# **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:**

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Fill in SPDES ID in upper right hand corner.

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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)

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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.

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# MS4 Annual Report Cover Page

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

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

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

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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:

- O 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:

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

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#### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

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

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

Name of MS4 Town of Farmington  Section 3 - Partner Information  Did your MS4 work with partners/coalition to complete some or all permit requirements during this repperiod?  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.	ortin	o ng No
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ii No, proceed to Section 4 - Certification Statement.		
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The Ontario Wayne Stormwater		
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MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

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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
T h e o d o r e		Fafinski
Title (Clearly print title of individual signing report)		
Town Supervisor		
Signature Theodown Jefon	,	Date 0 5 1 2 2 1 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

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

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Name of MS4 Town of Macedon	N	Y	R	2	0	A	3	9	1

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

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

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- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

First Name	MI Last Name
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Title	
Town Supervisor	
Address	
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MCC form for period ending March 9, 2 0 1 2

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## Section 4 - Certification Statement

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

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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

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

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Name of MS4 Village of Macedon	N	Y	R	2	0	А	2	5	8

Each MS4 must submit an MCC form.

# **Section 1 - MCC Identification Page**

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

- O 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:

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

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#### **Section 2 - Contact Information**

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Contact information must be provided for <u>each</u> 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).
- 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.

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

First Name	MI Last Name
D a n i e l	C o r n w a 1 1
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MCC form for period ending March 9, 2 0 1 2

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

Section 3 - Partner Information  Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  • Yes ONO  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/CoalitionName  The ont arise of the coalition Name  The ont arise of the coalition Statement.  Partner/CoalitionName(con't.)  Partner/CoalitionName(con't.)  Partner/CoalitionName(con't.)  Coallity on State Zip  Ny R 2 0  Address  4 8 0 North Main Ground and aigual State Zip  Ny 1 4 4 2 4 - State Zip  Ny 1 4 4 2 4 - State Zip  Ny 1 4 4 2 4 - State Zip  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 at ion & Outrelach City on & Outrela														
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Section 3 - Partner Information														
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• MM3 I D D E														
• MM4 Construction Compl	i a n c e													
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● MM6   P o   1   1   u   t   i   o   n     P   r   e   v   e   n   t   i   o	on Training													
Additional tasks/responsibilities														
O Watershed Improvement Strategy Best Management Practices	required for MS4s in impaired													
watersheds included in GP-0-08-002 Part IX.	<del>-</del>													

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

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This form must be signed by either a principal executive officer or authorized representative of that person as described in GP-0-08-0				a o	шс	лаі,	or o	ıuı	У	
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Marie Crat	m e	r								
Title (Clearly print title of individual signing report)										
Mayor										
Signature										
Marie Cramer	1	Date	]/	O	4	1	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

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

Name of MS4 Ontario County Highway Department

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

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#### **Section 2 - Contact Information**

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

Name of MS4 Ontario County Highway Department

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# MS4 Municipal Compliance Certification (MCC) Form

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

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Name of MS4 Ontario County Highway Department	N	Y	R	2	0	А	4	0	0
Section 3 - Partner Information									
Did your MS4 work with partners/coalition to complete some or all permit r	eauirem	ents	s du	ring	2 th	is re	eno	rtin	g

O 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.

watersheds included in GP-0-08-002 Part IX.

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Watershed Improvement Strategy Best Management Practices required for MS4s in impaired

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

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## **Section 4 - Certification Statement**

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

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

First Name W i 1 1 i a m	Last Name W r i g h t	
Title (Clearly print title of individual signing report)  C o m m i s s i o n e r o f	Qublic W	o r k s
Signature Supplies Signature	Date	4/23/2012

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

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

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Name of MS4 Town of Ontario		N	Y	R	2	0	A	0	9	8

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Name of MS4 Town of Ontario	N	Y	R	2	0	A	0	9	8

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

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## **Section 4 - Certification Statement**

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

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

First Name	MI	Last Name
R o b e r t		K e l s c h
Title (Clearly print title of individual signing report)		
Town Supervisor		
Signature		
Roll J. Kelsch		Date 0 3 1 2 0 1 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

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

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Name of MS4 Town of Victor	N	Y	R	2	0	А	2	4	9

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:

- O 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:

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

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Name of MS4 Town of Victor		N	Y	R	2	0	A	2	4	9

#### **Section 2 - Contact Information**

Important Instructions - Please Read

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

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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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).
- 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.

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

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

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Name of MS4 Town of Victor		N	Y	R	2	0	A	2	4	9

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

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

Name of MS4 Town of Victor  Section 3 - Partner Information  Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  If Yes, complete information below.																														
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## **Section 4 - Certification Statement**

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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 Maun		Date 0 4 1 0 5 1 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

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

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Name of MS4 Village of Victor	N	Y	R	2	0	А	2	9	0

Each MS4 must submit an MCC form.

# **Section 1 - MCC Identification Page**

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

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#### **Section 2 - Contact Information**

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Name of MS4 Village of Victor		N	Y	R	2	0	А	2	9	0

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- Principal Executive Officer/Chief Elected Official
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- O Local Stormwater Public Contact
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- O Report Preparer

First Name	MI Last Name
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Victor	
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MCC form for period ending March 9, 2 0 1 2

Name of MS4 Village of Victor  Section 3 - Partner Information  Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  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/CoalitionName  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  Partner/CoalitionName(con't.)  SPDES Partner ID - If applicable C o a 1 i t t i o n S t r e e t  Address  4 8 0 N o r t h M a i n S t r e e t  City State Zip
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Phone Legally Binding Agreement in accordance
(5 8 5) 3 9 6 - 14 5 0 with GP-0-08-002 Part IV.G.? • Yes • N
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Task
● MM1 Public Education & Outreach
● MM2 Pub. Involvement/Participation
• MM3 I D D E
● MM4
• MM5 Post-Construction Compliance
• MM6 Pollution Prevention Training
Additional tasks/responsibilities
Additional tasks/responsibilities  Watershed Improvement Strategy Rest Management Practices required for MS4s in impaired
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MCC form for period ending March 9, 2 0 1 2

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Name of MS4 Village of Victor	N	Y	R	2	0	A	2	9	0

#### **Section 4 - Certification Statement**

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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

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

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Name of MS4 Town of Walworth	N	Y	R	2	0	А	2	9	3

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:

- O 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:

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#### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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- O Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

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

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

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

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

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Name of MS4	Town of Walworth	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 1 a n t
Title (Clearly print title of individual signing report)  Town n Super rvissor		
Signature		
pro- I		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

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

Name of MS4 Wayne County Highway Department

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

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

Name of MS4 Wayne County Highway Department  N Y R 2 0 A 4 9 1  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/CoalitionName  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  Partner/Coalition Name(con't)  SPDES Partner ID - If applicable  O n t i t i o n S t r e e t  N Y R 2 0 S STATE  City  C a n a n d a i g u a S t e r . r r . c o m  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes ○ No
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/CoalitionName  T
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Legally Binding Agreement in accordance
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?
● MM1 Public Education & Outreach
● MM2   P   u   b   .   I   n   v   o   1   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 Post-Construction Compliance
• MM6 Pollution Prevention Training
Additional tasks/responsibilities
<ul> <li>Watershed Improvement Strategy Best Management Practices required for MS4s in impaired</li> </ul>

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

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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

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

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Name of MS4/Coalition	The Ontario-Wayne Stormwater Coalition	N	Y	R	2	0		

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?  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  URL  URL  URL  UR	Name of M	IS4/Co	alitio	on														J			14		10						
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

	SPDES ID
Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition	N Y R 2 0
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul>	9
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach d	luring this reporting period:
<ul><li>Construction Sites</li></ul>	<ul> <li>Pesticide and Fertilizer Application</li> </ul>
<ul> <li>General Stormwater Management Information</li> </ul>	Pet Waste Management
<ul> <li>Household Hazardous Waste Disposal</li> </ul>	<ul><li>Recycling</li></ul>
● Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	<ul><li>Trash Management</li></ul>
<ul><li>Smart Growth</li></ul>	<ul><li>Vehicle Washing</li></ul>
<ul><li>Storm Drain Marking</li></ul>	<ul><li>Water Conservation</li></ul>
• Green Infrastructure/Better Site Design/Low Impact Development	<ul><li>Wetland Protection</li></ul>
Other:	● None

### 2. Specific audiences targeted during this reporting period:

• Public Employees	Contractors
<ul><li>Residential</li></ul>	<ul><li>Developers</li></ul>
<ul><li>Businesses</li></ul>	• General Public
<ul><li>Restaurants</li></ul>	<ul><li>Industries</li></ul>
Other:	Agricultural

Other

Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

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

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

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Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition	N	Y	R	2	0		

#### 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)

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samp	les/	parı	tici,	pant	s/events

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

$V_{\Delta c}$	$\bigcirc$	No

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

Yes	$\bigcirc$	Ν	0
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# 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).

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

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

			SPI	DES ID					
Name of MS4/Coalition The Ontario Wayne Stormwater Coalition			N	Y R 2	0				
Minimum Control Measure 2.	Public Invo	lvemen	t/P	articip	atio	<u>on</u>			
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1. What opportunities were provided for publ development, evaluation and improvement		-			-	rar	n		
(SWMP) Plan during this reporting period			_	,	8	,	_		
● Cleanup Events				# Events					8
O Comments on SWMP Received			# C	Comments					0
<ul><li>Community Hotlines</li></ul>	Phone #	5 8 5	)	3 9 6	-	1	4	5	0
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O Community Meetings			# .	Attendees	_				
<ul><li>Plantings</li></ul>				Sq. Ft.	1	7	2	8	0
<ul> <li>Storm Drain Markings</li> </ul>				# Drains			2	6	1
O Stakeholder Meetings			# 1	Attendees					
<ul><li>Volunteer Monitoring</li></ul>				# Events					1
Other: H i g h A c r e s L a	n d f i l	1 0	р	e n	h	0	u	S	е
2. Was public notice of availability of this ann	ual report and	l Stormw	ate	er Mana	gen	nen:	 f		
Program (SWMP) Plan provided?		COTILIV		or iv <b>idit</b>	_	Υe		0	No
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<ul><li>Newspaper Advertising</li></ul>			# ]	Days Run				5	1
○ TV/Radio Notices			# ]	Days Run					
Other: Town/Village	Board	m a	ً ۾	+   i   n		٦			

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

Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition

# **MS4 Annual Report Form**

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# **MS4 Annual Report Form**

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

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Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition	ľ	1	YR	2	0				
4.a. If this report was made available on the internet, what dat	e was it	po	sted	?					
Leave blank if this report was not posted on the internet.	0	5	/ 2	2	/	2	0	1 2	2
4.b. For how many days was/will this report be posted?							3	6 5	5
If submitting a report for single MS4, answer 5.a If submitting	ng a joint	t re	eport,	ans	swe	r 5.1	b		
5.a. Was an Annual Report public meeting held in this reporting	ng perio	<b>d?</b>	·		C	Ye	s	● N	o
If Yes, what was the date of the meeting?			/ _		/				
If No, is one planned?					C	Ye	S	• N	0
5.b. Was an Annual Report public meeting held for all MS4s c	ontribut	in	g to t	his	rep	ort	du	ring	,
this reporting period?					C	Ye	S	• N	0
If No, is one planned for each?					C	Ye	S	• N	o
6. Were comments received during this reporting period?					C	Ye	S	• N	0
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.									

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

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

		SPI	DES	ID				
Name of MS4/Coalition	The Ontario Wayne Stormwater Coalition	N	Y	R	2	0		

#### 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?

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

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

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.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

Name of MS4/Coalition The Ontario-Wayne Stormwater Coali	tion SPDES ID  N Y R 2 0
Minimum Control Measure 3. 1	Illicit Discharge Detection and Elimination
The information in this section is being reported (	check one):
<ul> <li>On behalf of an individual MS4</li> <li>● On behalf of a coalition         How many MS4s contributed to the</li> </ul>	his report? 9
1. Enter the number and approx. percent of	of outfalls mapped: 1 2 7 0 # 9 5 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this inventory)?  5 9 6
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
<ul><li>Auto Recyclers</li></ul>	• Landscaping (Irrigation)
<ul><li>Building Maintenance</li></ul>	<ul><li>Marinas</li></ul>
<ul><li>Churches</li></ul>	O Metal Plateing Operations
<ul> <li>Commercial Carwashes</li> </ul>	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	<ul> <li>Parking Lot Maintenance</li> </ul>
<ul> <li>Construction Vehicle Washouts</li> </ul>	○ Printing
<ul><li>Cross-Connections</li></ul>	<ul> <li>Residential Carwashing</li> </ul>
O Distribution Centers	<ul><li>Restaurants</li></ul>
O Food Processing Facilities	<ul> <li>Schools and Universities</li> </ul>
<ul> <li>Garbage Truck Washouts</li> </ul>	• Septic Maintenance
○ Hospitals	<ul><li>Swimming Pools</li></ul>
O Improper RV Waste Disposal	<ul><li>Vehicle Fueling</li></ul>
O Industrial Process Water	● Vehicle Maint./Repair Shops
Other: $ \begin{array}{c c c c c c c c c c c c c c c c c c c $	○ None    c   1   e       w   a   s   h   i   n   g
O Sewersheds:	

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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 Stormwate	r Coaliti	on						N	1 X	R	2	0		ı		
3.b. What types of illicit discharges hav	e bee	n fou	ınd o	lurir	ıg t	his	rep	orti	ng p	eri	od?	,				
<ul> <li>Broken Lines From Sanitary Sewer</li> </ul>	$\circ$ I	Indust	rial (	Conn	ectio	ons										
Cross Connections	• ]	Inflow	//Infi	tratio	on											
• Failing Septic Systems	$\circ$ I	Pump	Stati	on Fa	ilur	e										
• Floor Drains Connected To Storm Sewers	• 9	Sanita	ry Se	ewer	Ove	rflo	ws									
<ul><li>Illegal Dumping</li></ul>	$\circ$ S	Straig	ht Pij	pe Se	wer	Dis	chai	rges								
Other:       v e h i c l e w a s h	.	None g	t	0	s	t	0	r	n	s	е	w	е	r		
4. How many illicit discharges/potenti	al ille	egal (	conn	ectio	ns l	nav	e be	en	dete	cted	d du	arir	ıg f	his	3	
reporting period?														<u> </u>	1	8
5. How many illicit discharges have be	een co	onfir	med	duri	ng 1	this	rer	ort	ing	per	iod	?	I		1	7
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6. How many illicit discharges/illegal	conne	ection	ıs ha	ve b	een	eliı	min	ateo	d du	rin	g th	is 1	rep	ort	ΤĬ	
period?															1	7
7. Has the storm sewershed mapping		-				-		_	-	iodʻ	?	0	Ye	s		No
If No, approximately what percent wa	is con	прієщ	za III	uns .	герс	HUII	ıg p	emo	u:				L	9	0	웅
8. Is the above information available in												0	Υe	ès		No
Is this information available on the If Yes, provide URL(s):	web?	?										0	Υe	S	•	No
Please provide specific address of pag	e whe	re ma	ap(s)	can	be a	icce	ssec	d - n	ot h	ome	e pa	ıge.				
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This report is being submitted for the reporting period ending March 9, 2 0 1 2

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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

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

		SPI	)ES	עו				
Name of MS4/Coalition	The Ontario-Wayne Stormwater Coalition	N	Y	R	2	0		

### 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). Develope/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		
(ex.:	samp	les/	par:	tici	pant	s/even	ts.

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

$\bullet$ Yes $\circ$ No
--------------------------

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

Yes	$\bigcirc$ 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.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

SPDES ID

● Yes ○ No

Yes

 $\circ$  NT

 $\bigcirc$  No

0

Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition	N Y R 2	)	
Minimum Control Measures 4 and Construction Site and Post-Construction			
The information in this section is being reported (check one):			
<ul> <li>On behalf of an individual MS4</li> <li>● On behalf of a coalition         How many MS4s contributed to this report?</li> </ul>			
1a. Has each MS4 contributing to this report adopted a law, ordina mechanism that provides equivalent protection to the NYS SPD Stormwater Discharges from Construction Activities?	_		○ No
1b. Has each Town, City and/or Village contributing to this report equivalent to a NYSDEC Sample Local Law for Stormwater Ms Sediment Control through either an attorney cerfification or us Analysis Workbook?	anagement and	Erosion C Gap	
inalysis works	© 1 <b>0</b> 5	0 110	0 111
If Yes, Towns, Cities and Villages provide date of equivalent NYS	-	w. 3/2006	O NT
2. Does your MS4/Coalition have a SWPPP review procedure in p	place?	• Yes	○ No
3. How many Construction Stormwater Pollution Prevention Plan reviewed in this reporting period?	s (SWPPPs) hav	e been	1 7
4 Does your MS4/Coalition have a mechanism for receipt and con	sideration of nu		

comments related to construction SWPPPs?

**SWPPP** process?

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

5. Does your MS4/Coalition provide education and training for contractors about the local

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:

<ul><li>Notices of Violation</li></ul>	#			4	O No Authority
• Stop Work Orders	#			0	O No Authority
O Criminal Actions	#				<ul><li>No Authority</li></ul>
● Termination of Contracts	#			0	O No Authority
<ul><li>Administrative Fines</li></ul>	#			0	O No Authority
O Civil Penalties	#				<ul><li>No Authority</li></ul>
<ul><li>Administrative Orders</li></ul>	#			0	O No Authority
• Enforcement Actions or Sanctions	#			0	
• Other	#			0	O No Authority

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

Name	of MS4/Coalition The Ontario-Wayne Stormwater Coalition	1	I Y R 2	0	
<u>]</u>	Minimum Control Measure 4. Construction Site	<u>Stormw</u>	ater Runo	off Con	<u>trol</u>
The in	nformation in this section is being reported (check one):				
	behalf of an individual MS4 behalf of a coalition How many MS4s contributed to this report?				
	low many construction projects have been authorized for uring this reporting period?	disturbai	nces of one	acre or	more 1 2
	low many construction projects disturbing at least one acuring this reporting period?	ere were a	ctive in you	r jurisd	liction 3 0
3. V	What percent of active construction sites were inspected d	uring this	reporting	period?	
4. V	Vhat percent of active construction sites were inspected m	ore than	once?	1 0	
	Oo all inspectors working on behalf of the MS4s contribut Construction Stormwater Inspection Manual?	ing to this	s report use		
	Ooes your MS4/Coalition provide public access to Stormw SWPPPs) of construction projects that are subject to MS4			1?	ans
	f your MS4 is Non-Traditional, are SWPPPs of constructional ublic review?	ion projec			
T <sub>1</sub>	Yes, use the following page to identify location(s) where SV	VPPPs car	n be accesse	d.	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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6. co			adc	litio	ona	l pa	iges	s as	ne ne	ede	ed.																				
• MS	4/C	oal	itio	n C	offic	ce																									
		artı							T						_											_			_		
	0	n	t	a	r	i	0	_	W	a	У	n	е		S	t	0	r	m	W	a	t	е	r		С	0	a	1	i	t
	4	dres 8	0		N	0	r	t	h		М	а	i	n		S	t	r	е	е	t										
	City																		_			Zip					1				
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	Pho	ne 5	8	5	)	3	9	6	_	1	4	5	0																		
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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 2$ 

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

		SPDES ID								
Name of MS4/Coalition	The Ontario-Wayne Stormwater Coalition	N	Y	R	2	0				

#### 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 keep 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.

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samp	les/	'parı	tici	pant	:s/events

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

$lacktriangle$ Yes $\bigcirc$ N	0
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E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes	$\circ$ 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.

O Watershed Plans

N Y S D E C

• Other:

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

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

Name of MS4/Coalition T	he Ontario-Wayne Sto	ormwater Coalition		SPDES ID N Y R	2 0
Minimum Co	ontrol Meas	ure 5. Post	-Constructio	n Stormwater M	<u> Ianagement</u>
The information in this	section is being	reported (chec	ck one):		
<ul><li>On behalf of an indiv</li><li>On behalf of a coaliti</li></ul>					
How man	ny MS4s contri	buted to this 1	report?	9	
1. How many and wh MS4/Coalition inv					has your
	]	# Inventoried	# Inspections	# Times Maintained	
• Alternative Practices		1	2	1	
O Filter Systems					
• Infiltration Basins		1	5	1	
Open Channels		4 1	7	4	
Ponds		6 2	4 9	1	
O Wetlands					
Other				3	
2. Do you use an ele BMPs, inspection		•	abase, spreadsh	eet) to track post-	construction ● Yes ○ No
3. What types of no Development/Bet					ıpact
<ul><li>Building Codes</li></ul>	Municipal Con	mprehensive P	lans		
<ul><li>Overlay Districts</li></ul>	Open Space Pr	reservation Pro	ogram		
• Zoning	Local Law or	Ordinance			
○ None	Land Use Reg	gulation/Zoning	<b>7</b>		

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Ι

Other Comprehensive Plan

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

		SP	DE	עו פ					
Nam	ne of MS4/Coalition The Ontario-Wayne Stormwater Coalition	N	Y	R	2	0			
4a.	Are the MS4s contributing to this report involved in a regional/waters	hed '	wid	e pl	anr	iing	g effo	rt?	
						0	Yes		No No
4b.	Does the MS4 have a banking and credit system for stormwater management	geme	ent	pra	ctic	es?			
						0	Yes		No
	Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwater.	-							
						Ō	Yes		No
	How many stormwater management practices have been implemented	as p	art	of	this	sys	tem	in tl	nis
	reporting period?							0	
5.	What percent of municipal officials/MS4 staff responsible for program	imı	olen	nen	tati	on a	atten	ded	
	training on Low Impace Development (LID), Better Site Design (BSD)	-							_
	Infrastructure principles in this reporting period?						-	1 9	%

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

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

	SPDES ID								
Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition	N	Y	R	2	0				

#### 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 al	servation	measured	or e	valuated	in this	reporting r	reriod?
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			1	2	
samp	les/	parı	tici	pant	s/events

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

Yes	$\bigcirc$ No
-----	---------------

(ex.:

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

$\bullet$ Yes $\circ$	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.

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

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

		SPI	DES	ID				
Name of MS4/Coalition	The Ontario-Wayne Stormwater Coalition	N	Y	R	2	0		

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

The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>● On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul>	9

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

**Self-Assessment** 

**Operation/Activity/Facility** performed within the past 3 vears? **Operation/Activity/Facility** Addressed in SWMP? Street Maintenance..... • Yes ○ No ...... • Yes  $\bigcirc$  No Bridge Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Winter Road Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... • Yes ○ No ..... • Yes  $\bigcirc$  No Solid Waste Management..... • Yes ○ No ...... • Yes  $\bigcirc$  No New Municipal Construction and Land Disturbance.. • Yes ○ No ..... • Yes  $\bigcirc$  No Right of Way Maintenance.... 

Yes  $\bigcirc$  No ● No ..... ○ Yes Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes No  $\bigcirc$  No Parks and Open Space.... • Yes ○ No ..... • Yes Municipal Building..... • Yes  $\bigcirc$  No  $\bigcirc$  No Stormwater System Maintenance..... • Yes ○ No ..... • Yes ○ No Yes  $\bigcirc$  No Vehicle and Fleet Maintenance..... • Yes ○ No ..... • Yes  $\bigcirc$  No Other...... • Yes

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$  1  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

	SPDES ID			
Name of MS4/Coalition The Ontario-Wayne Stormwater Coalition	N Y R 2	0		
2. Provide the following information about municipal operations go	od housekeep	oing pro	grams	:
• 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	L 6 9	}
● Catch Basins Inspected and Cleaned Where Necessary	#	1 0	0 1 7	,
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#		1 0	)
Phosphorus Applied In Chemical Fertilizer	# Lbs.		2 1 8	3
Nitrogen Applied In Chemical Fertilizer	# Lbs.	1 5	5 3 1	<u></u>
• 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	;
3. How many stormwater management trainings have been provided	d to municipa	al emplo	yees	
during this reporting period?			1 6	;
4. What was the date of the last training?	1 / 1 2	/ 2 0	0 1 2	?
5. How many municipal employees have been trained in this reporti	ng period?		2 3	3
6. What percent of municipal employees in relevant positions and do	epartments r	eceive		
stormwater management training?	•	3	8 6 %	Ó

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

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

		SPL	)ES	ΙD				
Name of MS4/Coalition	The Ontario-Wayne Stormwater Coalition	N	Y	R	2	0		

### 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		
(ex.:	samp	les/	'parı	tici	pant	:s/events	3

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

$V_{\Delta c}$	$\bigcirc$ No

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

Yes	$\bigcirc$ No
Y es	$\cup$ N(

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.