

### MS4 Annual Report Cover Page

MCC form for period ending March 9,

**This cover page must be completed by the report preparer. Joint reports require only one cover page.**

SPDES ID

**Choose one:**

- This report is being submitted on behalf of an individual MS4.**

Fill in SPDES ID in upper right hand corner.

Name of MS4

**OR**

- This report is being submitted on behalf of a Single Entity**

(Per Part I.I.E of GP-0-10-002)

Name of Single Entity

**OR**

- This is a joint report being submitted on behalf of a coalition.**

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

SPDES ID <input type="text"/>	SPDES ID <input type="text"/>	SPDES ID <input type="text"/>
SPDES ID <input type="text"/>	SPDES ID <input type="text"/>	SPDES ID <input type="text"/>
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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 **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

MI

Last Name

Title

Address

City

State

Zip

eMail

Phone

County

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

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

Name of MS4 MTA METRO-NORTH RAILROAD

SPDES ID

N Y R 2 0 A 3 6 4

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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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

C L A R E           S A M M O N

Title

D E P U T Y   D I R E C T O R   E N V I R O N M E N T A L

Address

4 2 0   L E X I N G T O N   A V E N U E

City State Zip

N E W   Y O R K      N Y      1 0 1 7 0 -

eMail

S A M M O N @ M N R . O R G

Phone County

( 2 1 2 ) 3 4 0 - 3 4 4 5      N E W   Y O R K

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

MCC form for period ending March 9, 

2	0	2	2
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Name of MS4 

MTA METRO-NORTH RAILROAD																			
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SPDES ID

N	Y	R	2	0	A	3	6	4
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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
S H E L L E Y		P R E T T Y M A N
Title		
V I C E P R E S I D E N T - S Y S T E M S A F E T Y		
Address		
4 2 0 L E X I N G T O N A V E N U E		
City		State Zip
N E W Y O R K		N Y 1 0 1 7 0 -
eMail		
P R E T T Y M A N @ M N R . O R G		
Phone		County
( 2 1 2 ) 3 4 0 - 2 5 3 0		N E W Y O R K



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

MCC form for period ending March 9,

Name of MS4

SPDES ID

**Section 4 - Certification Statement**

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

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

First Name  MI  Last Name

Title (Clearly print title of individual signing report)

Signature   
*Clare Sammon*

Date  /  /

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator  
Division of Water  
4th Floor  
625 Broadway  
Albany, New York 12233-3505





## Metro-North Railroad

May 4, 2022

New York State Department of Environmental Conservation  
Division of Environmental Permits  
625 Broadway, 4<sup>th</sup> Floor  
Albany, NY 12233

### **Re: Duly Authorized Representative Request**

MS4 Name: MTA Metro-North Railroad  
MS4 County: Multiple  
MS4 SPDES No: NYR20A364

Dear Deputy Chief Permit Administrator:

This letter serves to designate the Office of System Safety's Deputy Director of Environmental Compliance and Services as the authorized title for signing reports, storm water pollution prevention plans, certifications, or other information requested by the Department or required by the current SPDES General Permit for Stormwater Discharges.

By signing this authorization, I confirm that I meet the requirements to make such a designation as set forth in Part VI. J. - Signatory Requirements in the Permit, GP-0-15-003.

My contact information is as follows:

Office Address: 420 Lexington Avenue, 11<sup>th</sup> Floor, New York, NY 10170  
Office Phone: (212) 340-2530 (office)  
Mobile Phone: (646) 357-0396 (mobile)  
E-Mail Address: prettyman@mnr.org

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Shelley E. Prettyman".

Shelley E. Prettyman  
Vice President, System Safety





### 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 

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SPDES ID 

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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:**

- |   |                     |   |  |  |  |  |  |
|---|---------------------|---|--|--|--|--|--|
| <input type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|   |                     |   |  |  |  |  |  |
| <input type="radio"/> Direct Mailings                     | # Mailings          | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|   |                     |   |  |  |  |  |  |
| <input type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|   |                     |   |  |  |  |  |  |
| <input type="radio"/> List-Serves                         | # In List           | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|   |                     |   |  |  |  |  |  |
| <input type="radio"/> Mailing List                        | # In List           | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|   |                     |   |  |  |  |  |  |
| <input type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|   |                     |   |  |  |  |  |  |
| <input type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|   |                     |   |  |  |  |  |  |
| <input type="radio"/> School Program                      | # Attendees         | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|   |                     |   |  |  |  |  |  |
| <input type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|   |                     |   |  |  |  |  |  |
| <input type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|   |                     |   |  |  |  |  |  |

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


Other: 

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

URL 

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URL 

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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 

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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 (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?**

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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).**

**MS4 Annual Report Form**

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Name of MS4/Coalition

SPDES ID

**Minimum Control Measure 2. Public Involvement/Participation**

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

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

How many MS4s contributed to this report?

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

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

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

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

**MS4 Annual Report Form**

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

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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 

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SPDES ID 

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**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


URL






### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

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

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

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department

Address

City

Zip

 - 

Phone

(  )  -

Library  Annual Report  SWMP Plan  Comments

Address

City

Zip

 - 

Phone

(  )  -

Other  Annual Report  SWMP Plan  Comments

Address

City

Zip

 - 

Phone

(  )  -

Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition  SPDES ID

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

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

/   /

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

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

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

Yes  No

If Yes, what was the date of the meeting?

/   /

If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

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

Yes  No

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

**MS4 Annual Report Form**

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

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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 

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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.**

--

**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?**

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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).**

--

### MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

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

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

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

How many MS4s contributed to this report?

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

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

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

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

Sewersheds:

### MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

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

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

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

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

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

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

%

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

If Yes, provide URL(s):

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

URL

URL

### MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

**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?**



 %

**MS4 Annual Report Form**

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Name of MS4/Coalition

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 (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?**

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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).**



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Name of MS4/Coalition

SPDES ID

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

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

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

How many MS4s contributed to this report?

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period?

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

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

- Notices of Violation # 

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 ○ No Authority
- Stop Work Orders # 

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 ○ No Authority
- Criminal Actions # 

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 ○ No Authority
- Termination of Contracts # 

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 ○ No Authority
- Administrative Fines # 

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 ○ No Authority
- Civil Penalties # 

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 ○ No Authority
- Administrative Orders # 

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 ○ No Authority
- Enforcement Actions or Sanctions # 

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 ○ No Authority
- Other # 

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 ○ No Authority

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Name of MS4/Coalition

SPDES ID

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

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

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

How many MS4s contributed to this report?

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

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

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

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

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

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

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

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

### MS4 Annual Report Form

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

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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

**6. con't.:**

Submit additional pages as needed.

MS4/Coalition Office

Department



Address



City



Zip





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Library

Address



City



Zip





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Phone

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Other

Address



City



Zip





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

URL











URL

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

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SPDES ID

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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.**

--

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

--

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

--	--	--	--	--

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

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

Yes    No

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

Yes    No

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

--

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

SPDES ID

**Minimum Control Measure 5. Post-Construction Stormwater Management**

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

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

How many MS4s contributed to this report?

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

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

**2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?**

Yes  No

**3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

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

Other:

**MS4 Annual Report Form**

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Name of MS4/Coalition

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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?**

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

%

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

SPDES ID

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

--	--	--	--	--

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

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

Yes    No

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

Yes    No

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



**MS4 Annual Report Form**

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Name of MS4/Coalition

SPDES ID

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

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

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

How many MS4s contributed to this report?

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

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

**MS4 Annual Report Form**

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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
- Streets Swept (Number of miles X Number of times swept) # Miles
- Catch Basins Inspected and Cleaned Where Necessary #
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied # Acres .   
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

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

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

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

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

SPDES ID

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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.****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?**

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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).**

## MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

### 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**

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Name of MS4/Coalition 

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SPDES ID 

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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?**

--	--	--

**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

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Name of MS4/Coalition 

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SPDES ID 

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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