# MS4 Annual Report Cover Page

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# MS4 Annual Report Cover Page

MCC form for period ending March 9,

Provide SPDES ID of each permit	ted MS4 included in this report.	
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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,
Name of MS4 SPDES ID
Each MS4 must submit an MCC form.
Section 1 - MCC Identification Page
Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:
An Annual Report for a single MS4
A Single Entity (Per Part II.E of GP-0-10-002)
A Joint Report
Joint reports may be submitted by permittees with legally binding agreements.
If Joint Report, enter coalition name:

Phone

# 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

County

Phone

# 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

County

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

MCC form for period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

	SPL	DES	ID						
Name of MS4 New York State Thruway Authority	N	Y	R	2	0	A	0	2	4
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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:

- 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
- Report Preparer

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

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

MCC form for period ending March 9, 2 0 1 6

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Name of MS4 New York State Thruway Authority	N	Y	R	2	0	А	0	2	4

#### **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	$\mathbf{MI}$	Last Name
Catherine		Sheridan, P.E.
Title (Clearly print title of individual signing report)		* 40 10
Chief Engineer		
Signature		
	,	Date 0 5 / 0 5 / 2 0 1 6

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

Name of MS4/Coalition  Water Quality Trends  The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition	
The information in this section is being reported (check one):  On behalf of an individual MS4	
The information in this section is being reported (check one):  On behalf of an individual MS4	
On behalf of an individual MS4	
77 3704 11 1 1 1 1 1	
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 Measur	e
One.	es O No
If Yes, choose one of the following	
<ul> <li>Report(s) attached to the annual report</li> <li>Web Page(s) where report(s) is/are provided below</li> </ul>	
Please provide specific address of page where report(s) can be accessed - not home	page.
URL	
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Other

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 6 & 0 \end{vmatrix}$ 

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

_		SPE	DES	ID						
Name of MS4/Coalition Name	New York State Thruway Authority	N	Y	R	2	0	A	0	2	4

Minimum Control Measure 1. Public Edu	ucation and Outreach
The information in this section is being reported (check one):	
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach du	uring this reporting period:
<ul><li>Construction Sites</li></ul>	• Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
<ul> <li>Household Hazardous Waste Disposal</li> </ul>	Recycling
● Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	● Trash Management
○ Smart Growth	• Vehicle Washing
● Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
• Other:	○ None
Spill response, winte	r i z a t i o n , e t
2. Specific audiences targeted during this reporting period:	
● Public Employees ○ Contractors	
○ Residential ○ Developers	
○ Businesses • General Public	
● Restaurants ○ Industries	
● Other: ○ Agricultural	
Includes public Thruw	a y users

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 6 & 0 \end{vmatrix}$ 

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,
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
<b>D.</b> Has your MS4 made progress toward this Measurable Goal during this reporting period?  O Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O Yes O No
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,  $2 \mid 0 \mid 1 \mid 6$ 

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

		SPL	)ES	ID						
Name of MS4/Coalition	New York State Thruway Authority	N	Y	R	2	0	А	0	2	4

#### 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.

NYSTA continued to host the stormwater web pages as listed in this report, and made educational materials available to the public through the web pages. The annual report web page was also updated with the 2014-2015 annual report. NYSTA also posts stormwater educational materials (maintenance directives (MD) for employees) on the intranet.

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

Materials made available on the NYSTA stormwater web pages are downloadable and suitable for all age groups, with some downloads most appropriate for children. From March 2015-February 2016 there was a total of 307 page views (hits). Of these, 208 were unique page views (total number of unique people who viewed the pages).

<b>C</b>	How many	times	was this	observation	n measured	or evaluate	ed in thi	s reporting	period?
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D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

Vec	$\bigcirc$ No	

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

	Yes	$\bigcirc$ ]	No
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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).

Additional documents will be posted to the web pages, and will include this Annual Report. Number of views will continue to be assessed.

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
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e. How many times was this observation measured of evaluated in this reporting period.
(ex.: samples/participants/ever
<b>D.</b> Has your MS4 made progress toward this Measurable Goal during this reporting period?  O Yes O No
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This report is being submitted for the reporting period ending March 9,
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SPDES ID
Name of MS4/Coalition
4. Evaluating Progress Toward Measurable Goals MCM 1
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(ex.: samples/participants/ever
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E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O Yes O No
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 6 & 0 \end{vmatrix}$ 

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Name of MS4/Coalition			
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A. Briefly summar	rize the Measurable Goal identified	n the SWMPP in thi	s reporting period.
across the state. The	mwater video, developed by NYSTA, e video is approximately 4 minutes long personal activities and stormwater po	ng and informs the pub	olic about the
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B. Briefly summar Goal.	rize the observations that indicated t	he overall effectiven	ess of this Measurable
This video educates plaza each year.	s a broad audience, as approximately 2	0 million users in tota	ll visit the 27 travel
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E. Is your MS4 on	schedule to meet the deadline set fo	rth in the SWMPP?	● Yes ○ No
•	rize the stormwater activities planne ng cycle (including an implementati		f this MCM during
The video will con	ntinue to be available on the website a	nd will be broadcast a	t the 27 travel plazas.

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

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(ex.: samples/participants/ever
<b>D.</b> Has your MS4 made progress toward this Measurable Goal during this reporting period?  O Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O Yes O No
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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).

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

James GMCA/Castician		SPDES ID	
Name of MS4/Coalition	New York State Authority	N Y R 2	0 A 0 2 4
. Evaluating Pro	gress Toward Measurable Goals I	MCM 1	
dentified in your St	ort on your progress and project platormwater Management Program Plational pages as needed.	_	_
A. Briefly summar	rize the Measurable Goal identifie	ed in the SWMPP in this repor	ting period.
GPS Pathfinder Off that enable them to	to 19 Thruway employees during 20 fice Training Package. The subject collect locational data using handhorigation Satellite System) receivers.	training provides employees wit	th basic skills
B. Briefly summar Goal.	rize the observations that indicate	d the overall effectiveness of th	nis Measurable
stream channels, oth	ected will include unique environmenter waters, as well as associated surns. A specific example of stormwaters	face and subsurface drainage and ter management structure data co	d stormwater ollection is the
inventory and mapp	ping of Syracuse Division culverts be collected is utilized in analysis and controls.		I
inventory and mapp Coordinator. Data c		lesign to help address stormwater	er issues.
inventory and mapp Coordinator. Data c	collected is utilized in analysis and c	lesign to help address stormwater	er issues.
inventory and mapp Coordinator. Data c	collected is utilized in analysis and collected is utilized.	design to help address stormwater  or evaluated in this reporting	period?  1 9  samples/participants/e
inventory and mapp Coordinator. Data c	collected is utilized in analysis and c	design to help address stormwater  or evaluated in this reporting	period?  1 9  samples/participants/e
inventory and mapp Coordinator. Data of C. How many time D. Has your MS4 i	collected is utilized in analysis and collected is utilized.	or evaluated in this reporting	period?  1 9  samples/participants/e  ng period?
inventory and mapp Coordinator. Data of C. How many time D. Has your MS4 on E. Is your MS4 on F. Briefly summar	es was this observation measured made progress toward this Measu	or evaluated in this reporting the control of the c	period?  1 9  samples/participants/e  ng period?  Yes O No  Yes O No
inventory and mapp Coordinator. Data of C. How many time D. Has your MS4 on E. Is your MS4 on F. Briefly summar the next reporti	es was this observation measured made progress toward this Measured schedule to meet the deadline set	or evaluated in this reporting the control of the c	period?  1 9  samples/participants/e  ng period?  Yes O No  Yes O No
inventory and mapp Coordinator. Data of C. How many time D. Has your MS4 on E. Is your MS4 on F. Briefly summar the next reporti	es was this observation measured made progress toward this Measured schedule to meet the deadline set rize the stormwater activities planting cycle (including an implement	or evaluated in this reporting the control of the c	period?  1 9  samples/participants/e  ng period?  Yes O No  Yes O No

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 6 \end{vmatrix}$ 

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 New York State Thruway Authority			N	YR	2	0	A	0	2 4
Minimum Control Measure 2.	Public Invo	olveme	ent/F	artic	ipa	ıtic	<u>)n</u>		
The information in this section is being reported (check	k one):								
<ul> <li>◆ On behalf of an individual MS4</li> <li>○ On behalf of a coalition</li> <li>How many MS4s contributed to this r</li> </ul>	eport?								
1. What opportunities were provided for public development, evaluation and improvement (SWMP) Plan during this reporting period?	of the Stormw	ater M	anag				ran	1	
○ Cleanup Events				# Ever	ıts				
● Comments on SWMP Received			# C	Commer	ıts				0
<ul><li>Community Hotlines</li></ul>	Phone #	5 1	8)	4 3	6	-	3	1	9 0
Phone # ( )	Phone # (		)			-			
Phone # ( )	Phone # (		)			-			
Phone # ( ) -	Phone #		)			-			
Phone # (	Phone # (		)			-			
Phone # ( )	Phone # (		)			-			
O Community Meetings			# .	Attende	es				
○ Plantings				Sq. 1	Ft.				
○ Storm Drain Markings				# Drai	ns				
O Stakeholder Meetings			# .	Attende	ees				
O Volunteer Monitoring				# Ever	ıts				
Other:									
2. Was public notice of availability of this annu Program (SWMP) Plan provided?	ual report and	d Storn	ıwat	er Ma	nag	•	ent Ye		○ No
○ List-Serve				# In L	ist				
O Newspaper Advertising			#	Days R	un				
○ TV/Radio Notices			#	Days R	un				
● Other: E n v i r o n m e n t a 1	N e w s	В	u l	1 e	t	i	n		
• Web Page URL: Enter URL(s) on the following to	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

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 6 \end{vmatrix}$ 

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

SPDES ID

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	nter hetl																													d	
• MS	4/C Dep				ffic	e	·										A	nnu	al I	Rep	ort		S	WN	IP I	Plan	1	• (	Con	nme	nts
	E	n	V	i	r	0	n	m	е	n	t	а	1		S	е	r	v	i	С	е	s		В	u	r	е	а	u		
	Add	lres	S																												
	2	0	0		S	0	u	t	h	е	r	n		В	0	u	1	е	V	a	r	d									
	City																	Г		_		Zip									
	A	1	b	a	n	У												1	71	Y		1	2	2	0	9	-				
	Pho	ne			1 .				1					l																	
	(	5	1	8	)	4	3	6	-	3	1	9	0																		
O Lib	rary Add	lres	s														) <b>A</b> :	nnu	al I	Rep	ort	(	S	WN	1P I	Plan	1	0(	Con	nme	nts
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Oth	er Add	lres	S														<b>A</b>	nnu	al I	Rep	ort		S	WN	1P I	Plan	1	0	Con	nme	nts
	City	7																				Zip									$\equiv$
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	Pho	ne													•			_													
	(				)				_																						
• Wei	b Pa	ige	UR	L:	,				J		ı	-		ı			A	nnu	al I	Rep	ort		) <b>S</b> '	WN	1P I	Plan	ì	$\circ$	Con	nme	nts
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	0	n	m	е	n	t	a	1	/	m	s	4	/	i	n	d	е	х	•	h	t	m	1								
• eMa		ase	pr	ovi	de	spe	cif	ic a	ddr	ess	of	pa	ge v	whe	ere	rep	ort	can	i be	e ac	ces	sed	l - n	ot	hor	ne j	pag		Con	nme	ents
		C	4	2	r	t	747	٦,	@	t	h	r	11	747	2	7.7		n	7.7		~		7,								
	m	S	-	a	r		W	У	@		11	r	u	W	a	У	•	n	У	  -	g	0	V								<u> </u>

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? O 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 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 2
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal during this reporting period?  O Yes O 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).

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 ○ 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,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 6 & 1 \end{vmatrix}$ 

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

Name of MS4/Coalition New York State Thruway Autho	rity N Y R Z	2 0 A 0 2 4	4
3.b.What types of illicit discharges have	e been found during this reporting period	1?	
O Broken Lines From Sanitary Sewer	O Industrial Connections		
○ Cross Connections	○ Inflow/Infiltration		
O Failing Septic Systems	O Pump Station Failure		
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows		
O Illegal Dumping	O Straight Pipe Sewer Discharges		
Other:  4. How many illicit discharges/potentia	None     Illegal connections have been detected of the second secon	during this	
reporting period?	in megar connections have been detected to		0
5. How many illicit discharges have be	en confirmed during this reporting perio	d?	0
•	onnections have been eliminated during	this reporting	
period?			0
<b>7.</b> Has the storm sewershed mapping by If No, approximately what percent was	een completed in this reporting period?	● Yes ○ N	
ii ivo, approximatery what percent was	s completed in this reporting period?	1 0 0	%
8. Is the above information available in		• Yes ON	lо
Is this information available on the If Yes, provide URL(s):	web?	○ Yes • N	lо
Please provide specific address of page	where map(s) can be accessed - not home I	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? %

If submitting this form as part of a joint report on behalf of a coalition leading of MS4/Coalition  2. Evaluating Progress Toward Measurable Goals MCM 3  Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), include II.C.1. Submit additional pages as needed.	SPDES		ID bl	ank.	
2. Evaluating Progress Toward Measurable Goals MCM 3  Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), included		ID			
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dentified in your Stormwater Management Program Plan (SWMPP), include	measi				
			_		'art
A. Briefly summarize the Measurable Goal identified in the SWMPP in	n this	repor	ting	perio	d.
3. Briefly summarize the observations that indicated the overall effecti	ivenes	s of tl	his M	Ieasu	rable
C. How many times was this observation measured or evaluated in this	repoi	rting	perio	od?	
		(ex.: ;	 sample:	s/part.	icipant:
). Has your MS4 made progress toward this measurable goal during the					
The state of the s			$\circ$		O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMI	pp?				
7. Is your 14154 on schedule to meet the deadline set for in in the 5 with			$\circ$ Y	<sup>7</sup> es	○ No
S. Briefly summarize the stormwater activities planned to meet the goathe next reporting cycle (including an implementation schedule).	als of t	his N			
the next reporting eyele (including an implementation schedule).					
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3. Briefly summarize the observations that indicated the overall effecti	ivenes	s of tl	his M	Ieasu	rable
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E. Is your MS4 on schedule to meet the deadline set forth in the SWMI	pp?				
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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  6

If submitting	ng this form as part of a joint	report on behalf of a	coalition leave SPDES	S ID blank.
			SPDES ID	
Name of MS4/Coalition	New York State Thruway		N Y R 2	0 A 0 2 4
Use this page to repidentified in your St	gress Toward Measurable ort on your progress and progress and progress and Progress and Progress as needed.	roject plans toward	_	_
A. Briefly summar	rize the Measurable Goal	identified in the S	WMPP in this repo	rting period.
Authority. NYSTA	consultant performed inspo agreed to accept these out and operational requiremen	tfalls into their insp	ection and reporting	program. All
B. Briefly summar Goal.	rize the observations that	indicated the over	all effectiveness of t	this Measurable
Both outfalls were inspect these two P	two (2) additional outfalls or reportedly operational with eace Bridge Authority outfor involvement will be limit	n no signs of illicit of their	lischarge. NYSTA v Buffalo Division out	vill continue to
C. How many time	es was this observation m	easured or evaluat	•	
D. Has your MS4	made progress toward th	is measurable goal		ing period? • Yes O No
E. Is your MS4 on	schedule to meet the dea	dline set forth in t	he SWMPP?	● Yes ○ No
· ·	rize the stormwater activing cycle (including an im	•	C	
NYSTA will continuinspection cycle.	ue to conduct outfall inspe	ections within the B	uffalo Division as pa	art of a 5-year

If submitting this form as part of a joint report on behalf of a coalition leading of MS4/Coalition  2. Evaluating Progress Toward Measurable Goals MCM 3  Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), include II.C.1. Submit additional pages as needed.	SPDES		ID bl	ank.	
2. Evaluating Progress Toward Measurable Goals MCM 3  Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), included		ID			
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dentified in your Stormwater Management Program Plan (SWMPP), include	measi				
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C. How many times was this observation measured or evaluated in this	repoi	rting	perio	od?	
		(ex.: ;	 sample:	s/part.	icipant:
). Has your MS4 made progress toward this measurable goal during the					
The state of the s			$\circ$		O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMI	pp?				
7. Is your 14154 on schedule to meet the deadline set for in in the 5 with			$\circ$ Y	<sup>7</sup> es	○ No
S. Briefly summarize the stormwater activities planned to meet the goathe next reporting cycle (including an implementation schedule).	als of t	his N			
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A. Briefly summarize the Measurable Goal identified in the SWMPP in	n this	repor	ting	perio	d.
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C. How many times was this observation measured or evaluated in this	repoi	rting	perio	od?	
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). Has your MS4 made progress toward this measurable goal during the					
The state of the s			$\circ$		O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMI	pp?				
7. Is your 14154 on schedule to meet the deadline set for in in the 5 with			$\circ$ Y	<sup>7</sup> es	○ No
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the next reporting eyele (including an implementation schedule).					
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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  $\bigcirc$  NT 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

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 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.
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C. How many times was this observation measured or evaluated in this reporting period?
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(ex.: samples/participants,
D. Has your MS4 made progress toward this measurable goal during this reporting period?  O Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
<ul> <li>○ Yes ○ No</li> <li>F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).</li> </ul>

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If submittir	ng this for	rm as part	of a join	t repo	ort on beha	ılf of a	coaliti	ion lea	ive Sl	PDE	S ID	bla	nk.	
Name of MS4/Coalition								SP	DES	ID				
Minimum (	<u>Contro</u>	l Meası	<u>ıre 5. I</u>	Post-	-Constr	uction	1 Sto	rmw	ater	<u>r M</u>	ana	age	me	<u>nt</u>
The information in th	is section	is being	reported	(chec	ck one):									
<ul><li>○ On behalf of an inc</li><li>○ On behalf of a coal</li></ul>		AS4												
How m	any MS4	4s contrib	outed to	this 1	report?									
1. How many and w MS4/Coalition in		-					_	_		ees h	as y	our		
		I	# nventorio	ed	# Inspection	ons		Times ntained	ì					
O Alternative Practice	es													
○ Filter Systems														
○ Infiltration Basins														
Open Channels														
○ Ponds														
O Wetlands														
Other														
2. Do you use an o		-	,	data	ıbase, spr	eadsh	eet) to	o trac	k po	st-c		truc		n O No
3. What types of a Development/B		_					-		Low	Imp	pact	t		
O Building Codes	O Muni	cipal Con	nprehensi	ve P	lans									
Overlay Districts	Open	Space Pr	eservatio	n Pro	gram									
○ Zoning	O Local	Law or	Ordinance	e										
○ None	O Land	Use Reg	ulation/Z	oning	5									
O Watershed Plans	Other	Comprel	nensive P	lan										
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	ding March 9,
If submitting this form as part of a joint report on behalf of a coal	lition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
6. Evaluating Progress Toward Measurable Goals MCM 5	
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D. Has your MS4 made progress toward this measurable goal dur	
	$\bigcirc$ Yes $\bigcirc$ No
E. Is your MS4 on schedule to meet the deadline set forth in the S	SWMPP?
•	$\bigcirc$ Yes $\bigcirc$ No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedule	9
	-/-

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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

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	New York State Thruway Authority		N	Y	R	2	0	А	0	2	4

#### 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</li> <li>How many MS4s contributed to this report?</li> </ul>	

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 **Operation/Activity/Facility** Addressed in SWMP? vears? Street Maintenance..... 9 Yes ○ No ...... • Yes  $\bigcirc$  No Bridge Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Winter Road Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... 9 Yes ○ No ..... • Yes  $\bigcirc$  No Solid Waste Management..... • Yes ○ No ...... • Yes  $\bigcirc$  No New Municipal Construction and Land Disturbance.. O Yes ● No ..... ○ Yes No Right of Way Maintenance..... 

Yes ○ No ...... • Yes  $\bigcirc$  No ● No ...... ○ Yes Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes No ● No ..... ○ Yes No Parks and Open Space.... O Yes ● No ..... ○ Yes Municipal Building.... O Yes No Stormwater System Maintenance..... • Yes ○ No ..... • Yes  $\bigcirc$  No ○ 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, 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. Provide the following information about municipal operations good housekeeping programs: # Acres O Parking Lots Swept (Number of acres X Number of times swept)

○ Streets Swept (Number of miles X Number of times swept)	# Miles			
O Catch Basins Inspected and Cleaned Where Necessary	#			
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#			
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			-
times applied to the nearest tenth.)				
3. How many stormwater management trainings have been provide during this reporting period?	d to municipa	al emp	loye	es
3. How many stormwater management trainings have been provide	d to municipa	al emp	loye	es
3. How many stormwater management trainings have been provide during this reporting period?		al emp	loyed	es

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

If submittir	ng this form as part of a joint report on beha	alf of a coalition leave SPDES ID blank.	
		SPDES ID	
Name of MS4/Coalition	New York State Thruway Authority	N Y R 2 0 A 0	2 4
Use this page to repidentified in your St	ogress Toward Measurable Goals MCN port on your progress and project plans to tormwater Management Program Plan (S	oward achieving measurable goals	art
	itional pages as needed.	. 41 - CVVM/DD : 41:	<b>.</b>
A. Briefly summai	rize the Measurable Goal identified in	the SWMPP in this reporting perio	<b>a.</b>
NYSTA facilities a	vironmental audits are conducted at the 2 and operations for environmental complis s part of the annual State Agency Enviro	ance. Upon completion, a summary is	I
B. Briefly summar Goal.	rize the observations that indicated the	e overall effectiveness of this Measu	rable
Buffalo) to confirm	tion is conducted by each of the four diving facilities and staff are in compliance with to be in compliance is corrected.		
C. How many time	es was this observation measured or e		2 3
D. Hoe your MSA	made progress toward this measurabl	(ex.: samples/parti	
D. Has your MIS4	made progress toward this measurable		○ No
F. Is your MS4 on	schedule to meet the deadline set fort		- 110
L. IS JULI MINT UII	is sentencial to meet the dedunite set for t		○ No
•	rize the stormwater activities planned ing cycle (including an implementation		ng
	ental audits are conducted annually to constant all audits are conducted annually to constant and the next	1 2 0	

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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?  O Yes O 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).

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(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal during this reporting period?  O Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
$\bigcirc$ Yes $\bigcirc$ No
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(ex.: samples/participants/event
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If submitting this fo			March 9,
	rm as part of a joint repor	rt on behalf of a coalition	leave SPDES ID blank.
			SPDES ID
63 KG 4/G 11/1			
e of MS4/Coalition			
A J J'4' 1 337 - 4 -		- 4 C4 4 D 4 M	D
Additional Wate	rshed Improvemen	nt Strategy Best Man	nagement Practices
information in this section	n is heing reported (check	k one).	
on behalf of an individual Non behalf of a coalition	MS4		
	As contributed to this re	mort?	
now many MS	4s contributed to this re	sport?	
'As moved anarrow the same	agtions on shoot NA a	a indicated in the table	halarr
948 must answer the qu	estions of check IVA a	s indicated in the table	e Delow.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed raditional Land Use	- 1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	- Phosphorus
raditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
on-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	1 6 7- 4 9- 0	2 2 4 5 95 10 11 12	Discoule and
aditional Land Use aditional Non-Land Use	1,6,7a-d,8a,9 1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus
on-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
aditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
on-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
aditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
on-Traditional Oscawana Lake Watershed	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watersned	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
aditional Land Use	1 4 6 7a-d 8a 9	2 3 5 8b 10 11 12	Phosphorus
aditional Land Use aditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus
raditional Land Use raditional Non-Land Use on-Traditional LI 27 Embayments	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus -
raditional Land Use raditional Non-Land Use on-Traditional		2,3,5,8b,10,11,12	
raditional Land Use raditional Non-Land Use on-Traditional LI 27 Embayments	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus -

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. Name of MS4/Coalition 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? % 5. Has your MS4/Coalition developed a program that provides protection equivalent to the **NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities** (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A **Standards?** 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes  $\bigcirc$  N/A  $\bigcirc$  No 7b. How many projects have been sited in this reporting period? 7c. What percent of the projects included in 7b have been completed in this reporting period? % 7d. What percent of projects planned in previous years have been completed? O No Projects Planned 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A

populations?

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 9. Has your MS4/Coalition developed and implemented a program of native planting? O Yes  $\bigcirc$  No  $\bigcirc$  N/A 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 11. Does your MS4/Coalition have a pet waste bag program?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A 12. Does your MS4/Coalition have a program to manage goose

 $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A