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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2013

This cover page must be completed by the report preparer.
Joint reports require only one cover page.

SPDES ID
NYR20A328

Choose one:

● **This report is being submitted on behalf of an individual MS4.**

Fill in SPDES ID in upper right hand corner.

Name of MS4
Town of New Hartford

OR

○ **This report is being submitted on behalf of a Single Entity**

(Per Part II.E of GP-0-10-002)

Name of Single Entity

OR

○ **This is a joint report being submitted on behalf of a coalition.**

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
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SPDES ID
NYR20A

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2013

This cover page must be completed by the report preparer.
Joint reports require only one cover page.

SPDES ID
NYR20A328

Choose one:

● **This report is being submitted on behalf of an individual MS4.**

Fill in SPDES ID in upper right hand corner.

Name of MS4
Town of New Hartford

OR

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(Per Part II.E of GP-0-10-002)

Name of Single Entity

OR

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Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

SPDES ID
NYR20A

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SPDES ID
NYR20A

SPDES ID
NYR20A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town of New Hartford

SPDES ID: NYR20A328

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ○ Principal Executive Officer/Chief Elected Official
- ● Duly Authorized Representative
- ● Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Joseph

MI:

Last Name: Booth

Title: Codes Enforcement Officer

Address: 111 New Hartford Street

City: New Hartford

State: NY

Zip: 13413 -

eMail:

Phone: (315) 724-4300

County: Oneida

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town of New Hartford

SPDES ID: NYR20A328

Section 2 - Contact Information

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

First Name: Joseph

MI:

Last Name: Booth

Title: Codes Enforcement Officer

Address: 111 New Hartford Street

City: New Hartford

State: NY

Zip: 13413 -

eMail:

Phone: (315) 724-4300

County: Oneida

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town of New Hartford

SPDES ID: NYR20A328

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For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

● Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Richard

MI:

Last Name: Sherman

Title: Highway Superintendent

Address: 111 New Hartford Street

City: New Hartford

State: NY

Zip: 13413 -

eMail: rsherman@town.new-hartford.ny.us

Phone: (315) 724-4300

County: Oneida

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town of New Hartford

SPDES ID: NYR20A328

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

First Name: Patrick

MI:

Last Name: Tyksinski

Title: Town Supervisor

Address: 48 Genesee Street

City: New Hartford

State: NY

Zip: 13413 -

eMail: nhsupervisor@town.new-hartford.ny

Phone: (315) 733-7500

County: Oneida

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town of New Hartford

SPDES ID: NYR20A328

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Oneida Herk Solid Waste Authority

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20

Address: 1600 Genesee Street

City: Utica

State: NY

Zip: 13502 -

eMail:

Phone: (315) 733 - 1224

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: recycling & haz waste outreach
- ○ MM2:
- ○ MM3:
- ○ MM4:
- ○ MM5:
- ● MM6: solid waste mgmt & recycling

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, 2013

Name of MS4: Town of New Hartford

SPDES ID: NYR20A328

Section 2 - Contact Information

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4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
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For each contact, select all that apply:

- ○ Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ● Report Preparer

First Name: Jo-Anne

MI:

Last Name: Humphreys

Title: Water Qual Specialist

Address: 121 Second Street

City: Oriskany

State: NY

Zip: 13424 -

eMail: jo-anne-humphreys@oneidaswcd.org

Phone: (315) 736-3334

County: Oneida

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town of New Hartford

SPDES ID: NYR20A328

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Herk. Oneida Counties Comp. Plann

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20

Address: 321 Main Street

City: Utica

State: NY

Zip: 13501 -

eMail: jbreiten@ocgov.net

Phone: (315) 798 - 5710

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: outreach to residents
- ● MM2: swmp web applications.
- ● MM3: local law development/training
- ● MM4: training & local laws
- ● MM5: training & local laws
- ● MM6: training & local laws

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, 2013

Name of MS4: Town of New Hartford

SPDES ID: NYR20A328

Section 3 - Partner Information

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

● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Sauquoit Creek Basin Coalition

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20

Address: 321 Main Street

City: Utica

State: NY

Zip: 13501 -

eMail:

Phone: (315) 798-5710

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: outreach to residents
- ● MM2: stream clnup/stkhldrmeeting
- ○ MM3:
- ○ MM4:
- ● MM5: review of flood control practi
- ○ 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, 2013

Name of MS4: Town of New Hartford

SPDES ID: NYR20A328

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Barton and Lojuidice

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20

Address: 290 Elwood Davis Drive Box 3107

City: Syracuse

State: NY

Zip: 13220 -

eMail:

Phone: (315) 457-5200

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 SWPPP reviews
- ● MM5 SWPPP reviews
- ○ 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, 2013

Name of MS4: Town of New Hartford

SPDES ID: NYR20A328

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ○ Yes ○ No

If Yes, complete information below.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable: NYR20

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, 2013

Name of MS4: Town of New Hartford

SPDES ID: NYR20A328

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: Patrick

MI:

Last Name: Tyksinski

Title (Clearly print title of individual signing report): Town Supervisor

Signature:

Date: 05 / 05 / 2013

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

1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 New Hartford

SPDES ID: NYR20A328

Water Quality Trends

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

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s are contributed to this report?

1. **Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.** ○ Yes ● No

If Yes, choose one of the following

● Report(s) attached to the annual report

○ Web Page(s) where report(s) is/are provided below

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

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 New Hartford

SPDES ID: NYR20A328

Minimum Control Measure 1. Public Education and Outreach

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ● Household Hazardous Waste Disposal
- ● Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ● Smart Growth
- ○ Storm Drain Marking
- ● Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:
- ○ Pesticide and Fertilizer Application
- ● Pet Waste Management
- ● Recycling
- ● Riparian Corridor Protection/Restoration
- ● Trash Management
- ○ Vehicle Washing
- ● Water Conservation
- ● Wetland Protection
- ○ None

Other

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ● Businesses
- ○ Restaurants
- ○ Other:
- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ● Agricultural

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 New Hartford

SPDES ID: NYR20A328

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

● Construction Site Operators Trained	# Trained	104
○ Direct Mailings	# Mailings	
○ Kiosks or Other Displays	# Locations	
○ List-Serves	# In List	
● Mailing List	# In List	9000
● Newspaper Ads or Articles	# Days Run	
● Public Events/Presentations	# Attendees	40
○ School Program	# Attendees	
○ TV Spot/Program	# Days Run	
● Printed Materials:	Total # Distributed	

Locations (e.g. libraries, town offices, kiosks)

SWCD office

● Other:

HOCCPP videos

● Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

http://www.ocgov.net/oneida/planning/environmentwater/Stormwater Video 5

URL

http://townofnewhartford.org/content/stormwater

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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 NYR20

3. Web Page con't.: Provide specific web addresses - not home page.

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town of New Hartford has been active in providing outreach to residents via our newsletter, website and public meetings. Our partners at the Solid Waste Authority are offering composting bins and rain barrels for sale at reduced prices for residents. Composting reduces overall waste and encourages soil fertility and erosion control. Rain Barrels encourage roof runoff collection and reduce overland flows. The program was advertised in the County Farm and Home Center among [illegible]

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

SWCD Newsletter articles are provided in digital format for inclusion on our website. Topics included construction site runoff control, trash/recycling issues, Smart Growth, Green Infrastructure, water conservation, wetland conservation and riparian buffer preservation. HOCCPP provides services to keep the MS4's Digital Towpath website up to date. HOCCPP also produced 5 videos on stormwater management issues relevant to MS4s. Solid Waste Authority provides outreach and [illegible]

C. How many times was this observation measured or evaluated in this reporting period?

6

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? ● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Upgrade the Stormwater Management portion of our website. Continue to train contractors on an as-needed basis. Pass along pertinent stormwater information to residents and business owners via our newsletter, public meetings and website. Incorporate stormwater management concepts into the County Hazard Mitigation Plan and community planning efforts.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 New Hartford

SPDES ID: NYR20A328

Minimum Control Measure 2. Public Involvement/Participation

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

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? ___

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

● Cleanup Events — # Events: 2

● Comments on SWMP Received — # Comments: 0

● Community Hotlines — Phone # (331) 572-4430

Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -

● Community Meetings — # Attendees:

● Plantings — Sq. Ft.:

○ Storm Drain Markings — # Drains:

● Stakeholder Meetings — # Attendees:

○ Volunteer Monitoring — # Events:

○ Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

○ List-Serve — # In List:

○ Newspaper Advertising — # Days Run:

○ TV/Radio Notices — # Days Run:

○ Other:

● Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

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

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

URL
http://www.ocgov.net/oneida/planning/environmentwater/Stormwater
Video 5

URL
http://oneidaswcd.org/community-environmental-management/

URL
http://townofnewhartford.org/content/stormwater

URL

URL

URL

URL

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. **URL(s) con't.:**
   Please provide specific address(es) where notices can be accessed - not home page.

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

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

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

● MS4/Coalition Office — ● Annual Report ● SWMP Plan ● Comments

Department: Town Office

Address: 111 New Hartford Street

City: New Hartford NY Zip: 13424 -

Phone: (315) 724-4300

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

○ Other — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Web Page URL: — ● Annual Report ● SWMP Plan ● Comments

http://townofnewhartford.org/content/stormwater

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

○ eMail — ○ Comments

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 New Hartford

SPDES ID: NYR20A328

4.a. If this report was made available on the internet, what date was it posted?
Leave blank if this report was not posted on the internet. 05 / 15 / 2013

4.b. For how many days was/will this report be posted? 365

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? 05 / 13 / 2013

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

6. 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.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 New Hartford

SPDES ID: NYR20A328

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

We discuss stormwater management issues at our regular board meetings. We responded to numerous stormwater inquiries within the MS4. These included runoff from Calvary Cemetery, Tilden Avenue, Sedgewick Park, and Beechwood among others. We have held numerous public meetings to address the problems in these and other areas throughout the MS4. In general, we strive to reach out to residents, business owners and contractors as well as municipal employees to ensure that there are no sources of the pollutants within the MS4 and that there are sources of local stormwater

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

Stream cleanups and roadside cleanups were hosted during the reporting period throughout the region. HOCCPP continues to provide 5 power point presentations on the topics of Basic Stormwater Planning, SWPPP Review, Sewershed Mapping, Green Infrastructure and Runoff Reduction Stormwater Design.

C. How many times was this observation measured or evaluated in this reporting period?

5

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

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

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Participate in the Great American clean up from April 1 - May 31st. Oneida County is now part of Keep America Beautiful campaign through the Genesis Group and the Oneida Herkimer Solid Waste Authority.

MS4 Annual Report Form

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? ___

1. Enter the number and approx. percent of outfalls mapped: 10 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 100

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

○ Auto Recyclers
○ Building Maintenance
○ Churches
○ Commercial Carwashes
○ Commercial Laundry/Dry Cleaners
● Construction Vehicle Washouts
○ Cross-Connections
○ Distribution Centers
○ Food Processing Facilities
○ Garbage Truck Washouts
○ Hospitals
○ Improper RV Waste Disposal
○ Industrial Process Water
○ Landscaping (Irrigation)
○ Marinas
○ Metal Plateing Operations
○ Outdoor Fluid Storage
● Parking Lot Maintenance
○ Printing
○ Residential Carwashing
○ Restaurants
○ Schools and Universities
● Septic Maintenance
○ Swimming Pools
● Vehicle Fueling
● Vehicle Maint./Repair Shops
○ Other:
○ None

○ Sewersheds:

MS4 Annual Report Form

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

Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ● Floor Drains Connected To Storm Sewers
- ● Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ● Inflow/Infiltration
- ● Pump Station Failure
- ● Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 0

5. How many illicit discharges have been confirmed during this reporting period? 0

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 0

7. Has the storm sewershed mapping been completed in this reporting period? ● Yes ○ No

If No, approximately what percent was completed in this reporting period? %

8. Is the above information available in GIS? ● Yes ○ No

Is this information available on the web? ○ Yes ● No

If Yes, provide URL(s):

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

URL

URL

MS4 Annual Report Form

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

8. **URL(s) con't.:**
   Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. **Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?** ● Yes ○ No

10. **If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?** ● Yes ○ No ○ NT

11. **What percent of staff in relevant positions and departments has received IDDE training?** 25 %

MS4 Annual Report Form

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

Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

There were no illicit discharges to report in the New Hartford MS4 in the reporting period. On a related note, however, the SWCD distributed free mosquito kits as part of an EEE control project covering several upstate NY counties. The kits contained a larvicide to kill mosquitoes in areas of standing water. We ensured that all who received the kits were given a fact sheet explaining that the kits were not to be used in waters of the state or stormwater systems.

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

New Hartford has completed mapping of our storm sewer system. We are in the process of mapping our storm sewersheds.

C. How many times was this observation measured or evaluated in this reporting period?

10

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

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

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to maintain our storm system mapping and perform dry weather inspections of outfalls.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 New Hartford

SPDES ID: NYR20A328

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? ___

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ● Yes ○ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ NT

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? 10

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

If Yes, how many public comments were received during this reporting period? 0

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ● Yes ○ No

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

● Notices of Violation	#	0	○ No Authority
● Stop Work Orders	#	0	○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
● Administrative Fines	#	0	○ No Authority
● Civil Penalties	#	0	○ No Authority
○ Administrative Orders	#		○ No Authority
● Enforcement Actions or Sanctions	#	0	
○ Other	#		○ No Authority

MS4 Annual Report Form

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? ___

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 8

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 8

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

MS4 Annual Report Form

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

6. **con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town Hall

Address: 111 New Hartford Street

City: New Hartford NY Zip: 13424 -

Phone: (315) 724-4300

○ Library

Address:

City: Zip: -

Phone: ( ) -

○ Other

Address:

City: Zip: -

Phone: ( ) -

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

URL: http://townofnewhartford.org/content//stormwater

URL:

MS4 Annual Report Form

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town of New Hartford has procedures in place for reviews of all SWPPPs. We review all site plans to ensure that those that need SWPPPs have them. We inspect sites to determine compliance with our local laws. Our Highway Superintendent and our Codes Enforcement Officer regularly meet with potential developers to ensure that they are aware of the SWPPP requirements within our MS4. We also conduct regular inspections throughout the construction process. The SWCD trains contractors to ensure that they are aware of and practicing sound erosion and sediment control

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

During this reporting period, the Town of New Hartford reviewed numerous SWPPPs and inspected 100% of the construction sites in the MS4. SWCD provides training to local contractors on Erosion and Sediment control techniques. SWCD reviews SWPPPs on behalf of MS4 and signs off on the SWPPP Acceptance Forms. The HOCCPP provided MS4s with guidance for SWPPP review to Planning Board personnel. SWCD works with Codes Officer and/or Highway Supervisor to inspect sites and provide follow-up when problems are noted. Training is provided from SWCD on site

C. How many times was this observation measured or evaluated in this reporting period?

12

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

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

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to coordinate with planning board officials, contractors and codes officer to ensure that all parties affected by the regulation are aware of it and know their responsibilities. We would also like to work with foresters and loggers and landowners to educate them about the need for Forest Management Plans if at least one acre is disturbed. We are experiencing off-site tracking and many complaints as a result of un-stabilized logging sites. As the Town of New Hartford has the greatest quantity of construction sites as well as the most visible construction sites, we are committed to

1048119251

MS4 Annual Report Form

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

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? ___

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
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
● Ponds	5	5	5
○ Wetlands			
○ Other			

2. **Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?** ○ 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 ● Municipal Comprehensive Plans
○ Overlay Districts ○ Open Space Preservation Program
● Zoning ● Local Law or Ordinance
○ None ● Land Use Regulation/Zoning
● Watershed Plans ○ Other Comprehensive Plan
○ Other:

MS4 Annual Report Form

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ○ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

75 %

MS4 Annual Report Form

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town of New Hartford completed several stormwater management retrofits in the reporting period. In addition, we have several other projects that are in the final design phase for stormwater retrofit. We also maintain stormwater management facilities within the MS4 regulated area.

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

The Town of New Hartford reviews all SWPPPs where permanent stormwater management is proposed. The SWPPPs are reviewed to ensure that proposals meet requirements outlined in DEC regulatory documents. In addition, SWPPP content is checked to ensure that Green Infrastructure practices are being considered during the planning phase. Construction inspections are performed on all sites where at least 1 acre of ground is disturbed to ensure that permanent stormwater structures are being installed in accordance with DEC design guidance. We maintain stormwater structures

C. How many times was this observation measured or evaluated in this reporting period?

10

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

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

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Per DEC's recommendation, our MS4 will work with SWCD and/or engineering staff to inspect all stormwater management basins and determine the level of maintenance required. Maintenance needs will be communicated to the appropriate party for further action. We will continue to work with the City of Utica to resolve ongoing stormwater management issues. We have provided public outreach about the importance of stream buffers and watershed planning.

MS4 Annual Report Form

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

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.**

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

MS4 Annual Report Form

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Name of MS4/Coalition: Town of New Hartford

SPDES ID: NYR20A328

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	1000
● Streets Swept (Number of miles X Number of times swept)	# Miles	32240
● Catch Basins Inspected and Cleaned Where Necessary	#	100
● 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 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

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? 03 / 08 / 2013

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? 75 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 New Hartford

SPDES ID: NYR20A328

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

We strive to provide employees training in Good Housekeeping methods in order to facilitate proper management of our stormwater facilities and infrastructure. Specifically, we ensure that employees are made aware of spill response techniques, erosion and sediment control on construction sites, and pollution prevention techniques.

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

Municipal employees received training on DEC stream crossing specifications and stormwater management in March of 2013. Employees were trained on definitions and delineations for watershed boundaries, culvert sizing, the impact of land use on stormwater runoff, stormwater runoff quality and green space preservation. Regarding stream maintenance, MS4 employees received training on the importance of preservation of riparian buffers.

C. How many times was this observation measured or evaluated in this reporting period?

5

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

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

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

We will continue to pursue training opportunities for municipal staff in Planning, Codes, Zoning and Highway departments. Specifically, the SWCD, the DEC and the USFW have begun to conduct outreach and education to municipal officials regarding stream management. Part of this includes education about the impact of impervious surfaces on watershed runoff and how the preservation of green space is so vital to stormwater management.

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][ ][ ][ ][ ]

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	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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. [ ][ ][ ] %

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 ____

3. **Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?**
   O Yes O No O N/A

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** ___ %

5. **Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?**
   O Yes O No O 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?**
   O Yes O No O N/A

7a. **Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?**
   O Yes O No O N/A

7b. **How many projects have been sited in this reporting period?** ___

7c. **What percent of the projects included in 7b have been completed in this reporting period?** ___ %

7d. **What percent of projects planned in previous years have been completed?** ___ %

O No Projects Planned

8a. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?**
   O Yes O No O 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?**
   O Yes O No O N/A

MS4 Annual Report Form

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

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

Name of MS4/Coalition ____

SPDES ID

N	Y	R	2	0				

9. **Has your MS4/Coalition developed and implemented a program of native planting?**
   O Yes O No O N/A

10. **Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**
    O Yes O No O N/A

11. **Does your MS4/Coalition have a pet waste bag program?** O Yes O No O N/A

12. **Does your MS4/Coalition have a program to manage goose populations?**
    O Yes O No O N/A