TOWN OF GREENFIELD

New York State Department of Environmental Conservation SPDES General Permit Coverage For Municipal Separate Storm Sewer Systems

Permit # NYR20A123

STORM WATER MANAGEMENT PROGRAM

2022 ANNUAL REPORT March 9, 2022 – March 9, 2023

Final Report Date: May 25, 2023



Town of Greenfield P.O. Box 10 Greenfield, New York 12833 Telephone: 518 893-7432 Fax 518 893-2460

Prepared By:

The Environmental Design Partnership 900 Route 146 Clifton Park, N.Y. 12065 (518) 371-7621

MS4 Municipal Compliance Certification(MCC) Form

					M	CC	C fo	rm	fo	r p	eri	od	ene	din	g N	Iar	·ch	9,									
Name of	f MS	4																			SPL	DES	ID				
Each MS			subi	mit	an	MC	CC:	fori	m.																		
Section	ı 1 -	M	CC	ld	en	tifi	ca	tio	n l	Paş	ge																
Indicate v	vheth	er th	is N	ИС	C fo	orm	is t	ein	g s	ubn	nitte	ed t	to c	erti	fy e	ndo	orse	mer	nt o	r ac	сер	tan	ce o	of:			
O An An	nual I	Repo	rt f	or a	sin	ıgle	MS	54																			
O A Sing	le En	tity (Per	Par	rt II	E c	of G	P- 0)-10)-00)2)																
O A Join	Rep	ort																									
	Joint	rep	orts	s ma	ay l	e s	ubr	nitt	ed	by	pei	rmi	itte	es v	vith	le	gall	ly b	ind	ling	g ag	ree	me	nts	•		
	If Join	t Rej	ort,	, ent	er c	oalit	ion	nan	ne:																	 	
l I		+	 				_	_	_				+	_												=	=

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **Section 2 - Contact Information** Important Instructions - Please Read Contact information must be provided for <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: O Principal Executive Officer/Chief Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

	SPE	ES	ID						
Name of MS4 Town of Greenfield	N	Y	R	2	0	A	1	2	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-0-20-001 Part VII.

First Name Kevin	MI	Last Name Veitch
Title (Clearly print title of individual signing report) Superum vissor		
Signature		Date 0 5 / 1 1 / 2 0 2 3

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, SPDES ID Name of MS4 **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: O Principal Executive Officer/Chief Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **Section 2 - Contact Information** Important Instructions - Please Read Contact information must be provided for <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: O Principal Executive Officer/Chief Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **Section 2 - Contact Information** Important Instructions - Please Read Contact information must be provided for <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: O Principal Executive Officer/Chief Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

MS4 Municipal Compliance Certification (MCC) Form

				M	CC	C fo	rm	fo	r p	eri	od	end	ling	g N	Iar	ch	9,											
									-								, r			SPI	 DES	S ID						
Tame of I	MS4																											
																					1	1		l				
<u>Section</u>																												
id your M eriod?	IS4 woı	k wi	th p	artı	ners	s/co	alit	ion	to	con	ıple	te s	om	e oı	r all	pe	rmi	t re	quii	rem	ent	s du	ırin		is r) Ye	_	rtin;	-
Yes, co	mplete	info	rma	atio	n h	elo	W) 10			IA
Submi	-							art	nei	. In	for	ma	tioi	n pi	ovi	ide	d ir	ot	her	for	rma	its v	vill	no	t be	e		
accepto	•				-																				he			
coaliti											-			eet	for	eac	ch l	MS	4 ir	ı th	e c	oali	itio	n.				
No, pro			tior	14	- C	erti	пса	atic	n s	otat	em	ent.	•															
artner/Coa	lition Na	me																										
			<u> </u>	<u> </u>																	<u> </u>				<u> </u>			L
rtner/Coa	lition Na	me (c	con't	t.) 							Ι					Ι			7	SPI	DES	S Pa	rtne	r ID) - I <u>f</u>	app	lica	bl
1.1																					<u> </u>							
ddress																												
ty																S	tate		Zip									
																								_				
⊥⊥⊥⊥⊥ 1ail											-					J L					1							
ione				-						-		-			Ιa	.co.11	ly B	indi	na	A ar	2011	ont	in o	cor	don	00		
)			-													3P-(Ye		0	N
Vhat task	s/respo	nsih	iliti	ies	are	sha	arec	l w	ith	thi	s na	artn	er ((e.c	τN	1M	1 S	cho	വ	Pro	ora	ms	or	Μı	ıltiı	ole '	Tas	sk:
	3/10spo	11510	1110		ui C	5110		. **	1011		- P	T (11		ع.ت)		1111	T 5		, T	T 10	, SI	T		1710	*1t1 _]		1 u s	,1X,
MM1																												
MM2																												
NO 12																												_
MM3																												_
MM4																												
MM5																												
																					<u> </u>	<u> </u>						
MM6																												
Aditiona	l tasks/	resp	ons	sibi	litio	es																						
laarmona		-						_						_						1 C.		40						
	shed In	npro	ver	ner	ıt S	trai	tegr	y B	est	Ma	ına	gem	ien	t P	rac	tice	es ro	equ	ıre	a ic	or N	/1S ²	ls 11	n in	npa	ire	1	

'.	Ihis r o	_				_							_		_	_				on	leav	e S	PD		ID	bla	nk.		
]			SPI	<u>DES</u>	ID						
Name of M	IS4/Co	alitio	on_																									Ш	
									1	Wa	ter	. Q	ua	lit	y T	re	nd	S											
TD1 : C	.•		.1 •		.•																								
The infor								ıng	rep	orte	ed (che	ck (one)):														
On belOn bel						MS	4																						
	ow ma					co	ntri	but	ed	to 1	this	rep	ort	?															
1. Has relat	ted to					_						_						_			_				eas	sure Ye		0	No
If Yes, cl	hoose o	ne o	of tl	he f	follo	owi	ng																						
O Report	(s) atta	che	d to	the	e an	nua	ıl re	epor	t																				
O Web P	age(s)	whe	ere i	epo	ort(s	s) is	s/ar	e pı	ovi	ded	be	low																	
	Please	e pr	ovi	de s	spe	cifi	ic a	ddr	ess	of	pag	ge v	vhe	ere 1	repo	ort(s) (can	be	acc	ess	ed	- n	ot l	non	ne p	age	э.	
	URL																												
	URL																												
	URL																												
	URL																												

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
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?
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
Other
2. Specific audiences targeted during this reporting period:
○ Public Employees ○ Contractors
○ Residential ○ Developers
O Businesses O General Public
○ Restaurants ○ Industries
Other: Agricultural
Other

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: O Construction Site Operators Trained #Trained O Direct Mailings #Mailings O Kiosks or Other Displays # Locations ○ List-Serves # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run O Public Events/Presentations # Attendees O School Program # Attendees ○ TV Spot/Program # Days Run O Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) Other: O Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed. URL

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

																			_			SPI	DES	ID			
ne c	of M	S//	~റം	litic	\n																						
iic c)1 1V1	3 4 /1	COa	ш	/II														_						 	Ш	
	eb	Pag	ge c	on'	t.:	Pro	ovio	de s	pec	cific	e w	eb	add	lres	ses	- n	ot I	hon	ne j	pag	e.						
URL																											
JRL	,																										_
																									\sqsubseteq		
																											_
JRL	,																										
																											_
																										ш	
JRL	,																										
																									ш		
URL	,						1																				
																									Ш		
JRL	,																										
URL	,																										
																											_
																									\square		_
																									,		

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
4. Evaluating Progress Toward Measurable Goals MCM 1
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
C. How many times was this observation measured or evaluated in this reporting period?
e. How many times was this observation measured of evaluated in this reporting period.
(ex.: samples/participants/ever
D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

This report is being submitted for the reporting period ending March 9,	
If submitting this form as part of a joint report on behalf of a coalition leave SPDES	ID blank.
SPDES ID Name of MS4/Coalition	
Minimum Control Measure 2. Public Involvement/Particip	ation
The information in this section is being reported (check one):	<u>uuon</u>
On behalf of an individual MS4	
On behalf of a coalition	
How many MS4s contributed to this report?	
1. What opportunities were provided for public participation in implementation development, evaluation and improvement of the Stormwater Management P (SWMP) Plan during this reporting period? Check all that apply:	•
○ Cleanup Events # Events	
○ Comments on SWMP Received #Comments	
○ Community Hotlines Phone # (]-
Phone # (] -
Phone # () Phone # ()]-
O Community Meetings # Attendees	
○ Plantings Sq. Ft.	
○ Storm Drain Markings #Drains	
○ Stakeholder Meetings # Attendees	
○ Volunteer Monitoring #Events	
Other:	
2. Was public notice of availability of this annual report and Stormwater Mana Program (SWMP) Plan provided?	gement O Yes O No
○ List-Serve # In List	
O Newspaper Advertising # Days Run	
○ TV/Radio Notices # Days Run	
Other:	
O Web Page URL: Enter URL(s) on the following two pages.	· · · · · · · · · · · · · · · · · · ·

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page. URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 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 O Annual Report ○ SWMP Plan ○ Comments Department Address City Zip Phone O Library Address O Annual Report O SWMP Plan ○ Comments City Zip Phone O Annual Report O SWMP Plan ○ Comments Other Address City Zip Phone O Annual Report O SWMP Plan ○ Comments O Web Page URL: Please provide specific address of page where report can be accessed - not home page. O eMail O Comments

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 4.a. If this report was made available on the internet, what date was it posted? Leave blank if this report was not posted on the internet. 4.b. For how many days was/will this report be posted? If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b.. 5.a. Was an Annual Report public meeting held in this reporting period? X Yes \bigcirc No If Yes, what was the date of the meeting? If No, is one planned? O Yes \bigcirc No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? O Yes \bigcirc No If No, is one planned for each? O Yes \bigcirc No 6. Were comments received during this reporting period? ○ Yes \bigcirc No 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 en	nding	g Mai	ch 9),			
If submitting this form as part of a joint report on behalf of a coa	alition	leave	SPE	DES II) blai	nk.	
		SPDI	ES ID				
Name of MS4/Coalition							
					'	'	
7. Evaluating Progress Toward Measurable Goals MCM 2							
Use this page to report on your progress and project plans toward achidentified in your Stormwater Management Program Plan (SWMPP) III.C.1. Submit additional pages as needed.		_					ırt
A. Briefly summarize the Measurable Goal identified in the SWI	MPP	in th	is re	porti	ng p	erio	1.
B. Briefly summarize the observations that indicated the overall Goal.	l effec	ctiven	ess (of thi	s Me	easui	able
C. How many times was this observation measured or evaluated	l in th	is rej	porti	ng p	eriod	1?	
			,				<u>.</u> .
N. II.	.•	41. •					cipants
D. Has your MS4 made progress toward this measurable goal du	uring	tnis	repo	_	_		~ .
					○ Ye	es (⊃ No
		/DD9					
E. Is your MS4 on schedule to meet the deadline set forth in the	SWN	APP:					
E. Is your MS4 on schedule to meet the deadline set forth in the	SWN	APP:			○ Ye	s () No
E. Is your MS4 on schedule to meet the deadline set forth in the F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu	the g						
	the g						
F. Briefly summarize the stormwater activities planned to meet	the g						
F. Briefly summarize the stormwater activities planned to meet	the g						
F. Briefly summarize the stormwater activities planned to meet	the g						
F. Briefly summarize the stormwater activities planned to meet	the g						
. Briefly summarize the stormwater activities planned to meet	the g						

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measure 3. Illicit Discharge Detection and Elimination The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. Enter the number and approx. percent of outfalls mapped: % 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period? O Auto Recyclers O Landscaping (Irrigation) O Building Maintenance ○ Marinas O Churches O Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Parking Lot Maintenance O Commercial Laundry/Dry Cleaners O Construction Vehicle Washouts Printing O Cross-Connections O Residential Carwashing O Distribution Centers O Restaurants O Schools and Universities O Food Processing Facilities O Garbage Truck Washouts O Septic Maintenance O Hospitals ○ Swimming Pools O Improper RV Waste Disposal O Vehicle Fueling O Industrial Process Water O Vehicle Maint./Repair Shops Other: ○ None O Sewersheds:

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3.b. What types of illicit discharges have been found during this reporting period? O Broken Lines From Sanitary Sewer O Industrial Connections O Cross Connections ○ Inflow/Infiltration O Failing Septic Systems O Pump Station Failure O Floor Drains Connected To Storm Sewers O Sanitary Sewer Overflows O Illegal Dumping O Straight Pipe Sewer Discharges Other: ○ None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 5. How many illicit discharges have been confirmed during this reporting period? 6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 7. Has the storm sewershed mapping been completed in this reporting period? O Yes \bigcirc No If No, approximately what percent was completed in this reporting period? % 8. Is the above information available in GIS? ○ Yes \bigcirc 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

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 8. URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page URL URL URL URL 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? O Yes \bigcirc No 10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ○ Yes ○ No ○ NT 11. What percent of staff in relevant positions and departments has received IDDE training? %

This report is being submitted for the reporting period endi	ng March 9,
If submitting this form as part of a joint report on behalf of a coalitie	on leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward achieved identified in your Stormwater Management Program Plan (SWMPP), in III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMP	'P in this reporting period.
B. Briefly summarize the observations that indicated the overall eff	ectiveness of this Measurable
C. How many times was this observation measured or evaluated in	this reporting period?
•	
	(ex.: samples/participants/
D. Has your MS4 made progress toward this measurable goal durin	
b. Has your M54 made progress toward this measurable goar durin	○ Yes ○ No
F. Taranan MCA	
E. Is your MS4 on schedule to meet the deadline set forth in the SW	
F. Briefly summarize the stormwater activities planned to meet the	9
the next reporting cycle (including an implementation schedule).	,

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measures 4 and 5. **Construction Site and Post-Construction Control** The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for **Stormwater Discharges from Construction Activities?** ○ Yes \bigcirc 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 \circ NT If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. \bigcirc 09/2004 \bigcirc 03/2006 \circ NT 2. Does your MS4/Coalition have a SWPPP review procedure in place? O Yes \bigcirc No 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? O Yes \bigcirc No \circ NT If Yes, how many public comments were received during this reporting period? 5. Does your MS4/Coalition provide education and training for contractors about the local **SWPPP** process? ○ Yes ○ No

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

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

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measure 4. Construction Site Stormwater Runoff Control The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 3. What percent of active construction sites were inspected during this reporting period? \bigcirc NT % 4. What percent of active construction sites were inspected more than once? \circ NT % 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS **Construction Stormwater Inspection Manual?** O Yes 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 \bigcirc No If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes \bigcirc No

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

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 6. con't.: Submit additional pages as needed. ○ MS4/Coalition Office Department Address City Zip Phone ○ Library Address City Zip Phone Other Address City Zip Phone ○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL

This report is being submitted for the reporting period e	ending	Marc	ch 9,	,			
If submitting this form as part of a joint report on behalf of a co	alition	leave	SPD	ES ID) blan	ık.	
	SPDES ID						
Name of MS4/Coalition							
				1			
7. Evaluating Progress Toward Measurable Goals MCM 4							
Use this page to report on your progress and project plans toward actidentified in your Stormwater Management Program Plan (SWMPP) III.C.1. Submit additional pages as needed.		_				n Pa	rt
A. Briefly summarize the Measurable Goal identified in the SW	/ MPP i	in this	s rep	orti	ng pe	eriod	l.
B. Briefly summarize the observations that indicated the overall	ll effec	tivene	ess o	f this	s Me	asur	able
Goal.							
C. How many times was this observation measured or evaluated	d in thi	is rep	orti	ng pe	eriod	?	
					7 (
N. II M.C.A		41. •					ipants,
D. Has your MS4 made progress toward this measurable goal d	luring	this r	epoi	_	-		
				(⊃ Ye	\mathbf{s}) No
E. Is your MS4 on schedule to meet the deadline set forth in the	SWM	PP?					
·					Yes	s C	No No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu	_	als of	f thi				
the next reporting cycle (including an implementation schedu	uic).						

-	<u> </u>	itted for the r		d ending March 9		
If submitting	ng this form as pa	art of a joint repo	ort on behalf of a	a coalition leave SPD	ES ID blank.	
Name of MS4/Coalition				SPDES ID		
Minimum	Control Mea	sure 5. Post-	<u>Constructio</u>	on Stormwater N	Aanageme	<u>ent</u>
The information in the	nis section is bein	g reported (chec	k one):			
○ On behalf of an inc○ On behalf of a coa	lition					
How m	nany MS4s contr	ributed to this r	eport?			
1. How many and MS4/Coalition is	• • •			nagement practices eporting period?	has your	
		# Inventoried	# Inspections	# Times Maintained		
O Alternative Practic	ees					
O Filter Systems						
O Infiltration Basins						
Open Channels						
○ Ponds						
O Wetlands						
Other						
2. Do you use an observation BMPs, inspection			base, spreadsl	heet) to track post-	-constructio	on O No
3. What types of a Development/B		-		-	npact	
O Building Codes	O Municipal Co	omprehensive Pl	ans			
Overlay Districts	Open Space	Preservation Pro	gram			
○ Zoning	O Local Law or	r Ordinance				
○ None	O Land Use Re	egulation/Zoning				
O Watershed Plans	Other Compr	rehensive Plan				
Other:						

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? ○ Yes \bigcirc No 4b. Does the MS4 have a banking and credit system for stormwater management practices? O Yes \bigcirc 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? \bigcirc Yes \bigcirc No 4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? %

This report is being submitted for the reporting period en	nding March 9,				
If submitting this form as part of a joint report on behalf of a coa	alition leave SPDES ID blank.				
	SPDES ID				
Jame of MS4/Coalition					
6. Evaluating Progress Toward Measurable Goals MCM 5					
Use this page to report on your progress and project plans toward achidentified in your Stormwater Management Program Plan (SWMPP) III.C.1. Submit additional pages as needed.	8				
A. Briefly summarize the Measurable Goal identified in the SW	MPP in this reporting period.				
B. Briefly summarize the observations that indicated the overall Goal.	effectiveness of this Measurable				
C. How many times was this observation measured or evaluated	in this reporting period?				
N. H MCA I	(ex.: samples/participants				
D. Has your MS4 made progress toward this measurable goal du					
	\bigcirc Yes \bigcirc No				
	CWMDD2				
E. Is your MS4 on schedule to meet the deadline set forth in the	S VV IVII I :				
E. Is your MS4 on schedule to meet the deadline set forth in the	○ Yes ○ No				
F. Briefly summarize the stormwater activities planned to meet	\bigcirc Yes \bigcirc No the goals of this MCM during				
	\bigcirc Yes \bigcirc No the goals of this MCM during				
 E. Is your MS4 on schedule to meet the deadline set forth in the F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu 	\bigcirc Yes \bigcirc No the goals of this MCM during				
F. Briefly summarize the stormwater activities planned to meet	\bigcirc Yes \bigcirc No the goals of this MCM during				
F. Briefly summarize the stormwater activities planned to meet	\bigcirc Yes \bigcirc No the goals of this MCM during				
F. Briefly summarize the stormwater activities planned to meet	\bigcirc Yes \bigcirc No the goals of this MCM during				
. Briefly summarize the stormwater activities planned to meet	$ \bigcirc \ \text{Yes} \bigcirc \ \text{No} $ the goals of this MCM during				

ns

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

		<u>perforn</u>	<u>ied within</u>	the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>) =
Street Maintenance	○ Yes	○ No	. O Yes	\bigcirc No
Bridge Maintenance	O Yes	○ No	. O Yes	\bigcirc No
Winter Road Maintenance	O Yes	○ No	. O Yes	\bigcirc No
Salt Storage	O Yes	○ No	. O Yes	\bigcirc No
Solid Waste Management	O Yes	○ No	. O Yes	\bigcirc No
New Municipal Construction and Land Disturba	nce O Yes	○ No	. O Yes	\bigcirc No
Right of Way Maintenance	○ Yes	○ No	. O Yes	\bigcirc No
Marine Operations	∴ ○ Yes	○ No	. O Yes	\bigcirc No
Hydrologic Habitat Modification	O Yes	○ No	. O Yes	\bigcirc No
Parks and Open Space	O Yes	○ No	. O Yes	\bigcirc No
Municipal Building		○ No	. O Yes	\bigcirc No
Stormwater System Maintenance	O Yes	○ No	. O Yes	\bigcirc No
Vehicle and Fleet Maintenance	O Yes	○ No	. O Yes	\bigcirc No
Other	○ Yes	○ No	. O Yes	\bigcirc No

This report is being submitted for the reporting period endir	
If submitting this form as part of a joint report on behalf of a coalition	on leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
2. Provide the following information about municipal operations go	ood housekeeping programs:
O Parking Lots Swept (Number of acres X Number of times swept)	# Acres
O Streets Swept (Number of miles X Number of times swept)	# Miles
O Catch Basins Inspected and Cleaned Where Necessary	#
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#
O Phosphorus Applied In Chemical Fertilizer	# Lbs.
O Nitrogen Applied In Chemical Fertilizer	# Lbs.
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	of # Acres .
3. How many stormwater management trainings have been provide during this reporting period?	ed to municipal employees
4. What was the date of the last training?	/ / /
5. How many municipal employees have been trained in this report	ing period?
6. What percent of municipal employees in relevant positions and d stormwater management training?	lepartments receive %

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
7. Evaluating Progress Toward Measurable Goals MCM 6
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal during this reporting period?
\bigcirc Yes \bigcirc No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? $ \bigcirc \ 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).