#### MS4 Annual Report Cover Page

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

This	cover	page	must be	completed	by the	report	preparer.
Joint	repor	rts req	uire only	y one cove	r page.		

SPI	DES	ID						
N	Y	R	2	0	A	3	6	1

#### **Choose one:**

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

Fill in SPDES ID in upper right hand corner.

	16 (	of N	IS4																	
С	Ι	Т	Y	(	О	F	U	Т	I	С	A									

#### OR

This report is being submitted on behalf of a Single Entit		This	report	is	being	submitted	on	behalf	of a	Single	Entit
--	--	------	--------	----	-------	-----------	----	--------	------	--------	-------

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

Name of Coalition

Nam	e of	f Si	ngle	e En	tity												

#### **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.

rume of Countrion		
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	NYR20A	N Y R 2 O A

# **MS4 Annual Report Cover Page**

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

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

100 000						**************************************		1
SPD	ES	ID						
N	Y	R	2	0	A			
SPD	ES	ID						
N	Y	R	2	0	Α			
SPD	ES	ID						
N	Y	R	2	0	Α			
SPD	ES	ID					_	
N	Y	R	2	0	A			
SPL	ES	ID			-			
N	Y	R	2	0	Α			
SPE	ES	ID						
N	Y	R	2	0	А			
SPL	ES	ID						
N	Y	R	2	0	Α			
SPL	ES	ID						
N	Y	R	2	0	А			
SPL	ES	ID						_
N	Y	R	2	0	Α			
SPL	ES	ID						
N	Y	R	2	0	А			
SPL	ES	ID						
N	Y	R	2	0	А			
SPL	ES	ID						
N	Y	R	2	0	Α			
SPL	DES	ID						
N	Y	R	2	0	А			
SPL	ES	ID						
N	Y	R	2	0	Α			
SPL	DES	ID						-
N	Y	R	2	0	А			
SPL	DES	ID					-	
N	Y	R	2	0	А			
SPL	DES	ID			-		-	
N	Y	R	2	0	A			
SPL	DES	ID			7			
N	Y	R	2	0	А			

SPDES	SID			,
N Y	R	2	0	A
SPDES	SID			
NY	R	2	0	A
SPDES	SID			
NY	R	2	0	A
SPDES	SID			
NY	R	2	0	A
SPDES	SID			
N Y	R	2	0	A
SPDES	SID			
N Y	R	2	0	A
SPDES	SID			
N Y	R	2	0	A
SPDES	SID			
N Y	R	2	0	A .
SPDES	SID			
N Y	R	2	0	A
SPDES	SID			
N Y	R	2	0	A
SPDES	SID			
N Y	R	2	0	A
SPDES	SID			
NY	R	2	0	A
SPDES	SID			
N Y	R	2	0	A
SPDES	SID			
N Y	R	2	0	A
SPDES	SID			
N Y	R	2	0	A
SPDE	SID			
N Y	R	2	0	A
SPDE	S ID			
N Y	R	2	0	A
SPDE	SID			
		2	0	A

SPL	DES	ID					
Ν	Y	R	2	0	А		
SPL	DES	ID					
N	Y	R	2	0	А		
SPL	DES	ID					
N	Y	R	2	0	А		
SPL	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	A		
SPL	DES	ID					
N	Y	R	2	0	А		
SPE	DES	ID					
N	Y	R	2	0	А		
SPL	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	А		
SPL	DES	ID					
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					-
N	Y	R	2	0	А		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID		L	i	-	
N	Y	R	2	0	А		
SPI	DES					-	
N	Y	R	2	0	А		
SPI	DES	ID				1	
N	Y	R	2	0	А		
	DES						-
N	Y	R	2	0	А		
	_						

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

	SPI	DES	ID						
Name of MS4 CITY OF UTICA	N	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 a	.ccep	tan	ce c	of:					
● An Annual Report for a single MS4									
○ A Single Entity (Per Part II.E of GP-0-10-002)									
○ A Joint Report									
Joint reports may be submitted by permittees with legally bindin	g ag	ree	me	nts.					
If Joint Report, enter coalition name:									
	T								
	<u> </u>								

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

	SPI	DES	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 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
- Report Preparer

Firs	t Na	ame														MI		Las	t Na	me									 	
D	Ε	В	0	R	Α	Н												D	Ą	Y										
Titl	e																													
Ε	N	G	Ι	Ν	Ε	Ε	R																							
Add	lres	s																												
0	N	Ε		K	Ε	N	N	Ε	D	Y		Р	L	А	Z	А														
City	/																			St	tate		Zip					,		
U	Т	I	С	Α																N	1	Y	1	3	5	0	2	-		
eMa	ail																													
D	D	А	Y	@	С	I	Т	Y	0	F	U	Т	I	С	А		С	0	Μ											
Pho	ne											2						Cou	ınty											
(	3	1	5	)	7	9	2	-	0	1	5	2						0	N	Ε	Ι	D	А							

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

		SPI	DES	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 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
- O Report Preparer

Firs	t Na	ıme														МІ	7	Las	t Na	me									 	
R	0	В	Ε	R	Т								·					Р	A	·L	M	I	E	R	I					
Title	e							P																						
M	А	Y	0	R																										
Add	lres	S																												
0	N	Ε		K	Ε	N	Ν	Ε	D	Y		Р	L	Α	Z	A														
City	/																			S	tate		Zip							
	-			_																										
U	Т	Ι	С	Α																1	1 .	Y	1	3	5	0	2	-		
U eMa		Ι	С	Α																1	1	Y	1	3	5	0	2	-		
		I		A R	@	С	I	Т	Y	O	F	U	Т	I	С	A		С	0	M	1	Y	1	3	5	0	2	-		
eМa	ail A				@	С	I	Т	Y	0	F	U	Т	I	С	А		C Cou		М	N :	Y	1	3	5	0	2	-		

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

		SPI	DES	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 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
- Report Preparer

Firs	t Na	ıme				,										MI	1	Las	t Na	me									 	
S	Т	Ε	Р	Н	A	N	I	Ε										W	U	R	Z									
Title	e																													
Ά	S	S	I	S	Т	А	N	Т		Ε	N	G	I	N	Ε	Ε	R													
Add	lres	S																												
0	N	Ε		K	Ε	N	N	Ε	D	Y		Р	L	Α	Z	A														
City	/																			St	tate		Zip					,		
		_	~	-																_	_   .						_			
U	Т	Ι	С	Α																I	1	Y	1	3	5	0	2	-		
eMa		Ι	C	А																1	1	Y	1	3	5	0	2	-		
		I U	R	A Z	@	С	I	Т	Y	0	F	U	Т	I	С	А	•	С	0	M	1	Y	1	3	5	0	2	-		
eMa	ail W.				@	С	I	Т	Y	0	F	U	Т	I	С	А		C Coi		М	N	Y	1	3	5	0	2	-		

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

SPDES ID

Nan	ne of	IVI	54																				IN	Y	Л		U	A		0	1
	etio													1				11													
perio	your od?	IVI S	4 W	Ork	. W1	ın p	arti	ners	s/co	ant	ıon	to c	com	ipie	te s	om	e oi	all	per	mı	t re	quir	eme	ents	s du	rınş		1 <b>S r</b> ( ) Y∈			g No
If Y	es, c	omj	ole	te ir	ıfoı	rma	tio	n b	elo	w.																					
	Subn			-																									3		
	accep			•																								he			
	coali o, pr							•									eet	tor	eac	ch I	VIS	4 in	the	e co	oalı	t101	1.				
11 11	o, pi	000	cu	10 .	3001	1101	. +	- 0	CITI	110	atio	пз	iai		CIII.	•															
	er/Co		on l	Vam			_			_			_			I				2	Τ										
		K	•	Ш	0	N	Ε	Ι	D	A		C	0	U	N	Т	I	Ε	S		С	0	M	Р	•		Р			N	
Partn	er/Co	alit	ion ]	Nam	ie(c	on't	.)						-								_						r ID	- If	app	olica	ble
																							N	Y	R	2	0				
Addr		1																			1	1									
3	2 1		M	A	I	N		S	Т																						
City		_				1		1	_	1	1								St	ate		Zip					1				
U '	TI	C	A																N	1 .	Y	1	3	5	0	1	-				
eMai	1				,				,		,																				
J ]	BR	Ε	I	Т	Ε	N	@	0	С	G	0	V		N	Ε	Т	Y														
Phon	e																	Ι.	~a11	D	:4:		<b>1</b>					J			
(	3 1	5	)	7	9	8	-	5	7	1	0										mai )-08						ccor	Ye		0	No
11/1 <sub>-</sub>		1/			- 11-	:1:4:			_1		1	· 41.	41. 1						n r	1 0	1	1	D					1. *			
wna	at tas	KS/	res	pon	SID	11111	es	are	sna	arec	ı w	ıtn	tnis	s pa	artn	er (	e.g	g. IV.	HVL	1 5	chc	100	Pro	gra	ms	or	Μu	ıltıp	ole	Tas	sks)
• M	M1	0	U	Т	R	Е	А	С	Н		Т	0		R	Ε	S	I	D	Е	N	Т	S									
<ul><li>M</li></ul>	M2	S	W	M	Р		W	Ε	В		A	Р	Р	L	I	С	A	Т	I	0	N	S									
<ul><li>M</li></ul>	M3	Т	R	A	Т	N	Т	N	G									<u> </u>													
		_		_																	_										
<ul><li>M</li></ul>	.IVI4	T	R	A	1	IN	1	N	G																						
<ul><li>M</li></ul>	M5	Т	R	A	I	N	Ι	N	G																						
<ul><li>M</li></ul>	M6	Т	R	A	I	N	Ι	N	G																						
Ado	litior	nal t	ask	cs/r	esn	ons	ibi	litie	es											•			•						-		
0	Wat									too	υ <i>R</i> .	act	Mo	ma	oran	1011	+ D:	uaa	tico	. c. r	aau	ira	d fo	N	10/	۱۰ ;	n in	nno	ina	d	
	wate									0.						ieri	111	uc	iice	3 1	cqu	11 00	a IO	)1 IV	134	13 11	.1 11)	пра	.11 0	J	
										- 0	- 0.																				

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

																			_			SPI	DES	ID						
Name of	MS	54	CITY	OF	UTI	CA																N	Y	R	2	0	A	3	6	1
Section	13	- F	ar	tn	er	Inf	for	ma	atio	on.																				
oid your											to c	com	ple	te s	ome	e or	all	per	mi	t rec	quir	em	ents	s du	rin	g th	is r	еро	rting	g
eriod?																											) Y (	3 S	$\circ$	No
Yes, c Subm accep coali	nit a oted.	se If	par you	ate ur N	she MS-	eet 4 co	for oop	eac era	ch p	wi	th a	a co	ali	tior	ı, sı	ubn	nit	one	sh	eet	wi	th t	he	nar	ne	of t		e		
No, pr													•					,	, TT T	•10				Jun	· CIO					
artner/Co	aliti	on N	Vam	e																										
R U S	Т		Т	0		G	R	Ε	Ε	N																				
artner/Co	aliti	on l	Vam	e(c	on't	.)															1	SPI	DES	Par	tne	r ID	) - It	fapp	lica	ble
																						N	Y	R	2	0				
ddress						-																				T				
4 4 0		K	Ε	Ν	N	Ε	D	Y		Н	Α	L	L																	
ity					1	1		1										St	ate		Zip					1				
ITH	A	С	A															N	1 7	Z	1	4	8	5	3	_				
/Iail																				I		1		1	1	1	1			
						0																37								7.
hone		\				1				4	1													ent						
( 6 0	7	)	3	9	8	_	0	7	2	4							wi	th G	iP-C	-08	-002	2 Pa	rt I	V.G	.?		) Y	es	0	No
Vhat tas	sks/r	esp	pon	sib	iliti	ies	are	sha	arec	l w	ith	thi	s pa	ırtn	er (	(e.g	g. N	ſМ	1 S	cho	ool	Pro	gra	ıms	or	Μι	alti	ple	Tas	ks
MM1	Р	U	В	L	I	С		0	U	Т	R	E	A	С	Н		G	I												
IVIIVI										_	10		11		11											_		_		
MM2	Р	U	В	L	I	С		Р	A	R	Т	I	С	I	Р	A	Т	I	0	N		0	N		G	I				
MM3																							10						-	
					-		_	<u> </u>					<u></u>								<u> </u>			<u> </u>			<u> </u>			_
MM4																														
MM5											a																			
MM6								L																			<u> </u>	1		
																				_		1								
Addition	nal t	ask	cs/r	esp	ons	sibi	liti	es																						
Wat															ıen	t Pi	rac	tice	es r	equ	iire	d fo	or N	$AS^2$	4s i	n iı	npa	aire	d	
wate	ersh	eds	s in	clu	dec	l in	GF	<b>'-</b> ()-	-08	-002	2 P	art	IX.																	

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  9

SPDES ID

perio	our	n 3 MS								-		to c	com	ple	te s	ome	e or	all	per	mit	rec	quir	eme	ents	du	ring		is re			g No
If Yo S a	es, c Subr cce <sub>l</sub> oali	nit a oted tion	se . If . It	para you is r	ate ur N not	she AS4 nec	et : 4 co ess	for oop sary	eac era to	h p ted inc	wi luc	th a le a	sej	ali para	tior ate	ı, sı she	ıbn	nit	one	sh	eet	wi	th t	he	nar	ne	no of t	t be			110
Partn					e		_																								
ON			D,			C		U	N	Τ	Y		S	W	С	D							CDE	NE C	D	<u></u>		1.0		1.	
Partn	er/C	oant	on I	Nam	ie (c	ont	.)																		Par R		r ID 0	- 11	app	lica	ble
Addre	ess																							_							
	2 1		S	Ε	С	0	N	D		S	Т																				
City																			St	ate		Zip					1				
O	R I	S	K	А	N	Y													N	Y		1	3	4	2	4	-				
eMail	L																														
Phon			\	7	2	_			_	_	4	]							gall												
(	3 1	. 5	)	.7	3	6	-	3	3	3	4							wi	th G	P-0	-08	-002	2 Pa	rt IV	V.G	.?	С	Ye	S	$\circ$	No
																															dea)
Wha	at ta	sks/	resp	on	sib	iliti	es	are	sha	irec	l W	ith	this	s pa	ırtn	er (	e.g	,. M	IM1	S	cho	ol	Pro	gra	ms	or	Mι	ıltip	ole	Tas	KS)
Wha		sks/	resp U	on T	sib R		es A	are C	sha H	arec	l w		this D	s pa	irtn E	er (	e.g	. M	IM1	T S	cho I	ol o	Pro N	gra	ms	or	Мι	ıltip	ole	Tas	sks)
• M	M1	0	U	Т	R	Е	A	С	Н			N	D			D	U	С	A	Т		0	N	gra	ms	or	Mu	ıltip	ole	Tas	
	M1			T	R O			C	,	G				pa D			_		A					gra	ms	or	Mu	ıltip	ole	Tas	
• M	M1 M2	0	U	Т	R	Е	A	С	Н			N	D			D	U	С	A	Т		0	N	gra	G	or	Mu	ıltip	ole	Tas	
<ul><li>M</li><li>M</li></ul>	M1 M2 M3	O	U E	T P S	R O	E R E	A	C	H	G	A	N	D N	D	Ε	D	U L	C E	A	T	I	O	N P	N		or	Mu E	C	T	Tas	0
<ul><li>M</li><li>M</li><li>M</li><li>M</li></ul>	M1 M2 M3 M4	O R I	U E N	T P S A	R O P	E R E N	A T C	C I T	H N I	G	A N P	N A L	D N A	D N	E D	D C	U L R E	C E E V	A A P	T N O	I	O	N P I	N	G						
<ul><li>M</li><li>M</li><li>M</li><li>M</li><li>M</li><li>M</li></ul>	M1 M2 M3 M4 M5	O R I T	U E N R	T P S A	R O P I	E R E N	A T C I	C I T N	H N I G	G	A N P	N A L	D N A A	D N N	E D	D C R	U L R E	C E V	A P I	T N O E	I	O T	N P I	N	G	P	E	C	Т	I	0
<ul><li>M</li><li>M</li><li>M</li><li>M</li></ul>	M1 M2 M3 M4 M5	O R I	U E N R	T P S A	R O P	E R E N	A T C I	C I T N	H N I G	G	A N P	N A L	D N A	D N N P	E D	D C	U L R E	C E E V	A A P	T N O E	I	O	N P I	N	G					I	

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

SPDES ID

Nar	ne	of	MS	54 <sup>c</sup>	CITY	OF	UTI	CA	-															Ν	Y	R	2	0	Α	3	6	1
Se	<u>et</u>	ion	13	- P	ar	tn	er	Inf	for	ma	atio	<u>on</u>																				
Did beri		our l l?	MS	4 w	ork	wit	th p	artı	ners	s/co	aliti	ion	to c	com	ple	te s	ome	e or	all	per	mit	rec	quir	eme	ents	du	ring		is re			g No
1	Sı ac	s, co ubm cep alit	it a	se <sub>l</sub>	oar you	ate ur N	she MS	et : 4 c	for oop	eac era	ch p	wi	th a	a cc	ali	tior	ı, sı	ıbn	nit	one	sh	eet	wi	th t	he	nar	ne	of t		2		
		, pro							•																							
	nei N	r/Co E		on N D		e	Н	E	R	K		S	0	L	I	D		W	А	S	Т	E		А	U	Т	Н	0	R	I	Т	Y
		r/Co				10.60			Λ	IX		۵	0	ш		ע		VV	A	۵		ь										
arti	10	1/00	ann	OH	Naii.	10 (0	OII t	.,																	Y Y		2	r ID 0	- 11	арр	IICa	ible
Addı	·es	29																														<u> </u>
- 1	6	0	0		G	Ε	N	Ε	S	Ε	Е		S	Т																		
City																				St	ate		Zip				4					
	Т	I	С	А																N			1	3	5	0	2	_				
Ma	— i1							-												J								1				
Phor	ne													-					La	gall	., D	ind:	n 0 /	1 0000		nnt i	in 0.	220	don			
(	3	1	5	)	7	3	3	-	1	2	2	4								gan th G									Ye		$\circ$	No
Wh	at	tas	ks/1	resp	on	sib	iliti	es	are	sha	arec	l w	ith	this	s pa	ırtn	er (	e.g	j. N	IM:	1 S	cho	ol	Pro	gra	ms	or	Μι	ıltip	ole	Ta	sks
<b>D</b> N	ſΝ	11	R	E	С	Y	С	L	I	N	G		&		Н	А		W	А	S	Т	Е		0	U	Т	R	Е	А	С	Н	
) N																																
) N																				l												
O N																		,														
) N	1N	15																														
		16	S	0	L	I	D		W	A	S	Т	E		M	G	М	Т		&		R	E	С	Y	С	L	I	N	G		
	ſΝ						1	-	-	-	-	-		-	-	-				-			-	+	-	-	-	-	-	-	-	-
N			1.		,			., .	1																							
• N	di <sup>.</sup>	tion <i>Vate</i> vate	ersk	ned	Im	pro	vei	ner	it S	trai							ien	t Pi	rac	tice	es re	equ	ire	d fo	or N	1S4	4s i	n ir	npa	iire	d	

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

	SPI	DES	ID						
Name of MS4 CITY OF UTICA	N	Y	R	2	0	А	3	6	1

#### **Section 4 - Certification Statement**

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

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

First Name R O B E R T	MI	Last Name P A L M I E R I
Title (Clearly print title of individual signing report)  M A Y O R		
Signature	•	Date 0 5 / 2 4 / 2 0 1 9

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

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

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

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

	If s	ubr	nitt	ing	thi	s fo	rm	as p	art	of	a jo	int	rep	ort	on l	oeh	alf	of a	co	aliti		leav SPE			ES	ID	bla	nk.		
Name of M	S4/0	Coa	litic	on C	CITY	OF U	UTIC	CA						-									Y		2	0	Α	3	6	1
The information of the original of the origina									ing			ž			one)		<u>re</u>	nd	<u>s</u>											
On beh		of a	co	alit	ion				but	ed	to t	his	rep	ort	:?															
1. Has relat One.	ed 1	to s	tor	rmv	vat	ter?	İf	no			•		-						_			-				eas	ure Ye		0	No
If Yes, ch								_																						
○ Report(  • Web Pa		(s) v	whe	ere i	repo	ort(s	s) is	s/ar	e pı	ovi					ere i	repo	ort(	(s) (	can	be	acc	cess	sed	- n	ot l	ıon	ne p	age	e.	
	URL H	Т	Т	Р		/	/	W	W	W		С	I	Т	Y	0	F	U	Т	I	С	A		С	0	М	/	D	Е	Р
	A	R	Т	M	E	N	Т	S	/	Е	N	G	I	N	E	E	R	I	-	G	/	S	Т	0	R	M	-	W	А	Т
	E	R	-	M	А	N	А	G	Е	М	Е	N	Т	/	М	S	4	/	I	N	D	Ε	Х							
	URL	,																											÷	
																									,					
	URL	,																												
	URL	,																												

Other

### **MS4 Annual Report Form**

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

CITEM OF LEDICA	SPDES ID
Name of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul>	
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach d	luring this reporting period:
Construction Sites	<ul> <li>Pesticide and Fertilizer Application</li> </ul>
General Stormwater Management Information	Pet Waste Management
<ul> <li>Household Hazardous Waste Disposal</li> </ul>	<ul><li>Recycling</li></ul>
O Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
Infrastructure Maintenance	● Trash Management
○ Smart Growth	O Vehicle Washing
○ Storm Drain Marking	<ul><li>Water Conservation</li></ul>
• Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	O None
Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ● Contractors	
<ul><li>Residential</li><li>Developers</li></ul>	
O Businesses O General Public	
○ Restaurants ○ Industries	
Other: • Agricultural	

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

																				3			SPD	ES	ID						
Jame o	of M	S4/	Coa	litic	on C	ITY	OF U	JTIC	A														N	Y	R	2	0	A	3	6	1
3. W					es o										e to	ac	hie	ve	edı	ıca	tio	n a	nd	out	trea	ach	go	als	du	rin	ıg
Con	ıstrı	ıcti	on S	Site	Ор	era	tors	Tr	aine	ed													#	# Tr	aine	ed					
) Dire	ect	Ma	ilin	gs																			#	Ma	ilin	gs					-
○ Kio	sks	or (	Oth	er I	Disp	olay	S																# I	Loca	atio	ns					
List	-Se	rves	S																					# I	n Li	ist					
) Mai	ling	g Li	st																					# I:	n Li	ist					
) Nev	vspa	apei	· A	ds c	or A	rtic	les																# I	Day	s Rı	ın					
Pub	lic	Eve	ents	/Pre	eser	ntati	ons																# A	Atte	nde	es					
Sch	ool	Pro	gra	ım																			# A	Atte	nde	es				-	
TV	Spo	ot/P	rog	ram	1																		# I	Day	s Rı	ın					
) Prin	ited	Ma	ater	ials	:																To	otal	# Di								
I					brar					kio	sks)																				
	С	I	Т	Y		H	A	L	L																						
										_		-	_						-												
								1										-													
● Oth	er.	•																													
		0	С	С	Р	Р		V	I	D	Ε	0	S																		
Wel		age:			ovid edec		oeci	fic	wel	o ac	ldre	esse	S - 1	not	hon	ne p	oage	e. (	Con	tinu	ie o	n ne	ext j	pag	e if	ad	ditio	ona	l sp	ace	is
Н		Т	Р	:	/	/	W	W	W		0	С	G	0	V		N	Ε	Т	/	0	N	Ε	I	D	А	/	Р	L	А	N
URI	L		,																												
Н	Т	Т	Р	:	/	/	W	W	W		С	I	Т	Y	0	F	U	Т	Ι	С	А		С	0	М	/	D	Е	Р	А	R
Т	M	Е	N	Т	S	/	E	N	G	I	N	E	Ε	R	I	Ŋ	G	/	S	Т	0	R	M	-	М	А	N	A	G	E	M
E	N	Т	/	M	S	4	/	I	N	D	Е	X																			

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

																							SPI	DES	ID						
ne c	f M	S4/	Coa	litic	on	CITY	OF	UTIO	CA														N	Y	R	2	0	A	3	6	1
	eb								de s	spec	cifi	c w	eb	ado	dres	ses	- n	ot	hon	ne j	pag	e.									
Н	Т	Т	Р	:	/	/	М	0	Н	A	W	K	R	I	V	E	R		0	R	G	/	M	А	N	А	G	Ε	M	Ε	1
Т	-	Р	L	А	N																										
URL																			,												
Н	Т	Т	Р	:	/	/	W	W	W	•	0	Н	S	W	A	•	0	R	G	/											
URL H	Т	Т	Р	:	/	/	W	W	W		0	С	G	0	V		N	E	Т	/	Р	т.	А	N	N	Т	N	G	/	S	(
В	I	-			/	'										•						_									
																															I
URL	,								I						Ì																
URL	,																														
URL	,																														T
																															H
																															T
URL	,																														
							-					-																			<u> </u>

CONTROL

#### **MS4 Annual Report Form**

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

If submittin	ng this form as part of a joint report on behalf o				ID	blank.	(	
	CITEV OF LITTICA			SID	0	7 2		-
Name of MS4/Coalition	CITY OF UTICA	IN	Y	R 2	0	A 3	6	1
Jse this page to repo dentified in your St	gress Toward Measurable Goals MCM 1 ort on your progress and project plans towa ormwater Management Program Plan (SW tional pages as needed.	ard achieving m			_		Par	t
A. Briefly summar	rize the Measurable Goal identified in th	e SWMPP in t	his	repo	rtin	g per	iod.	r
INCLUDES SIGNI CORNELL COOPI INFRASTRUCTUI THROUGH STATI	ICA'S STORMWATER MANAGEMENT FICANT INFORMATION ABOUT OUR ERATIVE EXTENSTION AS WELL AS I RE PROJECTS AND SEWER SEPARATI E AND FEDERAL GRANTS. WE ALSO	RUST TO GR HOST OF SUC ION PROJECT PARTICIPAT	EE CE S F	N EFI ESSFU FUND	FOF L ( ED	RTS W GREE	N	Н
B. Briefly summar Goal.	rize the observations that indicated the o	verall effective	ene	ss of t	his	Meas	ura	ıble
ABLE TO TRAIN	EPORT IS POSTED ON OUR WEBSITE APPROX. 140 LOCAL CONTRACTORS FROL COURSE. COMMENTS IN PUBLI ST TO GREEN.	USING DEC'S	S 4	HR EI	ROS	SION	AN	
C. How many time	es was this observation measured or eval	luated in this r	ерс	orting	pe	riod?		
							1	
D. Has your MS4	made progress toward this Measurable (	Goal during th	is ı		ing	ples/pa perio Yes	od?	
E. Is your MS4 on	schedule to meet the deadline set forth i	in the SWMPF	?		•	Yes	0	No
•	rize the stormwater activities planned to ing cycle (including an implementation s		s of	this I	ИС	M du	rinş	y 5
ADDRESS ONGO	ORK WITH RESIDENTS, LANDOWNE ING STORMWATER MANAGEMENT I QUALITY OF WATER. MAKE STRON	SSUES THAT	AF	FFECT	В	ОТН	IC	

WORKSHOPS AND PRINTED MATERIALS TO ENSURE THAT NEW DEVELOPMENT COMPLIES WITH LOCAL LAWS REGARDING STORMWATER AND EROSION SEDIMENT

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

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 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 # 9 2 0 1 Phone # Community Meetings # Attendees 0 0 1 Plantings 7 5 Sq. Ft. 0 O Storm Drain Markings # Drains Stakeholder Meetings # Attendees 1 5 O Volunteer Monitoring # Events B L E Other: PERMEA PA V E R S 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes O No O List-Serve # In List O Newspaper Advertising # Days Run O TV/Radio Notices # Days Run 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 0 1 9
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

ne c	of M	S4/	Coa	litic	on C	CITY	OF 1	UTIC	CA														N	Y	R	2	0	A	3	6	1
Pl	eas		con rov			ec	ific	ad	dre	ess(	es)	wł	iero	e n	otic	e(s	) c:	an l	be :	acc	ess	ed	- ne	ot ł	on	ıe p	oag	e.			
uri H	T	Т	Р	:	/	/	W	W	W		С	I	Т	Y	0	F	U	Т	I	С	А		С	0	M	/	D	Ε	Р	А	R
Т	M	E	N	Т	S	/	E	N	G	I	-	-	E	R	I	N	G	-	-	-	0	R	-	-	-	A		E	-	-	M
A	N	А	G	E	М	E	N	Т	/	М	S	4	/	I	N	D	E	X													
URI	_																														
Н	Т	Т	Р	:	/	/	W	W	W		0	Н	S	W	A		0	R	G	/											
URI	_																														
																														-	_
							-																								_
URI	1																														
																															<u></u>
																															_
URI																															
UKI																															Γ
																															T
URI	-																														-
UR	L						1												-												T
																-													<u> </u>		
																															_

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

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

SPDES ID

of MS4/Coalition CITY OF UTICA		N .	Y R	2	0 .	A 3	6
URL(s) con't.: Please provide specific address(es) where notices of the state of th	can be accessed -	not l	ome	e pa	ge.		
RL.							
RL				-			
			-				
RL			-				
			+				+
							+
N							
RL.							
							1
						-	+
RL.							
				1			
RL							

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

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 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 ReportSWMP Plan Comments Department ENGINEERING Address 1 K E N N E D Y PLAZA City Zip UT ICA NY 3 5 0 2 1 Phone 1 5 7 9 2 0 1 5 2 O Library Address O Annual Report O SWMP Plan Comments City Zip Phone ○ Annual Report ○ SWMP Plan Comments Other Address City Zip Phone Annual ReportSWMP Plan Web Page URL: H T T P C ITYOFUTICA . C O M / D E P A R T M ENTS ENGINEERING STORM-WATER - 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. O eMail Comments

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

	SPL	DES ID	,				
Name of MS4/Coalition CITY OF UTICA	N	Y R	2	0 A	3	6	1
<b>4.a.</b> If this report was made available on the internet, what date Leave blank if this report was not posted on the internet.	was it po	osted?		1			
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	g a joint r	eport,	ans	wer 5	5.b		
5.a. Was an Annual Report public meeting held in this reportin If Yes, what was the date of the meeting?	g period?	/		O Y	res	•	No
If No, is one planned?				• Y	'es	0	No
5.b. Was an Annual Report public meeting held for all MS4s co	ntributin	g to tl	nis	renoi	rt dı	urir	ıσ
this reporting period?		,		• Y			No
If No, is one planned for each?				$\circ$ Y	es.	0	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.				O Y	'es		No

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

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
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
DURING THIS REPORTING PERIOD, STREAM CLEAN UP UP, PUBLIC MEETINGS, AND ANNUAL REPORT REVIEW PUBLIC PARTICIPATION ACTIVITIES. THE ANNUAL REPORT AVAILABLE FOR PUBLIC VIEWING ON OUR WEBSITE.	HAS TAKEN PLACE AS
B. Briefly summarize the observations that indicated the ove Goal.	rall effectiveness of this Measurable
THE COMMON COUNCIL REVIEWED THE MS4 REGULA	TIONS
C. How many times was this observation measured or evalua	ated in this reporting period?
D. Has your MS4 made progress toward this measurable goa	
E. Is your MS4 on schedule to meet the deadline set forth in	the SWMPP?  • Yes O 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
UTILIZE FUNDING FROM STATE AND LOCAL SOURCES MANAGEMENT BY USING ALTERNATIVE AND TRADIT FROM GRASS SWALES AND RAIN BARRELS TO STORM MEETING DESIGN CRITERIA FROM STORMWATER MANAGEMENT OUTREACH EFFORTS TO DEVELOPERS REGA	TONAL PRACTICES RANGING WATER RETENTION PONDS NAGEMENT DESIGN MANUAL.

CEDIMENT CONTROL CON NEW CONCEDUCTION AND DEDEVEL ODMENT

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

	SPDES ID
Name of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
Minimum Control Measure	3. Illicit Discharge Detection and Elimination
The information in this section is being report	ted (check one):
On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed	to this report?
1. Enter the number and approx. perce	ent of outfalls mapped: # 1 0 0 %
2. How many of these outfalls have bee reporting period (outfall reconnaissa	en screened for dry weather discharges during this ance inventory)?
	rsheds were targeted for inspection during this
reporting period?	
reporting period?  O Auto Recyclers	<ul><li>Landscaping (Irrigation)</li></ul>
	<ul><li>Landscaping (Irrigation)</li><li>Marinas</li></ul>
O Auto Recyclers	
<ul><li>Auto Recyclers</li><li>Building Maintenance</li></ul>	○ Marinas
<ul><li>Auto Recyclers</li><li>Building Maintenance</li><li>Churches</li></ul>	<ul><li> Marinas</li><li> Metal Plateing Operations</li></ul>
<ul> <li>Auto Recyclers</li> <li>Building Maintenance</li> <li>Churches</li> <li>Commercial Carwashes</li> </ul>	<ul><li>Marinas</li><li>Metal Plateing Operations</li><li>Outdoor Fluid Storage</li></ul>
<ul> <li>Auto Recyclers</li> <li>Building Maintenance</li> <li>Churches</li> <li>Commercial Carwashes</li> <li>Commercial Laundry/Dry Cleaners</li> </ul>	<ul><li>Marinas</li><li>Metal Plateing Operations</li><li>Outdoor Fluid Storage</li><li>Parking Lot Maintenance</li></ul>
<ul> <li>Auto Recyclers</li> <li>Building Maintenance</li> <li>Churches</li> <li>Commercial Carwashes</li> <li>Commercial Laundry/Dry Cleaners</li> <li>Construction Vehicle Washouts</li> </ul>	<ul> <li>Marinas</li> <li>Metal Plateing Operations</li> <li>Outdoor Fluid Storage</li> <li>Parking Lot Maintenance</li> <li>Printing</li> </ul>
<ul> <li>Auto Recyclers</li> <li>Building Maintenance</li> <li>Churches</li> <li>Commercial Carwashes</li> <li>Commercial Laundry/Dry Cleaners</li> <li>Construction Vehicle Washouts</li> <li>Cross-Connections</li> </ul>	<ul> <li>Marinas</li> <li>Metal Plateing Operations</li> <li>Outdoor Fluid Storage</li> <li>Parking Lot Maintenance</li> <li>Printing</li> <li>Residential Carwashing</li> </ul>
<ul> <li>Auto Recyclers</li> <li>Building Maintenance</li> <li>Churches</li> <li>Commercial Carwashes</li> <li>Commercial Laundry/Dry Cleaners</li> <li>Construction Vehicle Washouts</li> <li>Cross-Connections</li> <li>Distribution Centers</li> </ul>	<ul> <li>Marinas</li> <li>Metal Plateing Operations</li> <li>Outdoor Fluid Storage</li> <li>Parking Lot Maintenance</li> <li>Printing</li> <li>Residential Carwashing</li> <li>Restaurants</li> </ul>
<ul> <li>Auto Recyclers</li> <li>Building Maintenance</li> <li>Churches</li> <li>Commercial Carwashes</li> <li>Commercial Laundry/Dry Cleaners</li> <li>Construction Vehicle Washouts</li> <li>Cross-Connections</li> <li>Distribution Centers</li> <li>Food Processing Facilities</li> </ul>	<ul> <li>Marinas</li> <li>Metal Plateing Operations</li> <li>Outdoor Fluid Storage</li> <li>Parking Lot Maintenance</li> <li>Printing</li> <li>Residential Carwashing</li> <li>Restaurants</li> <li>Schools and Universities</li> </ul>
<ul> <li>Auto Recyclers</li> <li>Building Maintenance</li> <li>Churches</li> <li>Commercial Carwashes</li> <li>Commercial Laundry/Dry Cleaners</li> <li>Construction Vehicle Washouts</li> <li>Cross-Connections</li> <li>Distribution Centers</li> <li>Food Processing Facilities</li> <li>Garbage Truck Washouts</li> </ul>	<ul> <li>Marinas</li> <li>Metal Plateing Operations</li> <li>Outdoor Fluid Storage</li> <li>Parking Lot Maintenance</li> <li>Printing</li> <li>Residential Carwashing</li> <li>Restaurants</li> <li>Schools and Universities</li> <li>Septic Maintenance</li> </ul>
<ul> <li>Auto Recyclers</li> <li>Building Maintenance</li> <li>Churches</li> <li>Commercial Carwashes</li> <li>Commercial Laundry/Dry Cleaners</li> <li>Construction Vehicle Washouts</li> <li>Cross-Connections</li> <li>Distribution Centers</li> <li>Food Processing Facilities</li> <li>Garbage Truck Washouts</li> <li>Hospitals</li> </ul>	<ul> <li>Marinas</li> <li>Metal Plateing Operations</li> <li>Outdoor Fluid Storage</li> <li>Parking Lot Maintenance</li> <li>Printing</li> <li>Residential Carwashing</li> <li>Restaurants</li> <li>Schools and Universities</li> <li>Septic Maintenance</li> <li>Swimming Pools</li> </ul>
<ul> <li>Auto Recyclers</li> <li>Building Maintenance</li> <li>Churches</li> <li>Commercial Carwashes</li> <li>Commercial Laundry/Dry Cleaners</li> <li>Construction Vehicle Washouts</li> <li>Cross-Connections</li> <li>Distribution Centers</li> <li>Food Processing Facilities</li> <li>Garbage Truck Washouts</li> <li>Hospitals</li> <li>Improper RV Waste Disposal</li> </ul>	<ul> <li>Marinas</li> <li>Metal Plateing Operations</li> <li>Outdoor Fluid Storage</li> <li>Parking Lot Maintenance</li> <li>Printing</li> <li>Residential Carwashing</li> <li>Restaurants</li> <li>Schools and Universities</li> <li>Septic Maintenance</li> <li>Swimming Pools</li> <li>Vehicle Fueling</li> </ul>

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

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

		SPDES	SID		
Name of MS4/Coalition CITY OF UTICA		N Y	R 2	0 A	3 6 1
3.b. What types of illicit discharges have	e been found during this repor	ting p	eriod?	,,,	
O Broken Lines From Sanitary Sewer	<ul> <li>Industrial Connections</li> </ul>				
O Cross Connections	• Inflow/Infiltration				
O Failing Septic Systems	O Pump Station Failure				
O Floor Drains Connected To Storm Sewers	• Sanitary Sewer Overflows				
O Illegal Dumping	O Straight Pipe Sewer Discharge	es			
Other:	O None				
4. How many illicit discharges/potential reporting period?	al illegal connections have been	n detec	eted di	uring th	0
5. How many illicit discharges have be	en confirmed during this repo	rting	period	?	0
<ul><li>6. How many illicit discharges/illegal coperiod?</li><li>7. Has the storm sewershed mapping be a lif No, approximately what percent was</li></ul>	een completed in this reportin	ıg peri	J	• Yes	0
8. Is the above information available in Is this information available on the If Yes, provide URL(s):	web?			<ul><li>Yes</li><li>Yes</li></ul>	
Please provide specific address of page	where map(s) can be accessed -	- not h	ome pa	ige.	
URL					
		-			

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  9

URL URL					
					_
URL					
					-
		-			
URL					
				T	
				+	+
URL					T
					_
	+				
			_		_

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

	SPDES ID
Name of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
12. Evaluating Progress Toward Measurable Goals MCM 3	
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.
OUR INTENTIONS ARE TO EDUCATE RESIDENTS AND BUIMPORTANCE OF WASTE DISPOSAL. HOCCPP'S VIDEOS AREGARDING IDDE. RICH CORIALE OF THE DEC WAS ABIINSIGHT INTO THE WATER QUALITY ISSUES RELATED TRUNOFF THAT AFFECT THE MOHAWK RIVER.	ALSO PROVIDE TRAINING LE TO ALSO PROVIDE
B. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
ALTHOUGH THERE WERE NO ILLICIT DISCHARGES DET PERIOD, STAFF IS TRAINED ON HOW TO DETECT AN OCFOR THESE WHILE CLEANING OUT CATCH BASINS THRO	CURENCE AND ARE LOOKING
C. How many times was this observation measured or evaluate	ed in this reporting period?
	(ex.: samples/participants/e
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 EDUCATE RESIDENTS AND LANDOWNER REGULATIONS. MONITOR ILLICIT CONNECTIONS TO THE THROUGH DRY WEATHER MONITORING. FINALIZE DET STILL IN PROGRESS.	IE STORM SEWER SYSTEM

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

					ID						
Name of MS4/Coalition	CITY OF UTICA		N	Y	R	2	0	A	3	6	1

	Minimum Control Measures 4 and 5.	
	<b>Construction Site and Post-Construction Control</b>	
• (	e 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 equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion sediment Control through either an attorney certification or using the NYSDEC Gap	and
	Analysis Workbook? • Yes • No	O NT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  ○ 09/2004 ● 03/2006	O 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 1
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ○ Yes ○ No	O 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	l O 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:

<ul><li>Notices of Violation</li></ul>	#	0	O No Authority
• Stop Work Orders	#	0	O No Authority
O Criminal Actions	#		O No Authority
○ Termination of Contracts	#		O No Authority
<ul><li>Administrative Fines</li></ul>	#	0	O No Authority
O Civil Penalties	#		O No Authority
<ul><li>Administrative Orders</li></ul>	#	0	O No Authority
• Enforcement Actions or Sanctions	#	0	
Other	#		O No Authority

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  9

		SPDES ID		
Nar	ne of MS4/Coalition CITY OF UTICA	N Y R 2	0 A 3	6 1
	Minimum Control Measure 4. Construction Site Storm	water Runo	ff Con	trol
The	e 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 disturb	oances of one	acre or r	nore
	during this reporting period?			1 1
2.	How many construction projects disturbing at least one acre were during this reporting period?	active in you	r jurisd	iction
3.	What percent of active construction sites were inspected during the	nis reporting	period?	O NT
			1 0	0 %
4.	What percent of active construction sites were inspected more that	n once?		ONT
			1 0	0 %
5.	Do all inspectors working on behalf of the MS4s contributing to the Construction Stormwater Inspection Manual?	his report use ● Yes	the NYS	S O NT
6.	Does your MS4/Coalition provide public access to Stormwater Po (SWPPPs) of construction projects that are subject to MS4 review	and approva		ons
	If your MS4 is Non-Traditional, are SWPPPs of construction projublic review?	jects made av	ailable f ● Yes	or
	If Yes, use the following page to identify location(s) where SWPPPs of	can be accesse	d.	

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

																						SPL	ES	ID					
of M	S4/	Coa	litio	on (	CITY	OF	UTIO	CA														N	Y	R	2	0	А	3	6
on't	. <b>:</b>																												
Subn	nit	adc	liti	ona	l pa	ige:	s as	ne	ede	ed.																			
S4/C	oal	itio	n C	Offic	ce																								
Dep	artı	nen	t										i	, ,			Ī												
	Ν		I	N	Ε	Ε	R	Ι	N	G																			
Add	lres		_	T	1		_					_		_															
1		K	Ε	N	N	Ε	D	Y		Р	L	A	Z	Α							7:								
City U	Т	I	С	A													N	ΙΥ	-		Zip 1	3	5	0	2	_ [			
Pho		т.	C														1	' <u> </u>				٦	٦	U	۷	-			
(	3	1	5	)	7	9	2	_	0	1	5	2																	
orary				,																									
Add		S																											
City			-																_		Zip								
																										-			
Pho	ne			1.																									
(				)				-																					
her																													
Add	lres	S																						1					
City	,																	_			Zip					1 [			
																										-			
Pho	ne			\																									
(				)				-																					
eb Pa	age	UF	RL(	s):	P	lea	se p	rov	ide	spe	cifi	c a	ddr	ess	whe	ere	SW	PPI	Ps c	an	be a	acce	esse	ed -	not	hor	ne	page	e.
URL					Ι,	,																							
H	Т	Т	Р	<u> </u> :	/	/	C	Ι	Т	Y	0	F	U	Т	I	С	A	٠	С	0	M	/	D	Ε	Р	Α	R	Т	M
N	Т	/	Ε	N	G	I	N	Ε	Ε	R	Ι	N	G	/	S	Т	0	R	M	-	W	A	Т	Ε	R	-	М	А	Ν
G	Ε	M	Е	N	Т	/	M	S	4	/	I	N	D	Ε	Χ		×												
URL				-	-																								
UKL																													
				<u> </u>																									_

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

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

	5 mis form as part of a join	ne report on benan or	SPDES ID	ordine.
Name of MS4/Coalition	CITY OF UTICA			2 0 A 3 6 1
. Evaluating Prog	ress Toward Measural	ble Goals MCM 4		
dentified in your Sto	ort on your progress and ormwater Management F ional pages as needed.		•	•
A. Briefly summar	ize the Measurable Go	al identified in the	SWMPP in this repo	rting period.
INSPECTIONS. TH REGULATIONS A	AFF FOR SITE PLAN FIE CITY HAS REACHE RE FOLLOWED ON C E SWCD OFFICE TO A OR THEIR SITES.	ED OUT TO DEVE CONSTRUCTION S	LOPERS TO ENSUR ITES. DEVELOPERS	SARE
B. Briefly summar Goal.	ize the observations tha	at indicated the ove	erall effectiveness of	this Measurable
ACTIVELY INSPE TO ENSURE COM SIGNIFICANT STO	REVIEWED BY ENGI CTS ALL SITES THRO PLIANCE WITH STOR DRMWATER RUNOFF TROFITTING SITES T	DUGHOUT THE D RMWATER REGU RELATED ISSUE	URATION OF CONS LATIONS. AS OUR ( S, WE ALSO ACTIV	TRUCTION CITY HAS 'ELY SEEK
C. How many time	s was this observation	measured or evalu	ated in this reporting	g period?
				1 2
D. Has your MS4 r	nade progress toward t	this measurable go		0.
E. Is your MS4 on	schedule to meet the do	eadline set forth in	the SWMPP?	● Yes ○ No
2. 13 your 1/13 1 on	semedure to meet the us	edunine set fortii iii	the S WHILL	● Yes ○ No
_	ize the stormwater acti ng cycle (including an i	-	_	MCM during
	NUES TO WORK WIT HE CITY TO ENACT S			

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

				SPDES I	D
Name of MS4/Coalition	CITY OF UTICA		( · · · · · · · · ·	N Y	R 2 0 A 3 6 1
Minimum	Control Mea	sure 5. Post	-Constructio	on Stormwater	Management
The information in th	nis section is bein	g reported (che	ck one):		
<ul><li>On behalf of an ind</li><li>On behalf of a coa</li><li>How m</li></ul>		ibuted to this	report?		
1. How many and	what type of pos	t-construction	stormwater ma	nnagement practic eporting period?	es has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ces				
O Filter Systems					
• Infiltration Basins			1		
Open Channels					
OPonds					
O Wetlands					
Other					
2. Do you use an BMPs, inspecti	electronic tool (		abase, spreads	heet) to track po	st-construction  ○ Yes • No
3. What types of Development/E	non-structural Better Site Desig			•	Impact
<ul><li>Building Codes</li></ul>	<ul><li>Municipal C</li></ul>	omprehensive I	Plans		
Overlay Districts	Open Space	Preservation Pr	ogram		
<ul><li>Zoning</li></ul>	• Local Law o	r Ordinance			
○ None	Land Use Re	egulation/Zonin	g		
O Watershed Plans	Other Comp	ehensive Plan			
Other:					

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

		SPI	DES II	)					
Nan	ne of MS4/Coalition CITY OF UTICA	N	Y R	2	0	A 3	3 6		1
4a.	. Are the MS4s contributing to this report involved in a regional/wate	ershed w	ide p	lann	_	effo Yes		) N	10
4b.	. Does the MS4 have a banking and credit system for stormwater ma	nageme	ıt pra	ctic	es?				
					$\circ$	Yes		N	10
4c.	Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormy								
					$\circ$	Yes		N	10
4d.	. How many stormwater management practices have been implemen reporting period?	ted as pa	rt of	this	sys	tem	in th	nis	
5.	What percent of municipal officials/MS4 staff responsible for progretraining on Low Impace Development (LID), Better Site Design (BS Infrastructure principles in this reporting period?	_					ded _ 0	C	%

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

if submitting this form as part of a joint report on behalf of a c	SPDES ID
Jame of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
Evaluating Progress Toward Measurable Goals MCM 5	
Ise this page to report on your progress and project plans toward a dentified in your Stormwater Management Program Plan (SWMP). I.C.1. Submit additional pages as needed.	
. Briefly summarize the Measurable Goal identified in the SV	WMPP in this reporting period.
ALL SWPPPS ARE REVIEWED BY OUR ENGINEERING DESISSUES WITH E&S AND STORMWATER MANAGEMENT. CONDUCTS CONSTRUCTION INSPECTIONS THROUGHOUGAUGE COMPLIANCE WITH OUR LOCAL REGULATIONS AND MAINTENANCE OCCUR ON SCHEDULED BASIS TO SERVICE.	OUR CODES OFFICER UT THE PROCESS IN ORDER TO . ENSURE THAT MONITORING
s. Briefly summarize the observations that indicated the overa	all effectiveness of this Measurable
THE CITYS ENGINEERING DEPT COMMUNICATES WITH THAT PROJECTS ARE IN COMPLIANCE WITH THE GP FOI AND RELEVANT MS4 REGULATIONS.	
C. How many times was this observation measured or evaluate	ed in this reporting period?
	1 2
	(ex.: samples/participants/ev
. Has your MS4 made progress toward this measurable goal	during this reporting period?  ● Yes ○ No
. Is your MS4 on schedule to meet the deadline set forth in the	ne SWMPP? ● Yes ○ No
7. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	et the goals of this MCM during
ASIDE FROM LOGGING AND MONITORING ALL STORMY IN THE MS4 AND ENSURING MAINTENANCE OCCURS AT PRACTICE, WE ALSO WILL BE DOING OUR SECOND PHAINFRASTRUCTURE AND RAIN GARDENS.	Γ THE 50% CAPACITY OF THE

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

			SPDES ID	)	
Name of MS4/Coalition CITY OF UTICA	9		N Y R		A 3 6 1
Minimum Control Measure 6. Stormwa	ater Mana	igement 1	or Muni	icipal (	Operation
The information in this section is being reported (chec	k one):				
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this remains the contributed to the contr</li></ul>	eport?				
1. Choose/list each municipal operation/facility Pollutants of Concern to the MS4 system. F operation/facility has been addressed in the Program(SWMP) Plan and whether a self-a reporting period. A self-assessment is perforantially generated by the permittee's operated effectiveness of existing programs and 3) in that will be addressed by the pollution prevent done already.	For each open MS4's/Coanssessment lormed to: 1) erations and lentify the r	eration/fac lition's Sto has been po determine facilities; nunicipal o	ility indicomment of the source of the sourc	ate when Manage during ces of pote the sand far program	ther the ement the ollutants cilities n, if it's
					the past 3
Operation/Activity/Facility	Addressed in	n SWMP?		<u>years?</u>	
Street Maintenance		○ No		Yes	○ No
Bridge Maintenance		○ No		<ul><li>Yes</li></ul>	0 140
Winter Road Maintenance	• Yes	∧ I			O No
Salt Storage		○ No		<ul><li>Yes</li></ul>	
Calid Wasta Managament		○ No		Yes	○ No
Solid Waste Management	• Yes	○ No		Yes	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>
New Municipal Construction and Land Disturband	• Yes	○ No ○ No ○ No		Yes	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>
New Municipal Construction and Land Disturbance Right of Way Maintenance	• Yes ce • Yes • Yes	<ul><li>No</li><li>No</li><li>No</li><li>No</li></ul>		<ul><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li></ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>
New Municipal Construction and Land Disturbance Right of Way Maintenance	<ul><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li></ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>		<ul><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li></ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>
New Municipal Construction and Land Disturbance Right of Way Maintenance	<ul><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li></ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>		<ul><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li></ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>
New Municipal Construction and Land Disturbance Right of Way Maintenance	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>		<ul><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li></ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>
New Municipal Construction and Land Disturbance Right of Way Maintenance	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>		<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>
New Municipal Construction and Land Disturbance Right of Way Maintenance	<ul> <li>Yes</li> </ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>		<ul> <li>Yes</li> </ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>
New Municipal Construction and Land Disturbance Right of Way Maintenance	<ul> <li>Yes</li> </ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>		<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>

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

	SPI	DES ID	)					
Name of MS4/Coalition CITY OF UTICA	N	Y R	. 2	0	А	3	6	1
2. Provide the following information about municipal operations go	ood h	ousek	keep	oing	g pr	ogı	ran	18:
<ul><li>Parking Lots Swept (Number of acres X Number of times swept)</li></ul>		# Ac	res				1	4
• Streets Swept (Number of miles X Number of times swept)		# Mi	les	1	1	3	8	8
Catch Basins Inspected and Cleaned Where Necessary			#			3	5	0
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			#					1
O Phosphorus Applied In Chemical Fertilizer		# L	bs.					
Nitrogen Applied In Chemical Fertilizer		# L	bs.					
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)</li> </ul>	of	# Acre	es				•	
3. How many stormwater management trainings have been provide during this reporting period?	ed to	muni	cipa	al e	mp	loy	ees	0
4. What was the date of the last training?		1		1				
5. How many municipal employees have been trained in this report	ting p	eriod	1?					
6. What percent of municipal employees in relevant positions and o stormwater management training?	lepar	tmen	ts r	ecei	ive	2	5	%

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

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

if submitting this form as part of a joint report on behan of a ec	SPDES ID							
ame of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1							
	9 ,4							
Evaluating Progress Toward Measurable Goals MCM 6								
Ise this page to report on your progress and project plans toward addentified in your Stormwater Management Program Plan (SWMPP I.C.1. Submit additional pages as needed.								
A. Briefly summarize the Measurable Goal identified in the SW	MPP in this reporting period.							
CONTINUE TO TRAIN MUNICIPAL EMPLOYEES, PARTICUL WORKS AND PARKS DEPTS ABOUT BEST MANAGEMENT WATER QUALITY. SUCH PRACTICES INCLUDE SAND ANI APPLICATION, VEHICLE WASHING, AND STREAM MAINT	PRACTICES THAT PROTECT D SALT STORAGE AND							
3. Briefly summarize the observations that indicated the overal Goal.	ll effectiveness of this Measurable							
STREAM MANAGEMENT TRAININGS HELD DURING A PRI ADDRESSED BMPS TO RESTORE RIPARIAN BUFFERS ON I AND HAVE BEEN IMPLEMENTED WHERE NECESSARY.								
C. How many times was this absorbation massured or evaluate	d in this paparting papied?							
C. How many times was this observation measured or evaluated	a in this reporting period?							
	(ex.: samples/participant							
O. Has your MS4 made progress toward this measurable goal d								
	● Yes ○ No							
2. Is your MS4 on schedule to meet the deadline set forth in the								
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation sched								
UTILIZE STATE AND LOCAL FUNDING TO INSTALL BMPS MANAGEMENT ON PUBLIC LANDS AND INFRASTRUCTURE STORM SYSTEMS IN ACCORDANCE WITH OUR LONG TER REDUCE COMBINED SYSTEMS, WHILE INSTALLING CATO	RE. ALSO INSTALL NEW RM CONTROL PLAN TO							

REDUCE SEDIMENT INTAKE AND INCORPORATE GREEN INFRASTRUCTURE.

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

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

Auditional Wate	ished improvemen	t Strategy Best Ma	nagement i ractices
information in this section	n is being reported (check	c one):	
n behalf of an individual N	AS4		
n behalf of a coalition		.0	
How many MS	4s contributed to this re	eport?	
4			TouTurn
4s must answer the qu	estions or check NA a	s indicated in the table	below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	<del></del>		
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 Phosphorus
on-Traditional Onondaga Lake Watershed	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
raditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
raditional 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	-	-	-
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	2,3,5,8b,10,11,12	Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	- 1
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	- 1 4 7 - 1 0 - 0 10 11 12	2.25.6.91	D-41
raditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b 2,3,5,6,8b	Pathogens and Nitrogen Pathogens and Nitrogen
raditional Non-Land Use on-Traditional	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	1,4,7a-u,6a,9	2,3,4,3,80,10,11,12	- atmogens and retrogen
	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Land Use			Phosphorus
raditional Land Use raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	T HOSPHOLUS
raditional Land Use raditional Non-Land Use on-Traditional L127 Embayments		2,3,5,8b,10,11,12 -	- I nosphorus
raditional Land Use raditional Non-Land Use on-Traditional		2,3,5,8b,10,11,12 - 5,6,8a,8b	- Pathogens
raditional Land Use raditional Non-Land Use on-Traditional LI 27 Embayments	1,4,6,7a-d,8a,9 -	-	-

Estimate what percentage was mapped in this reporting period.

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

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

		SPDES ID		
Na	ume of MS4/Coalition CITY OF UTICA	N Y R 2	0 A 3	6 1
3.	Does your MS4/Coalition have a Stormwater Conveyance System and Maintenance Plan Program?	i (infrastructu ● Yes		ection
4.	Estimate the percentage of on-site wastewater treatment systems and maintained or rehabilitated as necessary in this reporting pe		n inspect	ed %
5.	Has your MS4/Coalition developed a program that provides prot NYSDEC SPDES General Permit for Stormwater Discharges fro (GP-0-08-001) to reduce pollutants in stormwater runoff from codisturb five thousand square feet or more?	m Constructi	on Activi	ties
6.	Has your MS4/Coalition developed a program to address post-corunoff from new development and redevelopment projects that dequal to one acre that provides equivalent protection to the NYS Permit for Stormwater Discharges from Construction Activities (the New York State Stormwater Design Manual Enhanced Phosp Standards?	isturb greater DEC SPDES (GP-0-08-001)	r than or General , includi	
7a	a. Does your MS4/Coalition have a retrofitting program to reduce e phosphorus/nitrogen/pathogen loading?	erosion or O Yes	○ No	• N/A
7b	o. How many projects have been sited in this reporting period?			0
7 <b>c</b>	e. What percent of the projects included in 7b have been completed	in this repor	ting perio	od?
7d	d. What percent of projects planned in previous years have been co	mpleted?		%
100			Projects	Planned
8a	a. Has your MS4/Coalition developed and implemented a turf mana procedures policy that addresses proper fertilizer application on lands?	_		• N/A
8b	b.Has your MS4/Coalition developed and implemented a turf mana procedures policy that addresses proper disposal of grass clippin municipally owned lands?	_		○ N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 9 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	А	3	6	1	
9. Has your MS4/Coalition developed and implemented a program of native planting?										
			Y (	es	0	No		$\circ$ N	√A	
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and										
prohibiting goose feeding?				-	-	-		$\circ$ N		
11. Does your MS4/Coalition have a pet waste bag program?			Ye	es		No		$\circ$	√A	
12. Does your MS4/Coalition have a program to manage goose populations?			Ye	es	•	No	i	$\circ$ N	√A	