



### MS4 Annual Report Cover Page

MCC form for period ending March 9, 

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

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### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

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Name of MS4 

Village of Old Field
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SPDES ID

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#### Section 4 - Certification Statement

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

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

First Name

M	i	c	h	a	e	l													
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Last Name

L	e	v	i	n	e														
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Title (Clearly print title of individual signing report)

M	a	y	o	r															
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Signature

Date

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

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











**MS4 Annual Report Form**

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

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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

Village of Old Field
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SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Number of visits (i.e., hits) on the stormwater management webpage.
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**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

The total number of visits to the stormwater management webpage during the reporting period was 399.
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**C. How many times was this observation measured or evaluated in this reporting period?**

	3	9	9
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*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
 Yes    No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Update stormwater educational materials on the stormwater management webpage, as necessary.
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### MS4 Annual Report Form

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

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Name of MS4/Coalition 

Village of Old Field
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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

w	w	w	.	o	l	d	f	i	e	l	d	n	y	.	o	r	g	/	s	e	r	v	i	c	e	s	/				
e	n	v	i	r	o	n	m	e	n	t	a	l	-	s	t	e	w	a	r	d	s	h	i	p	/						

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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 

Village of Old Field									
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**4.a. If this report was made available on the internet, what date was it posted?**

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

0	4
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2	3
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2	0	1	8
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**4.b. For how many days was/will this report be posted?**

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

Village of Old Field
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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.**

Number of public comments received on the annual report.

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

No comments were received on the annual report.

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

			0
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(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes     No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

Yes     No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Continue to make annual reports available to the general public.







**MS4 Annual Report Form**

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Name of MS4/Coalition

Village of Old Field
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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.**

Number of illicit discharges discovered and eliminated.
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**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

There have been no illicit discharges discovered or eliminated during the reporting period.
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**C. How many times was this observation measured or evaluated in this reporting period?**

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

Conduct IDDE training and continue to search for illicit discharges.
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**MS4 Annual Report Form**

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Name of MS4/Coalition 

Village of Old Field
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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? 

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**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?**

		0
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

**6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:**

- Notices of Violation # 

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 No Authority
- Stop Work Orders # 

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 No Authority
- Criminal Actions # 

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 No Authority
- Termination of Contracts # 

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 No Authority
- Administrative Fines # 

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 No Authority
- Civil Penalties # 

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 No Authority
- Administrative Orders # 

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 No Authority
- Enforcement Actions or Sanctions # 

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- Other # 

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 No Authority



**MS4 Annual Report Form**

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Name of MS4/Coalition 

Village of Old Field
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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.



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Name of MS4/Coalition 

Village of Old Field
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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.**

Number of SWPPPs reviewed.

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

Low number of SWPPPs reviewed is indicative of few parcels remaining in the Village that are greater than 1 acre.

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

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*(ex.: samples/participants/events)*

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes    No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

Yes    No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Continue to review SWPPPs as they are received.



**MS4 Annual Report Form**

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Name of MS4/Coalition

Village of Old Field
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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 Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

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 %

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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 post-construction inspections of Village-owned BMPs each year.
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**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

Inspections were performed on four constructed wetland swales.
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**C. How many times was this observation measured or evaluated in this reporting period?**

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

Continue to perform post-construction inspections.
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**MS4 Annual Report Form**

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Village of Old Field
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

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

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

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

Village of Old Field
----------------------

SPDES ID  

N	Y	R	2	0	A	4	0	7
---	---	---	---	---	---	---	---	---

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				1
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

				8
--	--	--	--	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			4	5
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				4
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

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

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

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

				2
--	--	--	--	---

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

0	2
---	---

 / 

0	8
---	---

 / 

2	0	1	8
---	---	---	---

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

	1	4
--	---	---

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

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

 %



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Village of Old Field
----------------------

SPDES ID

N	Y	R	2	0	A	4	0	7
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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.**

Number of roadway catch basins inspected and maintained.
--

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

45 of 84 roadway catch basins were inspected and cleaned during the reporting year.
---

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

		4	5
--	--	---	---

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

Continue to inspect and maintain roadway catch basins in the Village.
---

# **INTERIM PROGRESS REPORTS**

## Progress Report for Part IX.C

### Pathogen Impaired Watershed Improvement Strategy Areas

PERMIT # Waterbody Name MS4 Name Reporting Period Ending  
(mm/dd/yyyy)  /  / Reaffirmation for No Discharge

- The Municipal Separate Storm Sewer System as defined in 40 CFR 122.26(b)(8) and (16) including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains that the  owns or operates does not have any outfalls that discharge directly or indirectly through another MS4, into the

Watershed Status

Please describe what your stormwater management program is doing to address the source of pathogens to the impaired waterbody

If you suspect the sources of pathogens that contribute a load to this watershed through the MS4 are something other than the sources listed in the TMDL, please state what you believe to be the suspected sources and how they were determined.

Public Education & Outreach of Pathogens as the Pollutant of Concern

1. Description of the education program.

2. Who are the target audiences and what is the message delivered to each target audience?

3. How are behavior changes being measured?

Permit #

NYR20A407

4. What are the education plans and goals for the next 6 months?

[Empty text box for education plans and goals]

**Illicit Discharge Detection and Elimination**

5. What has been done to actively look in these watersheds for Illicit discharges? Describe procedures and staff that are involved in this reconnaissance.

[Empty text box for illicit discharge detection and elimination procedures]

**Answer Either 6a. or 6b.**

6a.  No Illicit Discharges were discovered during this reporting period  
Explain how the determination for No Illicit Discharges was made

[Empty text box for explanation of no illicit discharges]

6b.  Illicit Discharges were discovered during this reporting period  
What has the municipality determined from the illicit discharges that have been found?

[Empty text box for municipality determination of illicit discharges]

**Complete Either 7a. (Map) or 7b. (Written Response)**

7a. Attach a map showing where IDDE outfall inspections have occurred this reporting period, which outfalls have illicit discharges, and if the discharge has been removed, where the illicit connection is in the system and how it is entering the system (i.e. Direct connection to the MS4, overland connection, structural failure of the MS4 piping network)

7b. Give the number of inspections performed during this reporting period. # Inspections     (Provide municipal identification #s for all outfalls inspected)

State which outfalls have illicit discharges and whether or not the illicit discharge has been removed. Also describe where the illicit discharge is in the system and how it is entering the system (i.e. Direct connection to the MS4, overland connection, structural failure of the MS4 piping network)

[Empty text box for written response to 7b]

Permit #

NYR20A407

**Post Construction Stormwater Management**

8. Number of Post Construction Stormwater Management Practices (SMPs) that discharge to an MS4 that drains to the listed waterbody

# SMPs

- As part of the RFI sent by the Department in August 2016, the information in #8 has already been submitted
  - a. Describe the municipality's policy on post construction stormwater management

9. Describe the Post-Construction Stormwater Management plan and goals for the next 6 months

**Municipal Operations Pollution Prevention/Good Housekeeping**

- Non-Traditional MS4 (skip Question 10)

10a. Is pet waste an issue in the MS4 areas? If pet waste is not an issue please describe, in the box below, the reasoning behind this viewpoint.

10b. If pet waste is a problem, where has it been found to be a problem? Are there any areas where pets are known to frequent (such as parks, road ends, boat launches, marinas, trails). Are there any indications that pet waste is being disposed of improperly (ie. dumped into a catch basin)?

10c. What strategies are in place to manage the proper disposal of pet waste? What strategies are planned to improve pet waste disposal practices in areas identified in need of improvement?

PERMIT #

NYR20A407

10d. What measurable indicators are being used to help determine the effectiveness of these strategies?

11a. Is the goose population an issue in the MS4 areas? If the goose population is not an issue please describe, in the box below, the reasoning behind this viewpoint.

11b. If the geese are a problem, where has it been found to be a problem? Provide a description of the location or a map showing the areas of high population density of geese.

11c. What strategies are in place to manage the population of geese on municipal properties?

11d. What measurable indicators are being used to help determine the effectiveness of these strategies?

**MS4 Semi Annual Report Form Certification**Semi Annual Report form for period ending 

0	3	0	9	2	0	1	8
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 (MMDDYYYY)Name of MS4 

SPDES ID

N	Y	R	2	0	A	4	0	7
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**Certification Statement** - MS4 Official (Principal Executive Officer or Ranking Elected Official) or a Duly Authorized Representative of the MS4 Official

"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, to 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 of 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-0-15-003 Part VI.J.

First Name

M	i	c	h	a	e	l													
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MI

S
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Last Name

L	e	v	i	n	e														
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Title (Clearly print title of individual signing report)

M	a	y	o	r															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature

Date

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 / 

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

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

# Progress Report for Part IX.C Pathogen Impaired Watershed Improvement Strategy Areas

PERMIT #

Waterbody Name

MS4 Name

Reporting Period Ending (mm/dd/yyyy)  /  /

Reaffirmation for No Discharge

- The Municipal Separate Storm Sewer System as defined in 40 CFR 122.26(b)(8) and (16) including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains that the  owns or operates does not have any outfalls that discharge directly or indirectly through another MS4, into the

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Please describe what your stormwater management program is doing to address the source of pathogens to the impaired waterbody

If you suspect the sources of pathogens that contribute a load to this watershed through the MS4 are something other than the sources listed in the TMDL, please state what you believe to be the suspected sources and how they were determined.

### Public Education & Outreach of Pathogens as the Pollutant of Concern

1. Description of the education program.

2. Who are the target audiences and what is the message delivered to each target audience?

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Permit #

NYR20A407

4. What are the education plans and goals for the next 6 months?

[Empty text box for education plans and goals]

**Illicit Discharge Detection and Elimination**

5. What has been done to actively look in these watersheds for Illicit discharges? Describe procedures and staff that are involved in this reconnaissance.

[Empty text box for discharge detection procedures]

**Answer Either 6a. or 6b.**

6a.  No Illicit Discharges were discovered during this reporting period  
Explain how the determination for No Illicit Discharges was made

[Empty text box for explanation of no illicit discharges]

6b.  Illicit Discharges were discovered during this reporting period  
What has the municipality determined from the illicit discharges that have been found?

[Empty text box for municipality determination]

**Complete Either 7a. (Map) or 7b. (Written Response)**

7a. Attach a map showing where IDDE outfall inspections have occurred this reporting period, which outfalls have illicit discharges, and if the discharge has been removed, where the illicit connection is in the system and how it is entering the system (i.e. Direct connection to the MS4, overland connection, structural failure of the MS4 piping network)

7b. Give the number of inspections performed during this reporting period. # Inspections     (Provide municipal identification #s for all outfalls inspected)

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[Empty text box for written response to 7b]

Permit #

NYR20A407

**Post Construction Stormwater Management**

8. Number of Post Construction Stormwater Management Practices (SMPs) that discharge to an MS4 that drains to the listed waterbody # SMPs

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  - a. Describe the municipality's policy on post construction stormwater management

9. Describe the Post-Construction Stormwater Management plan and goals for the next 6 months

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- Non-Traditional MS4 (skip Question 10)

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10c. What strategies are in place to manage the proper disposal of pet waste? What strategies are planned to improve pet waste disposal practices in areas identified in need of improvement?

PERMIT #

NYR20A407

10d. What measurable indicators are being used to help determine the effectiveness of these strategies?

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11c. What strategies are in place to manage the population of geese on municipal properties?

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