- Printed Materials: Total # Distributed 

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

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Other:

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

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

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

Continue implementing the educational program. Continue distributing guidance materials to target employees and audiences.

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

During the 2020-2021 reporting period, 10,129 NYCT employees and members of the public were trained and/or received instruction and guidance materials on stormwater management and stormwater related topics.

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

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

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

Yes  No

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

Yes  No

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

Continue offering training and educational programs.



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### MS4 Annual Report Form

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Name of MS4/Coalition: NEW YORK CITY TRANSIT

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### 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

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

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

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

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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

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 

NEW YORK CITY TRANSIT
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SPDES ID  

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

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

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

Promote involvement in and commitment to NYCT's Stormwater Management Program Plan (SWMP).

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

Provided opportunities for the public and employees to participate in the development and implementation of NYCT's SWMP by posting information on mta.info, providing a hotline, holding cleanup events, organizing an internal meeting, and making the report available for public comment.

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

			6
--	--	--	---

(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

Continue to encourage participation and cleanup events.







## MS4 Annual Report Form

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Name of MS4/Coalition 

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

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

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

Report progress of outfall screening for dry weather discharges & track illicit discharges.
---

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

23 outfalls were screened for dry weather flow. 0 were observed to have flow.
---

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

		2	3
--	--	---	---

(ex.: samples/participants/events)

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

Yes     No

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

Yes     No

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

Continue dry weather monitoring of outfalls.
--



## MS4 Annual Report Form

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

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Name of MS4/Coalition 

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SPDES ID  

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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? 

--	--	--

**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?**

		9
--	--	---

**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:**

- |   |   |   |  |  |   |  |  |   |   |
|---|---|---|--|--|---|--|--|---|---|
| <input type="radio"/> Notices of Violation                        | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|   |   |   |  |  |   |  |  |   |   |
| <input checked="" type="radio"/> Stop Work Orders                 | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|   |   |   |  |  | 0 |  |  |   |   |
| <input type="radio"/> Criminal Actions                            | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|   |   |   |  |  |   |  |  |   |   |
| <input checked="" type="radio"/> Termination of Contracts         | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|   |   |   |  |  | 0 |  |  |   |   |
| <input type="radio"/> Administrative Fines                        | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|   |   |   |  |  |   |  |  |   |   |
| <input type="radio"/> Civil Penalties                             | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|   |   |   |  |  |   |  |  |   |   |
| <input type="radio"/> Administrative Orders                       | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|   |   |   |  |  |   |  |  |   |   |
| <input checked="" type="radio"/> Enforcement Actions or Sanctions | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 |   |
|   |   |   |  |  | 0 |  |  |   |   |
| <input checked="" type="radio"/> Other                            | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|   |   |   |  |  | 0 |  |  |   |   |

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

NEW YORK CITY TRANSIT
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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? 

--	--	--

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

		0
--	--	---

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

		0
--	--	---

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

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

 %

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

		0
--	--	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.



## MS4 Annual Report Form

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

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Name of MS4/Coalition 

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N	Y	R	2	0	A	4	7	9
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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 plans for construction to determine if the projects have the potential to contribute to stormwater pollution.

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

23 projects were reviewed; 23 projects were identified as having the potential to contribute to stormwater pollution.

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

		2	3
--	--	---	---

(ex.: samples/participants/events)

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

Yes     No

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

Yes     No

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

Continue to review projects to determine the potential impact to stormwater.

## MS4 Annual Report Form

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

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SPDES ID  

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### 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?**

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Infiltration Basins	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Ponds	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Other	<table border="1"><tr><td>3</td><td>3</td><td>8</td></tr></table>	3	3	8	<table border="1"><tr><td>7</td><td>4</td><td>4</td></tr></table>	7	4	4	<table border="1"><tr><td>5</td><td>1</td><td>2</td></tr></table>	5	1	2
3	3	8										
7	4	4										
5	1	2										

**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
- Overlay Districts
- Zoning
- None
- Watershed Plans
- Municipal Comprehensive Plans
- Open Space Preservation Program
- Local Law or Ordinance
- Land Use Regulation/Zoning
- Other Comprehensive Plan

Other:

L E E D S T A N D A R D S

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

NEW YORK CITY TRANSIT
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SPDES ID  

N	Y	R	2	0	A	4	7	9
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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?

3	9	1
---	---	---

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?

	2	5
--	---	---

 %

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

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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.**

Track post-construction practices inventoried, inspected & maintained.

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

338 post-construction practices were inspected 744 times & maintained 512 times, including 391 inserts changed/installed.

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

1	2	5	6
---	---	---	---

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

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

Yes    No

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

Yes    No

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

Continue evaluating post-construction BMPs, continue inspecting & maintaining post-construction stormwater controls as necessary.



**MS4 Annual Report Form**

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

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NEW YORK CITY TRANSIT
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SPDES ID  

N	Y	R	2	0	A	4	7	9
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

--	--	--

**1. 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>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u>			
	<u>Addressed in SWMP?</u>		<u>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"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Municipal Building.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

## MS4 Annual Report Form

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

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Name of MS4/Coalition 

NEW YORK CITY TRANSIT
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SPDES ID  

N	Y	R	2	0	A	4	7	9
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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	7	9	2
---	---	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

--	--	--	--	--
- Catch Basins Inspected and Cleaned Where Necessary # 

		7	0	3
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

		7	6	8
--	--	---	---	---
- 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	1	2	9	.	
---	---	---	---	---	--

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

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

4. What was the date of the last training? 

0	3
---	---

 / 

0	4
---	---

 / 

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

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

9	9	9
---	---	---

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

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

 %

## MS4 Annual Report Form

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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.

Track and report all spills that have the potential to contribute pollutants to the MS4 system. Review benchmark exceedances.

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

During the reporting period, 100% of the spills that were reported to NYSDEC were closed. Benchmark exceedances occurred at 7 of 23 outfalls.

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

		4	5
--	--	---	---

(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 report spills per NYSDEC's spill reporting protocol. Ensure operating departments investigate the causes of exceedances following permit requirements. Perform follow-up sampling.

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 2 1

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N Y R 2 0 A 4 7 9

### 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?      

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

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>			
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>			
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>			
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
<b>Oscawana Lake Watershed</b>			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>LI 27 Embayments</b>			
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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

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

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period.       %

## MS4 Annual Report Form

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

2	0	2	1
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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 

NEW YORK CITY TRANSIT
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SPDES ID  

N	Y	R	2	0	A	4	7	9
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes    No    N/A

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

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 %

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

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

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

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

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

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 %

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

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

 %  
 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	1
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Name of MS4/Coalition 

NEW YORK CITY TRANSIT
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SPDES ID

N	Y	R	2	0	A	4	7	9
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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