

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2018

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

SPDES ID

N Y R 2 0 A 3 6 1

**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

C I T Y O F U T I C A

**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

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# MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

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

MCC form for period ending March 9, 

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SPDES ID

Name of MS4 

CITY OF UTICA
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**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 

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 MI 

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 Last Name 

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Title 

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City 

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 State 

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 Zip 

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Phone 

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 County 

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

MCC form for period ending March 9, 2 0 1 8

Name of MS4 CITY OF UTICA

SPDES ID

N Y R 2 0 A 3 6 1

**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).
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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 MI Last Name

R O B E R T P A L M I E R I

Title  
M A Y O R

Address  
O N E K E N N E D Y P L A Z A

City State Zip

U T I C A N Y 1 3 5 0 2

eMail  
M A Y O R @ C I T Y O F U T I C A . C O M

Phone County

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### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 CITY OF UTICA

SPDES ID NYR 20A 361

### Section 2 - Contact Information

Important Instructions - Please Read

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

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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 STEPHANIE MI Last Name WURZ

Title ASSISTANT ENGINEER

Address ONE KENNEDY PLAZA

City UTICA State NY Zip 13502

eMail MAYOR@CITYOFUTICA.COM

Phone (315) 792-0152 County ONEIDA

### MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 8

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 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

H E R K . O N E I D A C O U N T I E S C O M P . P L A N N

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

3 2 1 M A I N S T R E E T

City

State

Zip

U T I C A N Y 1 3 5 0 1 -

eMail

J B R E I T E N @ O C G O V . N E T

Phone

( 3 1 5 ) 7 9 8 - 5 7 1 0

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 O U T R E A C H T O R E S I D E N T S

● MM2 S W M P W E B A P P L I C A T I O N S

● MM3 T R A I N I N G

● MM4 T R A I N I N G

● MM5 T R A I N I N G

● MM6 T R A I N I N G

Additional tasks/responsibilities

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

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

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID  
N Y R 2 0 A 3 6 1

**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

R U S T T O G R E E N

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable  
N Y R 2 0 A 3 6 1

Address

4 4 0 K E N N E D Y H A L L

City

I T H A C A

State

N Y

Zip

1 4 8 5 3 -

eMail

Phone

( 6 0 7 ) 3 9 8 - 0 7 2 4

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  No

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

- MM1 P U B L I C O U T R E A C H G I
- MM2 P U B L I C P A R T I C I P A T I O N O N G I
- 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, 2018

Name of MS4

SPDES ID

**Section 3 - Partner Information**

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

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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

Address

City

State

Zip

-

eMail

Phone

(    )    -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  No

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

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

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

MCC form for period ending March 9, 2 0 1 8

Name of MS4 CITY OF UTICA

SPDES ID  
N Y R 2 0 A 3 6 1

**Section 3 - Partner Information**

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

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name  
O N E I D A H E R K S O L I D W A S T E A U T H O R I T Y

Partner/Coalition Name (con't.) SPDES Partner ID - If applicable  
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City State Zip  
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eMail

Phone ( 3 1 5 ) 7 3 3 - 1 2 2 4  
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 R E C Y C L I N G & H A W A S T E O U T R E A C H
- MM2
- MM3
- MM4
- MM5
- MM6 S O L I D W A S T E M G M T & R E C Y C L I N G

**Additional tasks/responsibilities**

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

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 CITY OF UTICA

SPDES ID

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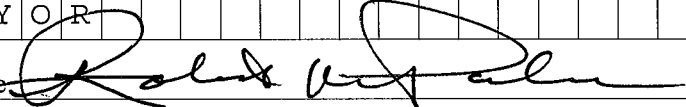
#### Section 4 - Certification Statement

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

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

First Name MI Last Name  
R O B E R T P A L M I E R I

Title (Clearly print title of individual signing report)  
M A Y O R

Signature 

Date 05/17/2018

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

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

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

CITY OF UTICA
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SPDES ID  

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### Water Quality Trends

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

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

How many MS4s are contributed to this report? 

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**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

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URL


URL




### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 8

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

Name of MS4/Coalition CITY OF UTICA

SPDES ID  
N Y R 2 0 A 3 6 1

**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   91
- Direct Mailings # Mailings
- Kiosks or Other Displays # Locations
- List-Serves # In List
- Mailing List # In List
- Newspaper Ads or Articles # Days Run
- Public Events/Presentations # Attendees
- School Program # Attendees
- TV Spot/Program # Days Run
- Printed Materials: Total # Distributed

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

C	I	T	Y		H	A	L	L											

**Other:**

H	O	C	C	P	P		V	I	D	E	O	S							
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**Web Page:** Provide specific web addresses - not home page. Continue on next page if additional space is needed.

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### MS4 Annual Report Form

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Name of MS4/Coalition CITY OF UTICA

SPDES ID  
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#### 3. Web Page cont.: Provide specific web addresses - not home page.

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URL

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**MS4 Annual Report Form**

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

2	0	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

CITY OF UTICA

SPDES ID

N	Y	R	2	0	A	3	6	1
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**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 CITY OF UTICA'S STORMWATER MANAGEMENT PROGRAM OUTREACH INCLUDES SIGNIFICANT INFORMATION ABOUT OUR RUST TO GREEN EFFORTS WITH CORNELL COOPERATIVE EXTENSION AS WELL AS HOST OF SUCCESSFUL GREEN INFRASTRUCTURE PROJECTS AND SEWER SEPARATION PROJECTS FUNDED THROUGH STATE AND FEDERAL GRANTS. WE ALSO PARTICIPATE IN OPERATION RIBBLE EFFECT PROGRAM WHEREIN STORMWATER IS SEPARATED.

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

OUR ANNUAL REPORT WAS POSTED ON OUR WEBSITE FOR VIEWING. THE SWCD WAS ABLE TO TRAIN APPROX. 140 LOCAL CONTRACTORS USING DEC'S 4HR EROSION AND SEDIMENT CONTROL COURSE. COMMENTS IN PUBLIC MEETINGS SPEAK TO POSITIVE ACTIONS OF RUST TO GREEN.

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

		1	2
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(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 WORK WITH RESIDENTS, LANDOWNERS, AND CONTRACTORS TO ADDRESS ONGOING STORMWATER MANAGEMENT ISSUES THAT AFFECT BOTH QUANTITY AND QUALITY OF WATER. MAKE STRONG EFFORTS THROUGH PUBLIC WORKSHOPS AND PRINTED MATERIALS TO ENSURE THAT NEW DEVELOPMENT COMPLIES WITH LOCAL LAWS REGARDING STORMWATER AND EROSION AND SEDIMENT CONTROL.



**MS4 Annual Report Form**

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Name of MS4/Coalition

SPDES ID

**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
- Comments on SWMP Received # Comments
- Community Hotlines 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 CITY OF UTICA

SPDES ID  
N Y R 2 0 A 3 6 1

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

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

URL

H T T P : / / W W W . C I T Y O F U T I C A . C O M / D E P A R  
T M E N T S / E N G I N E E R I N G / S T O R M - W A T E R - M  
A N A G E M E N T / M S 4 / I N D E X

URL

H T T P : / / W W W . O H S W A . O R G /

URL

URL

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## MS4 Annual Report Form

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

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Name of MS4/Coalition

SPDES ID  

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

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

URL


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### MS4 Annual Report Form

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Name of MS4/Coalition CITY OF UTICA

SPDES ID  
N Y R 2 0 A 3 6 1

### 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  
E N G I N E E R I N G

Address  
1 K E N N E D Y P L A Z A

City U T I C A N Y Zip 1 3 5 0 2 -

Phone  
( 3 1 5 ) 7 9 2 - 0 1 5 2

Library  Annual Report  SWMP Plan  Comments

Address

City Zip

Phone  
( ) -

Other  Annual Report  SWMP Plan  Comments

Address

City Zip

Phone  
( ) -

Web Page URL:  Annual Report  SWMP Plan  Comments

H T T P : / / C I T Y O F U T I C A . C O M / D E P A R T M E  
N T S / E N G I N E E R I N G / S T O R M - W A T E R - M A N  
A G E M E N T / M S 4 / I N D E X

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, 

2	0	1	8
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Name of MS4/Coalition 

CITY OF UTICA
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SPDES ID  

N	Y	R	2	0	A	3	6	1
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

--	--

 / 

--	--

 / 

--	--	--	--

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

3	6	5
---	---	---

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?

--	--

 / 

--	--

 / 

--	--	--	--

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, 

2	0	1	8
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Name of MS4/Coalition 

CITY OF UTICA
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SPDES ID  

N	Y	R	2	0	A	3	6	1
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**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.**

A VARIETY OF PUBLIC PARTICIPATION ACTIVITIES OCCURRED IN THE REPORTING PERIOD. THESE INCLUDED STREAM CLEAN UP EVENTS, COMMUNITY CLEAN UP EVENTS, PUBLIC MEETINGS, AND ANNUAL REPORT REVIEW. THE ANNUAL REPORT AND SWMP WERE MADE AVAILABLE FOR PUBLIC VIEWING ON OUR WEBSITE. IN ADDITION, WE POSTED NEWSLETTER ARTICLES REGARDING STORMWATER ONLINE.

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

THE COMMON COUNCIL REVIEWED THE MS4 REGULATIONS.

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

			1
--	--	--	---

*(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).**

UTILIZE FUNDING FROM STATE AND LOCAL SOURCES TO IMPROVE STORMWATER MANAGEMENT BY USING ALTERNATIVE AND TRADITIONAL PRACTICES RANGING FROM GRASS SWALES AND RAIN BARRELS TO STORMWATER RETENTION PONDS MEETING DESIGN CRITERIA FROM STORMWATER MANAGEMENT DESIGN MANUAL. IMPROVE OUTREACH EFFORTS TO DEVELOPERS REGARDING EROSION AND SEDIMENT CONTROLS ON NEW CONSTRUCTION AND REDEVELOPMENT WHERE



**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

CITY OF UTICA
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SPDES ID 

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**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 

CITY OF UTICA
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SPDES ID  

N	Y	R	2	0	A	3	6	1
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**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.**

EDUCATE RESIDENTS AND BUSINESS OWNERS ABOUT THE IMPORTANCE OF PROPER WASTE DISPOSAL. HOCPP'S VIDEOS ALSO PROVIDE TRAINING REGARDING IDDE. RICH CORIALE OF THE DEC WAS ABLE TO ALSO PROVIDE INSIGHT INTO THE WATER QUALITY ISSUES RELATED TO IDDE AND STORMWATER RUNOFF THAT ARE AFFECTING THE MOHAWK RIVER.

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

WHILE THERE WERE NO ILLICIT DISCHARGES DETECTED IN THIS REPORTING PERIOD, STAFF ARE TRAINED ON HOW TO DETECT AN OCCURENCE AND ARE LOOKING FOR THESE WHILE CLEANING OUT CATCH BASINS.

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

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

*(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 EDUCATE RESIDENTS AND LANDOWNERS ABOUT ILLICIT DISCHARGE REGULATIONS. MONITOR ILLICIT CONNECTIONS TO THE STORM SEWER SYSTEM THROUGH DRY WEATHER MONITORING. FINALIZE DETAILED SYSTEM MAPS.

**MS4 Annual Report Form**

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

2	0	1	8
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Name of MS4/Coalition

CITY OF UTICA

SPDES ID

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

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

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

How many MS4s contributed to this report? 

--	--	--

**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 certification 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?**

	1	0
--	---	---

**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? 

--	--	--

**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 # 

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

 No Authority
- Administrative Orders # 

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

 No Authority
- Enforcement Actions or Sanctions # 

					0
--	--	--	--	--	---
- Other # 

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

 No Authority

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

CITY OF UTICA

SPDES ID

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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

--	--	--

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

	1	4
--	---	---

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

	2	6
--	---	---

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

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

 %

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

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

 %

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 CITY OF UTICA

SPDES ID  
N Y R 2 0 A 3 6 1

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

E N G I N E E R I N G

Address

1 K E N N E D Y P L A Z A

City

U T I C A

N Y

Zip

1 3 5 0 2 -

Phone

( 3 1 5 ) 7 9 2 - 0 1 5 2

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

H T T P : / / C I T Y O F U T I C A . C O M / D E P A R T M E  
N T / E N G I N E E R I N G / S T O R M - W A T E R - M A N A  
G E M E N T / M S 4 / I N D E X

URL

**MS4 Annual Report Form**

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Name of MS4/Coalition

CITY OF UTICA

SPDES ID

N	Y	R	2	0	A	3	6	1
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**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.**

TRAINING OF STAFF FOR SITE PLAN REVIEW AND CONSTRUCTION SITE INSPECTIONS. THE CITY HAS REACHED OUT TO DEVELOPERS TO ENSURE REGULATIONS ARE FOLLOWED ON CONSTRUCTION SITES. DEVELOPERS ARE DIRECTED TO THE SWCD OFFICE TO ASK AND ANSWER QUESTIONS ABOUT E&S AND STORMWATER FOR THEIR SITES.

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

SITE PLANS ARE REVIEWED BY OUR ENGINEERING STAFF. OUR CODES OFFICER ACTIVELY INSPECTS ALL SITES THROUGHOUT THE DURATION OF CONSTRUCTION TO ENSURE COMPLIANCE WITH STORMWATER REGULATIONS. AS OUR CITY HAS SIGNIFICANT STORMWATER RUNOFF RELATED ISSUES, WE ALSO ACTIVELY SEEK METHODS OF RETROFITTING SITES TO ADDRESS BOTH QUALITY AND QUANTITY

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

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

(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).**

THE CITY CONTINUES TO WORK WITH LANDOWNERS AND CONTRACTORS TO ENACT SOUND BMPS ON CONSTRUCTION SITES.

### MS4 Annual Report Form

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

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Name of MS4/Coalition 

CITY OF UTICA
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SPDES ID  

N	Y	R	2	0	A	3	6	1
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### Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? 

--	--	--

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

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Infiltration Basins	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td>1</td><td> </td></tr></table>		1		<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
	1											
<input type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Ponds	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Other	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			

**2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?**  Yes    No

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

- Building Codes
- 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**

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

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Name of MS4/Coalition 

CITY OF UTICA
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SPDES ID  

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**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?**

--	--	--

**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?**

	2	0
--	---	---

 %

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

CITY OF UTICA
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SPDES ID  

N	Y	R	2	0	A	3	6	1
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#### 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.

ALL SWPPPS ARE REVIEWED BY OUR ENGINEERING DEPT TO IDENTIFY POTENTIAL ISSUES WITH E&S AND STORMWATER MANAGEMENT. OUR CODES OFFICER CONDUCTS CONSTRUCTION INSPECTIONS THROUGHOUT THE PROCESS IN ORDER TO GAGE COMPLIANCE WITH OUR LOCAL REGULATIONS. ENSURE THAT MONITORING AND MAINTENANCE OCCUE ON SCHEDULED BASIS TO ENSURE LONGEVITY OF THE PRACTICE

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

THE CITYS ENGINEERING DEPARTMENT COMMUNICATES WITH DEVELOPERS TO ENSURE THAT PROJECTS ARE IN COMPLIANCE WITH THE GP FOR CONSTRUCTION ACTIVITIES AND RELEVANT MS4 REGULATIONS.

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

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

(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).

ASIDE FROM LOGGING AND MONITORING ALL STORMWATER RELATED PRACTICES IN THE MS4 AND ENSURING MAINTENANCE OCCURS AT THE 50% CAPACITY OF THE PRACTICE, WE ALSO WILL BE DOING STORM SEWER AND INSTALLING NEW CATCHBASINS WITH HOODS ALONG 5S TO SEPARATE EXISTING COMBINED THROUGH A9.2 AS PART OF OUR LONG TERM CONTROL PLAN.

**MS4 Annual Report Form**

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

2	0	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

CITY OF UTICA
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SPDES ID  

N	Y	R	2	0	A	3	6	1
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

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

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

### MS4 Annual Report Form

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

2	0	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

CITY OF UTICA
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SPDES ID  

N	Y	R	2	0	A	3	6	1
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**2. Provide the following information about municipal operations good housekeeping programs:**

- 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 # 

		3	5	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

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

--	--	--	--	--	--
- Pesticide/Herbicide Applied # Acres 

					.	
--	--	--	--	--	---	--

  
 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

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

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

--	--

 / 

--	--

 / 

--	--	--	--

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

--	--	--

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

	3	0
--	---	---

 %

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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N	Y	R	2	0	A	3	6	1
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**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.**

CONTINUE TO TRAIN MUNICIPAL EMPLOYEES, PARTICULARLY FROM PUBLIC WORKS AND PARKS DEPTS ABOUT BEST MANAGEMENT PRACTICES THAT PROTECT WATER QUALITY. SUCH PRACTICES INCLUDE SAND AND SALT STORAGE AND APPLICATION, VEHICLE WASHING, AND STREAM MAINTENANCE.

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

STREAM MANAGEMENT TRAININGS HELD DURING PRIOR REPORTING PERIOD ADDRESSED BMPS TO RESTORE RIPARIAN BUFFERS ON ERODING STREAMBANKS.

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

			1
--	--	--	---

(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).**

UTILIZE STATE AND LOCAL FUNDING TO INSTALL BMPS TO ADDRESS STORMWATER MANAGEMENT ON PUBLIC LANDS AND INFRASTRUCTURE. ALSO INSTALL NEW STORM SYSTEMS IN ACCORDANCE WITH OUR LONG TERM CONTROL PLAN TO REDUCE COMBINED SYSTEMS, WHILE INSTALLING CATCHBASINS WITH HOODS TO REDUCE SEDIMENT INTAKE.

### MS4 Annual Report Form

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

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Name of MS4/Coalition 

CITY OF UTICA
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SPDES ID  

N	Y	R	2	0	A	3	6	1
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### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? 

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**MS4s must answer the questions or check NA as indicated in the table below.**

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-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
<b>Onondaga Lake Watershed</b>	-	-	-
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
<b>Greenwood Lake Watershed</b>	-	-	-
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
<b>Oyster Bay</b>	-	-	-
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
<b>Peconic Estuary</b>	-	-	-
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
<b>Oscawana Lake Watershed</b>	-	-	-
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
<b>LI 27 Embayments</b>	-	-	-
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, 

2	0	1	8
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SPDES ID  

N	Y	R	2	0	A	3	6	1
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes    No    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?  Yes    No    N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?  Yes    No    N/A

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

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

		0
--	--	---

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? 

--	--	--

 %  
 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?  Yes    No    N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  Yes    No    N/A

**MS4 Annual Report Form**

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**9. Has your MS4/Coalition developed and implemented a program of native planting?**

Yes  No  N/A

**10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**

Yes  No  N/A

**11. Does your MS4/Coalition have a pet waste bag program?**

Yes  No  N/A

**12. Does your MS4/Coalition have a program to manage goose populations?**

Yes  No  N/A