



**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2014

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, 2 0 1 4

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).
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 J o - A n n e MI Last Name H u m p h r e y s

Title W a t e r Q u a l i t y S p e c

Address 1 2 1 S e c o n d S t r e e t

City O r i s k a n y State N Y Zip 1 3 4 2 4 -

eMail j o - a n n e - h u m p h r e y s @ o n e i d a s w c d . o r g

Phone ( 3 1 5 ) 7 3 6 - 3 3 3 4 County O n e i d a

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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID									
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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

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID							
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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

Title

Address

City  State  Zip

eMail

Phone  County











### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 4

Name of MS4 CITY OF UTICA

SPDES ID

N Y R 2 0 A 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."

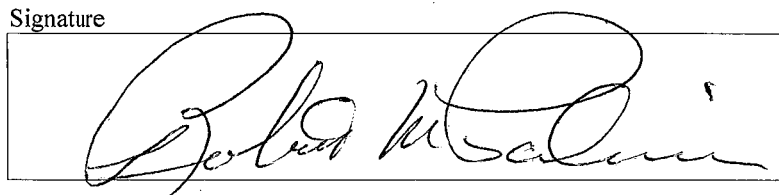
This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	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

0 5 / 3 1 / 2 0 1 4
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Send completed form and any attachments to the DEC Central Office at:

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





### MS4 Annual Report Form

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

2	0	1	4
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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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**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 

		1	5	8
--	--	---	---	---
- 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 

		4	0	
--	--	---	---	--
- School Program # Attendees 

--	--	--	--	--
- TV Spot/Program # Days Run 

--	--	--	--	--
- Printed Materials: Total # Distributed 

--	--	--	--	--

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

O	n	e	i	d	a		C	o	u	n	t	y		S	W	C	D			

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.

URL

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-	m	a	n	a	g	e	m	e	n	t	/																				

URL

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/	m	s	4	/	i	n	d	e	x																						

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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Name of MS4/Coalition CITY OF UTICA

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

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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 

CITY OF UTICA
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SPDES ID

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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 a host of successful green infrastructure projects funded through State and Federal grants. We are also in the midst of a CSO separation project for which we regularly update the public on progress. In addition, our stormwater runoff related flooding projects on Halleck's Ravine and other locations have been highlighted in local media reports. The City's Green Waste pickup program and street cleaning initiatives are

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

Successful Green Waste Pickup. Responses in public meetings to positive actions of Rust to Green. Strong partnership with Solid Waste Authority to provide recycling and hazardous waste collection outreach and education.

**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.





### MS4 Annual Report Form

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Name of MS4/Coalition CITY OF UTICA

SPDES ID  
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2. URL(s) con't.:

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

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### MS4 Annual Report Form

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Name of MS4/Coalition CITY OF UTICA

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### 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  
C i t y o f U t i c a 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 Zip  
U t i c a N Y 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

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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  
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, 

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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.

0	5
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 / 

3	1
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 / 

0	2	0	1
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**4.b. For how many days was/will this report be posted?**

3	6	5
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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?

0	5
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 / 

3	1
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 / 

0	2	0	1
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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**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, 

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Name of MS4/Coalition 

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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.**

The Annual Report and the SWMP were made available for public viewing on the municipal website.

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

There were no comments on the City's Annual Report. We were able to update our website this year and continue to make improvements to the stormwater page.

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

1	0	0
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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).**

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 the design criteria from the Stormwater Management Design Manual. Continue to improve upon our stormwater website information.









**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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**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 municipal parks and public works crews about spill prevention and cleanup as well as a multitude of Good Housekeeping Practices within municipal facilities.

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

In February of 2014, the Utica Area MS4s attended a stakeholder session where IDDE videos were viewed and discussion about stormwater issues ensued with local DEC representative Richard Coriale.

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

		1	5
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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 educate residents and landowners about illicit discharge regulations. Monitor illicit connections to the stormsewer system through dry weather monitoring. Finalize detailed system maps.

**MS4 Annual Report Form**

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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?**

		4
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**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 # 

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

 No Authority
- Termination of Contracts # 

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

 No Authority
- Administrative Fines # 

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

 No Authority
- Civil Penalties # 

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

 No Authority
- Administrative Orders # 

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

 No Authority
- Enforcement Actions or Sanctions # 

				0
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 No Authority
- Other # 

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 No Authority

**MS4 Annual Report Form**

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CITY OF UTICA
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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? 

		0
--	--	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
--	--	---
  
  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.

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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

C I T Y H A L L

Address

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

City

U T I C A

Zip

N Y

1 3 5 0 2 -

Phone

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

Library

Address

City

Zip

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Phone

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Other

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City

Zip

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( ) -

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

URL

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n a g e m e n t / m s 4 / i n d e x

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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.**

Over 150 contractors and engineering staff received the 4 hour Erosion and Sediment Control Training from the SWCD during the reporting period. Site plan reviews are conducted to ensure that plans have adequate erosion, sediment and stormwater management controls.

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

SWCD provides training to local contractors on Erosion and Sediment control techniques. SWCD reviews SWPPPs on behalf of MS4 and signs off on the SWPPP Acceptance Forms. The HOCCPP provided MS4s with guidance for SWPPP review to Planning Board personnel. SWCD works with Codes Officer and/or Highway Supervisor to inspect sites and provide follow up where problems are noted. Training is provided from SWCD on site inspections to determine compliance with

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

			3
--	--	--	---

(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 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, 

2	0	1	4
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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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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?  

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 %

**MS4 Annual Report Form**

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

2	0	1	4
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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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**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.**

Conduct detailed reviews on SWPPPs prior to construction and closely monitor the effectiveness of the practices during and after construction. Ensure that monitoring and maintenance occur on a scheduled basis to ensure longevity of the practice.

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

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

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

			3
--	--	--	---

(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 log and monitor all stormwater related practices in the MS4 and ensure that maintenance occurs at the 50% capacity of the practice. Consider retrofitting existing practices in order to make them more effective for filtering water pollution as well as accommodating high flows.

**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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**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 type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input 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	4
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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 # 

		2	9	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			1	2
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

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

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

				4
--	--	--	--	---

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

0	2	/	1	1	/	2	0	1	4
---	---	---	---	---	---	---	---	---	---

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

		5
--	--	---

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

	5	0	%
--	---	---	---

**MS4 Annual Report Form**

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

2	0	1	4
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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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**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 the public works/highway and parks departments about Best Management Practices that protect water quality. Practices to focus upon 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.**

Training held at the SWCD facility on February 11, 2014 to address practices in the municipal garage. Three trainings held during the reporting period regarding stream management with a focus on post-disaster flood and stormwater management.

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

			5
--	--	--	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
 Yes    No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Utilize state and local funding to install BMPs to address stormwater management on public lands and infrastructure.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0					
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### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

MS4 Description	Answer	Check NA	(POC)
<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, 

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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 

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SPDES ID									
N	Y	R	2	0					

**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?**

--	--	--

**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**

**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 

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SPDES ID

N	Y	R	2	0					
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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



## Debbie Day

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**From:** Jo-Anne Humphreys <jo-anne-humphreys@oneidaswcd.org>  
**Sent:** Tuesday, February 25, 2014 2:54 PM  
**To:** dday@cityofutica.com; dshort@cityofutica.com  
**Subject:** MS4 DRAFT Report for 2014  
**Attachments:** amcmp2\_deb'ssheet.pdf; amcmp2\_mayor's sheet.pdf; amcmp3\_hoccpp\_utica.pdf; amcmp3\_rust2green.pdf; amcmp3\_swa\_utica.pdf; amcmp3\_swcd\_utica.pdf; UTICA\_ms4anrpt2.pdf

Hi guys,

Just wanted to get you this draft of the MS4 annual report for you to review. It's not due until June 1st. However, the City's public meeting and City website posting should happen by May and I won't be back until mid-May.

Anyway, I took a guess at the number of SWPPPs, construction projects, illicit discharges and number of folks working for the City who have been trained so please look at those pages and let me know what the correct numbers should be.

Also, if you need any edits done, just let me know what they are and I'll be glad to do them when I get back.

When you are happy with the report, here's what needs to happen:

- 1) Please have the Mayor sign it on Page 6 of the main document (UTICA\_ms4rpt2).
- 2) Please mention the report's availability for review at one of your public meetings - probably the May meeting.
- 3) Please post the report to the City's stormwater webpage.
- 4) Please print the entire report and all of the attachments and mail it to the DEC's Albany office in the last week of May as it is due on June 1st.

Again, if there are any edits needed, please let me know and I'll try to either get them done before I go or as soon as I come back.

Thanks!!!

Jo-Anne Humphreys  
Oneida County SWCD  
121 Second Street  
Oriskany, NY 13424  
Phone: (315) 736-3334  
Fax: (315) 736-3335