

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 2

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

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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

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OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

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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

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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

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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)
- A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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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	MI	Last Name
T h e o d o r e		F a f i n s k i

Title
T o w n S u p e r v i s o r

Address
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City	State	Zip
F a r m i n g t o n	N Y	1 4 4 2 5 -

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Phone	County
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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

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Name of MS4

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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.) SPDES Partner ID - If applicable

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City State Zip

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Phone

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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)?

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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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

Name of MS4

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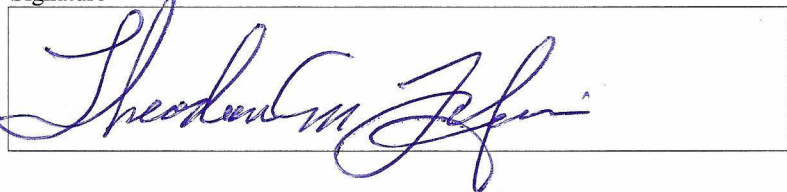
Section 4 - Certification Statement

"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

Title (Clearly print title of individual signing report)

Signature


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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

Town of Macedon

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MS4 Municipal Compliance Certification(MCC) Form

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Name of MS4

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- Report Preparer

First Name

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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Section 2 - Contact Information

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- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name	MI	Last Name
W i l l i a m	H	H a m m o n d
Title		
T o w n S u p e r v i s o r		
Address		
3 2 M a i n S t r e e t		
City	State	Zip
M a c e d o n	N Y	1 4 5 0 2 -
eMail		
m a c s u p e r @ m a c e d o n t o w n . n e t		
Phone	County	
(3 1 5) 9 8 6 - 5 9 3 2	W a y n e	

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4

SPDES ID

N	Y	R	2	0	A	3	9	1
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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

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r								
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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

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Address

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City

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State

N	Y
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Zip

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eMail

O	n	t	s	w	c	d	1	@	r	o	c	h	e	s	t	e	r	.	r	r	.	c	o	m														
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Phone

(585) 396 - 1450

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

P	u	b	l	i	c		E	d	u	c	a	t	i	o	n		&		O	u	t	r	e	a	c	h										
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- MM2

P	u	b	.		I	n	v	o	l	v	e	m	e	n	t	/	P	a	r	t	i	c	i	p	a	t	i	o	n									
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- MM3

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- MM4

C	o	n	s	t	r	u	c	t	i	o	n		C	o	m	p	l	i	a	n	c	e																
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- MM5

P	o	s	t	-	C	o	n	s	t	r	u	c	t	i	o	n		C	o	m	p	l	i	a	n	c	e											
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- MM6

P	o	l	l	u	t	i	o	n		P	r	e	v	e	n	t	i	o	n		T	r	a	i	n	i	n	g										
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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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

Name of MS4

SPDES ID
N Y R 2 0 A 3 9 1

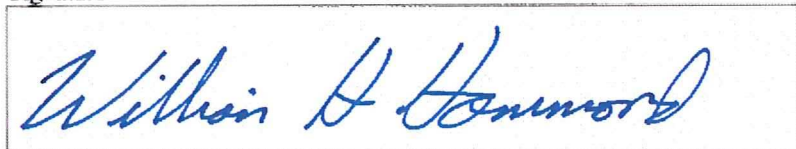
Section 4 - Certification Statement

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

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

First Name MI Last Name

Title (Clearly print title of individual signing report)

Signature


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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	2
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Name of MS4

Village of Macedon

SPDES ID

N	Y	R	2	0	A	2	5	8
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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)
- A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

Name of MS4 Village of Macedon

SPDES ID

N Y R 2 0 A 2 5 8

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

D a n i e l

MI

Last Name

C o r n w a l l

Title

V i l l a g e E n g i n e e r

Address

8 1 M a i n S t r e e t

City

M a c e d o n

State

N Y

Zip

1 4 5 0 2 -

eMail

d c o r n w a l l @ r o c h e s t e r . r r . c o m

Phone

(5 8 5) 9 8 6 - 3 9 7 6

County

W a y n e

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	2
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Name of MS4

V	i	l	l	a	g	e	o	f	M	a	c	e	d	o	n
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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:

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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).
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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

M	a	r	i	e															
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 MI

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 Last Name

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Title

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Address

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City

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 State

N	Y
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 Zip

1	4	5	0	2	-				
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eMail

m	c	r	a	m	e	r	1	9	9	4	@	v	e	r	i	z	o	n	.	n	e	t																		
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Phone

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 County

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4

SPDES ID

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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

-

eMail

Phone

() -

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
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 Village of Macedon

SPDES ID
N Y R 2 0 A 2 5 8

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 M a r i e MI Last Name C r a m e r

Title (Clearly print title of individual signing report)
M a y o r

Signature
Marie Cramer

Date 05 / 04 / 2012

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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SPDES ID:

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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)
- A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4

SPDES ID
N Y R 2 0 A 4 0 0

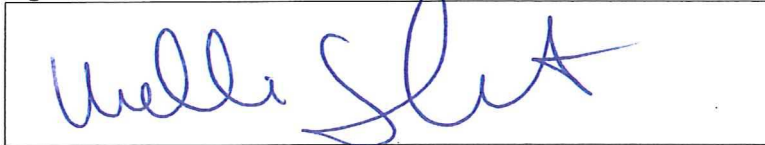
Section 4 - Certification Statement

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First Name MI Last Name

Title (Clearly print title of individual signing report)

Signature


Date
 / /

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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SPDES ID:

N	Y	R	2	0	A	0	9	8
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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- A Single Entity (Per Part II.E of GP-0-10-002)
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If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

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

For each contact, select all that apply:

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

First Name

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Title

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City

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 Zip

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eMail

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Phone

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 County

W	a	y	n	e														
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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4

SPDES ID

N	Y	R	2	0	A	0	9	8
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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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N	Y	R	2	0				
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Address

City

State

Zip

eMail

Phone

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
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

Name of MS4

SPDES ID
N Y R 2 0 A 0 9 8


Section 4 - Certification Statement

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First Name MI Last Name

Title (Clearly print title of individual signing report)

Signature


Date / /

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	2
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Name of MS4

T	o	w	n	o	f	V	i	c	t	o	r
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SPDES ID

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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)
- A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

Name of MS4

SPDES ID

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	1	2
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Name of MS4

Town of Victor

SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

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

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
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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).

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

For each contact, select all that apply:

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

First Name	MI	Last Name
J a c k	F	M a r r e n
Title		
T o w n S u p e r v i s o r		
Address		
8 5 E a s t M a i n S t r e e t		
City	State	Zip
V i c t o r	N Y	1 4 5 6 4 -
eMail		
s u p e r v i s o r @ t o w n - v i c t o r - n y . u s		
Phone	County	
(5 8 5) 7 4 2 - 5 0 2 0	O n t a r i o	

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

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Name of MS4

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SPDES ID

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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.)

C	o	a	l	i	t	i	o	n																								
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SPDES Partner ID - If applicable

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Address

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City

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State

N	Y
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Zip

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eMail

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Phone

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1	4	5	0
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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

P	u	b	l	i	c		E	d	u	c	a	t	i	o	n		&		O	u	t	r	e	a	c	h								
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- MM2

P	u	b	.		I	n	v	o	l	v	e	m	e	n	t	/	P	a	r	t	i	c	i	p	a	t	i	o	n							
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- MM3

I	D	D	E																																
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- MM4

C	o	n	s	t	r	u	c	t	i	o	n		C	o	m	p	l	i	a	n	c	e														
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- MM5

P	o	s	t	-	C	o	n	s	t	r	u	c	t	i	o	n		C	o	m	p	l	i	a	n	c	e									
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- MM6

P	o	l	l	u	t	i	o	n		P	r	e	v	e	n	t	i	o	n		T	r	a	i	n	i	n	g								
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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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 1 2

Name of MS4 Town of Victor

SPDES ID
N Y R 2 0 A 2 4 9

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: J a c k MI: Last Name: M a r r e n

Title (Clearly print title of individual signing report): T o w n S u p e r v i s o r

Signature: *Jack Marron*

Date: 0 4 / 0 5 / 2 0 1 2

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	2
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Name of MS4

V	i	l	l	a	g	e	o	f	V	i	c	t	o	r
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SPDES ID

N	Y	R	2	0	A	2	9	0
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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)
- A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

Name of MS4 Village of Victor

SPDES ID
N Y R 2 0 A 2 9 0

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)
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- 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
J o h n C T u r n e r

Title
D i r e c t o r o f P u b l i c W o r k s

Address
6 0 E a s t M a i n S t r e e t

City State Zip
V i c t o r N Y 1 4 5 6 4 -

eMail
d p w d i r e c t o r @ v i l l a g e o f v i c t o r . o r g

Phone County
(5 8 5) 9 2 4 - 3 3 1 1 O n t a r i o

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

Name of MS4

SPDES ID

Section 2 - Contact Information

Important Instructions - Please Read

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

For each contact, select all that apply:

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

First Name

MI

Last Name

Title

Address

City

State

Zip

-

eMail

Phone

() -

County

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 Village of Victor

SPDES ID

N	Y	R	2	0	A	2	9	0
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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

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r			
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Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

C	o	a	l	i	t	i	o	n							
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N	Y	R	2	0					
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Address

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City

State

Zip

C	a	n	a	n	d	a	i	g	u	a							N	Y			1	4	4	2	4	-			
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eMail

O	n	t	s	w	c	d	1	@	r	o	c	h	e	s	t	e	r	.	r	r	.	c	o	m						
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Phone

(5	8	5)		3	9	6	-	1	4	5	0	
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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 P u b l i c E d u c a t i o n & O u t r e a c h

MM2 P u b . I n v o l v e m e n t / P a r t i c i p a t i o n

MM3 I D D E

MM4 C o n s t r u c t i o n C o m p l i a n c e

MM5 P o s t - C o n s t r u c t i o n C o m p l i a n c e

MM6 P o l l u t i o n P r e v e n t i o n T r a i n i n g

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 1 ¹²

Name of MS4

SPDES ID

N	Y	R	2	0	A	2	9	0
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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."

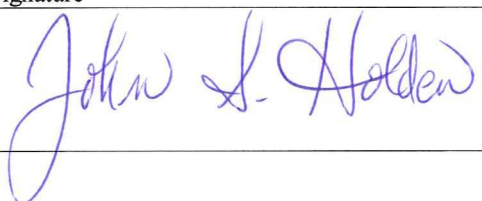
This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI	Last Name
J o h n	S	H o l d e n

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

04	/	03	/	2012
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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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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SPDES ID

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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)
- A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

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

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name

N	o	r	m	a	n
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F

 Last Name

D	r	u	s	c	h	e	e	l
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Title

B	u	i	l	d	i	n	g		I	n	s	p	e	c	t	o	r
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Address

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City

W	a	l	w	o	r	t	h
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 State

N	Y
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 Zip

1	4	5	6	8	-				
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eMail

b	l	d	g	i	n	s	p	@	t	o	w	n	o	f	w	a	l	w	o	r	t	h	n	y	.	g	o	v
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Phone

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 County

W	a	y	n	e
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

Name of MS4

SPDES ID

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

For each contact, select all that apply:

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

First Name	MI	Last Name
R o b e r t	J	P l a n t

Title
T o w n S u p e r v i s o r

Address
3 6 0 0 L o r r a i n e D r i v e

City	State	Zip
W a l w o r t h	N Y	1 4 5 6 8 -

eMail
s u p e r v i s o r @ t o w n o f w a l w o r t h n y . g o v

Phone	County
(3 1 5) 9 8 6 - 1 4 0 0	W a y n e

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

Name of MS4 Town of Walworth

SPDES ID

N Y R 2 0 A 2 9 3

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

R o b e r t

MI

J

Last Name

P l a n t

Title (Clearly print title of individual signing report)

T o w n S u p e r v i s o r

Signature

Date

3 / 27 / 2012

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	2
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Name of MS4

Wayne County Highway Department

SPDES ID:

N	Y	R	2	0	A	4	9	1
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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)
- A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		O	n	t	a	r	i	o	-	W	a	y	n	e		S	t	o	r	m	w	a	t	e	r		
C	o	a	l	i	t	i	o	n																					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	2
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Name of MS4

Wayne County Highway Department

SPDES ID

N	Y	R	2	0	A	4	9	1
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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

B	r	i	a	n														
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 MI

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 Last Name

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Title

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City

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 State

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 Zip

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eMail

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Phone (

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 County

W	a	y	n	e																
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 Wayne County Highway Department

SPDES ID
N Y R 2 0 A 4 9 1

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
J a m e s H o f f m a n

Title
C h a i r m a n o f t h e B d o f S u p e r v i s o r s

Address
2 6 C h u r c h S t r e e t

City State Zip
L y o n s N Y 1 4 4 8 9 -

eMail
j h o f f m a n @ c o . w a y n e . n y . u s

Phone County
((3 1 5) 9 4 6 - 5 4 0 0 W a y n e

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

SPDES ID

Name of MS4 Wayne County Highway Department

NYR20A491

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

The Ontario - Wayne Stormwater

Partner/Coalition Name (con't.)

Coalition

SPDES Partner ID - If applicable

NYR20

Address

480 North Main Street

City

Canandaigua

State

NY

Zip

14424

eMail

ontswcd1@rochester.rrr.com

Phone

(585) 396-1450

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 Public Education & Outreach
- MM2 Pub. Involvement / Participation
- MM3 IDDE
- MM4 Construction Compliance
- MM5 Post-Construction Compliance
- MM6 Pollution Prevention Training

Additional tasks/responsibilities

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

Empty box for additional information.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

Name of MS4 **Wayne County Highway Department**

SPDES ID

N Y R 2 0 A 4 9 1

Section 4 - Certification Statement

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

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

First Name

J a m e s

MI

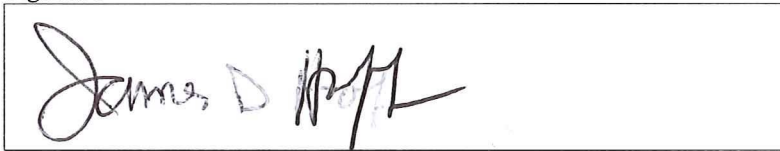
Last Name

H o f f m a n

Title (Clearly print title of individual signing report)

C h a i r m a n o f t h e B d o f S u p e r v i s o r s

Signature



Date

03 / 21 / 2012

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

MS4 Annual Report Form

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

2	0	1	2
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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

N	Y	R	2	0			
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Name of MS4/Coalition

The Ontario-Wayne Stormwater Coalition																																							
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Water Quality Trends

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s are contributed to this report?

		9
--	--	---

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. Yes No

If Yes, choose one of the following

Report(s) attached to the annual report

Web Page(s) where report(s) is/are provided below

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

URL

URL

URL

URL

MS4 Annual Report Form

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

2	0	1	2
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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

The Ontario-Wayne Stormwater Coalition
--

SPDES ID

N	Y	R	2	0					
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Minimum Control Measure 1. Public Education 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?

		9
--	--	---

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- Construction Sites
- Pesticide and Fertilizer Application
- General Stormwater Management Information
- Pet Waste Management
- Household Hazardous Waste Disposal
- Recycling
- Illicit Discharge Detection and Elimination
- Riparian Corridor Protection/Restoration
- Infrastructure Maintenance
- Trash Management
- Smart Growth
- Vehicle Washing
- Storm Drain Marking
- Water Conservation
- Green Infrastructure/Better Site Design/Low Impact Development
- Wetland Protection
- Other:
- None

p	h	a	r	m	a	c	e	u	t	i	c	a	l		w	a	s	t	e		d	i	s	p	o	s	a	l				
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Other

2. Specific audiences targeted during this reporting period:

- Public Employees
- Contractors
- Residential
- Developers
- Businesses
- General Public
- Restaurants
- Industries
- Other:
- Agricultural

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Other

MS4 Annual Report Form

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

2	0	1	2
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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

The Ontario-Wayne Stormwater Coalition
--

SPDES ID

N	Y	R	2	0				
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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 checked="" type="radio"/> Direct Mailings | # Mailings | <table border="1"><tr><td></td><td>8</td><td>9</td><td>0</td><td>0</td></tr></table> | | 8 | 9 | 0 | 0 |
| | 8 | 9 | 0 | 0 | | | |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1"><tr><td></td><td></td><td></td><td></td><td>6</td></tr></table> | | | | | 6 |
| | | | | 6 | | | |
| <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 checked="" type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1"><tr><td></td><td></td><td></td><td></td><td>5</td></tr></table> | | | | | 5 |
| | | | | 5 | | | |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1"><tr><td></td><td></td><td>9</td><td>3</td><td>0</td></tr></table> | | | 9 | 3 | 0 |
| | | 9 | 3 | 0 | | | |
| <input checked="" type="radio"/> School Program | # Attendees | <table border="1"><tr><td></td><td></td><td>1</td><td>7</td><td>5</td></tr></table> | | | 1 | 7 | 5 |
| | | 1 | 7 | 5 | | | |
| <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 checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1"><tr><td></td><td>1</td><td>2</td><td>6</td><td>7</td></tr></table> | | 1 | 2 | 6 | 7 |
| | 1 | 2 | 6 | 7 | | | |

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

T	o	w	n	/	V	i	l	l	a	g	e		h	a	l	l	s	,		
s	c	h	o	o	l	s	,		l	i	b	r	a	r	i	e	s	,		
p	u	b	.	m	r	k	t	s	,		w	a	t	e	r	/	h	w	y	
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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

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

The Ontario-Wayne Stormwater Coalition
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SPDES ID

N	Y	R	2	0				
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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.

Provide public education and outreach programs and receive public responses. Public education and outreach was accomplished through Public Education Displays, pamphlets & brochures @ Community Events (i.e., High Acres Landfill Open House, 4th of July Celebration, Republican Party BBQ, annual Spring Cleanup, etc.), Coalition website (w/ email link for public comments), Public Information Press Packages, Direct Mailings, Multi-Media Training Kits, Town Hall meetings.

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

MS4 officials met with residents at community events, at municipal offices and on-site on multiple occasions to discuss the stormwater program. Brochures and informational materials including newly designed handouts (magnets, bag clips, bookmarks, etc.) promoting the stormwater coalition and the coalition's website generated a high level of interest. Over 800 people attended the High Acres Landfill Open House this past year (approx. 500+ promotional materials were distributed)

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

		1	2
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to attend and represent the stormwater coalition at community events, promote the Coalition website (www.owsc.org) where the annual report will be displayed, replenish supplies of educational materials/brochures at kiosks and displays and continue to design and create new educational materials that will spark interest in the community residents (door hangers, bookmarks, bag clips, etc).

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

The Ontario Wayne Stormwater Coalition
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SPDES ID

N	Y	R	2	0				
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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?

		9
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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

				8
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- Comments on SWMP Received # Comments

				0
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- Community Hotlines Phone # (

5	8	5
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3	9	6
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- Phone # (

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Phone # (

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Phone # (

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- Phone # (

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Phone # (

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- Phone # (

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Phone # (

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)

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- Community Meetings # Attendees

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- Plantings Sq. Ft.

1	7	2	8	0
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- Storm Drain Markings # Drains

	2	6	1
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- Stakeholder Meetings # Attendees

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- Volunteer Monitoring # Events

			1
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- Other:

H	i	g	h	A	c	r	e	s	L	a	n	d	f	i	l	l	o	p	e	n	h	o	u	s	e
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2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes No

- List-Serve # In List

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- Newspaper Advertising # Days Run

		5	1
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- TV/Radio Notices # Days Run

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- Other:

T	o	w	n	/	V	i	l	l	a	g	e	B	o	a	r	d	m	e	e	t	i	n	g	s
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- 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, 2012

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						
N	Y	R	2	0		

2. URL(s) con't.:

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

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

The Ontario Wayne Stormwater Coalition
--

SPDES ID

N	Y	R	2	0					
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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
O n t a r i o - W a y n e S t o r m w a t e r C o a l i t

Address
4 8 0 N o r t h M a i n S t r e e t

City
C a n a n d a i g u a

Zip
N Y 1 4 4 2 4 -

Phone
(5 8 5) 3 9 6 - 1 4 5 0

- Library Annual Report SWMP Plan Comments

Address

City

Zip

Phone
() -

- Other Annual Report SWMP Plan Comments

Address

City

Zip

Phone
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- Web Page URL: Annual Report SWMP Plan Comments

h t t p : / / o w s c . o r g / L i n k C l i c k . a s p x ?
f i l e t i c k e t = E q K 9 u P g 3 q k w % 3 d & t a b i d
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Please provide specific address of page where report can be accessed - not home page.

- eMail Comments

o n t s w c d 1 @ r o c h e s t e r . r r . c o m

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

The Ontario-Wayne Stormwater Coalition									
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 SPDES ID

N	Y	R	2	0					
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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.

0	5	/	2	2	/	2	0	1	2
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4.b. For how many days was/will this report be posted?

3	6	5
---	---	---

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,

2	0	1	2
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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

The Ontario Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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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 increase public involvement/participation through community events (i.e. High Acres Landfill Open House), educational materials and volunteer opportunities. The coalition website provided the public the opportunity to view and make comments on the Annual Report.

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

There has been a noticeable increase in attendance at the MS4 informational booths at community events. Volunteers helped clean roads in the "Adopt a Highway" program as well as other local events (i.e. Main Street Clean-up & Canal Park cleanup). Boy Scout volunteers helped mark storm drains. The OWSC website allows local residents to view and comment on the Annual Report and SWMPP.

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

		1	2
--	--	---	---

(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).

The Coalition website (www.owsc.org) will continue to list upcoming events and include a link to view/comment on the Annual MS4 Report. Continue promoting community volunteering events, open houses (i.e. High Acres Land Fill), and green infrastructure field days.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

N	Y	R	2	0				
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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?

		9
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1. Enter the number and approx. percent of outfalls mapped:

1	2	7	0
---	---	---	---

 #

	9	5
--	---	---

 %

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

5	9	6
---	---	---

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

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

E	x	t	e	r	i	o	r		v	e	h	i	c	l	e		w	a	s	h	i	n	g							
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Sewersheds:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

The Ontario-Wayne Stormwater Coalition
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SPDES ID

N	Y	R	2	0					
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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

v e h i c l e w a s h i n g t o s t o r m s e w e r

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

	1	8
--	---	---

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

	1	7
--	---	---

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

	1	7
--	---	---

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?

	9	0	%
--	---	---	---

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

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

The Ontario-Wayne Stormwater Coalition																																							
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SPDES ID

N	Y	R	2	0					
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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.

Identify /detect and eliminate all potential illicit discharges (including dry weather discharges). Develop/update a mapping system that locates all outfalls in each MS4. Send MS4 employees to IDDE training and educate the public about IDDE, how to identify illicit discharges and that if they do identify an illicit discharge to contact the Ontario-Wayne Stormwater Coalition to have it addressed.

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

MS4's have an adopted IDDE Management Plan. A summer intern was hired to inspect the outfalls within each MS4. 17 illicit discharges were detected, confirmed and eliminated during this reporting period. MS4 staff have attended IDDE training within this reporting period.

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

		1	2
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to identify outfalls and detect for illicit discharges through March 9, 2013. If an illicit discharge is detected, the source is to be identified and eliminated. Continue mapping storm sewershed boundaries. The coalition is planning to continue the summer intern program for the next reporting period to continue to identify potential illicit discharges. The coalition also plans to purchase a GPS unit to map all outfalls and storm sewersheds within the OWSC limits.

MS4 Annual Report Form

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

2	0	1	2
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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

The Ontario-Wayne Stormwater Coalition			
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SPDES ID

N	Y	R	2	0				
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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?

		9
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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

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

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004 03/2006 NT

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

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

	1	7
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

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

		0
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? Yes No

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

- | | | | | | | | | |
|---|---|---|--|---|--|--|---|---|
| <input checked="" type="radio"/> Notices of Violation | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>4</td></tr></table> | | | | | 4 | <input type="radio"/> No Authority |
| | | | | 4 | | | | |
| <input checked="" type="radio"/> Stop Work Orders | # | <table border="1"><tr><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"><tr><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"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
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| <input checked="" type="radio"/> Administrative Fines | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input type="radio"/> Civil Penalties | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | |
| <input checked="" type="radio"/> Administrative Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input checked="" type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | |
| | | | | 0 | | | | |
| <input checked="" type="radio"/> Other | # | <table border="1"><tr><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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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

The Ontario-Wayne Stormwater Coalition																																							
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SPDES ID

N	Y	R	2	0					
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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?

		9
--	--	---

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

	1	2
--	---	---

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

	3	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

1	0	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,** 2 0 1 2

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

N Y R 2 0 **6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

O n t a r i o - W a y n e S t o r m w a t e r C o a l i t

Address

4 8 0 N o r t h M a i n S t r e e t

City

C a n a n d a i g u a

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○ Library

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Phone

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○ Other

Address

City

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Phone

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

Name of MS4/Coalition

The Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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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 and comment on the Construction Erosion Control Plans and SWPPP for each project disturbing more than 1 acre to ensure they confirm to at a minimum the guidelines set forth in the NY SPDES General Permit. SWPPP inspections on all sites disturbing more than 1 acre are to be performed and the inspection reports are to be kept in the on-site copy of the SWPPP. Any site erosion control deficiencies are to be reported until they are eliminated.

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

100% of the sites with over an acres of disturbance have been visited at least once within the reporting period. Fewer issues were reported during due to the MS4 site inspections and plan/SWPPP review process. No major issues were reported during the reporting period.

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

		1	2
--	--	---	---

(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 the Construction Erosion Control Plans and SWPPP's for all projects that disturb more than 1 acre through March 9, 2013. Continue site inspections for all projects that disturb more than 1 acre through March 9, 2013. Report any erosion control deficiencies throughout the next reporting period until they are eliminated. Ensure all sites comply with the design of the approved SWPPP's and the NY SPDES General Permit. Continue to educate developers and contractors.

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

The Ontario-Wayne Stormwater Coalition
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SPDES ID

N	Y	R	2	0					
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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?

		9
--	--	---

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 checked="" type="radio"/> Alternative Practices	<table border="1"><tr><td></td><td></td><td>1</td></tr></table>			1	<table border="1"><tr><td></td><td></td><td>2</td></tr></table>			2	<table border="1"><tr><td></td><td></td><td>1</td></tr></table>			1
		1										
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<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 checked="" type="radio"/> Infiltration Basins	<table border="1"><tr><td></td><td></td><td>1</td></tr></table>			1	<table border="1"><tr><td></td><td></td><td>5</td></tr></table>			5	<table border="1"><tr><td></td><td></td><td>1</td></tr></table>			1
		1										
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<input checked="" type="radio"/> Open Channels	<table border="1"><tr><td></td><td>4</td><td>1</td></tr></table>		4	1	<table border="1"><tr><td></td><td></td><td>7</td></tr></table>			7	<table border="1"><tr><td></td><td></td><td>4</td></tr></table>			4
	4	1										
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<input checked="" type="radio"/> Ponds	<table border="1"><tr><td></td><td>6</td><td>2</td></tr></table>		6	2	<table border="1"><tr><td></td><td>4</td><td>9</td></tr></table>		4	9	<table border="1"><tr><td></td><td></td><td>1</td></tr></table>			1
	6	2										
	4	9										
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<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></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>3</td></tr></table>			3
		3										

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:

N	Y	S	D	E	C		D	e	s	i	g	n		M	a	n	u	a	l	/	G	.	I	.						
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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

The Ontario-Wayne Stormwater Coalition																			
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SPDES ID

N	Y	R	2	0															
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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?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	1	9
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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

The Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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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.

Identify and inspect all post-construction stormwater management practices. Update stormwater management inventories. Make sure that the construction of the post-construction stormwater management practice follows the design in the approved SWPPP. Monitor & maintain the post-construction stormwater management practices as necessary and per their individual SWPPP. Inspection reports are to be kept on file.

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

MS4 inspections of the post-construction stormwater management practices revealed some deficiencies which were reported, and the required maintenance was completed. The increased attention to the post-construction stormwater management practices and the higher frequency of inspections has led to a drop off in flooding issues and increased water quality at the discharge of the stormwater management practices. Reduced # of calls from residents with drainage issues occurred.

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

		1	2
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to be proactive and update the inventories to include all post-construction stormwater management practices through March 9, 2013. Continue inspections and maintenance for all post-construction stormwater management practices as necessary and per the individual SWPPP's. Report and repair any deficiencies and work to eliminate them throughout the next reporting period.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

The Ontario-Wayne Stormwater Coalition																			
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SPDES ID

N	Y	R	2	0															
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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?

		9
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1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

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

MS4 Annual Report Form

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

2	0	1	2
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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

The Ontario-Wayne Stormwater Coalition
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SPDES ID

N	Y	R	2	0				
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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

			3	1
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

	1	1	6	9
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

	1	0	1	7
--	---	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			1	0
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

		2	1	8
--	--	---	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

	1	5	3	1
--	---	---	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

		4	6	.	6
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3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

			1	6
--	--	--	---	---

4. What was the date of the last training?

0	1	/	1	2	/	2	0	1	2
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5. How many municipal employees have been trained in this reporting period?

	2	3
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6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	3	6	%
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MS4 Annual Report Form

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

2	0	1	2
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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

The Ontario-Wayne Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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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.

Continue to increase Pollution Prevention / Good Housekeeping efforts. Continue to increase # of available education training programs offered and attendance by municipal employees.

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

Most roads within the limits of the OWSC were swept at least once (1,169 miles) within the the reporting period, while some were swept multiple times. 1,017 catch basins within the coalition were inspected/cleaned, while 31 acres of parking lots were also swept within the reporting period. DPW employees are becoming more aware of pollution prevention through related trainings and field work operations.

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

		1	2
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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).

Each MS4 within the coalition will continue the implementation of the adopted SWMPP. Complete all necessary inspections/maintenance/inventories by March 9, 2013. MS4 employees to continue to receive additional good housekeeping training throughout the next reporting period which ends March 9, 2013.