MS4 Annual Report Cover Page

inis cover page must be completed by the report preparer. int reports require only one cover page. This report is being submitted on behalf of an individual MS4. Fill in SPDES ID in upper right hand comer. Name of MS4 This report is being submitted on behalf of a Single Entity (Per Part ILE of GP-0-10-002) Name of Single Entity This is a joint report being submitted on behalf of a coalition. Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed Name of Coalition SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID						I	M(CC	f	orı	n	for	pe	riod	l er	ıdi	ng	Ma	arc	h 9	,									
This report is being submitted on behalf of an individual MS4. Fill in SPDES ID in upper right hand corner. Name of MS4 This report is being submitted on behalf of a Single Entity (Per Part II.E of GP-0-10-002) Name of Single Entity This is a joint report being submitted on behalf of a coalition. Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed Name of Coalition SPDES ID SPDES ID SPDES ID									_			-			poi	rt p	ore _]	par	er	•		S	PDE	SI	D					
Fill in SPDES ID in upper right hand corner. Name of MS4 This report is being submitted on behalf of a Single Entity (Per Part II.E of GP-0-10-002) Name of Single Entity This is a joint report being submitted on behalf of a coalition. Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed Name of Coalition SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID	oose (one:																												
Fill in SPDES ID in upper right hand comer. Name of MS4 This report is being submitted on behalf of a Single Entity (Per Part II.E of GP-0-10-002) Name of Single Entity This is a joint report being submitted on behalf of a coalition. Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed Name of Coalition SPDES ID	This r	epoi:	rt i	is	be	eir	19	su	ıb	m	ití	ted	or	ı be	eha	lf	of	an	ir	ıdi	vid	lu	al N	MS	54	ļ <u>.</u>				
This report is being submitted on behalf of a Single Entity (Per Part II.E of GP-0-10-002) Name of Single Entity This is a joint report being submitted on behalf of a coalition. Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed Name of Coalition SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID		-					Ŭ													-										
Provide SPDES ID SPDE	Name o	f MS4		Τ						_		T							Τ			Τ			T					Τ
(Per Part II.E of GP-0-10-002) Name of Single Entity This is a joint report being submitted on behalf of a coalition. Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed Name of Coalition SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID																														
(Per Part II.E of GP-0-10-002) Name of Single Entity This is a joint report being submitted on behalf of a coalition. Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed Name of Coalition SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID																														
Provide SPDES ID SPDE	T) •		•	•	1	•_			1.		• 4 4	1		. 1	1	10	- C	_ (1	- T	١	4•4							
This is a joint report being submitted on behalf of a coalition. Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed Name of Coalition SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID		_					_				ıtı	tea	on	1 DE	ena	III	OI	a	Sir	igi	e E	'n	tity	•						
This is a joint report being submitted on behalf of a coalition. Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed Name of Coalition SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID	`					' -() - I	0- C)U	(2)																				
Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed Name of Coalition SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID	Tvaille 0	I Siligi	CLI	πu	ıιy												1		Т		Т	T								T
Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed Name of Coalition SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID SPDES ID																														
SPDES ID	This is	s a je	oin			·pe	or	t b) e	in	T (suk	om	itte	ed (on	be	ha	lf	of	a c	208	alit	ior	1.					
SPDES ID		_		nt	re	_																				e 2	2 if	nec	ede	ed.
SPDES ID	Provid	le SP	DE	nt S	re	_																				ge 2	2 if	ne	ede	ed.
SPDES ID	Provid	le SP	DE	nt S	re	_																				ge 2	2 if	nec	ede	ed.
SPDES ID	Provid	le SP	DE	nt S	re	_																				ge 2	2 if	nec	ede	ed.
SPDES ID	Provid	le SP	DE	nt S	re	_																				se 2	2 if	nec	ede	ed.
SPDES ID	Provid	de SP	DE	nt S	re	_					mi	itte	d M	IS4								t.	Use	e pa	ag	ge 2	2 if	nee	ede	ed.
SPDES ID	Provid	de SP	DE	nt S	re	_					mi	itte	d M	IS4								t.	Use	e pa	ag	ge 2	2 if	nee	ede	ed.
SPDES ID	Provide Name of SPDES	ID	DE	nt S	re	_					mi	SPE	d M	IS4								s	Use	e pa	ag	ge 2	2 if	nec	ede	ed.
SPDES ID SPDES ID SPDES ID SPDES ID	Provide Name of SPDES	ID	DE	nt S	re	_					mi	SPE	d M	IS4								s	Use	e pa	ag	ge 2	2 if	neo	ede	ed.
SPDES ID SPDES ID SPDES ID SPDES ID	Name of SPDES SPDES	ID ID	DE	nt S	re	_					mi	SPE	DES DES	IS4								s S	Use PDE	as II	D D	ge 2	2 if	nec	ede	*d.
	Name of SPDES SPDES SPDES SPDES	ID ID	DE	nt S	re	_						SPE	DES DES	ID ID ID								s S	PDE	ES II	D D D	ge 2	2 if	nec	ede	ed.
	Name of SPDES SPDES SPDES SPDES	ID ID	DE	nt S	re	_						SPE	DES DES	ID ID ID								s S	PDE	ES II	D D D	ge 2	2 if	nec	ede	ed.
SPDES ID SPDES ID SPDES ID	Name of SPDES SPDES SPDES SPDES SPDES SPDES	ID ID ID	DE	nt S	re	_						SPI	DES DES DES	ID ID ID ID								s	PDE	e pa	D D D	ge 2	2 if	ned	ede	*d.
	Name of SPDES SPDES SPDES SPDES SPDES SPDES	ID ID ID	DE	nt S	re	_						SPI	DES DES DES	ID ID ID ID								s	PDE	e pa	D D D	ge 2	2 if	nec	ede	*d.

MS4 Annual Report Cover Page

MCC form for period ending March 9,

Provide SPDES ID of each permit	ted MS4 included in this report.	
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID
SPDES ID	SPDES ID	SPDES ID

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

MS4 Municipal Compliance Certification (MCC) Form

					M	CC	c fo	rm	o fo	r p	eri	od	eno	din	g N	Iar	ch s	9,											
																		ı_		-	SPI	— DES	ID						
ame of	MS4																												
1004:04	. 2 1	Dane	 -	1	T 4	P		~4:														•	•	•			•		
ection												. 1	.to 0			11		:	+ ma.	~		ant	. 4		~ +h				~
id your l criod?	V154 W	OIK	WIU	пра	arti	iers	/CO	am	1011	ω	COII	ipie	eie s	SOIII	e oi	an	per	Ш	ı rec	quii	em	ent	s au	ПП		18 F () Y∈	_	run O	-
Yes, co	omple	e in	for	ma	tio	n b	elo	w.																	_				
Subm																											2		
accep		-				_																				he			
coalit No, pro						•						-			eet	tor	eac	ch ľ	VIS.	4 1r	i th	e c	oalı	t101	n.				
				lOII	4	- (CIU	IIIC	anc	<i>)</i> 11 k	otai	CIII	CIII	•															
rtner/Co	alitionl	Vame																											
. (6	1																				CDI							1.	L
rtner/Co	alition.	Name	e (cc	on't.	.)]	SPI)ES	Pai	tne	r ID	- 11	app	olica	.b.
1.1									<u> </u>																				
ddress																													
ty																	C+	ate		Zip									_
iy																		ale		Zip					_				
 Iail] [
Tan																													
ione								-				-						_					L						_
)				_																		ent i V.G.			dan Ye		0	N
71			., .,	••••							.1 •				,						D					1		T	
Vhat tasl	ks/res _]	ons	31b1l	l1t16	es a	are	sha	arec	d W	'ith	thi	s pa	artn	ier	(e.g	g. M	lM.	I S	cho	ol	Pro	gra	ıms	or	Μι	ıltı	ole	Tas	ίK
MM1																													
10.10			Ŧ																										
MM2			_																										<u> </u>
MM3																													
MM4																													
101101-4			4	_																									
MM5																													
MM6																													
																													_
	al tacl	s/re	spo	nsi	ibil	litie	es																						
ddition																													
Wate	ar task ershed rsheds													nen	t P	raci	tice	s re	equ	ire	d fo	r N	IS4	s i	n in	npa	ire	d	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending Mar	ch 9,
	SPDES ID
Name of MS4	
Section 4 - Certification Statement	
"I certify under penalty of law that this document and all attach	hments were prepared under my
direction or supervision in accordance with a system designed	1 1
properly gathered and evaluated the information submitted. Ba	ased on my inquiry of the person or
persons who manage the system, or those persons directly resp	
the information submitted is, the best of my knowledge and be	•
aware that there are significant penalties for submitting false in	aformation, including the possibility of
fine and imprisonment for knowing violations."	
This form must be signed by either a principal executive office	er or ranking elected official, or duly
authorized representative of that person as described in GP-0-0	•
First Name MI Last Na	
First name MI Last na	me
Title (Clearly print title of individual signing report)	
Signature	
Signature	
	Date
	//

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

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

	If su	rep o ıbmit			_						_			_				on		e S	PD		ID	bla	nk.		
Name of	MS4/C	oaliti	on																	LD	110						
								Wa	<u>iter</u>	· Q	<u>ual</u>	lity	<u> T</u>	<u>rei</u>	nds	<u>5</u>											
The info	ormatio	on in	this	secti	ion is	beir	ng re	port	ed (chec	ck o	ne):	:														
On be On be		f a co	oaliti	on			oute	d to	this	rep	ort'	? [
1. Has rela One	ited to				_				-	_					-	_			_	-			eas	ure Ye		0	No
If Yes,	choose	one	of th	ne fo	llowi	ng																					
O Repor						_																					
O Web	Page(s Plea			_			_				zhoi	ro r	one	vrt(c	r) 00	on.	ha	000	2000	od	n	ot l	on	10 r	.	2	
	1 ica	ise pi	OVIC	ic st	Jecii	ic au	iure	55 UI	paş	ge n	VIICI	i C I	ерс	лцз	s) C	an	DC	acc	CSS	cu	- 11	Ot 1	1011	ie p	ag	.	
	URL																										
							+				+		_	+	+												
				+				+							+												
	URL																										
								+																			
								+			\dashv		$\overline{}$		+												
	URL																										
								+																			
							+	+			\dashv		_		+												
	URL																										
	UKL																										
						\Box		\dagger			\dashv																
								+						+	+												

This report is being submitted for the reporting perio	od 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 Ed	ucation and Outreach
The information in this section is being reported (check one):	
○ On behalf of an individual MS4○ On behalf of a coalition	
How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
○ Construction Sites	O Pesticide and Fertilizer Application
O General Stormwater Management Information	O Pet Waste Management
O Household Hazardous Waste Disposal	○ Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance	○ Trash Management
○ Smart Growth	O Vehicle Washing
○ Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
O Public Employees O Contractors	
○ Residential ○ Developers	
○ Businesses ○ General Public	
○ Restaurants ○ Industries	
Other: O 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

	,	ıns																								ID	1-1	1-		
		If su	JDI.	mu	ıng	uni	S 10	rm	as Į	oarı	OI	а јо	ını	rep	ort	on t	ben	an (or a	CO	anu		SPI			עו	bia	ПK.		
Name	of M	IS4/C	`oal	itio	n																									
variic	01 141	15 17 0	Jour	1110	/11															J										
3. W	Veb	Pag	e c	on'	t.:		Pro	ovio	de s	spec	cifi	c w	eb	add	lres	ses	- n	ot l	hon	ne j	pag	e.								
UR	L																													Т
	1																													_
	_																													
UR	L																													_
	<u> </u>																													
UR	L																													
UR	L	-							-																-					
LID																														
UR	L																													
	+																													
	<u> </u>																													
UR	L																													
	+																													
	<u> </u>																											\blacksquare		
UR	L																													_
																													<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. 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?
c. 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? 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,				
If submitting this form as part of a joint report on behalf of a coalition leave SPDES	SID	blank	ζ.	
SPDES ID Name of MS4/Coalition				
	4.			
Minimum Control Measure 2. Public Involvement/Particip	<u>atıc</u>	<u>on</u>		
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. 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:		ram		
○ Cleanup Events #Events				
○ Comments on SWMP Received #Comments				
O Community Hotlines Phone # ()	-			
Phone # (Phone # ()	-			
Phone # () Phone # ()	Ī - Ī			
Phone # () Phone # ()	- I			
Phone # () Phone # ()	- I			
Phone # () Phone # ()	- I			
O Community Meetings # Attendees				
○ Plantings Sq. Ft.				П
○ 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?	_	ent Yes	0	No
○ List-Serve # In List				
O Newspaper Advertising # Days Run			İ	
○ TV/Radio Notices # Days Run			T	
Other:				

 \bigcirc 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? 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, 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 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
12. Evaluating Progress Toward Measurable Goals MCM 3
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
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?
○ Yes ○ 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 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
O 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.
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.
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.
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.
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?
c. How many times was time observation measured of evaluated in time reporting period.
(ex.: samples/participants/
D. Has your MS4 made progress toward this measurable goal during this reporting period? \bigcirc Yes \bigcirc No
0 100 0 100
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O Yes O No
$$\odot${\rm Yes}$$
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).
$$\odot${\rm Yes}$$
$\ \bigcirc$ Yes $\ \bigcirc$ No F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during

-	C		. 0.	od ending Mar	
If submitting	ng this form as p	art of a joint rep	ort on behalf of	a coalition leave	SPDES ID blank.
Name of MS4/Coalition	l			SPDE	S ID
Minimum	Control Mea	asure 5. Post	-Constructi	on Stormwat	er Management
The information in th	is section is being	ng reported (che	ck one):		
On behalf of an incOn behalf of a coaHow m		tributed to this	report?		
1. How many and MS4/Coalition in	what type of po	st-construction	stormwater m	_	<u> </u>
		# 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 o BMPs, inspecti			abase, spreads	sheet) to track j	post-construction O Yes O No
3. What types of a Development/B		-		-	w Impact
O Building Codes	O Municipal C	Comprehensive F	Plans		
Overlay Districts	Open Space	Preservation Pr	ogram		
○ Zoning	O Local Law o	or Ordinance			
○ None	O Land Use R	egulation/Zoning	g		
O Watershed Plans	Other Comp	orehensive 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? %

Evaluating Progress Toward Measurable Goals MCM 5 see this page to report on your progress and project plans toward achieving measurable goals sentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part C.1. Submit additional pages as needed. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable	This report is being submitted for the reporting period endi	ing March 9,
Evaluating Progress Toward Measurable Goals MCM 5 set this page to report on your progress and project plans toward achieving measurable goals entified in your Stormwater Management Program Plan (SWMPP), including requirements in Part .C.1. Submit additional pages as needed. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable oal. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participanted)	If submitting this form as part of a joint report on behalf of a coalit	ion leave SPDES ID blank.
Evaluating Progress Toward Measurable Goals MCM 5 set this page to report on your progress and project plans toward achieving measurable goals entified in your Stormwater Management Program Plan (SWMPP), including requirements in Part .C.1. Submit additional pages as needed. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable oal. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participante)		SPDES ID
Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable oal. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants Yes No No Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	Name of MS4/Coalition	
Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable oal. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants Yes No No Is your MS4 on schedule to meet the deadline set forth in the SWMPP?		
Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable oal. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) (ex.: samples/participants) Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes No Briefly summarize the stormwater activities planned to meet the goals of this MCM during	6. Evaluating Progress Toward Measurable Goals MCM 5	
Briefly summarize the observations that indicated the overall effectiveness of this Measurable oal. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants Has your MS4 made progress toward this measurable goal during this reporting period? Yes No Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes No Briefly summarize the stormwater activities planned to meet the goals of this MCM during		2
How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) (ex.: samples/part	A. Briefly summarize the Measurable Goal identified in the SWMI	PP in this reporting period.
How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) (ex.: samples/part		
How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) (ex.: samples/part		
How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) (ex.: samples/part		
How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) (ex.: samples/part		
How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) (ex.: samples/part		
How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) (ex.: samples/part		
Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during	B. Briefly summarize the observations that indicated the overall efficial.	fectiveness of this Measurable
Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during		
Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during		
Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during		
Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during		
Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during		
Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during		
Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during		
Has your MS4 made progress toward this measurable goal during this reporting period?	C. How many times was this observation measured or evaluated in	this reporting period?
Has your MS4 made progress toward this measurable goal during this reporting period?		
Has your MS4 made progress toward this measurable goal during this reporting period?		
	D. II MCA I	
Is your MS4 on schedule to meet the deadline set forth in the SWMPP? $ \bigcirc \text{Yes} \bigcirc \text{No} $ Briefly summarize the stormwater activities planned to meet the goals of this MCM during	D. Has your MS4 made progress toward this measurable goal duri	ing this reporting perioa?
$ \bigcirc Yes \bigcirc No $ Briefly summarize the stormwater activities planned to meet the goals of this MCM during	_	0 ** 0 **
Briefly summarize the stormwater activities planned to meet the goals of this MCM during		\bigcirc Yes \bigcirc No
•	E. Is your MS4 on schedule to meet the deadline set forth in the SV	
	E. Is your MS4 on schedule to meet the deadline set forth in the SV	WMPP?
	F. Briefly summarize the stormwater activities planned to meet the	WMPP? • Yes • No e goals of this MCM during
	F. Briefly summarize the stormwater activities planned to meet the	WMPP? • Yes • No e goals of this MCM during
	F. Briefly summarize the stormwater activities planned to meet the	WMPP? • Yes • No e goals of this MCM during
	F. Briefly summarize the stormwater activities planned to meet the	WMPP? • Yes • No e goals of this MCM during
	F. Briefly summarize the stormwater activities planned to meet the	WMPP? • Yes • No e goals of this MCM during
	F. Briefly summarize the stormwater activities planned to meet the	WMPP? • Yes • No e goals of this MCM during

<u>visa Alliuai Report Form</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.
Name of MS4/Coalition SPDES ID
Minimum Control Measure 6. Stormwater Management for Municipal Operations
The information in this section is being reported (check one):
On behalf of an individual MS4On behalf of a coalition
How many MS4s contributed to this report?
1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the

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

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) # Miles (Number of miles X Number of times swept) O Streets Swept # O Catch Basins Inspected and Cleaned Where Necessary O Post Construction Control Stormwater Management Practices # Inspected and Cleaned Where Necessary # Lbs. O Phosphorus Applied In Chemical Fertilizer # Lbs. O Nitrogen Applied In Chemical Fertilizer O Pesticide/Herbicide Applied # Acres (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 4. What was the date of the last training?

5. How many municipal employees have been trained in this reporting period?

stormwater management training?

6. What percent of municipal employees in relevant positions and departments 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? 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).