

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,

2	0	0	9
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Name of MS4

TOWN OF BRIGHTON

SPDES ID

N	Y	R	2	0	A	1	6	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:

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 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."

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 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,

Name of MS4

SPDES ID

Section 4 - Certification Statement

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First Name MI Last Name

Title

Signature

Date / /

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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,

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Name of MS4

Town/ Village of East Rochester

SPDES ID

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Section 2 - Contact Information

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- Report Preparer

First Name

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Title

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Address

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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,

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Name of MS4

Town/ Village of East Rochester

SPDES ID

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Section 2 - Contact Information

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Submit a separate sheet for each contact.

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- Report Preparer

First Name

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 MI

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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

SPDES ID
N Y R 2 0 A 4 3 2

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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
N Y R 2 0 A

Section 4 - Certification Statement

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Title

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Date / /

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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

Village of Fairport

SPDES ID

N	Y	R	2	0	A	3	5	7
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Section 1 - MCC Identification Page

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A Joint Report

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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	
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

Village of Fairport

SPDES ID

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

First Name

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 Last Name

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Title

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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
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Name of MS4

Town of Greece

SPDES ID

N	Y	R	2	0	A	1	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:

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 Henrietta

SPDES ID

N	Y	R	2	0	A	1	1	8
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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	C	h	u	c	k								
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 MI

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 Last Name

M	a	r	s	h	a	l							
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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

1	4	4	6	7	-	0	9	9	9
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eMail

C	M	a	r	s	h	a	l	@	T	o	w	n	o	f	h	e	n	r	i	e	t	t	a	.	o	r	g						
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Phone

(5	8	5)	3	5	9	-	7	0	0	8
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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, 2009

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

Submit a separate sheet for each contact.

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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 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 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).
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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 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 Village of Hilton

SPDES ID

N Y R 2 0 A 1 1 3

Section 2 - Contact InformationProvide 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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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

T o m

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H

Last Name

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

H i l t o n

State

N Y

Zip

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

Phone

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

County

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 Hilton

SPDES ID

N Y R 2 0 A 1 1 3

Section 2 - Contact InformationProvide 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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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
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

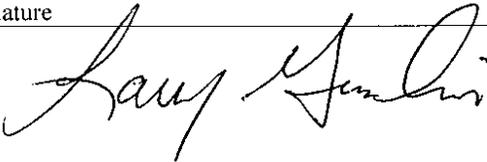
Section 4 - Certification Statement

"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

Town of Irondequoit

SPDES ID

N	Y	R	2	0	A			
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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,

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Name of MS4

Town of Irondequoit

SPDES ID

N	Y	R	2	0	A			
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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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 - Executive Officer or Ranking Elected Official
 - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name

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 Last Name

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Title

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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,

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Name of MS4

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SPDES ID

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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								
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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

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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

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

(5	8	5)	7	5	3	-	5	4	4	1
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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									
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- 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	.										
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- MM3

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- MM4

C	o	n	s	t	r	u	c	t	i	o	n		C	o	m	p	l	i	a	n	c	e																
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- 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												
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- 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										
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Additional tasks/responsibilities

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

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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

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

Town of Mendon

SPDES ID

N	Y	R	2	0	A			
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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

Section 2 - Contact Information

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

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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
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Name of MS4

T	o	w	n	o	f	M	e	n	d	o	n
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SPDES ID

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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								
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Partner/Coalition Name (con't.)

M	o	n	r	o	e		C	o	u	n	t	y																								
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SPDES Partner ID - If applicable

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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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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

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- MM2

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- MM5

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- MM6

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Additional tasks/responsibilities

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

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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

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

Monroe County

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

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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 2 6 6

Section 2 - Contact Information

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- 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 2 6 6

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- 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,

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Name of MS4

Monroe County

SPDES ID

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

First Name

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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 6 6

Section 4 - Certification Statement

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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 OGDEN

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			
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,

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Name of MS4

TOWN OF PARMA

SPDES ID

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Section 1 - MCC Identification Page

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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

SPDES ID
N Y R 2 0 A 4 7 5

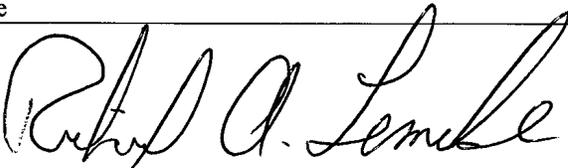
Section 4 - Certification Statement

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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 Penfield

SPDES ID

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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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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
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

Town of Perinton

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.

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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
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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 8 5

Section 2 - Contact Information

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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,

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Name of MS4

Town of Perinton

SPDES ID

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Section 4 - Certification Statement

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First Name

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Signature

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Date

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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
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Name of MS4

Town of Pittsford

SPDES ID

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Section 2 - Contact Information

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

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2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
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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

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 Last Name

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Title

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City

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 State

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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 6 4 2

Section 2 - Contact Information

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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 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
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Name of MS4

--

SPDES ID

N	Y	R	2	0	A	6	4	2
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Section 4 - Certification Statement

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

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

First Name

P	a	u	l																
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MI

J

Last Name

S	c	h	e	n	k	e	l												
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Title

S	t	o	r	m	w	a	t	e	r		M	a	n	a	g	e	m	e	n	t		O	f	f	i	c	e	r										
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Signature

--

Date

		/			/						
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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
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Name of MS4

Village of Spencerport

SPDES ID

N	Y	R	2	0	A	2	6	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
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Name of MS4

Village of Spencerport

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

L	o	b	e	n	e														
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Title

M	a	y	o	r															
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Address

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City

S	p	e	n	c	e	r	p	o	r	t									
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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 (

5	8	5
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)

3	5	2
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 -

4	7	7	1
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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 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 Last Name L o b e n e

Title M a y o r

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

SUNY Brockport

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,

Name of MS4

SPDES ID

N Y R 2 0 A

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

L o u

MI

M

Last Name

S p i r o

Title

V P o f A d m i n i s t r a t i o n a n d F i n a n c e

Address

3 5 0 N e w C a m p u s D r i v e

City

B r o c k p o r t

State

N Y

Zip

1 4 4 2 0 -

eMail

l s p i r o @ b r o c k p o r t . e d u

Phone

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

County

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
N Y R 2 0 A 2 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.).
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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

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

5559493516

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

Name of MS4

SPDES ID

N Y R 2 0 A

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 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.

City State Zip

W e b s t e r N Y 1 4 5 8 0

eMail

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 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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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:

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, 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

2. URL(s) con't.:

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

URL

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

The Stormwater Coalition of Monroe County

SPDES ID

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

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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 /

--	--

 /

--	--	--	--

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
---	---	---	---

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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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:

Number of attendees at public events

Began Tracking:

2005

(year)

Frequency:

Annual

(ex.: annual, monthly, biweekly)

#

1000

(ex.: samples/participants/events)

Results:

Attendance at public events has increased 200% since 2005.

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

Indicator:

Level of public participation in stormwater programs

Began Tracking:

?

(year)

Frequency:

per event

(ex.: annual, monthly, biweekly)

#

Number of participants

(ex.: samples/participants/events)

Results:

This metric tracks number of people participating in stormwater program events such as storm drain marking, rain barrel and rain gardens workshops, etc.

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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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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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	2
--	---	---

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	0	8
---	---	---

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?

--	--	--

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:

<input checked="" type="radio"/> Notices of Violation	#	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td>1</td><td>1</td></tr></table>				1	1	<input type="radio"/> No Authority
			1	1				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td>1</td><td>1</td></tr></table>				1	1	<input type="radio"/> No Authority
			1	1				
<input type="radio"/> Criminal Actions	#	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
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<input type="radio"/> Administrative Fines	#	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Other	#	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td>2</td><td>5</td></tr></table>				2	5	<input type="radio"/> No Authority
			2	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

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	2
--	---	---

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

1	1	7
---	---	---

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

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

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

	9	2
--	---	---

 %

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,

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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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:

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

Stormwater Coalition of Monroe County

SPDES ID

N	Y	R	2	0				
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Minimum Control Measure 5. Post-Construction Stormwater Management

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	2
--	---	---

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained									
<input checked="" type="radio"/> Alternative Practices	<table border="1"><tr><td></td><td>1</td><td>2</td></tr></table>		1	2	<table border="1"><tr><td></td><td></td><td>9</td></tr></table>			9	<table border="1"><tr><td></td><td></td><td>3</td></tr></table>			3
	1	2										
		9										
		3										
<input checked="" type="radio"/> Filter Systems	<table border="1"><tr><td></td><td></td><td>6</td></tr></table>			6	<table border="1"><tr><td></td><td></td><td>4</td></tr></table>			4	<table border="1"><tr><td></td><td></td><td></td></tr></table>			
		6										
		4										
<input checked="" type="radio"/> Infiltration Basins	<table border="1"><tr><td></td><td>7</td><td>4</td></tr></table>		7	4	<table border="1"><tr><td></td><td>5</td><td>5</td></tr></table>		5	5	<table border="1"><tr><td></td><td></td><td>3</td></tr></table>			3
	7	4										
	5	5										
		3										
<input checked="" type="radio"/> Open Channels	<table border="1"><tr><td></td><td></td><td>7</td></tr></table>			7	<table border="1"><tr><td></td><td>3</td><td>2</td></tr></table>		3	2	<table border="1"><tr><td></td><td>2</td><td>9</td></tr></table>		2	9
		7										
	3	2										
	2	9										
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5	0	9										
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	1	9										
<input checked="" type="radio"/> Wetlands	<table border="1"><tr><td></td><td>9</td><td>3</td></tr></table>		9	3	<table border="1"><tr><td></td><td>3</td><td>1</td></tr></table>		3	1	<table border="1"><tr><td></td><td>1</td><td>4</td></tr></table>		1	4
	9	3										
	3	1										
	1	4										
<input checked="" type="radio"/> Other	<table border="1"><tr><td></td><td></td><td>1</td></tr></table>			1	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
		1										

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?

Yes No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- Building Codes
- Comprehensive Planning
- Overlay Districts
- Zoning
- None

Other:

W	a	t	e	r	s	h	e	d		C	o	l	l	a	b	o	r	a	t	i	v	e						
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

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				
---	---	---	---	---	--	--	--	--

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

(year)

Frequency:

Annual Summary

(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

(year)

Frequency:

Annual

(ex.: annual, monthly, biweekly)

#

353/702 - Inspections / Inventoried

(ex.: samples/participants/events)

Results:

This metric indicates that up to 50% of the inventoried stormwater management facilities were inspected during the reporting period. Future trends will indicate the level of MS4 responsibility for these facilities.
--

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
---	---	---	---

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>	
	<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 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 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 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

(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:

2005

(year)

Frequency:

Annually

(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/Village of East Rochester

SPDES ID

N	Y	R	2	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. 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 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					
---	---	---	---	---	--	--	--	--	--

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				
---	---	---	---	---	--	--	--	--

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	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
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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	8
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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>	
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 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 type="radio"/> No	<input 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 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	8
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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

				0
--	--	--	--	---
- 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	8
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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	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:

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 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
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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	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:

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:

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 Henrietta

SPDES ID

N	Y	R	2	0	A	1	1	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 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 type="radio"/>	<input type="radio"/>	<input 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 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
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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
---	---	---	---	---	---	---	---	---

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

- Parking Lots Swept # Acres

				5
--	--	--	--	---
- Streets Swept # Miles

	1	5	0	0
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		1	7	5
--	--	---	---	---
- 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.

		6	3	0
--	--	---	---	---
- Pesticide/Herbicide Applied As Pure Product # Lbs.

		6	0	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?

0	2
---	---

 /

2	4
---	---

 /

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

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

		3	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
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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
<i>(year)</i>

Frequency:

monthly
<i>(ex.: annual, monthly, biweekly)</i>

40 catch basins cleaned
<i>(ex.: samples/participants/events)</i>

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 & Wetlands

Began Tracking:

2008
<i>(year)</i>

Frequency:

Annually
<i>(ex.: annual, monthly, biweekly)</i>

Total of 8 - 5 ponds and 3 wetlands inspected
<i>(ex.: samples/participants/events)</i>

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
---	---	---	---	---	---	---	---	---

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:

Street Sweeping

Began Tracking:

2008

Frequency:

Annually

(year) (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

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>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 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
---	---	---	---

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, 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
---	---	---	---	---	---	---	---	---

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)*

#

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 Irondequoit

SPDES ID

N	Y	R	2	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. 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 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
---	---	---	---

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				
---	---	---	---	---	--	--	--	--

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

- Parking Lots Swept

Acres

			1	0
--	--	--	---	---
- Streets Swept

Miles

		4	8	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary

#

		3	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	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
---	---	---	---

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				
---	---	---	---	---	--	--	--	--

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:

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				
---	---	---	---	---	--	--	--	--

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

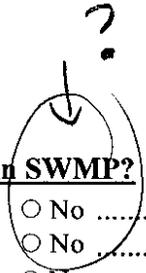
- On behalf of an individual MS4
- On behalf of a coalition

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.

we have no formal SWMP for this period

<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="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Bridge Maintenance.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Winter Road Maintenance.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Salt Storage.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Solid Waste Management.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Winter Road Maintenance.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Right of Way Maintenance.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Marine Operations.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hydrologic Habitat Modification.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parks and Open Space.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Municipal Building.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Stormwater System Maintenance.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 TOM

SPDES ID
N Y R 2 0

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

- Parking Lots Swept # Acres
- Streets Swept # Miles
- 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.

*43.2
x 2
+*

as needed

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

ongoing

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? %

Highway dept 14, staff + CEO includes one office mgr.

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: TOM

SPDES ID						
N	Y	R	2	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:

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,

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>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 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 checked="" type="radio"/>	<input type="radio"/>

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			
---	---	---	---	---	--	--	--

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

- Parking Lots Swept # Acres
- Streets Swept # Miles
- Catch Basins Inspected and Cleaned Where Necessary #
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # *DIST*
- 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? *DIST*

4. What was the date of the last training? *Fleet Ctr* / /

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

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

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		

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,

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				
---	---	---	---	---	--	--	--	--

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</u>	
			<u>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,

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				
---	---	---	---	---	--	--	--	--

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,

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				
---	---	---	---	---	--	--	--	--

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 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 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
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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 Penfield

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
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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 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
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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	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:

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 Perinton

SPDES ID

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

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	
---	---	---	---	---	---	---	---	--

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 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 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

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

--	--	--	--	--
- 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	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

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>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
---	---	---	---	---	---	---	---	---

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:

approximately 1,500 tons of debris was picked up during 2008 Clean Sweep

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

City of Rochester

SPDES ID

N	Y	R	2	0	A	5	1	3
---	---	---	---	---	---	---	---	---

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

- Parking Lots Swept # Acres

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

3	5	9	9	0
---	---	---	---	---
- 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?

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

4. What was the date of the last training?

0	3
---	---

 /

1	1
---	---

 /

2	0	0	8
---	---	---	---

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

	2	5
--	---	---

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

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: *(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	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

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 type="radio"/> Yes	<input checked="" 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 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 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 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

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
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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,

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				
---	---	---	---	---	--	--	--	--

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.

MS4 / Monroe Co. to fill out

**Self-Assessment
 Operation/Activity/Facility
 performed within the past 3**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input type="radio"/> Yes	<input 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 type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input type="radio"/> Yes	<input type="radio"/> No	<input 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 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 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 type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input 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,

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

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 6 4

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,

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

SPDES ID

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

Name of MS4/Coalition **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:

Eco-stone project to enhance growth of cattails and water quality in our Lot D parking lot retention ponds

Began Tracking:

2008

(year)

Frequency:

Every month and sample 3x per year

(ex.: annual, monthly, biweekly)

#

6 events including installing the eco-stones, environmental science students doing a study project

(ex.: samples/participants/events)

Results:

We have received a donation of eco-stones from Hrbac Plastics and we installed them in retention ponds serving D 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 students at the college.

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

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.

				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?

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
---	---	---	---

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:

** 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.

2276001705

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

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

- Parking Lots Swept # Acres 3 9 5
- 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? %

2648230757

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

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.

2648230757

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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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: No polluted wash water goes to storm

Submit additional pages as needed.

2648230757

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

N	Y	R	2	0			
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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:

SALT under cover

Began Tracking:

2006

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

Results:

No runoff from precipitation

Submit additional pages as needed.

2648230757

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N Y R 2 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:

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.

2648230757

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

N	Y	R	2	0			
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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:

All streets swept every 6 weeks

Began Tracking:

2000
(year)

Frequency:

weekly
(ex.: annual, monthly, biweekly)

#

1/6 of streets swept weekly
(ex.: samples/participants/events)

Results:

Reduced contaminated runoff,

Submit additional pages as needed.

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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)
NYC EOH Watershed	-	-	-
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
Onondaga Lake Watershed	-	-	-
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
Greenwood Lake Watershed	-	-	-
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
Oyster Bay	-	-	-
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
Peconic Estuary	-	-	-
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

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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