### MS4 Annual Report Cover Page

MCC form for period ending March 9,  $\begin{bmatrix} 2 & 0 \end{bmatrix}$  1  $\begin{bmatrix} 4 & 4 \end{bmatrix}$ 

This cover page must be com	pleted by the report preparer.
Joint reports require only one	e cover page.

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### Choose one:

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

Fill in SPDES ID in upper right hand corner.

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### OR

$\bigcirc$	This	report	is	being	submitted	on	behalf	of a	Single	Entit	Ý
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(Per Part II.E of GP-0-10-002)

Name of Single Entity				

### OR

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### O This is a joint report being submitted on behalf of a coalition.

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

SPDES ID	SPDES ID	SPDES ID
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# MS4 Annual Report Cover Page

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

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

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Section 1 - MCC Identification Page										
Section 1 1100 Incinition 1 age										
Indicate whether this MCC form is being submitted to certify endorsement	or ac	cen	tanc	e o	ıf:					
•	01 40	ч		•						
● An Annual Report for a single MS4										
○ A Single Entity (Per Part II.E of GP-0-10-002)										
O A Joint Report										
Joint reports may be submitted by permittees with legally bi	nding	ag	reer	ner	nts.					
If Joint Report, enter coalition name:										
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MCC form for period ending March 9, 2 0 1 4

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### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

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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 po	sitions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).	lified individual (per
2. Duly Authorized Representative (Information for this contact matching Authorized Representative is signing this form)	nust only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-00	02 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (I coordination/implementation of SWMP).	ndividual responsible for
5. Report Preparer (Consultants may provide company name in the	e space provided).
A separate sheet must be submitted for each position listed abo filled by the same individual. If one individual fills multiple rol once and check all positions that apply to that individual.	
If a new Duly Authorized Representative is signing this report, provided and a signature authorization form, signed by the Prin Elected Official must be attached.	
For each contact, select all that apply:	
Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
First Name MI Last Name	
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One Kennedy Plaza	
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MCC form for period ending March 9, 2 0 1 4

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Name of MS <sup>2</sup>	City of utica		N	Y	R	2	0	А	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
- O Report Preparer

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MCC form for period ending March 9,  $\underline{2}$  0 1 4

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	SPDES ID
Name of MS4 City of Utica	N Y R 2 0 A 3 6 1
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all perm period?	it requirements during this reporting  ● Yes ○ No
If Yes, complete information below.	
Submit a separate sheet for each partner. Information provided i	n other formats will not be
accepted. If your MS4 cooperated with a coalition, submit one s	
coalition. It is not necessary to include a separate sheet for each	
If No, proceed to Section 4 - Certification Statement.	•
Partner/Coalition Name	
OneidaHerkSolidWasteAu	thority
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
Tattle/Coantion Name (con t.)	N Y R 2 0
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Phone	Dinding A compant in accordance
/   2   4   5   7   7   2   2   2   3   4	Binding Agreement in accordance 0-08-002 Part IV.G.? ○ Yes • No
What tasks/responsibilities are shared with this partner (e.g. MM1 S	School Programs or Multiple Tasks)
• MM1 recycling & haz was	te outreach
O MM2	
O MM2	
O MM3.	
O MM4	
O MM5	
• MM6 solid waste mgmt &	recycling
Additional tasks/responsibilities	
Watershed Improvement Strategy Best Management Practices	required for MS4s in impaired
watersheds included in GP-0-08-002 Part IX.	

	SPDES ID
Name of MS4 City of Utica	N Y R 2 0 A 3 6 1
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all pern period?	nit requirements during this reporting  • Yes O No
If Yes, complete information below.	<b>2</b> 105 0 140
Submit a separate sheet for each partner. Information provided	in other formats will not be
accepted. If your MS4 cooperated with a coalition, submit one s	
coalition. It is not necessary to include a separate sheet for each	MS4 in the coalition.
If No, proceed to Section 4 - Certification Statement.	
Partner/CoalitionName	
Oneida County SWCD	
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable  N Y R 2 0
	N Y R 2 0
Address  1 2 1 Second Street	
City Stat	te Zip
Oriskany N	Y 1 3 4 2 4 -
eMail	
	idaswcd.org
Phone	
	Binding Agreement in accordance -0-08-002 Part IV.G.? ○ Yes • No
What tasks/wasnancibilities are should with this northern (a.g. MM1	Sahaal Duaguama on Multiple Tagles)
What tasks/responsibilities are shared with this partner (e.g. MM1	School Programs of Multiple Tasks)
● MM1 Outreach and educat	tion
• MM2 reporting and clear	n u p
• MM3 in spection and repo	orting
• MM4   t   r   a   i   n   g   p   l   a   n     r   e   v   i   e	e w inspectio
MM5 t r a i n i n g i n s p e c t i o r	1
● MM6 highway assessment	s & training
Additional tasks/responsibilities	
Watershed Improvement Strategy Best Management Practices	required for MS4s in impaired
watersheds included in GP-0-08-002 Part IX.	

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Name of MS4 CITY OF UTICA			N Y	R	2	0	A	3	6	1
Section 3 - Partner Information										
Did your MS4 work with partners/coalition to complete some or all per	rmit re	equir	ement	ts dı	arin	g th	is re	epor	ting	
period?		•				_	) Ye	-	O N	
If Yes, complete information below.										
Submit a separate sheet for each partner. Information provided								•		
accepted. If your MS4 cooperated with a coalition, submit one coalition. It is not necessary to include a separate sheet for each							he			
If No, proceed to Section 4 - Certification Statement.	JII IVIS	94 111	the c	oai	HIO	[1.				
Partner/CoalitionName		1 1		Τ	Τ			ΓΓ	_	٦
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MCC form for period ending March 9, 2 0 1 4

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

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

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

First Name	MI	Last Name											
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Title (Clearly print title of individual signing report)													
M A Y O R													
Signature De land Miscal		,		Dat 0	e 5	] <i>[</i>	3	1	1	2	0	1	4

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

URL

## **MS4 Annual Report Form**

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

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

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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 1 \end{vmatrix}$ 

Name of MSA/Coolition CITY OF UTICA	SPDES ID  N Y R 2 0 A 3 6 1
Name of 19154/Coantion	
Minimum Control Measure 1. Public Edu	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 Manageme	ent Practices
Check all topics that were included in Education and Outreach de	uring this reporting period:
• Construction Sites	• Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
<ul> <li>Household Hazardous Waste Disposal</li> </ul>	<ul><li>Recycling</li></ul>
● Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	● Trash Management
• Smart Growth	• Vehicle Washing
O Storm Drain Marking	<ul><li>Water Conservation</li></ul>
● Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ● Contractors	
<ul><li>Residential</li><li>Developers</li></ul>	
● Businesses ● General Public	
○ Restaurants ○ Industries	
Other: • Agricultural	
Other	

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 4 \end{bmatrix}$ 

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

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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 1 \end{vmatrix}$ 

	·	SPDES ID
Name of MS4/Coalition CITY OF UT	ICA	N Y R 2 0 A 3 6 1
0	r progress and project plans toward	d achieving measurable goals
	Management Program Plan (SWM	IPP), including requirements in Part
A. Briefly summarize the M	easurable Goal identified in the	SWMPP in this reporting period.
our Rust To Green Efforts wi infrastrucure projects funded separation project for which v runoff related flooding project	th Cornell Cooperative Extension a through State and Federal grants.	orogress. In addition, our stormwater ocations have been highlighted in
B. Briefly summarize the ob- Goal.	oservations that indicated the ove	erall effectiveness of this Measurable
		to positive actions of Rust to Green. ling and hazardous waste collection
C. How many times was this	s observation measured or evalua	ated in this reporting period?
		1 2
D. Has your MS4 made pro	gress toward this Measurable Go	ex.: samples/participants/even pal during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule	to meet the deadline set forth in	the SWMPP? • Yes • No
•	ormwater activities planned to main (including an implementation sch	neet the goals of this MCM during nedule).
	nts, landowners and contractors to t both quantity and quality of wate	

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

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

			1		SP	DES	ID	,					
Name of MS4/Coalition CITY OF UTICA			]		N	Y	R	2	0	A	3	6	1
Minimum Control Measure 2.	Public I	nvo	lve	emen	t/I	ar	tic	ipa	<u>atic</u>	<u>on</u>			
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></ul>													
How many MS4s contributed to this r	eport?												
1. What opportunities were provided for public development, evaluation and improvement (SWMP) Plan during this reporting period?	of the Stori	mw	ate	r Mai	nag					ran	n	,	
• Cleanup Events						# E	even	ts					1
O Comments on SWMP Received					# C	omi	men	ts					
Community Hotlines	Phone#	(	3	1 5	)	7	9	2	-	0	1	5	2
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<ul><li>Community Meetings</li></ul>					# .	Atte	nde	es			1	0	0
O Plantings					,	S	sq. F	`t. [					
O Storm Drain Markings						# D	Prair	ıs [					
<ul><li>Stakeholder Meetings</li></ul>					# 1	Atte	nde	es [				1	5
O Volunteer Monitoring						# E	ven	ts					
Other:													
2. Was public notice of availability of this annu Program (SWMP) Plan provided?	ual report	and	St	ormw	ate	er N	<b>A</b> ar	ıag		ent Ye:		0	No
○ List-Serve						# I:	n Li	st					
O Newspaper Advertising					#]	Day	s Ru	ın			Ī		
○ TV/Radio Notices					#]	Day	s Ru	ın			Ī		
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MCM 2 Page 1 of 6

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 0 \end{vmatrix}$ 

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

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 0 \end{vmatrix}$ 

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

	SPDES ID_
Name of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
4.a. If this report was made available on the internet, what dat	te was it posted?
Leave blank if this report was not posted on the internet.	0 5 / 3 1 / 0 2 0 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	ng a joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this reporti	ng period? ● Yes ○ No
If Yes, what was the date of the meeting?	0 5 / 3 1 / 0 2 0 1
If No, is one planned?	○ Yes ○ No
5.b. Was an Annual Report public meeting held for all MS4s c	ontributing 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?  If Yes, attach comments, responses and changes made to	O Yes . ● No
SWMP in response to comments to this report.	

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 4 \end{bmatrix}$ 

	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 a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	<u> </u>
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Annual Report and the SWMP were made available for publi website.	c viewing on the municipal
B. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
There were no comments on the City's Annual Report. We were a and continue to make improvements to the stormwater page.	ble to update our website this year
C. How many times was this observation measured or evaluat	,
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
Utilize funding from state and local sources to improve stormwater and traditional practices ranging from grass swales and rain barrel meeting the design criteria from the Stormwater Management Desupon our stormwater website information.	ls to stormwater retention ponds

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  4

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 reported (	check one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to t</li> </ul>	
1. Enter the number and approx. percent	of outfalls mapped: 114# 100%
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	<ul> <li>Parking Lot Maintenance</li> </ul>
O Construction Vehicle Washouts	O Printing
<ul><li>Cross-Connections</li></ul>	O Residential Carwashing
O Distribution Centers	○ Restaurants
○ Food Processing Facilities	O Schools and Universities
○ Garbage Truck Washouts	Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	• Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	

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

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

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Name of MS4/Coalition CITY OF UTICA	N	Y R 2 0 A 3 6 1
3.b. What types of illicit discharges have	been found during this reporting	g period?
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	○ Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
• Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
● Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	O None	
4. How many illicit discharges/potentia	l illegal connections have been de	tected during this
reporting period?	-	
5 Horry manner (1152)4 disabases at 1	C* 1.1 ·	
5. How many illicit discharges have bee	n confirmed during this reporting	g period? 0
6. How many illicit discharges/illegal co	nnections have been eliminated d	luring this reporting
period?		
7. Has the storm sewershed mapping be	en completed in this reporting pe	eriod? • Yes • No
If No, approximately what percent was	completed in this reporting period?	9
8. Is the above information available in	GIS?	● Yes ○ No
Is this information available on the w		○ Yes • No
If Yes, provide URL(s):	1 () 1	
Please provide specific address of page unt	where map(s) can be accessed - not	home page.
URL		

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

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

SPDE	SID
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 achieving mea identified in your Stormwater Management Program Plan (SWMPP), including a III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in this	s reporting period.
Educate municipal parks and public works crews about spill prevention and clear multitude of Good Housekeeping Practices within municipal facilities.	anup as well as a
B. Briefly summarize the observations that indicated the overall effectivene Goal.	ess of this Measurable
In February of 2014, the Utica Area MS4s attended a stakeholder session where viewed and discussion about stormwater issues ensued with local DEC represen Coriale.	IDDE videos were tative Richard
C. How many times was this observation measured or evaluated in this repo	orting period?
	1 5
D. Has your MS4 made progress toward this measurable goal during this re	eporting period?  • Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	AV OV
F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	● Yes ○ No this MCM during
Continue to educate residents and landowners about illicit discharge regulations connections to the stormsewer system through dry weather monitoring. Finalize maps.	
	`

**SWPPP** process?

# MS4 Annual Report Form

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

Yes

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Name	e of MS4/Coalition CITY OF UTICA		ES ID Y R	2	0 A	3	6	1
1 (6)		LL		Ш			_	
	Minimum Control Measures 4 and 5	_	_					
	Construction Site and Post-Construction (	<u>'ont</u>	rol					
The	information in this section is being reported (check one):							
	n behalf of an individual MS4 in behalf of a coalition How many MS4s contributed to this report?							
1a.]	Has each MS4 contributing to this report adopted a law, ordinance mechanism that provides equivalent protection to the NYS SPDES	or o	other	· reg	gulato	ry		
	Stormwater Discharges from Construction Activities?	Gen	erai	rei	• Ye		$\circ$	10
9	Has each Town, City and/or Village contributing to this report doc equivalent to a NYSDEC Sample Local Law for Stormwater Mana Sediment Control through either an attorney cerfification or using Analysis Workbook?	gem	ent a	ind DE	Erosi	on p	is and	
]	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sar	nnle	Loca	1 La	W.			
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2. ]	Does your MS4/Coalition have a SWPPP review procedure in plac	e?			• Ye	S	O N	10
	How many Construction Stormwater Pollution Prevention Plans (Sreviewed in this reporting period?	SWP	PPs)	hav	e bee	n	4	4
	Does your MS4/Coalition have a mechanism for receipt and consid comments related to construction SWPPPs?	erati	ion o • Y	_	ıblic O No	)	O N	T
]	If Yes, how many public comments were received during this reporting	peri	od?					
5. ]	Does your MS4/Coalition provide education and training for contr	acto	rs ab	out	the lo	cal		

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	O No Authority
<ul><li>Stop Work Orders</li></ul>	#	0	O No Authority
<ul><li>Criminal Actions</li></ul>	#	0	O No Authority
<ul><li>Termination of Contracts</li></ul>	#	0	O No Authority
<ul><li>Administrative Fines</li></ul>	#	0	O No Authority
Civil Penalties	#	0	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, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.	
SPDES ID  N Y R 2 0 A 3 6	1
Minimum Control Measure 4. Construction Site Stormwater Runoff Control	<u>.l</u>
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?	
. How many construction projects have been authorized for disturbances of one acre or mor during this reporting period?	0
2. How many construction projects disturbing at least one acre were active in your jurisdictiduring this reporting period?	<b>on</b>
3. What percent of active construction sites were inspected during this reporting period?	]
1. What percent of active construction sites were inspected more than once? $\begin{array}{c c} & 1 & 0 & 0 \\ \hline & 1 & 0 & 0 \\ \hline \end{array}$	% NT   %
5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS	NT
5. 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?	

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

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

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

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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 0 \end{vmatrix}$ 

CITY OF LUYEA	SPDES ID
Name of MS4/Coalition CITY OF UTICA	N Y R 2 0 A 3 6 1
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Over 150 contractors and engineering staff received the 4 hour Entraining from the SWCD during the reporting period. Site plan replans have adequate erosion, sediment and stormwater management	eviews are conducted to ensure that
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
SWCD provides training to local contractors on Erosion and Sedireviews SWPPPs on behalf of MS4 and signs off on the SWPPP provided MS4s with guidance for SWPPP review to Planning Boc Codes Officer and/or Highway Supervisor to inspect sites and pronoted. Training is provided from SWCD on site inspections to describe the supervisor to describe t	Acceptance Forms. The HOCCPP ard personnel. SWCD works with ovide follow up where problems are
C. How many times was this observation measured or evaluat	ed in this reporting period?
	3
D. Has your MS4 made progress toward this measurable goal	during this reporting period?  ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
Continue to work with landowners and contractors to enact sound	BMPs on construction sites.

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

r				SPDES II	)
Name of MS4/Coalition	CITY OF UTICA			NYR	2 0 A 3 6 1
Minimum (	Control Meas	sure 5. Post	-Construction	n Stormwater	<u>Management</u>
The information in thi	is section is being	g reported (chec	ck one):		
<ul><li>On behalf of an ind</li><li>On behalf of a coal</li><li>How ma</li></ul>		ibuted to this r	report?		
1. How many and w MS4/Coalition in					s has your
		# Inventoried	# Inspections	# Times Maintained	
Alternative Practice	es	7 0 0	7 0 0	7 0 0	
O Filter Systems					
O Infiltration Basins					
Open Channels					
○ Ponds					
○ Wetlands					
Other	•				
2. Do you use an e BMPs, inspection		•	ibase, spreadsh	eet) to track pos	t-construction ● Yes ○ No
3. What types of r Development/B		•		-	mpact
<ul><li>Building Codes</li></ul>	• Municipal Co	omprehensive P	lans	1	
Overlay Districts	Open Space I	Preservation Pro	ogram		
<ul><li>Zoning</li></ul>	• Local Law or	Ordinance			
○ None	O Land Use Re	gulation/Zoning	,		
<ul><li>Watershed Plans</li></ul>	Other Compr	ehensive Plan			
Other:					<del>                                     </del>

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 \end{bmatrix}$  1  $\begin{bmatrix} 4 & 1 \end{bmatrix}$ 

						_	OLI	JES ID					
Nan	ne of MS4/Coalition	CITY OF UTICA	AARIN aya 1/a		·		N	YR	2	0 7	3	6	1
4a.	Are the MS4s co	ntributing to th	is report inv	volved in a	a regional	/watersho	ed v	vide pl	ann	_			<b>.</b>
4b.	Does the MS4 ha	ve a banking ar	nd credit sys	stem for s	tormwate	r manage	me	nt pra	ctic:		es .	O	No
				•						$\circ$	es es		No
4c.	Do the SWMP Pand approval of	lans for each M banking and cro	S4 contribuedit of alter	iting to the	is report in ng of a sto	nclude a p ormwater	pro ma	tocol f inagen	or e nen	t pra	ition ctice es	?	No
4d.	How many storn reporting period		ment practio	ces have b	een imple	mented a	s pa	art of t	his	syste	m in	thi	s
	What percent of training on Low Infrastructure p	Impace Develop	pment (LID)	), Better S							tend	ed	%

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  4

			SPDES ID
Name of MS4/Coalition	CITY OF UTICA		N Y R 2 0 A 3 6 1
6. Evaluating Pro	ogress Toward Measurable Go	als MCM 5	
identified in your S	port on your progress and project tormwater Management Program itional pages as needed.	t plans toward achievi n Plan (SWMPP), inc	ing measurable goals cluding requirements in Part
A. Briefly summar	rize the Measurable Goal iden	tified in the SWMPI	P in this reporting period.
the practices during	eviews on SWPPPs prior to cons g and after construction. Ensure ensure longevity of the practice.	that monitoring and n	nonitor the effectiveness of naintenance occur on a
B. Briefly summar Goal.	rize the observations that indic	cated the overall effe	ectiveness of this Measurable
proposals meet requested to ensure the Construction inspection	e permanent stormwater manage uirements outlined in DEC regul hat Green Infrastructure practica ctions are performed on all sites ent stormwater structures are be	latory documents. In es are being considere where at least 1 acre	addition, SWPPP content is ed during the planning phase. of ground is disturbed to
C. How many time	es was this observation measur	ed or evaluated in t	his reporting period?
	·		3
D. Has your MS4 i	made progress toward this me	asurable goal during	(ex.: samples/participants/events  this reporting period?
	rg	as ar a sive gour during	○ Yes ○ No
E. Is your MS4 on	schedule to meet the deadline	set forth in the SWI	MPP?
F. Briefly summar the next reporti	rize the stormwater activities p ing cycle (including an implem	lanned to meet the g entation schedule).	○ Yes ○ No goals of this MCM during
occurs at the 50% c	I monitor all stormwater related apacity of the practice. Consider for filtering water pollution as	er retrofitting existing	practices in order to make

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

r		SPE	ES	ID						
Name of MS4/Coalition	CITY OF UTICA	N	Y	R	2	0	A	3	6	1
Minimum Cond	tuel Manager C. Str.	 _	_			_	_			

# Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
• On behalf of an individual MS4	
On behalf of a coalition	
How many MS4s contributed to this report?	1 1 1

Municipal Building..... • Yes

Stormwater System Maintenance..... • Yes

Vehicle and Fleet Maintenance..... • Yes

Other..... O Yes

The information in this section is to be a

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

Operation/Activity/Facility performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? years? Street Maintenance..... • Yes ○ No ..... • Yes O No Bridge Maintenance..... • Yes ○ No ..... • Yes  $\bigcirc$  No Winter Road Maintenance..... • Yes ○ No ...... • Yes O No Salt Storage..... ○ No ..... • Yes O No Solid Waste Management..... • Yes ○ No ..... • Yes O No New Municipal Construction and Land Disturbance.. • Yes ○ No ..... • Yes O No Right of Way Maintenance..... 

Yes ○ No ..... • Yes O No Marine Operations..... O Yes ● No ..... ○ Yes No Hydrologic Habitat Modification..... • Yes ○ No ..... • Yes O No Parks and Open Space.... • Yes ○ No ..... • Yes

Self-Assessment

 $\bigcirc$  No

O No

O No

O No

O No

○ No ..... • Yes

○ No ..... • Yes

○ No ..... • Yes

○ No ○ Yes

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

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
2. Provide the following information about municipal operations	s good housekeep	ing p	rog	ran	ıs:
<ul><li>Parking Lots Swept (Number of acres X Number of times swept)</li></ul>	# 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
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#			1	2
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				
O Nitrogen Applied In Chemical Fertilizer	# Lbs.				司
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numl times applied to the nearest tenth.)	# Acres ber of			].[	
3. How many stormwater management trainings have been providuring this reporting period?	ided to municipa	l emp	oloy		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 repo	orting period?				5
6. What percent of municipal employees in relevant positions and stormwater management training?	d departments re	ceive	5	0	%

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

'	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 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Continue to train municipal employees, particularly from the pub departments about Best Management Practices that protect water include sand and salt storage and application, vehicle washing an	quality. Practices to focus upon
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Training held at the SWCD facility on February 11, 2014 to addr garage. Three trainings held during the reporting period regardin on post-disaster flood and stormwater management.	ess practices in the municipal ag stream management with a focus
C. How many times was this observation measured or evaluat	ted in this reporting period?
	. 5
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/e  I during this reporting period?  ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
Utilize state and local funding to install BMPs to address stormwand infrastructure.	ater management on public lands

TI. :	<u> </u>	al Report Form	
		eporting period ending	
If submitting this for	rm as part of a joint repo	ort on behalf of a coalition	leave SPDES ID blank.
			SPDES ID
me of MS4/Coalition			N Y R 2 0
Additional Water	uah ad Iman wayanaa	at Ctuate or Dart Ma	
Additional water	rsned Improvemer	it Strategy Best Ma	nagement Practices
e information in this section	• • •	k one):	
On behalf of an individual N On behalf of a coalition	AS4		
	4s contributed to this re	eport?	
·			
S4s must answer the quo	estions or check NA a	s indicated in the table	holow
o is must unower the que	belons of effects 142 a	is indicated in the table	below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	- Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional  Greenwood Lake Watershed	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
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 2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Tyon-Land Osc	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Non-Traditional		_	
Non-Traditional Peconic Estuary		20250	<u>-</u>
Non-Traditional  Peconic Estuary  Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional Peconic Estuary Traditional Land Use Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional Peconic Estuary Traditional Land Use Traditional Non-Land Use Non-Traditional			
Non-Traditional  Peconic Estuary  Traditional Land Use  Traditional Non-Land Use  Non-Traditional  Oscawana Lake Watershed	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9	2,3,5,6,8b 2,3,4,5,8b,10,11,12	Pathogens and Nitrogen Pathogens and Nitrogen -
Non-Traditional  Peconic Estuary  Traditional Land Use  Traditional Non-Land Use  Non-Traditional  Oscawana Lake Watershed  Traditional Land Use	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,6,8b 2,3,4,5,8b,10,11,12 - 2,3,5,8b,10,11,12	Pathogens and Nitrogen Pathogens and Nitrogen - Phosphorus
Non-Traditional  Peconic Estuary  Traditional Land Use  Traditional Non-Land Use  Non-Traditional  Oscawana Lake Watershed  Traditional Land Use  Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9	2,3,5,6,8b 2,3,4,5,8b,10,11,12	Pathogens and Nitrogen Pathogens and Nitrogen -
Non-Traditional Peconic Estuary Traditional Land Use Traditional Non-Land Use Non-Traditional Oscawana Lake Watershed Traditional Land Use Traditional Non-Land Use Non-Traditional Land Use Non-Traditional Land Use	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9 - 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,6,8b 2,3,4,5,8b,10,11,12 - 2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Pathogens and Nitrogen Pathogens and Nitrogen - Phosphorus Phosphorus
Non-Traditional Peconic Estuary Traditional Land Use Traditional Non-Land Use Non-Traditional Oscawana Lake Watershed Traditional Land Use Traditional Non-Land Use Non-Traditional L127 Embayments Traditional Land Use	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9 - 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 - 1,2,3,4,7a-d,9,10,11,12	2,3,5,6,8b 2,3,4,5,8b,10,11,12 - 2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 - 5,6,8a,8b	Pathogens and Nitrogen Pathogens and Nitrogen  Phosphorus Phosphorus Phosphorus Phosphorus Pathogens
Non-Traditional  Peconic Estuary  Traditional Land Use  Traditional Non-Land Use  Non-Traditional  Oscawana Lake Watershed  Traditional Land Use  Traditional Non-Land Use  Non-Traditional  Land Use  Non-Traditional  Land Use	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9 - 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,6,8b 2,3,4,5,8b,10,11,12 - 2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Pathogens and Nitrogen Pathogens and Nitrogen  Phosphorus Phosphorus Phosphorus Phosphorus

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. Y R 2 0 Name of MS4/Coalition 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes  $\bigcirc$  No  $\bigcirc$  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?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  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?  $\bigcirc$  No O N/A7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes O No  $\circ$  N/A 7b. How many projects have been sited in this reporting period? 7c. What percent of the projects included in 7b have been completed in this reporting period? % 7d. What percent of projects planned in previous years have been completed? O No Projects Planned 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ○ Yes ○ No  $\circ$  N/A 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? O Yes  $\bigcirc$  No  $\bigcirc$  N/A

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

### **Debbie Day**

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