MS4 Annual Report Cover Page

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 5$

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

SPI)ES	ID						
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Choose one:

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

Fill in SPDES ID in upper right hand corner.

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OR

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

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

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Name of Single Ent	ity		 	 	 	

OR

O 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.

SPDES ID	SPDES ID	SPDES ID
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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 5

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

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	S	PDES	ID					
Name of MS4 CITY OF UTICA	1	1 Y	R	2	0 .	A 3	6	1
Each MS4 must submit an MCC form.								
Section 1 - MCC Identification Page								
Indicate whether this MCC form is being submitted to certify endorsement or	r acc	eptan	.ce c	of:				
● An Annual Report for a single MS4								
○ A Single Entity (Per Part II.E of GP-0-10-002)								
O A Joint Report								
Joint reports may be submitted by permittees with legally bind	ling a	agree	me	nts.	•			
If Joint Report, enter coalition name:								
							1	

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9 2 0 1 5

MCC form for period ending	Wiaren 9, 2 0 1 5
	SPDES ID
Name of MS4 City of utica	N Y R 2 0 A 3 6 1
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the fo	llowing positions as indicated below:
1. Principal Executive Officer, Chief Elected Official of GP-0-08-002 Part VI.J).	other qualified individual (per
2. Duly Authorized Representative (Information for this Authorized Representative is signing this form)	
3. The Local Stormwater Public Contact (required per Contact)	
4. The Stormwater Management Program (SWMP) Coccoordination/implementation of SWMP).	ordinator (Individual responsible for
5. Report Preparer (Consultants may provide company	name in the space provided).
A separate sheet must be submitted for each position filled by the same individual. If one individual fills nonce and check all positions that apply to that individual	nultiple roles, provide the contact information
If a new Duly Authorized Representative is signing to provided and a signature authorization form, signed Elected Official must be attached.	
For each contact, select all that apply:	
Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
	Last Name
Robert	P a 1 m i e r i
Title	
Mayor	
Address One Kennedy Plaza	
City	State Zip
Utica	N Y 1 3 5 0 1 -
eMail	
mayor@cityofofuti	c a . c o m
	County
(315)792-0100	0 n e i d a

MCC form for period ending March 9, 2 0 1 5

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

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MCC form for period ending March 9, 2 0 1 5

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For each contact, select all that apply:

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

First Name	MI Last Name
J o - A n n e	H u m p h r e y s
Title	
Water Quality S	p e c
Address	
1 2 1 S e c o n d S t r e e	et
City	State Zip
Oriskany	N Y 1 3 4 2 4 -
eMail	
jo-anne-humphre	y s @ o n e i d a s w c d . o r g
Phone	County
(315)736-3334	O n e i d a

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	f 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. f No, proceed to Section 4 - Certification Statement. Partner/CoalitionName One ida Herksolulus Address 1 6 0 0 Genesee Street Street State Zip Utical State Zip Utical State Zip																											
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Section 3 - Partner Information Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? 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/CoalitionName One identifying a control of the coalition of the coalition of the coalition of the coalition of the coalition. Address 1 2 1 Second Statement. SPDES Partner ID - If applicable Ny y R 2 0														
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If No, proceed to Section 4 - Certification Statement.														
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MM2 r e p o r t i n g	p													
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● MM6 h i g h w a y a s s e s s m e n t s	& training													
Additional tasks/responsibilities														
 Watershed Improvement Strategy Best Management Practices requi 	red for MS4s in impaired													
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	•	SPDES ID												
Name of MS4 City of Utica		N Y R 2 0 A 3 6 1												
Section 3 - Partner Information														
Did your MS4 work with partners/coalition period?	to complete some or all permit	t requirements during this reporting • Yes O No												
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II No, proceed to section 4 - certification	m Statement.													
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City														
eMail	reys@onei	daswcd.org												
Phone (3 1 5) 7 3 6 - 3 3 3 4		Sinding Agreement in accordance 0-08-002 Part IV.G.? • Yes • No												
What tasks/responsibilities are shared w	vith this partner (e.g. MM1 S	school Programs or Multiple Tasks)?												
• MM1 outreach a	nd educat	ion												
	and clean	up												
• MM3 inspection	and repo	rting												
● MM4 training p	lan revie	w inspectio												
• MM5 training i	n s p e c t i o n													
• MM6 highway as	s s e s s m e n t s	& training												
Additional tasks/responsibilities	Don't Management Dugations	required for MSAs in impaired												
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MCC form for period ending March 9, 2 0 1 5

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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 R O B E R T	MI	Last Name PALMI	E R	I					
Title (Clearly print title of individual signing report) M A Y O R									
Signature Malmu			Date 0 5]/[3 1]/	2	0	1 5

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

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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

SPDES ID

Name of MS4/Coalition

CITY OF UTICA

N Y R 2 0 A 3 6 1

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 ONO 1f 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 URL URL URL UR																													
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This report is being submitted for the reporting period ending March 9, $\mid 2 \mid$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID 3 | 6 | 1 N Y R 2 0 A CITY OF UTICA Name of MS4/Coalition 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

1. Targeted Public Education and Outreach Best Management Practices

How many MS4s contributed to this report?

Industries

Agricultural

Restaurants

Other:

Other

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

Construction Sites	 Pesticide and Fertilizer Application
General Stormwater Management Information	Pet Waste Management
Household Hazardous Waste Disposal	Recycling
Illicit Discharge Detection and Elimination	 Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	Trash Management
Smart Growth	Vehicle Washing
○ Storm Drain Marking	Water Conservation
● Green Infrastructure/Better Site Design/Low Impact Development	Wetland Protection
Other: Other Other 2. Specific audiences targeted during this reporting period:	○ None
● Public Employees ● Contractors	
ResidentialDevelopers	
Businesses General Public	

This report is being submitted for the reporting period ending March 9, 2 0 1 5

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition CITY OF UTICA 3 6 1 N Y R 2 0 A 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: 5 1 8 # Trained Construction Site Operators Trained # Mailings O Direct Mailings # Locations O Kiosks or Other Displays # In List O List-Serves # In List O Mailing List # Days Run Newspaper Ads or Articles 4 0 # Attendees Public Events/Presentations # Attendees O School Program # Days Run ○ TV Spot/Program Total # Distributed Printed Materials: Locations (e.g. libraries, town offices, kiosks) u n S W С D i d a C 0 t y е Other: E 0 S V ID Η 0 С С PP Provide specific web addresses - not home page. Continue on next page if additional space is Web Page: needed. URL $c \mid o \mid m \mid m \mid u \mid n$ i t|y n v d or g i d W W 0 n е а ន W С W n t е m е m а n а g URL t t e n s d. е р а r. m i. f i m ty 0 u t С а С 0 g e m е a n а t r m i n s t 0 r m W а е i g n е е r e n g

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If Sublitating this form as part of a joint report on behalf of a	SPDES ID
Name of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
The City of Utica's stormwater management program outreach in our Rust To Green Efforts with Cornell Cooperative Extension a infrastrucure projects funded through State and Federal grants. Verification of the Ripple Effect program wherein stormwater is separated from san pickup program and street sweeping initiatives are described to the state of the sta	s well as a host of successful green We also participate in the Operation itary lines. The City's Green Waste
B. Briefly summarize the observations that indicated the ove Goal.	rall effectiveness of this Measurable
Successful Green Waste Pickup. Responses in public meetings of Strong partnership with Solid Waste Authority to provide recycl outreach and education. The Mohawk River Watershed Manage and includes provisions for both erosion and sediment control as management.	ing and hazardous waste collection ement Plan was recently completed
C. How many times was this observation measured or evalua	ated in this reporting period?
	[ex.: samples/participants/event
D. Has your MS4 made progress toward this Measurable Go	
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 m the next reporting cycle (including an implementation sch	neet the goals of this MCM during nedule).
Continue to work with residents, landowners and contractors to management issues that affect both quantity and quality of water	address ongoing stormwater r.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 5$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID 2 0 A 3 6 N Y R CITY OF UTICA Name of MS4/Coalition 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: 1 # Events Cleanup Events # Comments O Comments on SWMP Received 5 .5 0 1 7 9 Phone # Community Hotlines Phone # Phone # Phone # Phone # Phone# Phone # Phone # Phone # Phone # Phone # 0 0 1 # Attendees Community Meetings Sq. Ft. Plantings #Drains Storm Drain Markings 5 1 # Attendees Stakeholder Meetings # Events O Volunteer Monitoring Other: 2. Was public notice of availability of this annual report and Stormwater Management O No Yes Program (SWMP) Plan provided? # In List O List-Serve # Days Run O Newspaper Advertising # Days Run O TV/Radio Notices • Other: Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 5$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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This report is being submitted for the reporting period ending March 9, 2 0 1 5

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

SPDES ID

2 0 A 3 6 1 Name of MS4/Coalition CITY OF UTICA N Y R 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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

SPDES ID 6 1 Name of MS4/Coalition CITY OF UTICA YR 2 0 A 3 Ν 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. ● Annual Report ○ SWMP Plan ○ Comments MS4/Coalition Office Department i En i n е е r n g £ U t i а Cliltly C 0 Address ď Ρ 1 а z а 1 K e n n е У Zip City 1 3 5 0 2 NY ť i Ű С a Phone 1 5 2 5 9 2 0 3 1. O SWMP Plan Comments ○ Library Address O Annual Report Zip City Phone O Comments O SWMP Plan O Annual Report Other Address ZipCity Phone SWMP Plan O Comments Annual Report • Web Page URL: f t i 0 m d е р а i а С t 0 u С С У |t|p W W t W _ m / s t а t е r i n е lе r i n g 0 rm W е n g t e n s i n d 4 e n t m s e m Please provide specific address of page where report can be accessed - not home page. O Comments O eMail

This report is being submitted for the reporting period ending March 9, 2 0 1 5

	SPDES ID
Name of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
4.a. If this report was made available on the internet, what da	ate was it posted?
Leave blank if this report was not posted on the internet.	0 5 / 3 1 / 2 0 1 5
4.b. For how many days was/will this report be posted?	3 6 5
If submitting a report for single MS4, answer 5.a If submitt	ing a joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this report	
If Yes, what was the date of the meeting?	0 5 / 3 1 / 2 0 1 5
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.	

This report is being submitted for the reporting period ending March 9, 2 0 1 5

Name of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
Name of MS4/Coantion	
7. Evaluating Progress Toward Measurable Goals MCM 2	
Jse this page to report on your progress and project plans toward dentified in your Stormwater Management Program Plan (SWM II.C.1. Submit additional pages as needed.	l achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
The Annual Report and the SWMP were made available for pub website.	lic viewing on the municipal
B. Briefly summarize the observations that indicated the ove	erall effectiveness of this Measurable
There were no comments on the City's Annual Report. We were and continue to make improvements to the stormwater page.	e able to update our website this year
C. How many times was this observation measured or evalu	ated in this reporting period?
	1 0 0
	(ex.: samples/participants/eve
D. Has your MS4 made progress toward this measurable go	• Yes O 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 r the next reporting cycle (including an implementation sc	neet the goals of this MCM during
Utilize funding from state and local sources to improve stormwand traditional practices ranging from grass swales and rain barmeeting the design criteria from the Stormwater Management lupon our stormwater website information.	vater management by using alternative rrels to stormwater retention ponds

This report is being submitted for the reporting period ending March 9, 2 0 1 5

Name of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1						
Minimum Control Measure 3. Il	licit Discharge Detection and Elimination						
The information in this section is being reported (c	heck one):						
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to th 							
1. Enter the number and approx. percent of	foutfalls mapped: 1 1 4 # 1 0 0 %						
2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?							
3.a. What types of generating sites/sewershed reporting period?	ls were targeted for inspection during this						
O Auto Recyclers	O Landscaping (Irrigation)						
O Building Maintenance	○ Marinas						
○ Churches	O Metal Plateing Operations						
O Commercial Carwashes	Outdoor Fluid Storage						
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance						
O Construction Vehicle Washouts	○ Printing						
Cross-Connections	O Residential Carwashing						
O Distribution Centers	○ Restaurants						
O Food Processing Facilities	O Schools and Universities						
○ Garbage Truck Washouts	• Septic Maintenance						
○ Hospitals	O Swimming Pools						
○ Improper RV Waste Disposal	O Vehicle Fueling						
O Industrial Process Water	Vehicle Maint./Repair Shops						
○ Other:	○ None						
O Sewersheds:							

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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	SPUES ID	
Name of MS4/Coalition CITY OF UTICA	N Y R 2	0 A 3 6 1
3.b. What types of illicit discharges have	been found during this reporting period?	
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	○ Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
• Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
• Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	O None	- Alia
4. How many illicit discharges/potentia reporting period?	l illegal connections have been detected du	iring this
5. How many illicit discharges have been	en confirmed during this reporting period	? 0
period?	onnections have been eliminated during th	0
7. Has the storm sewershed mapping be If No, approximately what percent was	een completed in this reporting period? s completed in this reporting period?	● Yes ○ No
8. Is the above information available in Is this information available on the If Yes, provide URL(s):	web?	Yes ○ NoYes ○ No
Please provide specific address of page	where map(s) can be accessed - not home pa	age.
URL		

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 5$

If submitting this form as part of a joint report on behalf o	of a coalition leave SPDES ID blank.
	SPDES ID
ame of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
2. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward dentified in your Stormwater Management Program Plan (SW II.C.1. Submit additional pages as needed.	ard achieving measurable goals VMPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in th	ne SWMPP in this reporting period.
Educate municipal parks and public works crews about spill p multitude of Good Housekeeping Practices within municipal	prevention and cleanup as well as a facilities.
B. Briefly summarize the observations that indicated the Goal.	overall effectiveness of this Measurable
In March of 2015, the Utica Area MS4s attended a stakeholder representative Richard Coriale presented updates to the storm management training was provided in February of 2015 and if for streams. The Steering Committee for Operation Ripple E on outreach activities. The most recent example was for Eart	included descriptions of riparian buffers Effect meets regularly to gage progress
C. How many times was this observation measured or eva	aluated in this reporting period?
	(ex.: samples/participants/e
D. Has your MS4 made progress toward this measurable	
E. Is your MS4 on schedule to meet the deadline set forth	in the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned t the next reporting cycle (including an implementation	to meet the goals of this MCM during schedule).

Continue to educate residents and landowners about illicit discharge regulations. Monitor illicit connections to the stormsewer system through dry weather monitoring. Finalize detailed system

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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		SPL)ES	ш				,		
Name of MS4/Coalition	CITY OF UTICA	N	Y	R	2	0	A	3	6	1
Name of W154/Coantion										
	Minimum Control Measures 4 and 5	<u>.</u>								

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

	Construction Site and Post-Construction Control	
The	information in this section is being reported (check one):	
• 0 ○ 0	n behalf of an individual MS4 n behalf of a coalition How many MS4s contributed to this report?	
	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	7
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?	
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? • Yes • No • NT	Γ ¬
	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.	o

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	#		O No Authority
Stop Work Orders	#	C	O No Authority
Criminal Actions	#		O No Authority
■ Termination of Contracts	#		O No Authority
• Administrative Fines	#		O No Authority
Civil Penalties	#		O No Authority
 Administrative Orders 	#		O No Authority
● Enforcement Actions or Sanctions	#	. (D
○ Other	#		○ No Authority

This report is being submitted for the reporting period ending March 9, 2 0 1 5

Name of MS4/C	Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
Minim	num Control Measure 4. Construction Site	e Stormwater Runoff Control
The informati	on in this section is being reported (check one):	
On behalf o	of an individual MS4 of a coalition How many MS4s contributed to this report?	
	ny construction projects have been authorized fo his reporting period?	or disturbances of one acre or more
	ny construction projects disturbing at least one a his reporting period?	acre were active in your jurisdiction
3. What po	ercent of active construction sites were inspected	during this reporting period? ONT
4. What po	ercent of active construction sites were inspected	more than once?
	nspectors working on behalf of the MS4s contribution Stormwater Inspection Manual?	uting to this report use the NYS ● Yes ○ No ○ NT
	our MS4/Coalition provide public access to Storm Ps) of construction projects that are subject to M	
If your public 1	MS4 is Non-Traditional, are SWPPPs of constructive eview?	
If Yes, ι	use the following page to identify location(s) where	SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9, 2 0 1 5

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition CITY OF UTICANYR 2 0 A 3 6 1 6. con't.: Submit additional pages as needed. O MS4/Coalition Office Department ITY HA L L C Address Y PL Α Z K E N N ED Α 1 Zip City Т Ι С Y 1 3 5 0 2 U Α NPhone 3 | 1 | 1 5 2 5 7 9 2 0 O Library Address Zip City Phone Other Address Zip City Phone • Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL d e p i t fut i ca С O m а С У 0 h t t W W W р i n t o t e r i g S rm W а \mathfrak{m} t S n g n е е r m е n е i n е n t m s 4 d e x а g URL

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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in Submitteding time form and part of any order	SPDES ID
Name of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Over 150 contractors and engineering staff received the 4 hour E Training from the SWCD during the reporting period. Site plans plans have adequate erosion, sediment and stormwater management	reviews are conducted to ensure that
B. Briefly summarize the observations that indicated the ove Goal.	rall effectiveness of this Measurable
SWCD provides training to local contractors on Erosion and Sed reviews SWPPPs on behalf of MS4 and signs off on the SWPPP provided MS4s with guidance for SWPPP review to Planning Bo Codes Officer and/or Highway Supervisor to inspect sites and provided. Training is provided from SWCD on site inspections to decrease the provided from SWCD on site inspections to decrease the provided from SWCD on site inspections.	Acceptance Forms. The HOCCPP oard personnel. SWCD works with rovide follow up where problems are
C. How many times was this observation measured or evalua	3
D. Has your MS4 made progress toward this measurable goa	(ex.: samples/participants/events al 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 m the next reporting cycle (including an implementation sch	eet the goals of this MCM during ledule).
Continue to work with landowners and contractors to enact sour	nd BMPs on construction sites.

This report is being submitted for the reporting period ending March 9, 2 0 1 5

_				SPDES ID	
Name of MS4/Coalition	CITY OF UTICA			N Y R 2	2 0 A 3 6 1
Minimum (Control Meas	ure 5. Post-	<u>Constructio</u>	n Stormwater M	anagement
The information in thi	s section is being	reported (chec	k one):		
On behalf of an indOn behalf of a coalHow ma		buted to this r	report?		
1. How many and w MS4/Coalition in	what type of post eventoried, inspe	-construction :	stormwater ma tained in this re	nagement practices heporting period?	as your
		# Inventoried	# Inspections	# Times Maintained	·
 Alternative Practice 		7 0 0	7 0 0	7 0 0	
○ Filter Systems					
○ Infiltration Basins					
Open Channels					
○ Ponds					
○ Wetlands					
Other					
BMPs, inspecti	ons and mainta	mance?		heet) to track post-o	● Yes ○ No
3. What types of a Development/B	non-structural Better Site Desig	practices hav gn/Green Infr	e been used to astructure pri	implement Low Imnciples?	pact
Building Codes	• Municipal Co	omprehensive P	lans		
Overlay Districts	Open Space	Preservation Pr	ogram		
Zoning	• Local Law or	r Ordinance			
○ None	O Land Use Re	egulation/Zonin	g		
Watershed Plans	Other Compr	rehensive Plan			
Other:					

This report is being submitted for the reporting period ending March 9, 2 0 1 5

		SPDES ID	
Name of MS4/Coalition	CITY OF UTICA	N Y R 2 0 A 3	6 1
4a. Are the MS4s con	ntributing to this report involved in a regional/		O No
4b. Does the MS4 ha	ve a banking and credit system for stormwater		• No
	lans for each MS4 contributing to this report in banking and credit of alternative siting of a sto	rmwater management practice?	• No
4d. How many storn reporting period	nwater management practices have been imple ?	mented as part of this system in	this
training on Low	municipal officials/MS4 staff responsible for participated in this reporting period?		d %

This report is being submitted for the reporting period ending March 9, 2 0 1 5

in Submitting this form as part of a joint report on contain of a c	SPDES ID
Name of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SV	WMPP in this reporting period.
Conduct detailed reviews on SWPPPs prior to construction and cl the practices during and after construction. Ensure that monitoring scheduled basis to ensure longevity of the practice.	
B. Briefly summarize the observations that indicated the overa	all effectiveness of this Measurable
All SWPPPs where permanent stormwater management is proposed proposals meet requirements outlined in DEC regulatory document checked to ensure that Green Infrastructure practices are being construction inspections are performed on all sites where at least ensure that permanent stormwater structures are being installed in	nts. In addition, SWPPP content is insidered during the planning phase. 1 acre of ground is disturbed to accordance with DEC design
C. How many times was this observation measured or evaluat	
	3
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	he SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	et the goals of this MCM during
Continue to log and monitor all stormwater related practices in the occurs at the 50% capacity of the practice. Consider retrofitting them more effective for filtering water pollution as well as accommon	existing practices in order to make

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 5$

Minimum Control Measure 6. Stormwater Management for Municipal Operation. Minimum Control Measure 6. Stormwater Management for Municipal Operation. Minimum Control Measure 6. Stormwater Management for Municipal Operation. N Y R 2 0 A 3 6 1 Minimum Control Measure 6. Stormwater Management for Municipal Operation. N 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. Self-Assessment Operation/Activity/Facility Program (within the past 3 Yes No Ye	·		<u>S</u>	PDES ID
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. Self-Assessment Operation/Activity/Facility	Name of MS4/Coalition CITY OF UTICA			N Y R 2 0 A 3 6 1
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. Self-Assessment Operation/Activity/Facility Operation/Activity/Facility Addressed in SWMP? Street Maintenance. Yes No. Marine Operations Yes No.	Minimum Control Measure 6. Stormy	water Mana	gement for	· Municipal Operation
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. Self-Assessment Operation/Activity/Facility Operation/Activity/Facility Addressed in SWMP? Street Maintenance. Yes No. Marine Operations Yes No.				
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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. Self-Assessment Operation/Activity/Facility Performed within the past 3 Operation/Activity/Facility Performed within the past 3 Years? Street Maintenance. Yes No Yes No Winter Road Maintenance. Yes No Yes No Salt Storage. Yes No Yes No New Municipal Construction and Land Disturbance. Yes No Yes No New Municipal Construction and Land Disturbance. Yes No Yes No No Right of Way Maintenance. Yes No Yes No Parks and Open Space. Yes No Yes No Parks and Open Space. Yes No Yes No Whole and Fleet Maintenance. Yes No Yes No No Vehicle and Fleet Maintenance. Yes No	• On hehalf of an individual MS4			
1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already. Self-Assessment				
Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already. Self-Assessment	How many MS4s contributed to this	report?		
Self-Assessment Operation/Activity/Facility Operation/Activity/Operation/Activity Operation/Activity/Facility Operation/Activity/Operation/Activity Operation/Activity/Facility Operation/Activity Operation/Activity/Facility Ope	operation/facility has been addressed in the Program(SWMP) Plan and whether a self-reporting period. A self-assessment is per potentially generated by the permittee's of effectiveness of existing programs and 3) that will be addressed by the pollution programs.	ne MS4's/Coal f-assessment h formed to: 1) perations and identify the n	ition's Stormas been perf determine the facilities; 2) nunicipal op	nwater Management formed during the he sources of pollutants evaluate the erations and facilities
Operation/Activity/Facility performed within the past 3Operation/Activity/FacilityAddressed in SWMP?years?Street Maintenance9 YesNo9 YesNoBridge Maintenance9 YesNo9 YesNoWinter Road Maintenance9 YesNo9 YesNoSalt Storage9 YesNo9 YesNoSolid Waste Management9 YesNo9 YesNoNew Municipal Construction and Land Disturbance9 YesNo9 YesNoRight of Way Maintenance9 YesNo9 YesNoMarine Operations9 YesNo9 YesNoHydrologic Habitat Modification9 YesNo9 YesNoParks and Open Space9 YesNo9 YesNoMunicipal Building9 YesNo9 YesNoStormwater System Maintenance9 YesNo9 YesNoVehicle and Fleet Maintenance9 YesNo9 YesNo	not done already.	:		
Operation/Activity/FacilityAddressed in SWMP?performed within the past 3Street MaintenanceYesNoYesNoBridge MaintenanceYesNoYesNoWinter Road MaintenanceYesNoYesNoSalt StorageYesNoYesNoSolid Waste ManagementYesNoYesNoNew Municipal Construction and Land DisturbanceYesNoYesNoRight of Way MaintenanceYesNoYesNoMarine OperationsYesNoYesNoHydrologic Habitat ModificationYesNoYesNoParks and Open SpaceYesNoYesNoMunicipal BuildingYesNoYesNoStormwater System MaintenanceYesNoYesNoVehicle and Fleet MaintenanceYesNoYesNo				
Operation/Activity/FacilityAddressed in SWMP?years?Street Maintenance• Yes			_	
Street Maintenance	On and in / A ativity/Fooility	Addressed in		erformed within the past 3
Bridge Maintenance. Winter Road Maintenance. Salt Storage. Solid Waste Management. New Municipal Construction and Land Disturbance. Right of Way Maintenance. Marine Operations. Hydrologic Habitat Modification. Parks and Open Space. Municipal Building. Stormwater System Maintenance. Pyes O No Yes O No	Operation/Activity/Facility			vears?
Winter Road Maintenance. Winter Road Maintenance. Yes No Yes No Yes No Salt Storage. Solid Waste Management. New Municipal Construction and Land Disturbance. Right of Way Maintenance. Yes No Yes No Yes No Yes No Marine Operations. Hydrologic Habitat Modification. Yes No Yes No Yes No Yes No Yes No Marine Operations. Yes No Yes Yes No Yes No Yes No Yes No Yes No Yes No Yes Yes No Yes Yes Yes No Yes Yes Yes No Yes Yes Yes Yes	Charat Maintenance			
Salt Storage		• Yes	○ No	• Yes • No
Solid Waste Management. New Municipal Construction and Land Disturbance. Right of Way Maintenance. Marine Operations. Hydrologic Habitat Modification. Parks and Open Space. Municipal Building. Stormwater System Maintenance. Yes No No No Yes No No No Yes No No No No No No No No No N	Bridge Maintenance	• Yes • Yes	○ No ○ No	● Yes ○ No • Yes ○ No
New Municipal Construction and Land Disturbance. Right of Way Maintenance. Marine Operations. Hydrologic Habitat Modification. Parks and Open Space. Municipal Building. Stormwater System Maintenance. Yes No No No Yes No No No Yes No No No Yes No No No No No No No No No N	Bridge MaintenanceWinter Road Maintenance	YesYesYesYes	○ No ○ No ○ No	● Yes ○ No ● Yes ○ No ● Yes ○ No
Right of Way Maintenance. Marine Operations. Hydrologic Habitat Modification. Parks and Open Space. Municipal Building. Stormwater System Maintenance. Yes No No No Yes No No No No No No No No No N	Bridge Maintenance	YesYesYesYesYesYes	O No O No O No	● Yes ○ No
Marine Operations. Hydrologic Habitat Modification. Parks and Open Space. Municipal Building. Stormwater System Maintenance. Ves No Yes No No No No No No No No No N	Bridge Maintenance	YesYesYesYesYesYesYes	O No	 Yes ○ No
Hydrologic Habitat Modification. Parks and Open Space. Municipal Building. Stormwater System Maintenance. Yes No No No Yes No No No Yes No No No No No No No No No N	Bridge Maintenance	 Yes Yes Yes Yes Yes Yes Yes 	O No	 Yes ○ No
Parks and Open Space Municipal Building Stormwater System Maintenance. Ves No Yes No No No Yes No No No No No No No No No N	Bridge Maintenance	 Yes Yes Yes Yes Yes Yes Yes 	O No	 Yes ○ No
Municipal Building Stormwater System Maintenance Vehicle and Fleet Maintenance Yes O No Yes O No Yes O No Yes O No O Yes O	Bridge Maintenance	 Yes 	○ No○ No	 Yes ○ No
Stormwater System Maintenance. • Yes • No	Bridge Maintenance	 Yes 	○ No○ No	 Yes ○ No
Vehicle and Fleet Maintenance. • Yes • No • Yes • No • No • Yes •	Bridge Maintenance	 Yes 	 ○ No 	● Yes ○ No ○ Yes ○ No
\circ V_{cr} \circ N_{cr}	Bridge Maintenance	 Yes 	 ○ No 	 Yes ○ No
	Bridge Maintenance	 Yes 	 ○ No 	 Yes ○ No

This report is being submitted for the reporting period ending March 9, 2 0 1 5

	SPDES ID				
Name of MS4/Coalition CITY OF UTICA	NYR2	0 7	3	6	1
2. Provide the following information about municipal operations	good housekeep	ing J	prog	ran	18:
• Parking Lots Swept (Number of acres X Number of times swept)	# Acres			1	4
• Streets Swept (Number of miles X Number of times swept)	# Miles	1	1 3	8	8
● Catch Basins Inspected and Cleaned Where Necessary	#		2	9	0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			1	2
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				
O Nitrogen Applied In Chemical Fertilizer	# Lbs.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numb times applied to the nearest tenth.)	# Acres er of				
3. How many stormwater management trainings have been provi	ded to municipa	al em	ploy	ees	,
during this reporting period?					4
4. What was the date of the last training?	0 2 / 2 5]/[2 0	1	5
5. How many municipal employees have been trained in this repo	orting period?				5
6. What percent of municipal employees in relevant positions and stormwater management training?	d departments r	eceiv [/ e 5	0]%

This report is being submitted for the reporting period ending March 9, 2 0 1 5

Name of MS4/Coalition CITY OF UTICA	V Y R 2 0 A 3 6 1
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward achieving a identified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed.	measurable goals ing requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in	this reporting period.
Continue to train municipal employees, particularly from the public works/h departments about Best Management Practices that protect water quality. P include sand and salt storage and application, vehicle washing and stream management processes and application.	ractices to focus upon
B. Briefly summarize the observations that indicated the overall effective Goal.	veness of this Measurable
Attendance at stormwater related training sessions by municipal staff and m	nembers of the public.
C. How many times was this observation measured or evaluated in this	5
D. Has your MS4 made progress toward this measurable goal during the	(ex.: samples/participants/events, his reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the SWMI	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the goathe next reporting cycle (including an implementation schedule).	als of this MCM during
Utilize state and local funding to install BMPs to address stormwater mana and infrastructure.	gement on public lands

This report is being submitted for the reporting period ending March 9, 2 0 1 5
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_	_									
			SPI	DES	ID					
,			N	γ	R	2	0			
Name of MS4/Coalition				_	1.		_	1		

n behalf of an individual M n behalf of a coalition			

How many MS4	s contributed to this re	port?	
•			
			1 1
4s must answer the que	stions or check NA as	s indicated in the table	delow.
	Amorron	Check NA	(POC)
MS4 Description NYC EOH Watershed	Answer	- CHECKINA	-
raditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
raditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
on-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	<u>-</u>	-
aditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
aditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
on-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	1467-19-0	2,3,5,8b,10,11,12	Phosphorus
aditional Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Useon-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	1,4,0,74-4,64,7	-	-
raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
on-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-		-
raditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
on-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	1467 10:0	2,3,5,8b,10,11,12	Phosphorus
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
On-Traditional LI 27 Embayments	1,4,0,74-0,04,7	-	
raditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
raditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Ion-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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Naı	me of MS4/Coalition	SPDES ID N Y R 2	0	
3.	Does your MS4/Coalition have a Stormwater Conveyance S and Maintenance Plan Program?	ystem (infrastructu O Yes	re) Insp ○ No	ection ○ N/A
4.	Estimate the percentage of on-site wastewater treatment sys and maintained or rehabilitated as necessary in this reporti		inspec	ted %
5.	Has your MS4/Coalition developed a program that provided NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff from disturb five thousand square feet or more?	es from Constructio	n Activ	ities
6.	Has your MS4/Coalition developed a program to address per runoff from new development and redevelopment projects a equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Active the New York State Stormwater Design Manual Enhanced Standards?	that disturb greater NYS DEC SPDES (vities (GP-0-08-001),	than or General includi	•
7a	a. Does your MS4/Coalition have a retrofitting program to recompletely phosphorus/nitrogen/pathogen loading?	duce erosion or • Yes	○ No	O N/A
7k	o. How many projects have been sited in this reporting period	?		
7c	e. What percent of the projects included in 7b have been com	pleted in this report	ing peri	od?
70	1. What percent of projects planned in previous years have be	een completed?		%
		○ No	Projects	Planned
88	a. Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper fertilizer application lands?		wned	O N/A
81	b. Has your MS4/Coalition developed and implemented a turi procedures policy that addresses proper disposal of grass c municipally owned lands?	f management pract lippings and leaves • Yes	ices and from	I ○ N/A

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 5$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID Y R 2 0 Name of MS4/Coalition 9. Has your MS4/Coalition developed and implemented a program of native planting? ○ Yes O N/A 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and O No prohibiting goose feeding? O Yes \bigcirc N/A 11. Does your MS4/Coalition have a pet waste bag program? O Yes \bigcirc No \bigcirc N/A 12. Does your MS4/Coalition have a program to manage goose O Yes O No O N/A populations?