



# Stormwater Coalition of Monroe County

Tom Tilebein  
Chairman

Geoff Benway, P.E.  
Vice-Chairman

May 29, 2009

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

Dear MS4 Permit Coordinator:

The enclosed "MS4 Annual Report Form" is being submitted on behalf of the 25 MS4 Members of the Stormwater Coalition of Monroe County; Monroe County, the City of Rochester, SUNY Brockport, and the Towns of Brighton, Chili, Clarkson, Gates, Greece, Henrietta, Irondequoit, Mendon, Ogden, Parma, Penfield, Perinton, Pittsford, Sweden, and Webster, as well as the Villages of Brockport, East Rochester, Fairport, Hilton, Pittsford, Spencerport, and Webster.

As is noted in the Report, the information for Minimum Control Measures 1 through 5 is on behalf of the entire Coalition, whereas for Minimum Control Measure 6 an individual section is included for each of the 25 MS4s.

The packet also includes a "Municipal Compliance Certification Form" with original signature page for each of the 25 MS4s.

Please direct any questions regarding the Stormwater Coalition's submission to Paul Sawyko, staff member with the Coalition, at 585.753.5441.

Sincerely,

A handwritten signature in cursive script that reads "Tom Tilebein".

Tom Tilebein, Village of Hilton  
Chair, Stormwater Coalition

cc: Members, Stormwater Coalition of Monroe County  
Paul Sawyko, Stormwater Coalition staff



**Stormwater Coalition of Monroe County**

**SPDES General Permit GP-0-08-002  
MS4 2008-2009 JOINT ANNUAL REPORT**

Submitted to

NYS Department of Environmental Conservation  
MS4 Permit Coordinator  
Division of Water  
Albany, NY

May 29, 2009

**STORMWATER COALITION OF MONROE COUNTY  
MS4 2008-2009 ANNUAL REPORT  
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**MS4 Annual Report Cover Page**

**MCC form for period ending March 9,**

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

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## MS4 Annual Report Cover Page

MCC form for period ending March 9, 

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### Required Forms

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices*.

### Reporting Requirements

- \* **Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.**
- \* **Joint reports may be submitted by permittees with legally binding agreements as follows:**
  - > *Each* MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
  - > A coalition may submit information on behalf of its members as follows:
    1. Submit one form for each of the Minimum Measures (and if required, Additional Watershed Improvement Strategy Best Management Practices) on behalf of all the MS4s in the coalition, or
    2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

**The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.**

### Instructions for completing forms

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.

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

MCC form for period ending March 9, 

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Name of MS4 

TOWN OF BRIGHTON
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SPDES ID

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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

An Annual Report for a single MS4

A Joint Report

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

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		M	o	n	r	o	e	
C	o	u	n	t	y																									





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

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

Name of MS4 TOWN OF BRIGHTON

SPDES ID  
N Y R 2 0 A 1 6 4

**Section 3 - Partner Information** - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Yes  No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

T h e S t o r m w a t e r C o a l i t i o n o f

Partner/Coalition Name (con't.)

M o n r o e C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

4 4 4 E a s t H e n r i e t t a R o a d

City

R o c h e s t e r

State

N Y

Zip

1 4 6 2 0 -

eMail

p s a w y k o @ m o n r o e c o u n t y . g o v

Phone

( 5 8 5 ) 7 5 3 - 5 4 4 1

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1 P u b l i c E d u c a t i o n & O u t r e a c h

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

MM3 I D D E

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

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

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

Additional tasks/responsibilities

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

[Empty text box for additional tasks/responsibilities]

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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 1 6 4

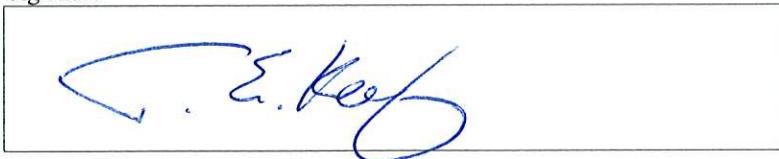
**Section 4 - Certification Statement**

"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  MI  Last Name

Title

Signature 

Date

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

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









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

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

Name of MS4

SPDES ID

N Y R 2 0 A 2 5 7

**Section 4 - Certification Statement**

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

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First Name

D a v i d

MI

P

Last Name

L i n d s a y

Title

C o m m i s s i o n e r o f P u b l i c W o r k s

Signature



Date

05 / 18 / 2009

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

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







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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 0 5 8

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 0 5 8

**Section 4 - Certification Statement**

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

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First Name  MI  Last Name

Title

Signature

Date

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

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

**MCC form for period ending March 9,**

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Name of MS4 

Town of Gates
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SPDES ID

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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

- An Annual Report for a single MS4
- A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f				
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**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2009

Name of MS4

SPDES ID  
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**Section 2 - Contact Information**

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 4 6 0

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- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County





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

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

Name of MS4

SPDES ID

**Section 4 - Certification Statement**

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

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First Name

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Last Name

Title

Signature



Date

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625 Broadway  
Albany, New York 12233-3505

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

**MCC form for period ending March 9,**

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Name of MS4 

Town of Greece
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SPDES ID

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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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- An Annual Report for a single MS4
- A Joint Report

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T	h	e		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f			
M	o	n	r	o	e		C	o	u	n	t	y																	

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

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

Name of MS4

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**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

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4. Report Preparer (Consultants may provide company name in the space provided).

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County







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

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

Name of MS4

SPDES ID

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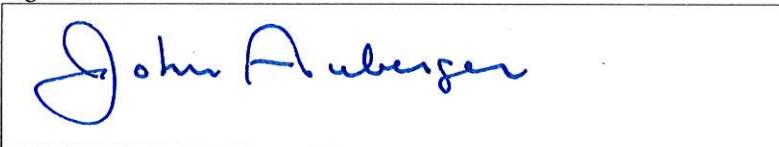
**Section 4 - Certification Statement**

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Title

Signature 

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

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

**MCC form for period ending March 9,**

2	0	0	9
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Name of MS4 

Town of Henrietta
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SPDES ID

N	Y	R	2	0	A	1	1	8
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

An Annual Report for a single MS4

A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f			
M	o	n	r	o	e		C	o	u	n	t	y																	





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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 1 1 8

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 1 1 8

**Section 3 - Partner Information** - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Yes  No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

T h e S t o r m w a t e r C o a l i t i o n o f

Partner/Coalition Name (con't.)

M o n r o e C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0

Address

4 4 4 E a s t H e n r i e t t a R o a d

City

R o c h e s t e r

State

N Y

Zip

1 4 6 2 0 -

eMail

p s a w y k o @ m o n r o e c o u n t y . g o v

Phone

( 5 8 5 ) 7 5 3 - 5 4 4 1

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1 P u b l i c E d u c a t i o n & O u t r e a c h

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

MM3 I D D E

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

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

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

Additional tasks/responsibilities

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

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

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

Name of MS4

SPDES ID

**Section 4 - Certification Statement**

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

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

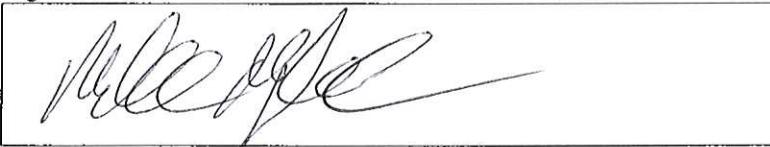
First Name

MI

Last Name

Title

Signature



Date

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

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

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

**MCC form for period ending March 9,**

2	0	0	9
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Name of MS4 

Town of Irondequoit
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SPDES ID

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

**Section 1 - MCC Identification Page**

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

An Annual Report for a single MS4

A Joint Report

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

If Joint Report, enter coalition name:

M	o	n	r	o	e		C	o	u	n	t	y		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i
t	i	o	n																										

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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 0 8 9

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County





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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 0 8 9

**Section 4 - Certification Statement**

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

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

First Name  MI  Last Name

Title

Signature 

Date  /  /

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

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





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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 0 1 7

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

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

Name of MS4

SPDES ID

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
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4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 0 1 7

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2009

Name of MS4

SPDES ID  
N Y R 2 0 A 0 1 7

**Section 3 - Partner Information** - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Yes  No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

T h e S t o r m w a t e r C o a l i t i o n o f

Partner/Coalition Name (con't.)

M o n r o e C o u n t y

SPDES Partner ID - If applicable

N Y R 2 0 A 0 1 7

Address

4 4 4 E a s t H e n r i e t t a R o a d

City

R o c h e s t e r

State

N Y

Zip

1 4 6 2 0 -

eMail

p s a w y k o @ m o n r o e c o u n t y . g o v

Phone

( 5 8 5 ) 7 5 3 - 5 4 4 1

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1 P u b l i c E d u c a t i o n & O u t r e a c h
- MM2 P u b l i c I n v o l v e m e n t / P a r t i c i p .
- MM3 I D D E
- MM4 C o n s t r u c t i o n C o m p l i a n c e
- MM5 P o s t c o n s t r u c t i o n C o m p l i a n c e
- MM6 P o l l u t i o n P r e v e n t i o n T r a i n i n g

Additional tasks/responsibilities

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

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

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

Name of MS4 Town of Mendon

SPDES ID

N Y R 2 0 A 0 1 7

**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 I a n MI K Last Name M c N a b b

Title S u p e r v i s o r

Signature 

Date 05/19/2009

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

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

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

**MCC form for period ending March 9,**

2	0	0	9
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Name of MS4 

TOWN of OGDEN
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SPDES ID

N	Y	R	2	0	A	5	5	4
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

An Annual Report for a single MS4

A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f				
M	o	n	r	o	e		C	o	u	n	t	y																		







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

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

Name of MS4

SPDES ID

**Section 4 - Certification Statement**

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

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

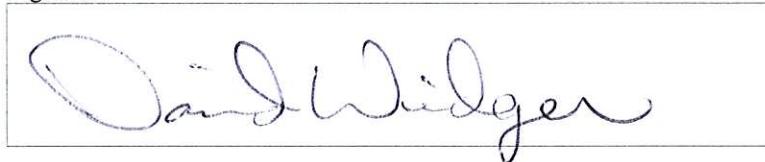
First Name

MI

Last Name

Title

Signature



Date

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

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

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

**MCC form for period ending March 9,**

2	0	0	9
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Name of MS4 

Town of Parma
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SPDES ID

N	Y	R	2	0	A	4	7	5
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

An Annual Report for a single MS4

A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f			
M	o	n	r	o	e		C	o	u	n	t	y																	













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

**MCC form for period ending March 9,**

2	0	0	9
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Name of MS4 

Town of Penfield
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SPDES ID

N	Y	R	2	0	A	0	4	8
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

- An Annual Report for a single MS4
- A Joint Report

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

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		M	o	n	r	o	e
C	o	u	n	t	y																								







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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 0 4 8

**Section 3 - Partner Information** - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Yes  No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S t o r m w a t e r C o a l i t i o n o f M o n r o e

Partner/Coalition Name (con't.)

C o u n t y

SPDES Partner ID - If applicable  
N Y R 2 0

Address

4 4 4 E a s t H e n r i e t t a R o a d

City

R o c h e s t e r

State

N Y

Zip

1 4 6 2 0 -

eMail

t s t e v e n s o n @ m o n r o e c o u n t y . g o v

Phone

( 5 8 5 ) 7 5 3 - 5 4 7 2

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1 M u l t i p l e t a s k s

MM2 M u l t i p l e t a s k s

MM3 T r a i n i n g

MM4 T r a i n i n g

MM5 T r a i n i n g

MM6 M u l t i p l e t a s k s

Additional tasks/responsibilities

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

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

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

Name of MS4

Town of Penfield

SPDES ID

N Y R 2 0 A 0 4 8

**Section 4 - Certification Statement**

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

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

First Name

G e o r g e

MI

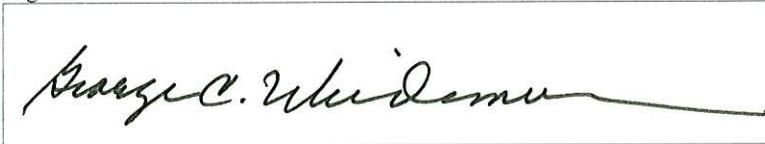
Last Name

W i e d e m e r

Title

S u p e r v i s o r

Signature



Date

0 4 / 1 3 / 2 0 0 9

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

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

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

MCC form for period ending March 9, 

2	0	0	9
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Name of MS4 

Town of Perinton
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SPDES ID

N	Y	R	2	0	A	3	8	5
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

An Annual Report for a single MS4

A Joint Report

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

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		M	o	n	r	o	e
C	o	u	n	t	y																								





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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 3 8 5

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



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

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

Name of MS4

SPDES ID

**Section 4 - Certification Statement**

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

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First Name

MI

Last Name

Title

Signature



Date

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

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











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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 6 4 2

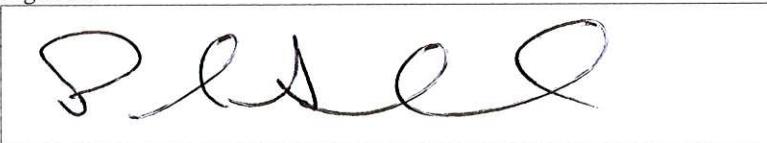
**Section 4 - Certification Statement**

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

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

First Name  MI  Last Name

Title

Signature 

Date

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

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



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

MCC form for period ending March 9, 

2	0	0	9
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Name of MS4 

Town of Sweden
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SPDES ID  

N	Y	R	2	0	A	2	8	5
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**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name 

F	r	e	d	e	r	i	c	k						
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 MI 

E
---

 Last Name 

P	e	r	r	i	n	e								
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Title 

S	u	p	e	r	i	n	t	e	n	d	e	n	t	o	f	H	i	g	h	w	a	y	s					
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Address 

4	0		W	h	i	t	e	R	o	a	d																	
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City 

B	r	o	c	k	p	o	r	t																				
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 State 

N	Y
---	---

 Zip 

1	4	4	2	0	-						
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eMail 

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Phone 

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 County 

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

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

Name of MS4

SPDES ID

N Y R 2 0 A 2 8 5

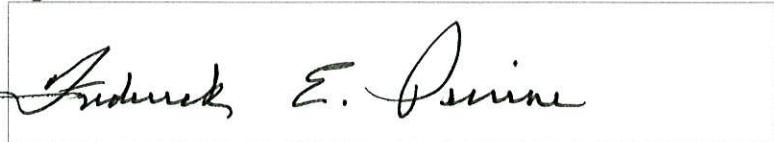
**Section 4 - Certification Statement**

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

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

First Name  MI  Last Name

Title

Signature 

Date

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

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

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

MCC form for period ending March 9, 

2	0	0	9
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Name of MS4 

Town of Webster
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SPDES ID

N	Y	R	2	0	A	3	3	3
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

An Annual Report for a single MS4

A Joint Report

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

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		M	o	n	r	o	e	
C	o	u	n	t	y																									





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

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

Name of MS4

SPDES ID									
N	Y	R	2	0	A	3	3	3	

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name	MI	Last Name
J o s e p h		H e r b s t

Title
H i g h w a y S u p e r i n t e n d e n t

Address
1 0 0 5 P i c t u r e P a r k w a y

City	State	Zip
W e b s t e r	N Y	1 4 5 8 0 -

eMail
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Phone	County
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### MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID  
N Y R 2 0 A 3 3 3

#### Section 4 - Certification Statement

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

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

First Name  MI  Last Name

Title

Signature 

Date  /  /

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

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



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

MCC form for period ending March 9, 

2	0	0	9
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Name of MS4 

Village of Brockport
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SPDES ID  

N	Y	R	2	0	A	3	8	9
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**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
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4. Report Preparer (Consultants may provide company name in the space provided).

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

First Name 

M	o	r	t	o	n														
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 Last Name 

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Title 

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Address 

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City 

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 State 

N	Y
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 Zip 

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eMail 

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Phone 

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 County 

M	o	n	r	o	e														
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### MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Village of Brockport

SPDES ID  
N Y R 2 0 A 3 8 9

#### Section 4 - Certification Statement

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

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

First Name: M o r t o n MI: W Last Name: W e x l e r

Title: M a y o r

Signature: *Morton Wexler*

Date: 0 4 / 2 0 / 2 0 0 9

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

*Leslie Ann Morelli*  
LESLIE ANN MORELLI  
Notary Public, State of New York  
Monroe County, #01M05074316  
Term Exp. 3-18-11



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

MCC form for period ending March 9, 

2	0	0	9
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Name of MS4 

Town/ Village of East Rochester
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SPDES ID  

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**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
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- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name 

J	a	s	o	n															
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 MI 

W
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 Last Name 

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Title 

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Address 

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City 

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 State 

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 Zip 

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eMail 

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Phone 

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 County 

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

MCC form for period ending March 9, 

2	0	0	9
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Name of MS4 

Town/ Village of East Rochester
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SPDES ID  

N	Y	R	2	0	A	4	3	2
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**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name 

D	a	v	e																
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 MI 

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 Last Name 

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Title 

S	u	p	e	r	i	n	t	e	n	d	e	n	t		o	f		P	u	b	l	i	c		W	o	r	k	s						
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Address 

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City 

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 State 

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 Zip 

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eMail 

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Phone 

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 County 

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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 4 3 2

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
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**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County





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

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

Name of MS4

SPDES ID

**Section 4 - Certification Statement**

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

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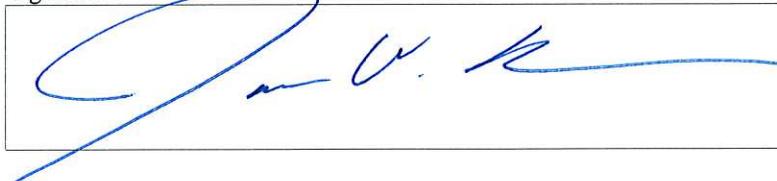
First Name

MI

Last Name

Title

Signature



Date

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

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

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

MCC form for period ending March 9, 

2	0	0	9
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Name of MS4 

Village of Fairport
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SPDES ID

N	Y	R	2	0	A	3	5	7
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

An Annual Report for a single MS4

A Joint Report

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

If Joint Report, enter coalition name:

S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f		M	o	n	r	o	e
C	o	u	n	t	y																								

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

MCC form for period ending March 9, 

2	0	0	9
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Name of MS4 

Village of Fairport
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SPDES ID  

N	Y	R	2	0	A	3	5	7
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**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name 

F	r	e	d	e	r	i	c	k						
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 MI 

H
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 Last Name 

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Title 

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Address 

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City 

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 State 

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 Zip 

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Phone 

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 County 

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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 3 5 7

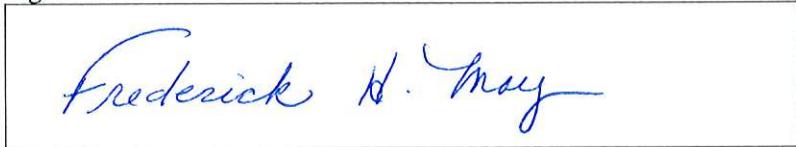
**Section 4 - Certification Statement**

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

First Name  MI  Last Name

Title

Signature 

Date

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

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





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

MCC form for period ending March 9, 

2	0	0	9
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Name of MS4 

Village of Hilton
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SPDES ID

N	Y	R	2	0	A	1	1	3
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**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
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4. Report Preparer (Consultants may provide company name in the space provided).

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

First Name	MI	Last Name
T o m	H	T i l e b e i n

Title
S u p e r i n t e n d e n t o f P u b l i c W o r k s

Address
5 9 H e n r y S t r e e t

City	State	Zip
H i l t o n	N Y	1 4 4 6 8 - 1 2 1 4

eMail
t o m @ s c e n i c v i e w . c o m

Phone	County
( 5 8 5 ) 3 9 2 - 4 1 4 4	M o n r o e



### MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4

SPDES ID

#### Section 3 - Partner Information - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Yes  No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

(  )  -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 1 1 3

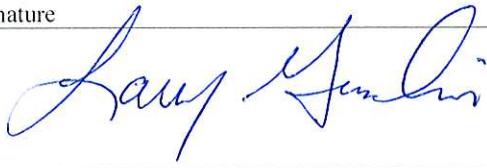
**Section 4 - Certification Statement**

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

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

First Name  MI  Last Name

Title

Signature 

Date  /  /

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

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

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

**MCC form for period ending March 9,**

2	0	0	9
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Name of MS4 

Village of Pittsford
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SPDES ID

N	Y	R	2	0	A	4	0	1
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

An Annual Report for a single MS4

A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f			
M	o	n	r	o	e					C	o	u	n	t	y														







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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 4 0 1

**Section 4 - Certification Statement**

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

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

First Name  MI  Last Name

Title

Signature 

Date

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

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



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

MCC form for period ending March 9, 

2	0	0	9
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Name of MS4 

Village of Spencerport
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SPDES ID  

N	Y	R	2	0	A	2	6	3
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**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name 

J	o	y	c	e															
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 MI 

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 Last Name 

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Title 

M	a	y	o	r															
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Address 

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City 

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 State 

N	Y
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 Zip 

1	4	5	5	9	-				
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eMail 

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Phone 

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 County 

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

MCC form for period ending March 9, 2009

Name of MS4 Village of Spencerport

SPDES ID

N Y R 2 0 A 2 6 3

**Section 4 - Certification Statement**

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

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

First Name J o y c e MI A Last Name L o b e n e

Title M a y o r

Signature Joyce A. Lobene

Date 05/1/9/2009

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

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

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

**MCC form for period ending March 9,**

2	0	0	9
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Name of MS4 

Village of Webster
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SPDES ID

N	Y	R	2	0	A	4	1	7
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

- An Annual Report for a single MS4
- A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f			
M	o	n	r	o	e					C	o	u	n	t	y														

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

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

Name of MS4 Village of Webster

SPDES ID  
N Y R 2 0 A 4 1 7

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name  
J a k e      S w i n g l y

Title  
M a y o r

Address  
2 8 W e s t M a i n S t r e e t

City State Zip  
W e b s t e r N Y 1 4 5 8 0 -

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j s w i n g l y @ v i l l a g e o f w e b s t e r . c o m

Phone County  
( 5 8 5 ) 2 6 5 - 3 7 7 0 M o n r o e







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

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

Name of MS4 Village of Webster

SPDES ID

N Y R 2 0 A 4 1 7

**Section 4 - Certification Statement**

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

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First Name

J a k e

MI

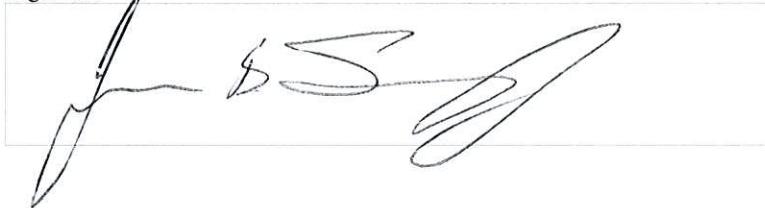
Last Name

S w i n g l y

Title

M a y o r

Signature



Date

0 5 / 1 4 / 2 0 0 9

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

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

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

**MCC form for period ending March 9,**

2	0	0	9
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Name of MS4 

City of Rochester
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SPDES ID

N	Y	R	2	0	A	5	1	3
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

- An Annual Report for a single MS4
- A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f			
M	o	n	r	o	e		C	o	u	n	t	y																	



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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 5 1 3

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



### MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2009

Name of MS4

City of Rochester

SPDES ID

NYR20A513

#### Section 3 - Partner Information - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Yes  No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Rochester Pure Waters District

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

NYR20A266

Address

50 West Main St. Suite 7100

City

Rochester

State

NY

Zip

14614 -

eMail

Phone

(585) 760-7600

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1 Multiple tasks

MM2 Multiple tasks

MM3 Multiple tasks

MM4

MM5

MM6

Additional tasks/responsibilities

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



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

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

Name of MS4

SPDES ID  

N	Y	R	2	0	A	5	1	3
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**Section 4 - Certification Statement**

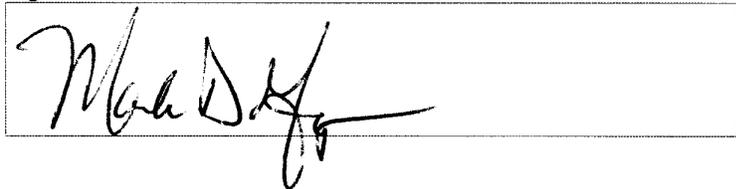
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage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

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

First Name	MI	Last Name
M a r k	D	G r e g o r

Title
M a n a g e r o f E n v i r o n m e n t a l Q u a l i t y

Signature



Date  

0	4	/	0	6	/	2	0	0	9
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Send completed form and any attachments to the DEC Central Office at:

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













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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 2 6 6

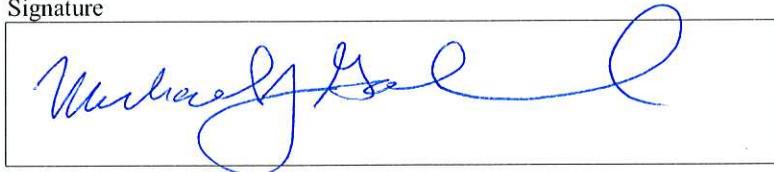
**Section 4 - Certification Statement**

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

First Name  MI  Last Name

Title

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

## Signature Authorization Form

Permittee Name Monroe County SPDES NO. 20A266  
 Facility Name \_\_\_\_\_ Date May 14, 2009

Name of person described in paragraph (1):  Maggie Brooks	Title:  County Executive
Signature of person described in paragraph (1):  <i>Maggie Brooks</i>	Date:  <i>5/21/09</i>



**THE PERMITTEE MUST NOTIFY THE DEPARTMENT OF ANY CHANGE IN THIS INFORMATION. THIS FORM SHOULD ONLY BE SENT IN WITH THE ANNUAL REPORT.**

Name and/or Title of person responsible for signing and submitting MS4 Annual Report: Director of Environmental Services	Phone: ( 585) 753-7511		
Signature (if individual named above): <i>Melanie J. Gale</i>			
Mailing Address: City Place 50 W. Main St., Suite 7100	City: Rochester	State: NY	Zip: 14614

Return To: MS4 Coordinator  
 Bureau of Water Permits  
 New York State Department of Environmental Conservation  
 625 Broadway

Albany, NY 12233-3505

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

**MCC form for period ending March 9,**

2	0	0	9
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Name of MS4 

SUNY Brockport
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SPDES ID

N	Y	R	2	0	A	4	6	6
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

An Annual Report for a single MS4

A Joint Report

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

If Joint Report, enter coalition name:

T	h	e		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		o	f			
M	o	n	r	o	e		C	o	u	n	t	y																	





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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 4 6 6

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2009

SPDES ID

NYR 20A 466

Name of MS4: SUNY Brockport

#### 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: L o u MI: M Last Name: S p i r o

Title: V P of Administration and Finance

Signature: [Handwritten Signature]

Date: 05/01/2009

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

5/4/09

FAX: 753-7453

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

The Stormwater Coalition of Monroe County
-------------------------------------------

SPDES ID  

N	Y	R	2	0				
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**Water Quality Trends**

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s are contributed to this report? 

	2	5
--	---	---

**1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater?**  Yes  No

If Yes, choose one of the following

- Report(s) attached to the annual report
- Web Page(s) where report(s) is/are provided below

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

URL  

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

URL  

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URL  

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URL  


URL  








**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

The Stormwater Coalition of Monroe County									
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 SPDES ID 

N	Y	R	2	0					
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**4. Evaluating/Measuring Progress MCM 1**

What indicators do you use to evaluate the overall effectiveness of your Education and Outreach Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

Public phone survey

**Began Tracking:**

2005

(year)

**Frequency:**

Annual

(ex.: annual, monthly, biweekly)

#

1000

(ex.: samples/participants/events)

**Results:**

Increased awareness of issues related to use of fertilizers

*\* This indicator is provided as an example only.*

**Indicator:**

Public opinion water quality phone survey

**Began Tracking:**

2006

(year)

**Frequency:**

intermittent years

(ex.: annual, monthly, biweekly)

#

One telephone survey

(ex.: samples/participants/events)

**Results:**

Key questions which indicate overall educational program results:  
 - Percent of people who know that stormwater goes directly to nearby waterways - 38%  
 - Percent of people correctly identifying NPSP as the primary source of water quality degradation - 18%.

Submit additional pages as needed.



**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

The Stormwater Coalition of Monroe County
-------------------------------------------

SPDES ID  

N	Y	R	2	0				
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**2. URL(s) con't.:**

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

URL

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URL

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w	e	r	/	s	t	o	r	m	d	r	a	i	n	/																		

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i	n	g	-	0	9	/	A	n	n	u	a	l	-	S	t	o	r	m	w	a	t	e	r	-	R	e	p	o	r	t	-

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URL

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URL

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n	m	e	n	t	/	D	e	p	a	r	t	m	e	n	t	s	/	H	i	g	h	w	a	y	/						

URL

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s	e	r	v	i	c	e	s	/	p	u	b	l	i	c	-	w	o	r	k	s	.	h	t	m	l						

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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  

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#### 2. URL(s) con't.:

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

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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Name of MS4/Coalition: The Stormwater Coalition of Monroe County

SPDES ID: NYR20

### 3. Where can the public access copies of the annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office       Annual Report     SWMP Plan     Comments

Department: S W C o f M o n r o e C o u n t y

Address: 4 4 4 E . H e n r i e t t a R d .

City: R o c h e s t e r      N Y      Zip: 1 4 6 2 0 -

Phone: ( 5 8 5 ) 7 5 3 - 5 4 7 2

Library       Annual Report     SWMP Plan     Comments

Address:

City:      Zip: -

Phone: ( ) -

Other       Annual Report     SWMP Plan     Comments

Address:

City:      Zip: -

Phone: ( ) -

Web Page URL:       Annual Report     SWMP Plan     Comments

http://www.monroecounty.gov/eh-stormwater.php

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

eMail       Comments

tstevenson@monroecounty.gov



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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Name of MS4/Coalition

SPDES ID

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Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department

Address

City  Zip  -

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Library  Annual Report  SWMP Plan  Comments

Address

City   Zip  -

Phone  
(  )  -

Other  Annual Report  SWMP Plan  Comments

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Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments





### MS4 Annual Report Form

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Name of MS4/Coalition:

SPDES ID  
N Y R 2 0 A 1 1 8

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Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office       Annual Report       SWMP Plan       Comments

Department  
T o w n o f H e n r i e t t a C l e r k ' s O f f i c e

Address  
4 7 5 C a l k i n s R o a d

City: H e n r i e t t a      N Y      Zip: 1 4 4 6 7 - 0 9 9 9

Phone  
( 5 8 5 ) 3 3 4 - 7 7 0 0

Library       Annual Report       SWMP Plan       Comments

Address

City      N Y      Zip

Phone  
(   )   -  

Other       Annual Report       SWMP Plan       Comments

Address

City      N Y      Zip

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Web Page URL:       Annual Report       SWMP Plan       Comments

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

eMail       Comments









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Name of MS4/Coalition

SPDES ID

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Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department

Address

City  Zip   -

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(  )  -

Library  Annual Report  SWMP Plan  Comments

Address

City  Zip  -

Phone  
(  )  -

Other  Annual Report  SWMP Plan  Comments

Address

City  Zip  -

Phone  
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Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments

### MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

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Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office       Annual Report     SWMP Plan     Comments

Department

Address

City      Zip

Phone  
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Library       Annual Report     SWMP Plan     Comments

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Other       Annual Report     SWMP Plan     Comments

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Web Page URL:       Annual Report     SWMP Plan     Comments

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

eMail       Comments



### MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

### 3. Where can the public access copies of the annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office       Annual Report       SWMP Plan       Comments

Department  
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Address  
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Library       Annual Report       SWMP Plan       Comments

Address  
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Other       Annual Report       SWMP Plan       Comments

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Web Page URL:       Annual Report       SWMP Plan       Comments

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

eMail       Comments





### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition Village of Pittsford

SPDES ID  
N Y R 2 0 A 4 0 1

### 3. Where can the public access copies of the annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department  
V i l l a g e o f P i t t s f o r d O f f i c e

Address  
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Library  Annual Report  SWMP Plan  Comments

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Other  Annual Report  SWMP Plan  Comments

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Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition Village of Spencerport

SPDES ID  
N Y R 2 0 A 2 6 3

### 3. Where can the public access copies of the annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department  
S p e n c e r p o r t V i l l a g e H a l l

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Library  Annual Report  SWMP Plan  Comments

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Other  Annual Report  SWMP Plan  Comments

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Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments

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Name of MS4/Coalition

SPDES ID

### 3. Where can the public access copies of the annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department

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Library  Annual Report  SWMP Plan  Comments

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eMail  Comments

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

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### 3. Where can the public access copies of the annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department  

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Other  Annual Report  SWMP Plan  Comments

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Web Page URL:  Annual Report  SWMP Plan  Comments


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

eMail  Comments


**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

The Stormwater Coalition of Monroe County																			
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SPDES ID  

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**4. Were comments received during this reporting period?**  Yes  No  
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**  Yes  No  
If Yes, what was the date of the meeting? 

--	--

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 / 

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If No, is one planned?  Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**  Yes  No

If No, is one planned for each?  Yes  No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0				
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**6. Evaluating/Measuring Progress MCM 2**

What indicators do you use to evaluate the overall effectiveness of your Public Involvement/Participation Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

**Began Tracking:**  *(year)*      **Frequency:**  *(ex.: annual, monthly, biweekly)*

#  *(ex.: samples/participants/events)*

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  *(year)*      **Frequency:**  *(ex.: annual, monthly, biweekly)*

#  *(ex.: samples/participants/events)*

**Results:**

**Submit additional pages as needed.**

### MS4 Annual Report Form

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

N	Y	R	2	0				
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### Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

	2	5
--	---	---

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

	7	6	5	2
--	---	---	---	---

 # 

	9	9
--	---	---

 %

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

3	1	7	9
---	---	---	---

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops

Other: 

O	u	t	f	a	l	l	s		i	n	c	l	u	d	e	d		a	l	l		t	h	e		a	b	o	v	e
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 None

Sewersheds: 

A	l	l		s	e	w	e	r	s	h	e	d		t	y	p	e	s		i	n	c	l	u	d	e	d		
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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

The Stormwater Coalition of Monroe County									
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 SPDES ID 

N	Y	R	2	0					
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**12. Evaluating/Measuring Progress MCM 3**

What indicators do you use to evaluate the overall effectiveness of your Illicit Discharge Elimination Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

Number of illicit discharges identified/eliminated

**Began Tracking:**

2005

(year)

**Frequency:**

Monthly inspections

(ex.: annual, monthly, biweekly)

#

25 illicit discharges identified/24 eliminated

(ex.: samples/participants/events)

**Results:**

Since 2005, the number of annual inspections has doubled. We have developed a tracking system and illicit discharges that have been identified are being eliminated, on average, within a week of discovery.

\* This indicator is provided as an example only.

**Indicator:**

Percent of outfalls inspected.

**Began Tracking:**

2008

(year)

**Frequency:**

Annual

(ex.: annual, monthly, biweekly)

#

44% of MS4 outfalls have been inspected.

(ex.: samples/participants/events)

**Results:**

During the first year of the current permit cycle, 44% of MS4 outfalls have been included in the outfall reconnaissance inventory. This rate is above the recommended rate of 20%/yr.

Submit additional pages as needed.

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Stormwater Coalition of Monroe County									
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 SPDES ID 

N	Y	R	2	0					
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**12. Evaluating/Measuring Progress MCM 3**

What indicators do you use to evaluate the overall effectiveness of your Illicit Discharge Elimination Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

Number of illicit discharges identified/eliminated

**Began Tracking:**

2005

(year)

**Frequency:**

Monthly inspections

(ex.: annual, monthly, biweekly)

#

25 illicit discharges identified/24 eliminated

(ex.: samples/participants/events)

**Results:**

Since 2005, the number of annual inspections has doubled. We have developed a tracking system and illicit discharges that have been identified are being eliminated, on average, within a week of discovery.

\* This indicator is provided as an example only.

**Indicator:**

Percent of staff in relevant positions and departments that have received IDDE training?

**Began Tracking:**

2009

(year)

**Frequency:**

Annual

(ex.: annual, monthly, biweekly)

#

25 regulated MS4s in the Stormwater Coalition of Monroe County

(ex.: samples/participants/events)

**Results:**

54% of applicable MS4 staff have received IDDE training. This metric tracks the educational process within MS4 staff, which is necessary for Good Housekeeping and Pollution Prevention compliance.

Submit additional pages as needed.

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

The Stormwater Coalition of Monroe County									
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SPDES ID

N	Y	R	2	0					
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

	2	5
--	---	---

**1. Has each Town, City and/or Village contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equal protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

If Yes, provide date of equivalent NYS Sample Local Law.  09/2004  03/2006

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

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

1	9	9
---	---	---

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

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

	4	0
--	---	---

**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:**

- Notices of Violation # 

			1	5
--	--	--	---	---

 No Authority
- Stop Work Orders # 

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

 No Authority
- Criminal Actions # 

				1
--	--	--	--	---

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

				1
--	--	--	--	---

 No Authority
- Other # 

			2	5
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 No Authority

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

The Stormwater Coalition of Monroe County																													
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SPDES ID

N	Y	R	2	0					
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

- On behalf of an individual MS4  
 On behalf of a coalition

How many MS4s contributed to this report? 

	2	5
--	---	---

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

1	2	3
---	---	---

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

1	3	8
---	---	---

3. What percent of active construction sites were inspected during this reporting period? 

	9	3
--	---	---

 %

4. What percent of active construction sites were inspected more than once? 

	9	3
--	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition TOWN OF BRIGHTON

SPDES ID  
N Y R 2 0 A 1 6 4

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

T O W N O F B R I G H T O N D P W

Address

2 3 0 0 E L M W O O D A V E N U E

City

R O C H E S T E R

N Y

Zip

1 4 6 1 8 -

Phone

( 5 8 5 ) 7 8 4 - 5 2 2 3

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 2 5 7

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

D e p a r t m e n t o f P u b l i c W o r k s

Address

3 2 3 5 C h i l i A v e n u e

City

R o c h e s t e r

N Y

Zip

1 4 6 2 4 -

Phone

( 5 8 5 ) 8 8 9 - 2 6 3 0

○ Library

Address

City

Zip

-

Phone

( ) -

● Other

Address

3 3 3 3 C h i l i A v e n u e

City

R o c h e s t e r

N Y

Zip

1 4 6 2 4 -

Phone

( 5 8 5 ) 8 8 9 - 3 5 5 0

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL



### MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 4 6 0

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

P u b l i c   W o r k s

Address

1 6 0 5   B u f f a l o   R o a d

City

R o c h e s t e r

N Y

Zip

1 4 6 2 4 -

Phone

( 5 8 5 ) 2 4 7 - 6 1 0 0

○ Library

Address

City

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-

Phone

( ) -

○ Other

Address

City

Zip

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Phone

( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 1 3 3

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

P u b l i c   W o r k s

Address

6 4 7   L o n g   P o n d   R o a d

City

G r e e c e

N Y

Zip

1 4 6 1 2 -

Phone

( 5 8 5 ) 7 2 3 - 2 3 7 6

○ Library

Address

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○ Other

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 1 1 8

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

E n g i n e e r i n g

Address

4 7 5 C a l k i n s R o a d

City

H e n r i e t t a

N Y

Zip

1 4 4 6 7 - 0 9 9 9

Phone

( 5 8 5 ) 3 5 9 - 7 0 7 0

○ Library

Address

City

Zip

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( ) -

○ Other

Address

City

Zip

Phone

( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 0 8 9

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

D e p a r t m e n t o f P u b l i c W o r k s

Address

1 2 8 0 T i t u s A v e n u e

City

R o c h e s t e r

N Y

Zip

1 4 6 1 7 -

Phone

( 5 8 5 ) 3 3 6 - 6 0 3 7

○ Library

Address

City

Zip

-

Phone

( ) -

○ Other

Address

City

Zip

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Phone

( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

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This report is being submitted for the reporting period ending March 9, 2009

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Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 0 1 7

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

B u i l d i n g

Address

1 6 W e s t M a i n S t r e e t

City

H o n e o y e F a l l s

N Y

Zip

1 4 4 7 2 -

Phone

( 5 8 5 ) 6 2 4 - 6 0 6 6

○ 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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 5 5 4

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

H i g h w a y D e p t .

Address

2 6 9 O g d e n C e n t e r R d .

City

S p e n c e r p o r t

N Y

Zip

1 4 5 5 9 -

Phone

( 5 8 5 ) 6 1 7 - 6 1 6 0

○ Library

Address

City

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○ Other

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 0 4 8

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

E n g i n e e r i n g

Address

3 1 0 0 A t l a n t i c A v e

City

P e n f i e l d

N Y

Zip

1 4 5 2 6 -

Phone

( 5 8 5 ) 3 4 0 - 8 6 8 3

○ Library

Address

City

Zip

-

Phone

( ) -

○ Other

Address

City

Zip

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Phone

( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 3 8 5

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

D e p a r t m e n t o f P u b l i c W o r k s

Address

1 0 0 C o b b ' s L a n e

City

F a i r p o r t

N Y

Zip

1 4 4 5 0 -

Phone

( 5 8 5 ) 2 2 3 - 5 1 1 5

○ Library

Address

City

Zip

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Phone

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○ Other

Address

City

Zip

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URL

URL

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 6 4 2

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

P i t t s f o r d D P W

Address

1 1 S o u t h M a i n S t r e e t

City

P i t t s f o r d

N Y

Zip

1 4 5 3 4 -

Phone

( ) -

○ Library

Address

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○ Other

Address

o n C o n s t r u c t i o n s i t e s

City

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 2 8 5

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

S w e d e n T o w n H a l l

Address

1 8 S t a t e S t r e e t

City

B r o c k p o r t

N Y

Zip

1 4 4 2 0 -

Phone

( 5 8 5 ) 6 3 7 - 2 1 4 4

○ Library

Address

City

Zip

-

Phone

( ) -

● Other

Address

M R B G r o u p , I n c .

City

R o c h e s t e r

N Y

Zip

1 4 6 2 5 -

Phone

( 5 8 5 ) 3 8 1 - 9 2 5 0

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	3	3
---	---	---	---	---	---	---	---	---

**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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 4 3 2

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

B u i l d i n g   D e p t

Address

3 4 9   W e s t   C o m m e r c i a l   S t r e e t

City

E a s t   R o c h e s t e r

N Y

Zip

1 4 4 4 5 -

Phone

( 5 8 5 ) 5 8 6 - 3 5 5 3

○ Library

Address

City

Zip

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Phone

( ) -

○ Other

Address

City

Zip

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Phone

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 1 1 3

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

V I L L A G E O F F I C E S

Address

5 9 H e n r y S t r e e t

City

H i l t o n

N Y

Zip

1 4 4 6 8 - 1 2 1 4

Phone

( 5 8 5 ) 3 9 2 - 4 1 4 4

○ 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



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition Village of Spencerport

SPDES ID  
N Y R 2 0 A 2 6 3

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

S p e n c e r p o r t V i l l a g e H a l l

Address

2 7 W e s t A v e

City

S p e n c e r p o r t

N Y

Zip

1 4 5 5 9 -

Phone

( 5 8 5 ) 3 5 2 - 4 7 7 1

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

Name of MS4/Coalition: City of Rochester

SPDES ID  
N Y R 2 0 A 5 1 3

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

C i t y o f R o c h e s t e r

Address

3 0 C h u r c h S t . , R o o m 1 2 5 B

City

R o c h e s t e r

N Y

Zip

1 4 6 1 4 -

Phone

( 5 8 5 ) 4 2 8 - 6 1 8 4

Library

Address

City

Zip

-

Phone

( ) -

Other

Address

City

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Phone

( ) -

Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

### MS4 Annual Report Form

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 2 6 6

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

M o n r o e C o u n t y D E S

Address

4 4 4 E . H e n r i e t t a R d

City

R o c h e s t e r

N Y

Zip

1 4 6 2 0 -

Phone

( 5 8 5 ) 7 5 3 - 7 6 8 4

○ Library

Address

City

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Phone

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○ Other

Address

City

Zip

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Phone

( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Stormwater Coalition of Monroe County
---------------------------------------

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

**7. Evaluating/Measuring Progress MCM 4**

What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

Percent SWPPPs reviewed
-------------------------

**Began Tracking:**

2005
------

(year)

**Frequency:**

Upon submission
-----------------

(ex.: annual, monthly, biweekly)

#

50 SWPPPs
-----------

(ex.: samples/participants/events)

**Results:**

100% of SWPPPs were reviewed. 50% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards.
---------------------------------------------------------------------------------------------------------------------------------------------------------------

\* This indicator is provided as an example only.

**Indicator:**

Active Construction Sites Inspected During the Reporting Period
-----------------------------------------------------------------

**Began Tracking:**

2008
------

(year)

**Frequency:**

Annual
--------

(ex.: annual, monthly, biweekly)

#

Average of percentages from all MS4s included in joint report
---------------------------------------------------------------

(ex.: samples/participants/events)

**Results:**

Percent of active construction sites inspected during the reporting period: 92.7%. Percent of active construction sites inspected more than once during the reporting period: 93.4%. All active construction sites should be inspected each year. Those inspected more than once reflect follow-up inspections to verify compliance.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Submit additional pages as needed.

### MS4 Annual Report Form

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

2	0	0	9
---	---	---	---

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

Name of MS4/Coalition <input style="width: 95%; border: 1px solid black;" type="text" value="The Stormwater Coalition of Monroe County"/>	SPDES ID <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">N</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">R</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	N	Y	R	2	0				
N	Y	R	2	0						

#### 7. Evaluating/Measuring Progress MCM 4

What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency?

**Example\*:**

<b>Indicator:</b>	Percent SWPPPs reviewed		
<b>Began Tracking:</b>	2005 <small>(year)</small>	<b>Frequency:</b>	Upon submission <small>(ex.: annual, monthly, biweekly)</small>
<b>#</b>	50 SWPPPs <small>(ex.: samples/participants/events)</small>		

<b>Results:</b>	100% of SWPPPs were reviewed. 50% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards.
-----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------

*\* This indicator is provided as an example only.*

<b>Indicator:</b>	Percent of sites where MS4 Compliance Inspection found significant non-compliance		
<b>Began Tracking:</b>	2009 <small>(year)</small>	<b>Frequency:</b>	As inspected <small>(ex.: annual, monthly, biweekly)</small>
<b>#</b>	Average of percentages from all MS4s included in joint report <small>(ex.: samples/participants/events)</small>		

<b>Results:</b>	This will be a future indicator, and should reflect overall site compliance for MS4s included in the Joint Annual Report, and provide trending information over time.
-----------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Submit additional pages as needed.**



**MS4 Annual Report Form**

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

2	0	0	9
---	---	---	---

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

Name of MS4/Coalition <table border="1" style="display: inline-table;"><tr><td>The Stormwater Coalition of Monroe County</td></tr></table>	The Stormwater Coalition of Monroe County	SPDES ID <table border="1" style="display: inline-table;"><tr><td>N</td><td>Y</td><td>R</td><td>2</td><td>0</td><td></td><td></td><td></td><td></td></tr></table>	N	Y	R	2	0				
The Stormwater Coalition of Monroe County											
N	Y	R	2	0							

**4. Evaluating/Measuring Progress MCM 5**

What indicators do you use to evaluate the overall effectiveness of your Post-Construction Stormwater Management Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Number of reports of flooding during storm events from business district
--------------------------------------------------------------------------

**Began Tracking:**

2005
------

**Frequency:**

Annual Summary
----------------

  
(year)  (ex.: annual, monthly, biweekly)

# 

18
----

  
(ex.: samples/participants/events)

**Results:**

During this reporting period, we experienced average rainfall, but DPW records show that the number of incidences of flooding in the business district fell 25%. This is attributable to increased inspection and maintenance of post construction BMPs.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*\* This indicator is provided as an example only.*

**Indicator:**

Percent of post-construction stormwater management facilities inspected
-------------------------------------------------------------------------

**Began Tracking:**

2008
------

**Frequency:**

annual
--------

  
(year)  (ex.: annual, monthly, biweekly)

# 

85% - number inspections versus number inventoried
----------------------------------------------------

  
(ex.: samples/participants/events)

**Results:**

85 %. Will provide overall trending towards inspection of 100% of post-construction stormwater management facilities for MS4s included within the Joint Annual Report.
------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF BRIGHTON
------------------

SPDES ID  

N	Y	R	2	0	A	1	6	4
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>			
	<u>Addressed in SWMP?</u>			
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF BRIGHTON
------------------

SPDES ID  

N	Y	R	2	0	A	1	6	4
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

				4
--	--	--	--	---
- Streets Swept # Miles 

	5	6	0	0
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			8	9
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			1	2
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

				0
--	--	--	--	---

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

				8
--	--	--	--	---

**4. What was the date of the last training?**

0	1
---	---

 / 

0	9
---	---

 / 

2	0	0	9
---	---	---	---

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

	1	2
--	---	---

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

	7	5
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF BRIGHTON
------------------

SPDES ID  

N	Y	R	2	0	A	1	6	4
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
------

**Frequency:**

monthly
---------

  
*(year)* *(ex.: annual, monthly, biweekly)*

# 

40 catch basins cleaned
-------------------------

  
*(ex.: samples/participants/events)*

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*\* This indicator is provided as an example only.*

**Indicator:**

TOWN SSES PROGRAM FOR I&I IN CONJUCNTION WITH SEWER CLEANING AND TV'ING
-------------------------------------------------------------------------

**Began Tracking:**

2006
------

**Frequency:**

ONGOING ANNUAL PROGRAM
------------------------

  
*(year)* *(ex.: annual, monthly, biweekly)*

# 

146,653 LF/17410LF SEWER MAINS CLEANED, 39133 LF/3696LF TV'D SANITARY/STORM, RESPECTIVELY
-------------------------------------------------------------------------------------------

  
*(ex.: samples/participants/events)*

**Results:**

17 CROSS CONNECTIONS IDENTIFIED AND CORRECTED
-----------------------------------------------

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Chili
---------------

SPDES ID  

N	Y	R	2	0	A	2	5	7
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Chili
---------------

SPDES ID  

N	Y	R	2	0	A	2	5	7
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

				9
--	--	--	--	---
- Streets Swept # Miles 

		3	6	7
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		1	7	5
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

				0
--	--	--	--	---

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

			1	0
--	--	--	---	---

**4. What was the date of the last training?**

0	1
---	---

 / 

2	1
---	---

 / 

2	0	0	9
---	---	---	---

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

	1	0
--	---	---

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

	8	0
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Chili
---------------

SPDES ID  

N	Y	R	2	0	A	2	5	7
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
------

**Frequency:**

monthly
---------

  
(year) (ex.: annual, monthly, biweekly)

# 

40 catch basins cleaned
-------------------------

  
(ex.: samples/participants/events)

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*\* This indicator is provided as an example only.*

**Indicator:**

Catch Basins Inspected and Cleaned
------------------------------------

**Began Tracking:**

2005
------

**Frequency:**

Annually
----------

  
(year) (ex.: annual, monthly, biweekly)

# 

20%
-----

  
(ex.: samples/participants/events)

**Results:**

The town has a program to clean 20% of catch basins annually. As such, all catch basins are inspected and cleaned once every 5 years.
---------------------------------------------------------------------------------------------------------------------------------------

**Submit additional pages as needed.**

### MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Clarkson
------------------

SPDES ID  

N	Y	R	2	0	A	0	5	8
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
--	--	---

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Clarkson
------------------

SPDES ID  

N	Y	R	2	0	A	0	5	8
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

				4
--	--	--	--	---
- Streets Swept # Miles 

			2	7
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			4	5
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

--	--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--	--
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

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

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

				2
--	--	--	--	---

**4. What was the date of the last training?**

1	1
---	---

 / 

0	1
---	---

 / 

2	0	0	8
---	---	---	---

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

	1	2
--	---	---

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

1	0	0
---	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	5	8
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Gates
---------------

SPDES ID 

N	Y	R	2	0	A	4	6	0
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
--	--	---

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Gates
---------------

SPDES ID  

N	Y	R	2	0	A	4	6	0
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

--	--	--	--	--
- Streets Swept # Miles 

			2	6
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			1	2
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

--	--	--	--	--

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

				2
--	--	--	--	---

**4. What was the date of the last training?**

1	1
---	---

 / 

1	8
---	---

 / 

2	0	0	8
---	---	---	---

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

		2
--	--	---

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

	1	0
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Gates
---------------

SPDES ID

N	Y	R	2	0	A	4	6	0
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
------

(year)

**Frequency:**

monthly
---------

(ex.: annual, monthly, biweekly)

#

40 catch basins cleaned
-------------------------

(ex.: samples/participants/events)

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

\* This indicator is provided as an example only.

**Indicator:**

Catch basins inspected and cleaned.
-------------------------------------

**Began Tracking:**

2006
------

(year)

**Frequency:**

biannually
------------

(ex.: annual, monthly, biweekly)

#

12 catch basins inspected, 7 cleaned.
---------------------------------------

(ex.: samples/participants/events)

**Results:**

Routine proactive inspections and maintenance activities have replaced emergency reactive maintenance activities.
-------------------------------------------------------------------------------------------------------------------

Submit additional pages as needed.

### MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Greece/Stormwater Coalition of Monroe County
------------------------------------------------------

SPDES ID  

N	Y	R	2	0	A	1	3	3
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>			
	<u>Addressed in SWMP?</u>			
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Greece/Stormwater Coalition of Monroe County
------------------------------------------------------

SPDES ID  

N	Y	R	2	0	A	1	3	3
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

			1	0
--	--	--	---	---
- Streets Swept # Miles 

		5	2	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		1	5	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

--	--	--	--	--

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

				3
--	--	--	--	---

**4. What was the date of the last training?**

0	7
---	---

 / 

2	5
---	---

 / 

2	0	0	8
---	---	---	---

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

		6
--	--	---

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

1	0	0
---	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
---	---	---	---

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

Name of MS4/Coalition 

Town of Greece/Stormwater Coalition of Monroe County
------------------------------------------------------

SPDES ID  

N	Y	R	2	0	A	1	3	3
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
------

**Frequency:**

monthly
---------

  
(year) (ex.: annual, monthly, biweekly)

# 

40 catch basins cleaned
-------------------------

  
(ex.: samples/participants/events)

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*\* This indicator is provided as an example only.*

**Indicator:**

--

**Began Tracking:**

--

**Frequency:**

--

  
(year) (ex.: annual, monthly, biweekly)

# 

--

  
(ex.: samples/participants/events)

**Results:**

--

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Henrietta
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SPDES ID  

N	Y	R	2	0	A	1	1	8
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2009

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

Name of MS4/Coalition Town of Henrietta

SPDES ID  
NYR20A118

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres    5
- Streets Swept # Miles  1500
- Catch Basins Inspected and Cleaned Where Necessary #   175
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #     8
- Phosphorus Applied In Chemical Fertilizer # Lbs.     0
- Nitrogen Applied In Chemical Fertilizer # Lbs.   630
- Pesticide/Herbicide Applied As Pure Product # Lbs.   600

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

**4. What was the date of the last training?** 02 / 24 / 2009

**5. How many municipal employees have been trained in this reporting period?**  35

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?** 100 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Henrietta

SPDES ID

N	Y	R	2	0	A	1	1	8
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:****Indicator:**

Catch basins inspected and cleaned

**Began Tracking:**

2005

*(year)***Frequency:**

monthly

*(ex.: annual, monthly, biweekly)*

#

40 catch basins cleaned

*(ex.: samples/participants/events)***Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

\* This indicator is provided as an example only.

**Indicator:**

Ponds &amp; Wetlands

**Began Tracking:**

2008

*(year)***Frequency:**

Annually

*(ex.: annual, monthly, biweekly)*

#

Total of 8 - 5 ponds and 3 wetlands inspected

*(ex.: samples/participants/events)***Results:**

In this reporting period, inspected 8 post-construction facilities to establish baseline information on existing conditions and document sediment amounts. Will increase inspections by 100% in year 2009.

Submit additional pages as needed.

### MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Henrietta
-------------------

SPDES ID 

N	Y	R	2	0	A	1	1	8
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#### 7. Evaluating/Measuring Progress MCM 6

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
------

*(year)*      **Frequency:**

monthly
---------

*(ex.: annual, monthly, biweekly)*

# 

40 catch basins cleaned
-------------------------

*(ex.: samples/participants/events)*

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*\* This indicator is provided as an example only.*

**Indicator:**

Street Sweeping
-----------------

**Began Tracking:**

2008
------

*(year)*      **Frequency:**

Annually
----------

*(ex.: annual, monthly, biweekly)*

# 

1500 lane miles swept
-----------------------

*(ex.: samples/participants/events)*

**Results:**

Reduced the amounts of stone, dirt, and road salt residue that would have been washed from the road surfaces into the streams by 100% in the areas where sweeping was done. Approximately 1,000 tons of material was prevented from entering the storm water ways in Henrietta.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Submit additional pages as needed.

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Irondequoit
---------------------

SPDES ID  

N	Y	R	2	0	A	0	8	9
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Irondequoit
---------------------

SPDES ID  

N	Y	R	2	0	A	0	8	9
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**2. Provide the following information about municipal operations good housekeeping programs:**

- |                                                                                                                       |         |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |
|-----------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| <input checked="" type="radio"/> Parking Lots Swept                                                                   | # Acres | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">0</td></tr></table>  |   |   |   | 1 | 0 |
|                                                                                                                       |         |                                                                                                                                                                                                                                                                                                                              | 1 | 0 |   |   |   |
| <input checked="" type="radio"/> Streets Swept                                                                        | # Miles | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;">4</td><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">0</td></tr></table> |   |   | 4 | 8 | 0 |
|                                                                                                                       |         | 4                                                                                                                                                                                                                                                                                                                            | 8 | 0 |   |   |   |
| <input checked="" type="radio"/> Catch Basins Inspected and Cleaned Where Necessary                                   | #       | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">5</td><td style="width: 20px; height: 20px;">0</td></tr></table> |   |   | 3 | 5 | 0 |
|                                                                                                                       |         | 3                                                                                                                                                                                                                                                                                                                            | 5 | 0 |   |   |   |
| <input type="radio"/> Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary | #       | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>    |   |   |   |   |   |
|                                                                                                                       |         |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |
| <input type="radio"/> Phosphorus Applied In Chemical Fertilizer                                                       | # Lbs.  | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>    |   |   |   |   |   |
|                                                                                                                       |         |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |
| <input type="radio"/> Nitrogen Applied In Chemical Fertilizer                                                         | # Lbs.  | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>    |   |   |   |   |   |
|                                                                                                                       |         |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |
| <input type="radio"/> Pesticide/Herbicide Applied As Pure Product                                                     | # Lbs.  | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>    |   |   |   |   |   |
|                                                                                                                       |         |                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |

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

				2
--	--	--	--	---

**4. What was the date of the last training?**

1	0	/	0	1	/	2	0	0	8
---	---	---	---	---	---	---	---	---	---

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

		6
--	--	---

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

	1	0	%
--	---	---	---

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	8	9
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**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**

(year) (ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**

(year) (ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 0 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 MS4
- On 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 operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Self-Assessment</u>			
	<u>Addressed in SWMP?</u>		<u>Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2009

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

Name of MS4/Coalition Town of Mendon

SPDES ID  
NYR20A017

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres     3
- Streets Swept # Miles  100
- Catch Basins Inspected and Cleaned Where Necessary #
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
- Phosphorus Applied In Chemical Fertilizer # Lbs.     0
- Nitrogen Applied In Chemical Fertilizer # Lbs.     0
- Pesticide/Herbicide Applied As Pure Product # Lbs.     0

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**     2

**4. What was the date of the last training?**    /    /     

**5. How many municipal employees have been trained in this reporting period?**  14

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**  93 %

### MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	1	7
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#### 7. Evaluating/Measuring Progress MCM 6

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  (year)      **Frequency:**  (ex.: annual, monthly, biweekly)

#  (ex.: samples/participants/events)

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  (year)      **Frequency:**  (ex.: annual, monthly, biweekly)

#  (ex.: samples/participants/events)

**Results:**

Two storm water management systems (Old Brook and Owls Rest) cleaned. Work on a third (Dixon Woods) was initiated and halted due to pending legal action by resident.

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Mendon
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SPDES ID

N	Y	R	2	0	A	0	1	7
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
------

(year)

**Frequency:**

monthly
---------

(ex.: annual, monthly, biweekly)

#

40 catch basins cleaned
-------------------------

(ex.: samples/participants/events)

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

\* This indicator is provided as an example only.

**Indicator:**

Deer carcasses removed from State, County and Town roads and adjacent storm water ditches
-------------------------------------------------------------------------------------------

**Began Tracking:**

2005
------

(year)

**Frequency:**

As required
-------------

(ex.: annual, monthly, biweekly)

#

Approximately 70 deer carcasses removed and disposed
------------------------------------------------------

(ex.: samples/participants/events)

**Results:**

NYSDOT study currently in progress to determine effectiveness of Strieter-lites in reducing motor vehicle-deer collisions. Results not yet available.
-------------------------------------------------------------------------------------------------------------------------------------------------------

Submit additional pages as needed.

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Ogden
---------------

SPDES ID  

N	Y	R	2	0	A	5	5	4
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Ogden
---------------

SPDES ID  

N	Y	R	2	0	A	5	5	4
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

				7
--	--	--	--	---
- Streets Swept # Miles 

			3	5
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		1	3	6
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				9
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

				0
--	--	--	--	---

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

				1
--	--	--	--	---

**4. What was the date of the last training?**

--	--

 / 

--	--

 / 

--	--	--	--

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

	2	0
--	---	---

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

1	0	0
---	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	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  

N	Y	R	2	0	A	5	5	4
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Parma
---------------

SPDES ID  

N	Y	R	2	0	A	4	7	5
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

0	0	1
---	---	---

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salt Storage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Parma
---------------

SPDES ID  

N	Y	R	2	0	A	4	7	5
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

				1
--	--	--	--	---
- Streets Swept # Miles 

				5
--	--	--	--	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			8	8
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				7
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

			7	5
--	--	--	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

		5	0	0
--	--	---	---	---
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

			1	3
--	--	--	---	---

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

				1
--	--	--	--	---

**4. What was the date of the last training?**

1	0
---	---

 / 

0	8
---	---

 / 

2	0	0	8
---	---	---	---

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

		3
--	--	---

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

	7	5
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Parma
---------------

SPDES ID  

N	Y	R	2	0	A	4	7	5
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
------

*(year)*      **Frequency:**

monthly
---------

*(ex.: annual, monthly, biweekly)*

# 

40 catch basins cleaned
-------------------------

*(ex.: samples/participants/events)*

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*\* This indicator is provided as an example only.*

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2007
------

*(year)*      **Frequency:**

annual
--------

*(ex.: annual, monthly, biweekly)*

# 

94 catch basins cleaned
-------------------------

*(ex.: samples/participants/events)*

**Results:**

As recognized last year, the town has had a reduced number of complaints/call outs during storm events for emergency maintenance.
-----------------------------------------------------------------------------------------------------------------------------------

Submit additional pages as needed.

### MS4 Annual Report Form

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

2	0	0	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  

N	Y	R	2	0	A	0	4	8
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

2	0	0	9
---	---	---	---

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

Name of MS4/Coalition 

Town of Penfield
------------------

SPDES ID  

N	Y	R	2	0	A	0	4	8
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

--	--	--	--	--
- Streets Swept # Miles 

		1	8	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		3	2	5
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

			7	5
--	--	--	---	---
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

			4	0
--	--	--	---	---

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

				3
--	--	--	--	---

**4. What was the date of the last training?**

1	0
---	---

 / 

1	5
---	---

 / 

2	0	0	8
---	---	---	---

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

		5
--	--	---

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

	2	0
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	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  

N	Y	R	2	0	A	0	4	8
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**

(year)  (ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**

(year)  (ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
---	---	---	---

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

Name of MS4/Coalition 

Town of Perinton
------------------

SPDES ID  

N	Y	R	2	0	A	3	8	5
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
Street Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Perinton
------------------

SPDES ID  

N	Y	R	2	0	A	3	8	5
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

			2	5
--	--	--	---	---
- Streets Swept # Miles 

	1	8	6	0
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		1	5	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

--	--	--	--	--

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

				2
--	--	--	--	---

**4. What was the date of the last training?**

1	1
---	---

 / 

2	6
---	---

 / 

2	0	0	8
---	---	---	---

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

		5
--	--	---

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

		8
--	--	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	8	5
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year) (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year) (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Pittsford
-------------------

SPDES ID  

N	Y	R	2	0	A	6	4	2
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>			
	<u>Addressed in SWMP?</u>			
Street Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Pittsford
-------------------

SPDES ID  

N	Y	R	2	0	A	6	4	2
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

				5
--	--	--	--	---
- Streets Swept # Miles 

		1	0	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			2	5
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				4
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

	3	4	6	5
--	---	---	---	---
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

			1	8
--	--	--	---	---

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

				3
--	--	--	--	---

**4. What was the date of the last training?**

0	1
---	---

 / 

2	0
---	---

 / 

2	0	0	9
---	---	---	---

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

		7
--	--	---

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

	2	0
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	6	4	2
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year) (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year) (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Sweden
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SPDES ID  

N	Y	R	2	0	A	2	8	5
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
Street Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Sweden
----------------

SPDES ID  

N	Y	R	2	0	A	2	8	5
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

				2
--	--	--	--	---
- Streets Swept # Miles 

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

		4	1	5
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			1	4
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

		1	4	0
--	--	---	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

	1	3	3	0
--	---	---	---	---
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

--	--	--	--	--

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

				1
--	--	--	--	---

**4. What was the date of the last training?**

0	7
---	---

 / 

1	0
---	---

 / 

2	0	0	8
---	---	---	---

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

		2
--	--	---

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

	1	0
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	8	5
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**

(year)  (ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**

(year)  (ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Webster
-----------------

SPDES ID  

N	Y	R	2	0	A	3	3	3
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other.....	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Webster
-----------------

SPDES ID  

N	Y	R	2	0	A	3	3	3
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

			1	0
--	--	--	---	---
- Streets Swept # Miles 

		7	0	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		3	0	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

--	--	--	--	--

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

				4
--	--	--	--	---

**4. What was the date of the last training?**

1	1
---	---

 / 

1	8
---	---

 / 

2	0	0	8
---	---	---	---

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

		6
--	--	---

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

	8	0
--	---	---

 %

### MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	3	3
---	---	---	---	---	---	---	---	---

#### 7. Evaluating/Measuring Progress MCM 6

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
---	---	---	---

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

Name of MS4/Coalition 

Village of Brockport
----------------------

SPDES ID  

N	Y	R	2	0	A	3	8	9
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Brockport
----------------------

SPDES ID  

N	Y	R	2	0	A	3	8	9
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

			1	0
--	--	--	---	---
- Streets Swept # Miles 

			1	7
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		5	3	3
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

--	--	--	--	--

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

				3
--	--	--	--	---

**4. What was the date of the last training?**

0	1
---	---

 / 

2	1
---	---

 / 

2	0	0	9
---	---	---	---

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

	1	3
--	---	---

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

1	0	0
---	---	---

 %

### MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	8	9
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

**Began Tracking:**  *(year)*      **Frequency:**  *(ex.: annual, monthly, biweekly)*

#  *(ex.: samples/participants/events)*

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  *(year)*      **Frequency:**  *(ex.: annual, monthly, biweekly)*

#  *(ex.: samples/participants/events)*

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town/Village of East Rochester
--------------------------------

SPDES ID  

N	Y	R	2	0	A	4	3	2
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town/Village of East Rochester
--------------------------------

SPDES ID  

N	Y	R	2	0	A	4	3	2
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

--	--	--	--	--
- Streets Swept # Miles 

		2	5	8
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			2	6
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

--	--	--	--	--

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

					0
--	--	--	--	--	---

**4. What was the date of the last training?**

--	--

 / 

--	--

 / 

--	--	--	--

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

					0
--	--	--	--	--	---

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

					0
--	--	--	--	--	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	4	3	2
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**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Fairport
---------------------

SPDES ID  

N	Y	R	2	0	A	3	5	7
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Fairport
---------------------

SPDES ID  

N	Y	R	2	0	A	3	5	7
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

			4	0
--	--	--	---	---
- Streets Swept # Miles 

		1	4	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		2	0	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				8
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

				0
--	--	--	--	---

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

				4
--	--	--	--	---

**4. What was the date of the last training?**

0	1
---	---

 / 

2	2
---	---

 / 

2	0	0	9
---	---	---	---

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

		8
--	--	---

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

1	0	0
---	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	5	7
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

VILLAGE OF HILTON
-------------------

SPDES ID  

N	Y	R	2	0	A	1	1	3
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
--	--	---

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

<u>Operation/Activity/Facility</u>	<u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>			
	<u>Addressed in SWMP?</u>			
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: 

VILLAGE OF HILTON
-------------------

SPDES ID  

N	Y	R	2	0	A	1	1	3
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

				8
--	--	--	--	---
- Streets Swept # Miles 

			2	0
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			3	0
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				3
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

--	--	--	--	--

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

				4
--	--	--	--	---

**4. What was the date of the last training?**

1	0
---	---

 / 

0	2
---	---

 / 

2	0	0	8
---	---	---	---

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

		5
--	--	---

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

1	0	0
---	---	---

 %

### MS4 Annual Report Form

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

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

Name of MS4/Coalition: VILLAGE OF HILTON

SPDES ID  
N Y R 2 0 A 1 1 3

#### 7. Evaluating/Measuring Progress MCM 6

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:** Catch basins inspected and cleaned

**Began Tracking:** 2005 *(year)*      **Frequency:** monthly *(ex.: annual, monthly, biweekly)*

# 40 catch basins cleaned *(ex.: samples/participants/events)*

**Results:** In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

*\* This indicator is provided as an example only.*

**Indicator:** 2 New best management techniques

**Began Tracking:** 2008 *(year)*      **Frequency:** annual *(ex.: annual, monthly, biweekly)*

# 1. Installed oil absorbent boom at largest outfall. 2. Installed rain collection facility at DPW for watering plants/trees. *(ex.: samples/participants/events)*

**Results:** New boom will be inspected to study effectiveness. Rain collection structure not only prevents erosion but is a water conservation method as well.

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Pittsford
----------------------

SPDES ID 

N	Y	R	2	0	A	4	0	1
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>			
	<u>Addressed in SWMP?</u>			
Street Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Pittsford
----------------------

SPDES ID  

N	Y	R	2	0	A	4	0	1
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**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

				1
--	--	--	--	---
- Streets Swept # Miles 

				7
--	--	--	--	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		2	5	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

--	--	--	--	--

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

				3
--	--	--	--	---

**4. What was the date of the last training?**

--	--

 / 

--	--

 / 

--	--	--	--

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

		3
--	--	---

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

	3	3
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	4	0	1
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**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Spencerport
------------------------

SPDES ID  

N	Y	R	2	0	A	2	6	3
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>			
	<u>Addressed in SWMP?</u>			
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Spencerport
------------------------

SPDES ID  

N	Y	R	2	0	A	2	6	3
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres

				5
--	--	--	--	---
- Streets Swept # Miles

			5	0
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		2	0	5
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				2
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

		2	5	0
--	--	---	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

		2	5	0
--	--	---	---	---
- Pesticide/Herbicide Applied As Pure Product # Lbs.

				0
--	--	--	--	---

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

				0
--	--	--	--	---

**4. What was the date of the last training?**

--	--

 / 

--	--

 / 

--	--	--	--

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

		0
--	--	---

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

		0
--	--	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	6	3
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**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year) (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year) (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

### MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Webster
--------------------

SPDES ID  

N	Y	R	2	0	A	4	1	7
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Webster
--------------------

SPDES ID  

N	Y	R	2	0	A	4	1	7
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

				4
--	--	--	--	---
- Streets Swept # Miles 

			2	6
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

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

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

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

--	--	--	--	--

**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?**

--	--	--

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

--	--	--

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	4	1	7
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition: City of Rochester

SPDES ID  
N Y R 2 0 A 5 1 3

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? [ ][ ]

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### MS4 Annual Report Form

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

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

Name of MS4/Coalition City of Rochester

SPDES ID  
N Y R 2 0 A 5 1 3

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:** Catch basins inspected and cleaned

**Began Tracking:** 2005 **Frequency:** monthly  
(year) (ex.: annual, monthly, biweekly)

# 40 catch basins cleaned  
(ex.: samples/participants/events)

**Results:** In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

*\* This indicator is provided as an example only.*

**Indicator:** Miles of roadway swept

**Began Tracking:**  **Frequency:** seasonal  
(year) (ex.: annual, monthly, biweekly)

# 35990 miles of roadways swept annually  
(ex.: samples/participants/events)

**Results:** 100% of all scheduled roadways were swept in reporting year

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition:

SPDES ID

N	Y	R	2	0	A	5	1	3
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**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

Submit additional pages as needed.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition City of Rochester

SPDES ID  
N Y R 2 0 A 5 1 3

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:** Catch basins inspected and cleaned

**Began Tracking:** 2005 **Frequency:** monthly  
(year) (ex.: annual, monthly, biweekly)

# 40 catch basins cleaned  
(ex.: samples/participants/events)

**Results:** In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

*\* This indicator is provided as an example only.*

**Indicator:** Dead animal removal from roadways

**Began Tracking:** 2007 **Frequency:** As needed  
(year) (ex.: annual, monthly, biweekly)

# 58 deliveries of dead animals to landfill  
(ex.: samples/participants/events)

**Results:** 47 tons of dead animals were delivered to the landfill

**Submit additional pages as needed.**

### MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	5	1	3
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	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  

N	Y	R	2	0	A	5	1	3
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Monroe County
---------------

SPDES ID 

N	Y	R	2	0	A	2	6	6
---	---	---	---	---	---	---	---	---

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

2	0	0	9
---	---	---	---

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

Name of MS4/Coalition 

Monroe County
---------------

SPDES ID  

N	Y	R	2	0	A	2	6	6
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

			4	5
--	--	--	---	---
- Streets Swept # Miles 

			9	5
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

	1	2	5	2
--	---	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				3
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

		4	1	4
--	--	---	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

	2	8	9	8
--	---	---	---	---
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

			6	2
--	--	--	---	---

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

				6
--	--	--	--	---

**4. What was the date of the last training?**

	2
--	---

 / 

1	1
---	---

 / 

2	0	0	9
---	---	---	---

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

1	3	0
---	---	---

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

1	0	0
---	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
---	---	---	---

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

Name of MS4/Coalition 

Monroe County
---------------

SPDES ID

N	Y	R	2	0	A	2	6	6
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
------

(year)

**Frequency:**

monthly
---------

(ex.: annual, monthly, biweekly)

# 40 catch basins cleaned

(ex.: samples/participants/events)

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

\* This indicator is provided as an example only.

**Indicator:**

Training of Relevant Staff
----------------------------

**Began Tracking:**

2008
------

(year)

**Frequency:**

Scheduled at each Department as necessary
-------------------------------------------

(ex.: annual, monthly, biweekly)

# 115 staff trained from 5 departments

(ex.: samples/participants/events)

**Results:**

Training will consist of an hour long presentation detailing basic concepts of municipal pollution prevention as well as specific management practices that all staff can implement to reduce pollutants.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Submit additional pages as needed.

### MS4 Annual Report Form

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

2	0	0	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  

N	Y	R	2	0	A	2	6	6
---	---	---	---	---	---	---	---	---

#### 7. Evaluating/Measuring Progress MCM 6

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**

*(year)*

**Frequency:**

*(ex.: annual, monthly, biweekly)*

#

*(ex.: samples/participants/events)*

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**

*(year)*

**Frequency:**

*(ex.: annual, monthly, biweekly)*

#

*(ex.: samples/participants/events)*

**Results:**

A SWPPP for NWQ WWTP was completed in January of 2009. A SWPPP has been written and implemented for the Resource Recovery Facility. Completion date was Feb. 2009

**Submit additional pages as needed.**

### MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	6	6
---	---	---	---	---	---	---	---	---

#### 7. Evaluating/Measuring Progress MCM 6

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**

*(year)*

**Frequency:**

*(ex.: annual, monthly, biweekly)*

#

*(ex.: samples/participants/events)*

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**

*(year)*

**Frequency:**

*(ex.: annual, monthly, biweekly)*

#

*(ex.: samples/participants/events)*

**Results:**

Catch basins are inspected and cleaned at various locations by various departments including DES, DOT, MCC, Facilities, Parks.

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Monroe County
---------------

SPDES ID  

N	Y	R	2	0	A	2	6	6
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
------

**Frequency:**

monthly
---------

  
*(year)* *(ex.: annual, monthly, biweekly)*

# 

40 catch basins cleaned
-------------------------

  
*(ex.: samples/participants/events)*

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*\* This indicator is provided as an example only.*

**Indicator:**

Use of non-structural BMPs on road and bridge ( permit maintenance) projects
------------------------------------------------------------------------------

**Began Tracking:**

2003
------

**Frequency:**

annual
--------

  
*(year)* *(ex.: annual, monthly, biweekly)*

# 

Approximatley 40 projects involving soil disturbance >100s.f
--------------------------------------------------------------

  
*(ex.: samples/participants/events)*

**Results:**

18 projects employed minimizing distured area 5 projects sequenced construction activities
-----------------------------------------------------------------------------------------------

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	6	6
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	6	6
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	6	6
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**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	4	6	6
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Municipal Building.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

SUNY Brockport
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SPDES ID  

N	Y	R	2	0	A	4	6	6
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**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept # Acres 

			3	0
--	--	--	---	---
- Streets Swept # Miles 

				8
--	--	--	--	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			3	2
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				2
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

		1	3	0
--	--	---	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

			8	0
--	--	--	---	---
- Pesticide/Herbicide Applied As Pure Product # Lbs. 

			9	0
--	--	--	---	---

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

				6
--	--	--	--	---

**4. What was the date of the last training?**

0	3
---	---

 / 

0	5
---	---

 / 

2	0	0	9
---	---	---	---

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

5	4	6
---	---	---

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

	9	0
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	4	6	6
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**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**  **Frequency:**   
(year)  (ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

We received a donation of 2 tons of Eco-Stones from Harbec Plastics to install in our stormwater retention ponds serving Lot D parking lot. The plan is to study and document the improvement in water quality due to the enhanced root structure and growth of cattails. The study is being conducted by EHS in collaboration with Environmental Science and Biology students from the college.

**Submit additional pages as needed.**

### 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.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0					
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### Additional Watershed Improvement Strategy Best Management Practices

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?

**MS4s must answer the questions or check NA as indicated in the table below.**

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>	-	-	-
Traditional Land Use	1,2,3,4,5,6,7,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,7,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>	-	-	-
Traditional Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>	-	-	-
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>	-	-	-
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen

**1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?**  Yes  No  N/A

**2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?**  Yes  No  N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.    %

Estimate what percentage was mapped in this reporting period.    %

**3. Does your MS4/Coalition have a Stormwater Conveyance System(infrastructure) Inspection and Maintenance Plan Program?**  Yes  No  N/A

**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.

Name of MS4/Coalition

SPDES ID

N  Y  R  2  0

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 NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?  Yes  No  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 Standards?  Yes  No  N/A
7. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A
- 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  No  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?  Yes  No  N/A
9. Has your MS4/Coalition developed and implemented a program of native planting?  Yes  No  N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?  Yes  No  N/A
11. Does your MS4/Coalition have a pet waste bag program?  Yes  No  N/A
12. Does your MS4/Coalition have a program to manage goose populations?  Yes  No  N/A