

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

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

Name of MS4

Chemung County Highway Department

SPDES ID

N	Y	R	2	0	A	4	7	6
---	---	---	---	---	---	---	---	---

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ☐ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☒ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

C	h	e	m	u	n	g		S	t	o	r	m	w	a	t	e	r		C	o	a	l	i	t	i	o	n		

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2019

Name of MS4 Chemung County Highway Department

SPDES ID

N Y R 2 0 A 4 7 6

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

C h r i s t o p h e r

MI

Last Name

M o s s

Title

C o u n t y E x e c u t i v e

Address

P O B o x 5 8 8

City

E l m i r a

State

N Y

Zip

1 4 9 0 2 - 0 5 8 8

eMail

Phone

(6 0 7) 7 3 7 - 2 9 1 2

County

C h e m u n g

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2019

Name of MS4 Chemung County Highway Department

SPDES ID

N Y R 2 0 A 4 7 6

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

A n d r e w

MI

Last Name

A v e r y

Title

C o m m i s s i o n e r o f P u b l i c W o r k s

Address

8 0 3 C h e m u n g S t r e e t

City

H o r s e h e a d s

State

N

Zip

1 4 8 4 5 -

eMail

A A v e r y @ c h e m u n g c o u n t y n y . g o v

Phone

(6 0 7) 7 3 9 - 3 8 9 6

County

C h e m u n g

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Chemung County Highway Department

SPDES ID

N	Y	R	2	0	A	4	7	6
---	---	---	---	---	---	---	---	---

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name

J	e	s	s	i	c	a						
---	---	---	---	---	---	---	--	--	--	--	--	--

MI

7

Last Name

V	e	r	r	i	g	n	i							
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Title

[illegible]

Address

[illegible]

City

H	o	r	s	e	h	e	a	d	s
---	---	---	---	---	---	---	---	---	---

State

N	
---	--

Zip

1	4	8	4	5	-				
---	---	---	---	---	---	--	--	--	--

eMail

j	b	v	e	r	r	i	g	n	i	@	s	t	n	y	.	r	r	.	c	o	m
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone

$$(\begin{array}{|c|c|c|} \hline 6 & 0 & 7 \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline 7 & 9 & 6 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 2 & 2 & 1 & 6 \\ \hline \end{array}$$

County

C	h	e	m	u	n	g						
---	---	---	---	---	---	---	--	--	--	--	--	--

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Chemung County Highway Department

SPDES ID

N Y R 2 0 A 4 7 6

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

C h e m u n g S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

8 5 1 C h e m u n g S t r e e t

City

H o r s e h e a d s

State

N Y

Zip

1 4 8 4 5 -

eMail

j b v e r r i g n i @ s t n y . r r . c o m

Phone

(6 0 7) 7 9 6 - 2 2 1 6

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 M u l t i p l e t a s k s s e e S W M P

● MM2 M u l t i p l e t a s k s s e e S W M P

● MM3 M u l t i p l e t a s k s s e e S W M P

● MM4 M u l t i p l e t a s k s s e e S W M P

● MM5 M u l t i p l e t a s k s s e e S W M P

● MM6 M u l t i p l e t a s k s s e e S W M P

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, 2019

Name of MS4 Chemung County Highway Department

SPDES ID _____

N	Y	R	2	0	A	4	7	6
---	---	---	---	---	---	---	---	---

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

C	h	r	i	s	t	o	p	h	e	r				
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

MI

7


Last Name

[illegible]

Title (Clearly print title of individual signing report)

[illegible]

Signature



Date _____

0	4	/	0	3	/	2	0	1	9
---	---	---	---	---	---	---	---	---	---

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition	Chemung Stormwater Coalition
-----------------------	------------------------------

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

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	4
--	---	---

- 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

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

Minimum Control Measure 1. Public Education and Outreach

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	4
--	---	---

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ☒ Construction Sites
 - ☒ General Stormwater Management Information
 - ☒ Household Hazardous Waste Disposal
 - ☐ Illicit Discharge Detection and Elimination
 - ☐ Infrastructure Maintenance
 - ☐ Smart Growth
 - ☐ Storm Drain Marking
 - ☐ Green Infrastructure/Better Site Design/Low Impact Development
 - ☐ Other:
 - ☒ Pesticide and Fertilizer Application
 - ☒ Pet Waste Management
 - ☒ Recycling
 - ☐ Riparian Corridor Protection/Restoration
 - ☐ Trash Management
 - ☐ Vehicle Washing
 - ☐ Water Conservation
 - ☐ Wetland Protection
 - ☐ None

[illegible]

Other

2. Specific audiences targeted during this reporting period:

- ☐ Public Employees
- ☒ Residential
- ☐ Businesses
- ☐ Restaurants
- ☒ Other:
- ☒ Contractors
- ☐ Developers
- ☒ General Public
- ☒ Industries
- ☐ Agricultural

[illegible]

Other

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☒ Construction Site Operators Trained

Trained

		1	6	0
--	--	---	---	---

☒ Direct Mailings

Mailings

		4	1	8
--	--	---	---	---

☒ Kiosks or Other Displays

Locations

			1	4
--	--	--	---	---

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

	3	2	3	5
--	---	---	---	---

☒ School Program

Attendees

	4	0	0	4
--	---	---	---	---

☒ TV Spot/Program

Days Run

			9	1
--	--	--	---	---

☒ Printed Materials:

Total # Distributed

	1	7	5	0
--	---	---	---	---

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

T	o	w	n		o	f		H	o	r	s	e	h	e	a	d	s		
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--

T	o	w	n		o	f		S	o	u	t	h	p	o	r	t		
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	--	--

C	h	e	m	u	n	g		C	o	u	n	t	y		S	W	C	D	
---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	--

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

☐ Other:

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

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

URL

h	t	t	p	s	:	/	/	w	w	w	.	c	h	e	m	u	n	g	c	o	u	n	t	y	n	y	.	g	o	v	/
d	e	p	a	r	t	m	e	n	t	s	/	p	u	b	l	i	c	w	o	r	k	s	/	s	t	o	r	m	w	a	t
e	r	-	M	S	4	-	i	n	f	o	r	m	a	t	i	o	n														

URL

h	t	t	p	s	:	/	/	w	w	w	.	f	a	c	e	b	o	o	k	.	c	o	m	/	c	h	e	m	u	n	g
s	t	o	r	m	w	a	t	e	r																						

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

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

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

URL

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

URL

w	w	w	.	c	i	t	y	o	f	e	l	m	i	r	a	.	n	e	t	/	p	u	b	l	i	c	-	w	o	r	k	
s	/	s	t	o	r	m	w	a	t	e	r	-	m	a	n	a	g	e	m	e	n	t										

URL

w	w	w	.	e	l	m	i	r	a	h	e	i	g	h	t	s	v	i	l	l	a	g	e	.	c	o	m	/	s	t	o	
r	m	w	a	t	e	r																										

URL

w	w	w	.	h	o	r	s	e	h	e	a	d	s	.	o	r	g	/	i	n	d	e	x	.	p	h	p	?	n	=	D		
P	W	.	s	t	o	r	m	w	a	t	e	r																					

URL

w	w	w	.	c	h	e	m	u	n	g	s	t	o	r	m	w	a	t	e	r	p	r	o	j	e	c	t	s	.	c	o	
m																																

URL

URL

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0			
---	---	---	---	---	--	--	--

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.

Increase the number of residents reached by 200. Update community on stormwater by utilizing social media as well as television commercial spots.

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

This year was again extremely successful, we surpassed our goal of increasing participation through community events and education. Over 4000 students and 3000 residents were educated on the importance of stormwater quality.

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

9	6	7	2
---	---	---	---

(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).

Increase the number of participants through education by 250. Hold more camp/workshops for community residents. Increase our social media presence.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

2. URL(s) con't.:

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

URL

w	w	w	.	c	h	e	m	u	n	g	s	t	o	r	m	w	a	t	e	r	p	r	o	j	e	c	t	s	.	c	o
m	/	m	s	4	-	a	n	n	u	a	l	-	r	e	p	o	r	t	.	h	t	m	l								

URL

w	w	w	.	h	o	r	s	e	h	e	a	d	s	.	o	r	g	/	u	p	l	o	a	d	s	/	D	P	W	/	s
t	o	r	m	w	a	t	e	r	r	e	p	o	r	t	1	8	.	p	d	f											

URL

URL

URL

URL

URL

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung County Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

2. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

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

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

☒ MS4/Coalition Office

☐ Annual Report ☐ SWMP Plan ☐ Comments

Department

C	h	e	m	u	n	g		C	o	u	n	t	y		S	t	o	r	m	w	a	t	e	r		C	o	a	i
---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---

Address

8	5	1		C	h	e	m	u	n	g		S	t	r	e	e	t													
---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

City

H	o	r	s	e	h	e	a	d	s						
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

N	Y
---	---

Zip

1	4	8	2	1	-				
---	---	---	---	---	---	--	--	--	--

Phone

(6	0	7)	7	9	6	-	2	2	1	6
---	---	---	---	---	---	---	---	---	---	---	---	---

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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

City

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

--	--

Zip

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

Phone

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

☒ Other

☒ Annual Report ☒ SWMP Plan ☒ Comments

Address

A	l	l		M	S	4		T	o	w	n	/	V	i	l	l	a	g	e	/	C	i	t	y		H	a	l	l	s
---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---

City

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

--	--

Zip

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

Phone

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

☒ Web Page URL:

☒ Annual Report ☐ SWMP Plan ☐ Comments

w	w	w	.	c	h	e	m	u	n	g	s	t	o	r	m	w	a	t	e	r	p	r	o	j	e	c	t	s	.	c
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

o	m	/	M	S	4	-	a	n	n	u	a	l	-	r	e	p	o	r	t	.	h	t	m	l						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

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

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

☒ eMail

☒ Comments

j	b	v	e	r	r	i	g	n	i	@	s	t	n	y	.	r	r	.	c	o	m									
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung County Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

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
---	---

 /

2	7
---	---

 /

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

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?

--	--

 /

--	--

 /

--	--	--	--

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,**

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

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.

Continue to work with our stakeholders and partners on clean up events.
Continue the water quality monitoring program.
Continue the rain barrel program.

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

Chemung County MS4s and their partners hosted: 4 Electronic Recycling events (601 participants), 1 Tire Collection (40 participants), 2 Pharmaceutical Take Back (638 participants and 1750 pounds of pharmaceuticals collected), 6 River Clean Ups (65 participants), and 2 Household Hazardous Waste Collections (1,018 participants). The public is very involved in collection events that improve stormwater quality. 10 Rain Barrels were distributed in the County this year.

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

2	3	8	7
---	---	---	---

(ex.: samples/participants/events)

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

Continue to work with our stakeholders and partners on clean up events.
Continue the water quality monitoring program.
Continue the rain barrel program.

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

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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	4
---	---	---

1. Enter the number and approx. percent of outfalls mapped:

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

 #

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

 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ☐ Auto Recyclers
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☐ Other:
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plateing Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☐ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops
- ☒ None

[illegible]

○ Sewersheds:

[illegible]

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

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

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

6	c	o	n	n	e	c	t	i	o	n	s		n	o	t		d	e	t	e	r	m	i	n	e	d		y	e	t
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---

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

		8
--	--	---

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

		2
--	--	---

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?

1	0	0	%
---	---	---	---

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

[illegible]

URL

[illegible]

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

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

1	0	0	%
---	---	---	---

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

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.

Update sewershed mapping for communities with expanded urbanized areas from the 2010 census.
Keep mapping system updated with appropriate outfall inspection data.
Employ the provisions of the IDDE SOP in the advent that an illicit discharge is detected.

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

8 Illicit Discharges were detected this year. 6 are connections into the storm sewer which we are still trying to work through. Highway staff in local MS4 communities are starting to notice more stormwater issues and call about them. This is a great improvement that stormwater is now recognized as something to pay attention to. Weather did not allow for outfall inspections this reporting period but we will double up on inspections for the next reporting period.

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

			8
--	--	--	---

(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 utilize the electronic inspection program for outfall work.
Update the sewershed mapping when new outfalls are located within the urbanized area.
Employ the provisions of the IDDE SOP in the advent that an illicit discharge is detected.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

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?

	1	4
--	---	---

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?

	3	1
--	---	---

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:

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>2</td></tr></table>					2	<input type="radio"/> No Authority
				2				
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

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

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	4
--	---	---

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

	1	6
--	---	---

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

	1	1
--	---	---

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

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

 %

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

☐ NT

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

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☒ Yes ☐ No

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

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

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

C	h	e	m	u	n	g	S	t	o	r	m	w	t	a	t	e	r	C	o	a	l	i	t	i	o	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Address

8	5	1	C	h	e	m	u	n	g	S	t	r	e	e	t
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City

H	o	r	s	e	h	e	a	d	s
---	---	---	---	---	---	---	---	---	---

N	Y
---	---

Zip

1	4	8	2	1	-		
---	---	---	---	---	---	--	--

Phone

(6	0	7)	7	9	6	-	2	2	1	6
---	---	---	---	---	---	---	---	---	---	---	---	---

○ Library

Address

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

City

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

Zip

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

Phone

()									
---	--	--	--	---	--	--	--	--	--	--	--	--	--

● Other

Address

a	l	l	j	o	b	s	i	t	e	s
---	---	---	---	---	---	---	---	---	---	---

City

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

Zip

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

Phone

()									
---	--	--	--	---	--	--	--	--	--	--	--	--	--

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

URL

w	w	w	.	c	h	e	m	u	n	g	s	t	o	r	m	w	a	t	e	r	p	r	o	j	e	c	t	s	.	c
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

o	m
---	---

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

URL

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

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

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

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.

Review the erosion and sediment control plan for every site that disturbs greater than 1 acre (within the MS4 jurisdiction).

Complete periodic inspections during construction sites disturbing over 1 acre of soil.

Conduct the NYS DEC 4 Hour Erosion and Sediment Control training 2 times per year.

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

Reviewed 31 SWPPPs.

Conducted 52 construction inspections on 11 active construction sites.

Conducted 2 NYS DEC 4 Hour Erosion and Sediment Control Contractor Trainings. 175 contractors trained total.

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

	2	6	0
--	---	---	---

(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).

Review the erosion and sediment control plan for every site that disturbs greater than 1 acre (within the MS4 jurisdiction).

Complete periodic inspections during construction sites disturbing over 1 acre of soil.

Conduct the NYS DEC 4 Hour Erosion and Sediment Control training 2 times per year.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

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	4
--	---	---

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

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	<input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> <input type="text"/>
● Filter Systems	<input type="text"/> <input type="text"/> 4	<input type="text"/> <input type="text"/> 5	<input type="text"/> <input type="text"/> <input type="text"/>
● Infiltration Basins	<input type="text"/> <input type="text"/> 1	<input type="text"/> <input type="text"/> 8	<input type="text"/> <input type="text"/> <input type="text"/>
● Open Channels	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> <input type="text"/>
● Ponds	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 7	<input type="text"/> <input type="text"/> <input type="text"/>
○ Wetlands	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
○ Other	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes

☒ 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:

[illegible]

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

--	--	--

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

--	--	--

 %

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

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.

-Review Post Construction stormwater management plans for every site that disturbs 1 acre or more.
 -Maintain an inventory of post construction stormwater management facilities for sites that have received permitting under the SPDES general permit.
 -Inspect each inventorying post construction stormwater practice a minimum of once every 3 years and complete the associated inspection report.

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

-31 Post-Construction SWPPPs were reviewed.
 -24 Post Construction stormwater management practices were inspected. Reports were filled out and GIS mapping system was updated.

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

		5	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).

-Review Post Construction stormwater management plans for every site that disturbs 1 acre or more.
 -Maintain an inventory of post construction stormwater management facilities for sites that have received permitting under the SPDES general permit.
 -Inspect each inventorying post construction stormwater practice a minimum of once every 3 years and complete the associated inspection report.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

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	4
--	---	---

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</u>	
			<u>Operation/Activity/Facility performed within the past 3 years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

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

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

			4	4
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

	1	8	7	0
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

	1	0	9	7
--	---	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			2	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

	1	0	6	.	4
--	---	---	---	---	---

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

				3
--	--	--	--	---

4. What was the date of the last training?

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

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

	6	2
--	---	---

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	9
---	---	---	---

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

Name of MS4/Coalition

Chemung Stormwater Coalition

SPDES ID

N	Y	R	2	0				
---	---	---	---	---	--	--	--	--

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.

- Complete self audits for select municipal facilities (minimum of once every 3 years).
- Complete training for appropriate employees in accordance with written procedures.
- Monitor and record the number of street miles swept, catch basins inspected and cleaned, the acres of parking lots swept, tons of fertilizer spread and acres of pesticides used.

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

3 Municipal trainings were held and 62 municipal employees were trained.
MS4 communities conducted self-audits of their highway facilities.
communities were inspected on the MS4 general permit by NYS DEC staff.

4

3

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

		7	2
--	--	---	---

(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).

- Complete self audits for select municipal facilities (minimum of once every 3 years).
- Complete training for appropriate employees in accordance with written procedures.
- Monitor and record the number of street miles swept, catch basins inspected and cleaned, the acres of parking lots swept, tons of fertilizer spread and acres of pesticides used.