MS4 Annual Report Cover Page

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

This cover page must be completed by the report prepare	r.
Joint reports require only one cover page.	

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Choose one:

	This	report is	being	submitted	on behalf	of an	individual	MS4.
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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 II.E of GP-0-10-002)

Name of Single Entit	у											

OR

O 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.

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MS4 Annual Report Cover Page

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

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

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

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Name of MS4	MTA BUS COMPANY	N	Y	R	2	0	А	5	0	8

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

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

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

If Jo	oint	Rep	ort,	ent	er c	oali	tion	nar	ne:										
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MCC form for period ending March 9, 2 0 2 2

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

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

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Section 2 - Contact Information

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- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
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For each contact, select all that apply:

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

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

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Section 2 - Contact Information

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For each contact, select all that apply:

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

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Section 3 - Partr	<u>1er Inform</u>	ation					
Did your MS4 work w period?	ith partners/co	oalition to co	omplete some or	all permit i	requireme	ents duri	ng this reporting ○ Yes ● No
If Yes, complete info Submit a separate accepted. If your coalition. It is not	e sheet for ea MS4 coopera	ch partner. ated with a	coalition, subn	nit one she	et with t	he name	e of the
If No, proceed to Sec	•		-				
Partner/CoalitionName							
Partner/Coalition Name ((con't.)						ner ID - If applicable
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())	_			Legally Bin with GP-0-0			accordance ○ Yes ○ No
What tasks/responsib	oilities are sh	ared with t	his partner (e.g	. MM1 Scl	nool Pro	grams o	r Multiple Tasks
OMM1							
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Additional tasks/resp Watershed Impro watersheds inclu	ovement Stra			actices rec	quired fo	r MS4s	in impaired

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

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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
Chaterpaul		S i n g h
Title (Clearly print title of individual signing report)		
Manager		
Signature Signature		Date 0 5 / 2 7 / 2 0 2 2

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

Signature Authorization Form

Permittee Name MTA Bus Company	SPDES NO. <u>NYR20A508</u>
Facility Name Multiple	Date: 04/25/2022
Name of person described in paragraph (1): Chaterpaul Singh	Title: Manager
Signature of person described in paragraph (1):	Date: 04/25/2022

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:	Phone: (646) 252 -	- 5777	
Signature (if individual named above):			
Mailing Address: 2 Broadway, 27 th 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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

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Name of MS4/Coalition MTA BUS COMPANY	N Y R 2 0 A 5 0 8
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach of	luring this reporting period:
Construction Sites	O Pesticide and Fertilizer Application
O General Stormwater Management Information	O Pet Waste Management
O Household Hazardous Waste Disposal	○ Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	● Trash Management
○ Smart Growth	• Vehicle Washing
O Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ○ Contractors	
○ Residential ○ Developers	
○ Businesses ○ General Public	
○ Restaurants ○ Industries	
• Other: O Agricultural	
M T A B U S C O M P A N Y E M P L C	Y E E S
Other	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

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

SPDES ID

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	Name	of M	S4/	'Coa	litio	on	ΜΤΑ	BUS	S CO	MP	ANY													N	Y	R	2	0	А	5	0	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition	MTA BUS COMPANY	N Y R 2 0 A 5 0 8	
4. Evaluating Prog	gress Toward Measurable Goals MCM 1		
identified in your St	ort on your progress and project plans toward formwater Management Program Plan (SWM tional pages as needed.		
A. Briefly summar	rize the Measurable Goal identified in the S	SWMPP in this reporting period.	_
Continue with empl	loyee education & training programs.		
B. Briefly summar Goal.	rize the observations that indicated the ove	rall effectiveness of this Measurable	e
_	222 reporting period, 1,804 employees were to ement and spill prevention.	rained and received guidance in	
C. How many time	es was this observation measured or evalua	ated in this reporting period?	
		1 9	
D. Has your MS4 i	made progress toward this Measurable Go	(ex.: samples/participan al during this reporting period?	nts/events
E Is your MS4 on	sahadula to most the deadline set fouth in	● Yes ○ No the SWMPP? ● Yes ○ No	
E. 18 your MIS4 on	schedule to meet the deadline set forth in	the SWMPP? ● Yes ○ No	o
·	rize the stormwater activities planned to many ing cycle (including an implementation sch	8	
Continue to track th	ne stormwater training and education program	1.	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition	MTA BU	S COMP	PANY													N	Y	R	2	0	А	5	0	8
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The information in the	his secti	on is t	eing	g rep	ort	ed (che	ck (on	e):														
● On behalf of an in ○ On behalf of a coa How n			ontri	ibut	ted	to t	his	rep	oor	rt?														
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O Cleanup Events																	# F	Even	ıts					
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• Community Hotlin	nes								P	hone	#	(7	1	8)	9	2	7	-	7	7	2	1
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O Storm Drain Mark	kings																# I	Orai	ns					
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Other: I N T I	E R N	AI	L	M	E	Ε	Т	I	N	G	S													
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○ List-Serve																	#]	n L	ist					
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Other:																								

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

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

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3. Where can the public access copies of this annual report, Stormwater Management

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

SPDES ID

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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID
Name of MS4/Coalition MTA BUS COMPANY	N Y R 2 0 A 5 0 8
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.	0 5 / 0 1 / 2 0 2 2
4.b. For how many days was/will this report be posted?	3 0
If submitting a report for single MS4, answer 5.a If subm	itting a joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this report of Yes, what was the date of the meeting?	orting period?
If No, is one planned?	○ Yes • No
5.b. Was an Annual Report public meeting held for all MS ²	4s 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? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.	○ Yes ● No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

	SPDES ID
Name of MS4/Coalition MTA BUS COMPANY	N Y R 2 0 A 5 0 8
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Stimulate active involvement and commitment to the MTA Bus (Program Plan.	Company Stormwater Management
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Provided opportunities for employees and the public to participat implementation of the Stormwater Pollution Prevention Program and the Annual Report for comment on the internet and intraweb	by posting stormwater information
C. How many times was this observation measured or evaluate	ted in this reporting period?
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/events during this reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	9
Continue to encourage participation through attendance at public internet and intraweb posting.	event & promote education via

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

Name of MS4/Coalition MTA BUS COMPANY	N Y R 2 0 A 5 0 8
Minimum Control Measure 3. 1	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 the 	
1. Enter the number and approx. percent of	of outfalls mapped: 13# 100%
2. How many of these outfalls have been so reporting period (outfall reconnaissance	ereened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
O Auto Recyclers	○ Landscaping (Irrigation)
Building Maintenance	O Marinas
○ Churches	Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
○ Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	○ Swimming Pools
O Improper RV Waste Disposal	● Vehicle Fueling
O Industrial Process Water	● Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

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SPDES ID

Name of MS4/Coalition MTA BUS COMPANY	N Y R 2 0
3.b.What types of illicit discharges have	e been found during this reporting period?
O Broken Lines From Sanitary Sewer	O Industrial Connections
Cross Connections	○ Inflow/Infiltration
O Failing Septic Systems	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows
O Illegal Dumping	O Straight Pipe Sewer Discharges
Other: 4. How many illicit discharges/potentia	○ None all illegal connections have been detected during this
reporting period?	
# TT 912 % P 1 1 1	
5. How many linear discharges have been	een confirmed during this reporting period?
6. How many illicit discharges/illegal coperiod?	connections have been eliminated during this reporting
7. Has the storm sewershed mapping be If No, approximately what percent was	Deen completed in this reporting period? • Yes O No secompleted in this reporting period?
8. Is the above information available in Is this information available on the v If Yes, provide URL(s):	
Please provide specific address of page URL	where map(s) can be accessed - not home page.
URL	

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

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Name of MS4/Coalition MTA BUS COMPANY	N Y R 2 0 A 5 0 8
2. Evaluating Progress Toward Measurable Goals MCM	3
Jse this page to report on your progress and project plans tow dentified in your Stormwater Management Program Plan (SVII.C.1. Submit additional pages as needed.	e e
A. Briefly summarize the Measurable Goal identified in t	he SWMPP in this reporting period.
Report progress of outfall screening for dry weather flow & 1	rack illicit discharges.
3. Briefly summarize the observations that indicated the Goal.	overall effectiveness of this Measurable
13 outfalls were screened and inspected. 0 were observed to	have flow.
C. How many times was this observation measured or eva	lluated in this reporting period?
	1 3
D. Has your MS4 made progress toward this measurable	(ex.: samples/participants/ev goal during this reporting period?
	goal during this reporting period? ● Yes ○ No in the SWMPP?
E. Is your MS4 on schedule to meet the deadline set forth	goal during this reporting period? ● Yes ○ No in the SWMPP? • Yes ○ No o meet the goals of this MCM during
 D. Has your MS4 made progress toward this measurable E. Is your MS4 on schedule to meet the deadline set forth F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation 	goal during this reporting period? Yes O No in the SWMPP? Yes O No o meet the goals of this MCM during
E. Is your MS4 on schedule to meet the deadline set forth F. Briefly summarize the stormwater activities planned to	goal during this reporting period? ● Yes ○ No in the SWMPP? • Yes ○ No o meet the goals of this MCM during
E. Is your MS4 on schedule to meet the deadline set forth F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation	goal during this reporting period? ● Yes ○ No in the SWMPP? • Yes ○ No o meet the goals of this MCM during

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

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

		SPDES ID												
Name of MS4/Coalition	MTA BUS COMPANY		N	Y	R	2	0	А	5	0	8			

Minimum Control Measures 4 and 5.

	Construction Site and Post-Construction Control		
The	e 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 regular mechanism that provides equivalent protection to the NYS SPDES General Permi Stormwater Discharges from Construction Activities?	•	
1b	o. Has each Town, City and/or Village contributing to this report documented that the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Er Sediment Control through either an attorney cerfification or using the NYSDEC Analysis Workbook?	osior	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. \bigcirc 09/2004 \bigcirc 03/2		• NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	been	0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of publicomments related to construction SWPPPs? • Yes	ic 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 th SWPPP process?	e loc Yes	al ● No

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

O Notices of Violation	#			No Authority
• Stop Work Orders	#		0	O No Authority
O Criminal Actions	#			No Authority
● Termination of Contracts	#		0	O No Authority
O Administrative Fines	#			No Authority
O Civil Penalties	#			No Authority
O Administrative Orders	#			No Authority
O Enforcement Actions or Sanctions	#			
Other	#			No Authority

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Name of MS4/Coalition MTA BUS	COMPANY	N	Y	R	2	0	А	5	0	8

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

	William Control Measure 4. Construction Site Stormwater Kun	<u>1011 COII</u>	iti oi
The	e 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 on during this reporting period?	e acre or	more 0
2.	How many construction projects disturbing at least one acre were active in yeduring this reporting period?	our jurisd	liction 0
3.	What percent of active construction sites were inspected during this reporting	g 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 u Construction Stormwater Inspection Manual?		
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prev (SWPPs) of construction projects that are subject to MS4 review and appro		ans • NT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made a public review?		
	If Yes, use the following page to identify location(s) where SWPPPs can be access	sed.	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

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Name of MS4/Coalition MTA BUS COMPANY	N Y R 2 0 A 5 0 8
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	e e
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Review plans for construction projects to determine if they have stormwater pollution.	the potential to contribute to
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
There were no construction projects greater than 1 acre during th	e reporting period.
C. How many times was this observation measured or evalua	ted in this reporting period?
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goa	l during this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in t	● Yes ○ No
E. 18 your 19154 on schedule to meet the deadline set forth in t	• Yes O No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	e e
Review project plans to determine the potential impact to stormy	vater.

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

Name of MS4/Coalition	MTA BUS COMPAN	ΙΥ			N Y	R 2	0 A	5	0 8
Minimum (Control Mea	sure 5. Post	-Constructio	n Storm	<u>wate</u>	r Ma	<u>nage</u>	<u>mei</u>	<u>nt</u>
The information in thi	is section is bein	g reported (che	ck one):						
On behalf of an indOn behalf of a coalHow ma		ributed to this	report?						
1. How many and v MS4/Coalition in	• • •			_	-	ces ha	s your		
		# Inventoried	# Inspections	# Time Maintain					
○ Alternative Practice	es								
O Filter Systems									
○ Infiltration Basins									
Open Channels									
○ Ponds									
○ Wetlands									
Other		1 3 4	2 6 8	4 0	6				
2. Do you use an e BMPs, inspection		` ` `	abase, spreadsl	heet) to tra	ack po	ost-co	nstruc O Y		ı ○ No
3. What types of n Development/B		-		-	t Low	Impa	act		
O Building Codes	O Municipal Co	omprehensive P	Plans						
Overlay Districts	Open Space	Preservation Preservation Preservation	ogram						
○ Zoning	O Local Law or	r Ordinance							
None	O Land Use Re	egulation/Zoning	g						
O Watershed Plans	Other Compr	rehensive Plan							
Other:									

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

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Naı	me of MS4/Coalition MTA BUS COMPANY	N	Y	R	2	0 A	. 5	0	8
4a	. Are the MS4s contributing to this report involved in a regional/w	atershed v	vide	pla	nn	_			No
4b	. Does the MS4 have a banking and credit system for stormwater 1	nanageme	nt p	rac	tice	es?			
						\circ	es		No
4c.	. Do the SWMP Plans for each MS4 contributing to this report inc and approval of banking and credit of alternative siting of a store					t prac	etice	?	3. T
						\circ	es		No
4d	. How many stormwater management practices have been implem	ented as p	art (of tl	his	syste	m ir	thi	is
	reporting period?					3	4	3	
5.	What percent of municipal officials/MS4 staff responsible for pro-	ogram imp	lem	enta	atio	on att	end	ed	
	training on Low Impace Development (LID), Better Site Design (BSD) and	othe	er G	ree	en _			
	Infrastructure principles in this reporting period?							0	%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

			SPDES ID	
Name of MS4/Coalition	MTA BUS COMPANY		N Y R 2 0 A 5 0	8
6. Evaluating Pro	gress Toward Measurable Goals	s MCM 5		
identified in your St	port on your progress and project p tormwater Management Program litional pages as needed.			İ
A. Briefly summar	rize the Measurable Goal identif	ied in the SWMPP	in this reporting period.	
Track post-construc	ction practices inventoried, inspec	ted & maintained.		
B. Briefly summar	rize the observations that indica	ted the overall effe	ctiveness of this Measura	ble
134 post-constructi catch basin drain in	ion practices were inspected 268 tinserts installed.	mes and maintained	1 406 times, including 343	
C. How many time	es was this observation measure	d or evaluated in tl	his reporting period?	8
			(ex.: samples/partici	
D. Has your MS4	made progress toward this meas	surable goal during		N
F Is your MS4 on	schedule to meet the deadline s	at forth in the SW/N	● Yes ○	No
E. Is your MIS4 on	schedule to meet the deadline s	et for the me the Swi		No
·	rize the stormwater activities plaing cycle (including an implement		oals of this MCM during	5
Continue evaluating controls as necessar	g post-construction BMPs. Contin	ue inspecting and m	naintaining post-construction	on

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

		SPL	DES	ID						
Name of MS4/Coalition	NEW YORK CITY TRANSIT	N	Y	R	2	0	A	5	0	8

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The informa	tion in this section is being reported (check one):	
On behalf	of an individual MS4 of a coalition How many MS4s contributed to this report?	

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

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

Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>	•
Street Maintenance	○ Yes	• No	. O Yes	No
Bridge Maintenance	O Yes	• No	. O Yes	No
Winter Road Maintenance	O Yes	• No	. O Yes	• No
Salt Storage	• Yes	○ No	. • Yes	\bigcirc No
Solid Waste Management	• Yes	○ No	. • Yes	\bigcirc No
New Municipal Construction and Land Disturba	nce • Yes	○ No	. • Yes	\bigcirc No
Right of Way Maintenance	○ Yes	● No	. O Yes	No
Marine Operations		• No	. O Yes	No
Hydrologic Habitat Modification		• No	. O Yes	No
Parks and Open Space	_	• No	. O Yes	No
Municipal Building		○ No	. • Yes	\bigcirc No
Stormwater System Maintenance		○ No	. • Yes	\bigcirc No
Vehicle and Fleet Maintenance		○ No	. • Yes	\bigcirc No
Other	···· O Yes	• No	. O Yes	No

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	S	SPDES I	D				
Name of MS4/Coalition MTA BUS COMPANY		N Y	R 2	0 .	A 5	0	8
2. Provide the following information about municipal operat	tions good	l house	keep	oing	prog	gran	ns:
• Parking Lots Swept (Number of acres X Number of times swep	ot)	# A	cres	1	8 0	0	0
O Streets Swept (Number of miles X Number of times swept)		# N	Iiles				
• Catch Basins Inspected and Cleaned Where Necessary			#		3	1	9
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 			#		2	6	8
O Phosphorus Applied In Chemical Fertilizer		#]	Lbs.				
O Nitrogen Applied In Chemical Fertilizer		#]	Lbs.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	Jumber of	# Acı	res			•	
3. How many stormwater management trainings have been p	orovided t	to mun	icipa	al en	ıplo [,]	vees	,
during this reporting period?	L		•				2
4. What was the date of the last training?	1	2 /	3 1]/[2 0	2	1
5. How many municipal employees have been trained in this	reporting	g perio	d?		9	9	9
6. What percent of municipal employees in relevant position stormwater management training?	s and dep	artmei	its r	Г	/ e	0	%

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		SPDES ID	
Name of MS4/Coalition	NEW YORK CITY TRANSIT	N Y R	2 0 A 5 0 8
7. Evaluating Progr	ress Toward Measurable Goals MCN	16	
identified in your Sto	rt on your progress and project plans to rmwater Management Program Plan (S onal pages as needed.	_	_
A. Briefly summarize	ze the Measurable Goal identified in	the SWMPP in this rep	orting period.
Track & report all sp benchmark exceedan	oills that could potentially contribute polices.	llutants to the MS4 syste	m. Monitor
B. Briefly summariz	ze the observations that indicated the	e overall effectiveness of	f this Measurable
	period, 100% of the spills reported to ld at 9 of 13 outfalls sampled.	NYSDEC were closed. B	enchmark
C. How many times	was this observation measured or ev	-	ag period? 1 4 .: samples/participants/event
D. Has your MS4 m	ade progress toward this measurable	e goal during this repor	ting period? ● Yes ○ No
E. Is your MS4 on s	schedule to meet the deadline set fort	h in the SWMPP?	● Yes ○ No
•	ze the stormwater activities planned g cycle (including an implementation	_	MCM during
Continue to follow u BMPs as necessary.	p on spill closures. Report and respond	to spills in a timely man	ner. Update

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		SPI	DES	ID						
Name of MS4/Coalition	MTA BUS COMPANY	N	Y	R	2	0	A	5	0	8

MS4 Description		CI. LAVA	(DOC)
	Answer	Check NA	(POC)
NYC EOH Watershed raditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
raditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
on-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
raditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
on-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	- 22501101112	-
raditional Land Use raditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	1,4,0,7a-u,6a,9	2,3,3,60,10,11,12	- I nosphorus
raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
on-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
raditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
on-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	1 4 6 7 - 1 9 - 0	2 2 5 91 10 11 12	- Dll
raditional Land Use raditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
raditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
raditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
on-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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	SPDES ID
Name of MS4/Coalition MTA BUS COMPANY	N Y R 2 0 A 5 0 8
3. Does your MS4/Coalition have a Stormwater Convand Maintenance Plan Program?	veyance System (infrastructure) Inspection ○ Yes ○ No ● N/A
4. Estimate the percentage of on-site wastewater trea and maintained or rehabilitated as necessary in th	·
5. Has your MS4/Coalition developed a program tha NYSDEC SPDES General Permit for Stormwater (GP-0-08-001) to reduce pollutants in stormwater disturb five thousand square feet or more?	Discharges from Construction Activities
6. Has your MS4/Coalition developed a program to a runoff from new development and redevelopment equal to one acre that provides equivalent protecti Permit for Stormwater Discharges from Construct the New York State Stormwater Design Manual E Standards?	projects that disturb greater than or on to the NYS DEC SPDES General tion Activities (GP-0-08-001), including
7a. Does your MS4/Coalition have a retrofitting progr phosphorus/nitrogen/pathogen loading?	ram to reduce erosion or ○ Yes ○ No ● N/A
7b. How many projects have been sited in this reporting	ng period?
7c. What percent of the projects included in 7b have b	%
7d. What percent of projects planned in previous year	
8a. Has your MS4/Coalition developed and implement procedures policy that addresses proper fertilizer lands?	ĕ 1
8b.Has your MS4/Coalition developed and implement procedures policy that addresses proper disposal of municipally owned lands?	8 1

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	SPDES ID	
Name of MS4/Coalition MTA BUS COMPANY	N Y R 2	0 A 5 0 8
9. Has your MS4/Coalition developed and implemented a prog	,	O
	\bigcirc Yes	○ No ● N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet	-	
prohibiting goose feeding?	\bigcirc Yes	○ No ● N/A
11. Does your MS4/Coalition have a pet waste bag program?	O Yes	○ No ● N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	○ No ● N/A