



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

MCC form for period ending March 9, 2015

Name of MS4

SPDES ID

**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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



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

MCC form for period ending March 9, 2015

Name of MS4

SPDES ID

**Section 3 - Partner Information**

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

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

(  )  -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

Yes  No

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

MM1

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

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

MCC form for period ending March 9, 2015

Name of MS4

SPDES ID

**Section 3 - Partner Information**

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

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

Yes  No

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

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

Additional tasks/responsibilities

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



### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2015

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

SPDES ID  
N Y R 2 0 A







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

MCC form for period ending March 9, 2015

Name of MS4

SPDES ID

**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

Title (Clearly print title of individual signing report)

Signature

Date

/  /

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

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









**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

TOWN OF SCHUYLER

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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.**

The Town maintains a website where stormwater management information is posted. We also provide a monthly newsletter to town residents which includes stormwater information. The May newsletter is available at <http://townofschuyler.com/maynl.pdf>. The Mohawk River Watershed Management Plan was completed during this reporting period and the Plan includes provisions for erosion and sediment control as well as stormwater quality.

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

Public meetings were held with landowners and residents of the municipality in order to address concerns and to provide information about stormwater management alternatives including green infrastructure practices such as riparian buffers.

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

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Max: 1000 (set point) / 10000 (set point)

**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 SWMP?**

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

This report is being submitted for the reporting period ending March 9, 2015

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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**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**

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

TOWN OF SCHUYLER

SPDES ID

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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.

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

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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?

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

Name of MS4/Coalition

TOWN OF SCHUYLER

SPDES ID

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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 Town presents the annual MS4 report at the May meeting for comments from the public. The report is also posted on our Town's website.

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

No comments received on the MS4 annual report.

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

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Use a separate page for each observation/evaluation

**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.







**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

TOWN OF SCHUYLER

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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 highway 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.**

On March 3, 2015 the Utica Area MS4s attended a stakeholder session where local DEC representative Richard Coriale presented updates to the Stormwater management permits and reference materials.

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

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**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**

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

TOWN OF SCHUYLER

SPDES ID

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

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

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

How many MS4s contributed to this report?

- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004  03/2006  NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**
- 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



**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

TOWN OF SCHUYLER

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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? 

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

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

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

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

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  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2015

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

**6. con't.:**

Submit additional pages as needed.

**● MS4/Coalition Office**

Department

Address

City

Zip

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Phone

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**○ Library**

Address

City

Zip

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**○ Other**

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

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URL

**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

TOWN OF SCHUYLER

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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.**

The Town of Schuyler has procedures in place for reviews of all SWPPPs. We review all site plans to ensure that those that need SWPPPs have them. We inspect sites to determine compliance with our local laws. The SWCD trains contractors to ensure that they are aware of and practicing sound erosion and sediment control techniques on site.

**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?**

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**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,

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

**Minimum Control Measure 5. Post-Construction Stormwater Management**

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

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

How many MS4s contributed to this report?

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

|  | #<br>Inventoried   | #<br>Inspections   | # Times<br>Maintained  |
|--|--|--|--|
| <input type="radio"/> Alternative Practices    | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  |
| <input type="radio"/> Filter Systems           | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  |
| <input type="radio"/> Infiltration Basins      | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  |
| <input checked="" type="radio"/> Open Channels | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/> |
| <input type="radio"/> Ponds                    | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  |
| <input checked="" type="radio"/> Wetlands      | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/> |
| <input type="radio"/> Other                    | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  |

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

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

- Building Codes
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan

Other:

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

TOWN OF SCHUYLER

SPDES ID

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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact 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, 

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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

TOWN OF SCHUYLER

SPDES ID

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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.**

The Town of Schuyler reviews all SWPPPs where permanent stormwater management is proposed. The SWPPPs 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

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 2 |
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**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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Name of MS4/Coalition

SPDES ID

**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. 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<br/>Operation/Activity/Facility<br/>performed within the past 3<br/>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**

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Name of MS4/Coalition

SPDES ID

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
  - Streets Swept (Number of miles X Number of times swept) # Miles
  - Catch Basins Inspected and Cleaned Where Necessary #
  - Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
  - Phosphorus Applied In Chemical Fertilizer # Lbs.
  - Nitrogen Applied In Chemical Fertilizer # Lbs.
  - Pesticide/Herbicide Applied # Acres
- (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

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

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

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

**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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| TOWN OF SCHUYLER |
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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 March 3, 2015 to address updates in the stormwater management program. Training to be provided in May of 2015 for stream management guidance for municipal officials.

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

|  |  |  |   |
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**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, 2 0 1 5

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Name of MS4/Coalition

SPDES ID  
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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>Pocomo 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>Oswego 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>L127 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:

SPDES ID  

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

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

|  |  |  |
|--|--|--|
|  |  |  |
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 %

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? 

|  |  |  |
|--|--|--|
|  |  |  |
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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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Name of MS4/Coalition

SPDES ID

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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

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

MCC form for period ending March 9, 2015

Name of MS4

SPDES ID

**Section 3 - Partner Information**

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

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State Zip

eMail

Phone

(  )  -

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

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

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

Additional tasks/responsibilities

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

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2015

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

SPDES ID

N Y R 2 0 A 3 2 7

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

T O W N O F S C H U Y L E R

OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

OR

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

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

Name of Coalition

SPDES ID

N Y R 2 0 A

### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2015

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

SPDES ID  
N Y R 2 0 A







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

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

Name of MS4

SPDES ID

**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

Title (Clearly print title of individual signing report)

Signature

Date

/  /

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, 2015

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  
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2. URL(s) con't.:

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

URL

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

TOWN OF SCHUYLER

SPDES ID

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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.

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|---|---|---|---|---|---|---|---|---|---|
| 0 | 5 | / | 3 | 1 | / | 2 | 0 | 1 | 5 |
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**4.b. For how many days was/will this report be posted?**

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

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**
 Yes  No

If Yes, what was the date of the meeting?

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

Name of MS4/Coalition

TOWN OF SCHUYLER

SPDES ID

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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 Town presents the annual MS4 report at the May meeting for comments from the public. The report is also posted on our Town's website.

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

No comments received on the MS4 annual report.

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

|  |  |   |   |
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|  |  | 1 | 0 |
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Use a separate page for each observation/evaluation

**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.







**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

TOWN OF SCHUYLER

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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 highway 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.**

On March 3, 2015 the Utica Area MS4s attended a stakeholder session where local DEC representative Richard Coriale presented updates to the Stormwater management permits and reference materials.

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

|  |  |   |   |
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**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**

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

**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. 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



**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

TOWN OF SCHUYLER

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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? 

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

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

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

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

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 %
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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



**MS4 Annual Report Form**

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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**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.**

The Town of Schuyler has procedures in place for reviews of all SWPPPs. We review all site plans to ensure that those that need SWPPPs have them. We inspect sites to determine compliance with our local laws. The SWCD trains contractors to ensure that they are aware of and practicing sound erosion and sediment control techniques on site.

**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?**

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**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,

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

**Minimum Control Measure 5. Post-Construction Stormwater Management**

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

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

How many MS4s contributed to this report?

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

|  | #<br>Inventoried   | #<br>Inspections   | # Times<br>Maintained  |
|--|--|--|--|
| <input type="radio"/> Alternative Practices    | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  |
| <input type="radio"/> Filter Systems           | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  |
| <input type="radio"/> Infiltration Basins      | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  |
| <input checked="" type="radio"/> Open Channels | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/> |
| <input type="radio"/> Ponds                    | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  |
| <input checked="" type="radio"/> Wetlands      | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/> |
| <input type="radio"/> Other                    | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  |

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

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

- Building Codes
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan

Other:

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

TOWN OF SCHUYLER

SPDES ID

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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact 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, 

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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

TOWN OF SCHUYLER

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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.**

The Town of Schuyler reviews all SWPPPs where permanent stormwater management is proposed. The SWPPPs 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

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

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**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,

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

**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. 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<br/>Operation/Activity/Facility<br/>performed within the past 3<br/>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**

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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

SPDES ID

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
  - Streets Swept (Number of miles X Number of times swept) # Miles
  - Catch Basins Inspected and Cleaned Where Necessary #
  - Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
  - Phosphorus Applied In Chemical Fertilizer # Lbs.
  - Nitrogen Applied In Chemical Fertilizer # Lbs.
  - Pesticide/Herbicide Applied # Acres
- (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

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

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

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

**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

TOWN OF SCHUYLER

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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP 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 March 3, 2015 to address updates in the stormwater management program. Training to be provided in May of 2015 for stream management guidance for municipal officials.

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 5 |
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**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 SWMP?**

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, 2 0 1 5

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  
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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>Pocomo 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>Oswego 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>L127 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:

SPDES ID  

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

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

|  |  |  |
|--|--|--|
|  |  |  |
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 %

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? 

|  |  |  |
|--|--|--|
|  |  |  |
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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

SPDES ID

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| N | Y | R | Z | 0 |  |  |  |  |  |
|---|---|---|---|---|--|--|--|--|--|

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

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

MCC form for period ending March 9, 2015

Name of MS4

SPDES ID

**Section 3 - Partner Information**

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

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

(  )  -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

Yes  No

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

MM1

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2015

Name of MS4

SPDES ID

#### 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

|  |                      |  |
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