

**MS4 Annual Report Cover Page**

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

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

SPDES ID

N Y R 2 0 A 4 0 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

V i l l a g e o f O l d F i e l d

**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

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### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2019

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

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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

SPDES ID  

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### Water Quality Trends

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

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

How many MS4s are contributed to this report? 

--	--	--

**1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.**

Yes     No

If Yes, choose one of the following

- Report(s) attached to the annual report
- Web Page(s) where report(s) is/are provided below

Please provide specific address of page where report(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						

URL  


URL  


URL  






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Name of MS4/Coalition 

Village of Old Field
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SPDES ID  

N	Y	R	2	0	A	4	0	7
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- Construction Site Operators Trained # Trained 

--	--	--	--	--
- Direct Mailings # Mailings 

--	--	--	--	--
- Kiosks or Other Displays # Locations 

--	--	--	--	--
- List-Serves # In List 

--	--	--	--	--
- Mailing List # In List 

--	--	--	--	--
- Newspaper Ads or Articles # Days Run 

--	--	--	--	--
- Public Events/Presentations # Attendees 

--	--	--	--	--
- School Program # Attendees 

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

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

--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Other:

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**Web Page:** Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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**MS4 Annual Report Form**

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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.
---

**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 485.
--

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

	4	8	5
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*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
 Yes    No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Update stormwater educational materials on the stormwater management webpage, as necessary.
---



### 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 

N	Y	R	2	0	A	4	0	7
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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	/	n	e	w	s	/						

URL


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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

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

### 3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department  
V i l l a g e C l e r k

Address  
V i l l a g e H a l l L i g h t h o u s e

City Old Field N Y Zip 1 1 7 3 3 -

Phone  
( 6 3 1 ) 9 4 1 - 9 4 1 2

Library  Annual Report  SWMP Plan  Comments

Address

City Zip

Phone  
( ) -

Other  Annual Report  SWMP Plan  Comments

Address

City Zip

Phone  
( ) -

Web Page URL:  Annual Report  SWMP Plan  Comments

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 /

Please provide specific address of page where report can be accessed - not home page.

eMail  Comments



**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

Village of Old Field
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SPDES ID  

N	Y	R	2	0	A	4	0	7
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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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 / 

1	8
---	---

 / 

2	0	1	9
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**4.b. For how many days was/will this report be posted?**

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

If submitting a report for single MS4, answer 5.a.. If submitting 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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 / 

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 / 

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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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**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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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

#### 3.b. What types of illicit discharges have been found during this reporting period?

- Broken Lines From Sanitary Sewer
- Industrial Connections
- Cross Connections
- Inflow/Infiltration
- Failing Septic Systems
- Pump Station Failure
- Floor Drains Connected To Storm Sewers
- Sanitary Sewer Overflows
- Illegal Dumping
- Straight Pipe Sewer Discharges
- Other:  None

Grid for 'Other:' text entry

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

0

5. How many illicit discharges have been confirmed during this reporting period?

0

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

0

7. Has the storm sewershed mapping been completed in this reporting period?  Yes  No

If No, approximately what percent was completed in this reporting period?

%

8. Is the above information available in GIS?  Yes  No

Is this information available on the web?  Yes  No

If Yes, provide URL(s):

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

URL

Grid for URL entry

URL

Grid for URL entry



**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.

**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.

**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).**

Conduct IDDE training and continue to search for illicit discharges.

**MS4 Annual Report Form**

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Name of MS4/Coalition 

Village of Old Field
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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?**

		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? 

--	--	--

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

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

- Notices of Violation # 

					0
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 No Authority
- Stop Work Orders # 

--	--	--	--	--	--

 No Authority
- Criminal Actions # 

--	--	--	--	--	--

 No Authority
- Termination of Contracts # 

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 No Authority
- Administrative Fines # 

--	--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--	--
- Other # 

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 No Authority



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Name of MS4/Coalition 

Village of Old Field
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SPDES ID  

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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

--	--	--

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

		0
--	--	---

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

		0
--	--	---

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

--	--	--

 %

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

--	--	--

 %

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

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Name of MS4/Coalition Village of Old Field

SPDES ID

NYR20A407

**6. con't.:**

Submit additional pages as needed.

**MS4/Coalition Office**

Department

Address

City

Zip

Phone

**Library**

Address

City

Zip

Phone

**Other**

Address

City

Zip

Phone

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

URL

URL

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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 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?**

			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 review SWPPPs as they are received.
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**MS4 Annual Report Form**

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Name of MS4/Coalition 

Village of Old Field
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SPDES ID  

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

		0
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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?**

		0
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 %

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Village of Old Field
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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.
--

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

Inspections were performed on four constructed wetland swales.
--

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

			4
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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.
--

**MS4 Annual Report Form**

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

2	0	1	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  

N	Y	R	2	0	A	4	0	7
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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**

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2	0	1	9
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Name of MS4/Coalition 

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

SPDES ID  

N	Y	R	2	0	A	4	0	7
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**2. Provide the following information about municipal operations good housekeeping programs:**

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

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

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

			3	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 # 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?**

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

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

0	2
---	---

 / 

0	7
---	---

 / 

2	0	1	9
---	---	---	---

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

	1	2
--	---	---

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

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

 %



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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.**

35 of 84 roadway catch basins were inspected and cleaned during the reporting year.
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**C. How many times was this observation measured or evaluated in this reporting period?**

		3	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.
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