FINAL DRAFT - 5/14/14

Stormwater Coalition of Monroe County

MS4 2013-2014 JOINT ANNUAL REPORT

Submitted to

NYS Department of Environmental Conservation
MS4 Permit Coordinator
Division of Water
Albany, NY

In Compliance with the Requirements of
SPDES General Permits
GP-0-08-002 and GP-0-10-002

May 14, 2014

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2014

SPDES ID: NYR20

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

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

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: Stormwater Coalition of Monroe County

SPDES ID: NYR20A164	SPDES ID: NYR20A257	SPDES ID: NYR20A058
SPDES ID: NYR20A460	SPDES ID: NYR20A	SPDES ID: NYR20A118
SPDES ID: NYR20A089	SPDES ID: NYR20A017	SPDES ID: NYR20A554
SPDES ID: NYR20A475	SPDES ID: NYR20A	SPDES ID: NYR20A385
SPDES ID: NYR20A462	SPDES ID: NYR20A285	SPDES ID: NYR20A333
SPDES ID: NYR20A	SPDES ID: NYR20A432	SPDES ID: NYR20A357

9714632978

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2014

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

SPDES ID	SPDES ID	SPDES ID
NYR20A113	NYR20A401	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A513	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A466	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A

1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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? 25

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

URL

URL

URL

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF BRIGHTON

SPDES ID: NYR20A164

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:

The Stormwater Coallition Of
Monroe County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF BRIGHTON

SPDES ID: NYR20A164

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: WILLIAM
MI: W
Last Name: MOEHLE

Title: TOWN SUPERVISOR

Address: 2300 ELMWOOD AVENUE

City: ROCHESTER
State: NY
Zip: 14618 -

eMail: WILLIAM.MOEHLE@TOWNOFBRIGHTON.ORG

Phone: (585) 784-5250
County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF BRIGHTON

SPDES ID: NYR20A164

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).
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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).

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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: TIMOTHY

MI: E

Last Name: KEEF

Title: COMMISSIONER OF PUBLIC WORKS

Address: 2300 ELMWOOD AVENUE

City: ROCHESTER

State: NY

Zip: 14618 -

eMail: TIM.KEEF@TOWNOFBRIGHTON.ORG

Phone: (585) 784-5223

County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF BRIGHTON

SPDES ID: NYR20A164

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).

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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: MIKE

MI: E

Last Name: GUYON

Title: TOWN ENGINEER

Address: 2300 ELMWOOD AVENUE

City: ROCHESTER

State: NY

Zip: 14618 -

eMail: MIKE.GUYON@TOWNOFBRIGHTON.ORG

Phone: (585) 784-5225

County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF BRIGHTON

SPDES ID: NYR20A164

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: EVERT

MI: F

Last Name: GARCIA

Title: ENGINEERING ASSISTANT

Address: 2300 ELMWOOD AVENUE

City: ROCHESTER

State: NY

Zip: 14618 -

eMail: EVERT.GARCIA@TOWNOFBRIGHTON.ORG

Phone: (585) 784-5222

County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF BRIGHTON

SPDES ID: NYR20A164

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF BRIGHTON

SPDES ID: NYR20A164

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: THE STORMWATER COALITION OF

Partner/Coalition Name (con't.): MONROE COUNTY

SPDES Partner ID - If applicable: NYR20

Address: 145 PAUL ROAD

City: ROCHESTER

State: NY

Zip: 14624 -

eMail: TSTEVENSON@MONROECOUNTY.GOV

Phone: (585) 753-5472

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: PUBLIC EDUCATION & OUTREACH
- ● MM2: PUBLIC PARTICIPATION
- ● MM3: IDDE
- ● MM4: CONSTRUCTION COMPLIANCE
- ● MM5: POST CONSTRUCTION COMPLIANCE
- ● MM6: POLLUTION PREVENTION TRAINING

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, 2014

Name of MS4: TOWN OF BRIGHTON

SPDES ID: NYR20A164

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: TIMOTHY

MI: E

Last Name: KEEF

Title (Clearly print title of individual signing report): COMMISSIONER OF PUBLIC WORKS

Signature

Date: 04 / 10 / 2014

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Chili

SPDES ID: NYR20A257

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:

The Stormwater Coallition Of Monroe County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Chili

SPDES ID: NYR20A257

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: David

MI: D

Last Name: Dunning

Title: Supervisor

Address: 3333 Chili Avenue

City: Rochester

State: NY

Zip: 14624 -

eMail: ddunning@townofchili.org

Phone: (585) 889-3550

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Chili

SPDES ID: NYR20A257

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: David

MI: P

Last Name: Lindsay

Title: Commissioner of Public Works

Address: 200 Beaver Road

City: Churchville

State: NY

Zip: 14428 -

eMail: dlindsay@townofchili.org

Phone: (585) 889-2630

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Chili

SPDES ID: NYR20A257

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Chili

SPDES ID: NYR20A257

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: Town of Chili

SPDES ID: NYR20A257

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: David

MI: D

Last Name: Dunning

Title (Clearly print title of individual signing report): Supervisor

Signature:

Date: / /

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

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF CLARKSON

SPDES ID: NYR20A058

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:

THE STORMWATER COALITION OF MONROE COUNTY

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF CLARKSON

SPDES ID: NYR20A058

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)
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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).

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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: PAUL

MI: M

Last Name: KIMBALL

Title: TOWN SUPERVISOR

Address: PO BOX 858, 3710 LAKE ROAD

City: CLARKSON

State: NY

Zip: 14430 -

eMail: PAUL.KIMBALL@CLARKSONNY.ORG

Phone: (585) 637-1131

County: MONROE

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Clarkson

SPDES ID: NYR20A058

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).
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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: MICHAEL

MI:

Last Name: FARRELL

Title: FOREMAN

Address: PO BOX 858

City: CLARKSON

State: NY

Zip: 14430 -

eMail: HIGHWAY@CLARKSONNY.ORG

Phone: (585) 637-1132

County: MONROE

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Clarkson

SPDES ID: NYR20A058

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: URSULA

MI: M

Last Name: LIOTTA

Title: ADMINISTRATIVE ASSISTANT

Address: PO BOX 858

City: CLARKSON

State: NY

Zip: 14430 -

eMail: HIGHWAY@CLARKSONNY.ORG

Phone: (585) 637-1132

County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Clarkson

SPDES ID: NYR20A058

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Clarkson

SPDES ID: NYR20A058

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: TOWN OF CLARKSON

SPDES ID: NYR20A058

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: PAUL

MI: M

Last Name: KIMBALL

Title (Clearly print title of individual signing report): TOWN SUPERVISOR

Signature: Paul M Kimball

Date: 04 / 14 / 2014

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Gates

SPDES ID: NYR20A460

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:

The Stormwater Coallition Of
Monroe County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Gates

SPDES ID: NYR20A460

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: Mark

MI: W

Last Name: Assini

Title: Town Supervisor

Address: 1605 Buffalo Road

City: Rochester

State: NY

Zip: 14625-4

eMail: massini@townofgates.org

Phone: (585) 247-6100

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Gates

SPDES ID: NYR20A460

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: Joseph

MI:

Last Name: Amico

Title: Highway Superintendent

Address: 1605 Buffalo Road

City: Rochester

State: NY

Zip: 14625-4

eMail: gateshwy@frontiernet.net

Phone: (585) 247-6100

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Gates

SPDES ID: NYR20A460

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: Laurey

MI: C

Last Name: Ritchie

Title: Consultant-Stormwater Solutions

Address: 217 Lake Avenue

City: Rochester

State: NY

Zip: 14608-

eMail: Laurey@stormwaterny.com

Phone: (585) 458-1799

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Gates

SPDES ID: NYR20A460

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Gates

SPDES ID: NYR20A460

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: Town of Gates

SPDES ID: NYR20A460

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: Mark

MI: W

Last Name: Assini

Title (Clearly print title of individual signing report): Supervisor-Town of Gates

Signature: Mark W Assini

Date: 04/23/2014

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Greece/Stormwater Coalition of Monroe County

SPDES ID: NYR20A133

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:

Stormwater Coalition of Monroe County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Greece/Stormwater Coalition of Monroe County

SPDES ID: NYR20A133

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: William
MI: D
Last Name: Reilich

Title: Supervisor

Address: 1 Vince Tofany Blvd.

City: Greece
State: NY
Zip: 14612 -

eMail: Wreilich@greecency.gov

Phone: (585) 723-2311
County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Greece/Stormwater Coalition of Monroe County

SPDES ID: NYR20A133

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: John

MI: F

Last Name: Gauthier, PE

Title: Associate Engineer

Address: 647 Long Pond Road

City: Greece

State: NY

Zip: 14612-

eMail: jgauthier@greecency.gov

Phone: (585) 723-2376

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Greece/Stormwater Coalition of Monroe County

SPDES ID: NYR20A133

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Greece/Stormwater Coalition of Monroe County

SPDES ID: NYR20A133

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: Town of Greece/Stormwater Coalition of Monroe County

SPDES ID: NYR20A133

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: William

MI: D

Last Name: Reilich

Title (Clearly print title of individual signing report): Supervisor

Signature:

Date: / /

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

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF HENRIETTA

SPDES ID: NYR20A118

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:

Town of Henrietta

475 Calkins Road

Henrietta, NY 14467

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF HENRIETTA

SPDES ID: NYR20A118

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: Jack

MI: W

Last Name: Moore

Title: Henrietta Town Supervisor

Address: 475 Calkins Road

City: Henrietta

State: NY

Zip: 14467 -

eMail: jmoore@henrietta.org

Phone: (585) 359-7001

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF HENRIETTA

SPDES ID: NYR20A118

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: Christopher

MI: E

Last Name: Martin

Title: Director of Engineering/Planning

Address: 475 Calkins Road

City: Henrietta

State: NY

Zip: 14467 -

eMail: cmartin@henrietta.org

Phone: (585) 359-7070

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF HENRIETTA

SPDES ID: NYR20A118

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: Roland

MI: U

Last Name: Osterwinter

Title: Junior Engineer

Address: 475 Calkins Road

City: Henrietta

State: NY

Zip: 14467 -

eMail: rosterwinter@henrietta.org

Phone: (585) 359 - 7070

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF HENRIETTA

SPDES ID: NYR20A118

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF HENRIETTA

SPDES ID: NYR20A118

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: TOWN OF HENRIETTA

SPDES ID: NYR20A118

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: Jack

MI: W

Last Name: Moore

Title (Clearly print title of individual signing report): Henrietta Town Supervisor

Signature: Jack W. Moore

Date: 04 / 14 / 2014

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Irondequoit

SPDES ID: NYR20A089

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:

The Stormwater Coalition of Monroe County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Irondequoit

SPDES ID: NYR20A089

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: Adam

MI: J

Last Name: Bello

Title: Town Supervisor

Address: 1280 Titus Ave

City: Rochester

State: NY

Zip: 14617-3316

eMail: abello@irondequoiot.org

Phone: (585) 336-6034

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Irondequoit

SPDES ID: NYR20A089

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Irondequoit

SPDES ID: NYR20A089

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: The Stormwater Coalition of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: pswayko@monroecounty.gov

Phone: (585) 753-4551

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: Public Education & outreach
- ● MM2: Public Involvement/particip.
- ● MM3: IDDE
- ● MM4: Construction Compliance
- ● MM5: Post Construction Compliance
- ● MM6: Pollution Prevention Training

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, 2014

Name of MS4: Town of Irondequoit

SPDES ID: NYR20A089

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: Patrick

MI: A

Last Name: Meredith

Title (Clearly print title of individual signing report): Comissioner of Public Works

Signature:

Date: / /

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Mendon

SPDES ID: NYR20A017

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:

The Stormwater Coallition Of
Monroe County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Mendon

SPDES ID: NYR20A017

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: John

MI:

Last Name: Moffitt

Title: Supervisor

Address: 16 West Main Street

City: Honeoye Falls

State: NY

Zip: 14472 -

eMail: jmoffitt@townofmendon.org

Phone: (585) 624-6061

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town of Mendon

SPDES ID: NYR20A017

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: Tom

MI:

Last Name: Voorhees

Title: Code Enforcement Officer

Address: 16 West Main Street

City: Honeoye Falls

State: NY

Zip: 14472-

eMail: tvoorhees@townofmendon.com

Phone: (585) 624-6061

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: Town of Mendon

SPDES ID: NYR20A017

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: Brent

MI:

Last Name: Rosiek

Title: Planning Board Chair

Address: 16 West Main Street

City: Honeoye Falls

State: NY

Zip: 14472-

eMail: brosiek@clarkpatterson.com

Phone: (585) 624-6061

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Mendon

SPDES ID: NYR20A017

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Mendon

SPDES ID: NYR20A017

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: Town of Mendon

SPDES ID: NYR20A017

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: John

MI: D

Last Name: Moffitt

Title (Clearly print title of individual signing report): Supervisor

Signature:

Date: 04/21/2014

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF OGDEN

SPDES ID: NYR20A554

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:

The Stormwater Coallition Of Monroe County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF OGDEN

SPDES ID: NYR20A554

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: DAVID

MI: H

Last Name: WIDGER

Title: HIGHWAY SUPERINTENDENT

Address: 269 OGDEN CENTER ROAD

City: SPENCERPORT

State: NY

Zip: 14559 -

eMail: highway@ogdenny.com

Phone: (585) 617-6160

County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF OGDEN

SPDES ID: NYR20A554

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF OGDEN

SPDES ID: NYR20A554

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: TOWN OF OGDEN

SPDES ID: NYR20A554

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: DAVID

MI: H

Last Name: WIDGER

Title (Clearly print title of individual signing report): HIGHWAY SUPERINTENDENT

Signature

Date: 04 / 23 / 2014

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Parma

SPDES ID: NYR20A475

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:

The Stormwater Coalition of Monroe County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Parma

SPDES ID: NYR20A475

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: James

MI:

Last Name: Smith

Title: Supervisor

Address: 1300 Hilton Parma Corners Road

City: Hilton

State: NY

Zip: 14468-

eMail: supervisor@parmany.org

Phone: (585) 392-9462

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Parma

SPDES ID: NYR20A475

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: Brian

MI:

Last Name: Speer

Title: Highway Superintendant

Address: 1300 Hilton Parma Corners Road

City: Hilton

State: NY

Zip: 14468-

eMail: highway@parmany.org

Phone: (585) 392-9464

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Parma

SPDES ID: NYR20A475

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: Jack

MI: D

Last Name: Barton

Title: Building Inspector

Address: 1300 Hilton Parma Corners Road

City: Hilton

State: NY

Zip: 14468 -

eMail: building@parmany.org

Phone: (585) 392-9449

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Parma

SPDES ID: NYR20A475

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Parma

SPDES ID: NYR20A475

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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: Public Education & Outreach
- ● MM2: Public Participation
- ● MM3: IDDE
- ● MM4: Construction Compliance
- ● MM5: Post Construction Compliance
- ● MM6: Pollution Prevention Training

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, 2014

Name of MS4: Town of Parma

SPDES ID: NYR20A475

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: James

MI:

Last Name: Smith

Title (Clearly print title of individual signing report): Town Supervisor

Signature:

Date: / /

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

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Perinton

SPDES ID: NYR20A385

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:

The Stormwater Coallition Of Monroe County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Perinton

SPDES ID: NYR20A385

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: Thomas

MI: C

Last Name: Beck

Title: Commissioner of Public Works

Address: 100 Cobb's Lane

City: Fairport

State: NY

Zip: 14450 -

eMail: tbeck@perinton.org

Phone: (585) 223-5115

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Perinton

SPDES ID: NYR20A385

Section 2 - Contact Information

Provide contact information for ***all*** of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

○ Signatory Authority (choose one of the following)
- ○ Executive Officer or Ranking Elected Official
- ○ Duly Authorized Representative

● Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Eric

MI: M

Last Name: Williams

Title: Assistant to the DPW Commissioner

Address: 100 Cobb's Lane

City: Fairport

State: NY

Zip: 14450 -

eMail: ewilliams@perinton.org

Phone: (585) 223-5115

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Perinton

SPDES ID: NYR20A385

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Perinton

SPDES ID: NYR20A385

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: Town of Perinton

SPDES ID: NYR20A385

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: Thomas

MI: C

Last Name: Beck

Title (Clearly print title of individual signing report): Commissioner of Public Works

Signature:

Date: / /

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

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF PITTSFORD

SPDES ID: NYR20A462

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:

MONROE COUNTY STORMWATER COALITION

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF PITTSFORD

SPDES ID: NYR20A462

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: WILLIAM

MI: A

Last Name: SMITH

Title: TOWN SUPERVISOR

Address: 11 SOUTH MAIN STREET

City: PITTSFORD

State: NY

Zip: 14534-1909

eMail: wsmith@townofpittsford.org

Phone: (585) 248-6221

County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF PITTSFORD

SPDES ID: NYR20A642

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: PAUL

MI:

Last Name: SCHENKEL

Title: COMMISSIONER OF PUBLIC WORKS

Address: 11 SOUTH MAIN STREET

City: PITTSFORD

State: NY

Zip: 14534-1909

eMail: PSCHENKEL@TOWNOFPITTSFORD.ORG

Phone: (585) 248-6250

County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF PITTSFORD

SPDES ID: NYR20A642

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: EDMUND

MI: S

Last Name: STAROWICZ

Title: DEP. COMMISSIONER OF PUBLIC WORKS

Address: 11 SOUTH MAIN STREET

City: PITTSFORD

State: NY

Zip: 14534-1909

eMail: SOBRIEN@TOWNOFPITTSFORD.ORG

Phone: (585) 248-6250

County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF PITTSFORD

SPDES ID: NYR20A462

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF PITTSFORD

SPDES ID: NYR20A462

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: TOWN OF PITTSFORD

SPDES ID: NYR20A642

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: PAUL

MI: J

Last Name: SCHENKEL

Title (Clearly print title of individual signing report): COMMISSIONER OF PUBLIC WORKS

Signature:

Date: 03 / 31 / 2014

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Sweden

SPDES ID: NYR20A285

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:

Monroe county Stormwater Coalition

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Sweden

SPDES ID: NYR20A285

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: ROBERT

MI: A

Last Name: CARGES

Title: SUPERVISOR

Address: 18 STATATE STREET

City: BROCKPORT

State: NY

Zip: 14420 -

eMail: SUPERVISOR@TOWNOFSWEDEN.ORG

Phone: (585) 637-7588

County: MONROE

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Sweden

SPDES ID: NYR20A285

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: Walter

MI: J

Last Name: Windus

Title: Code Enforcement Officer

Address: 18 State Street

City: Brockport

State: NY

Zip: 14420-

eMail: waltw@townofsweden.org

Phone: (585) 637-8684

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Sweden

SPDES ID: NYR20A285

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Sweden

SPDES ID: NYR20A285

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: Town of Sweden

SPDES ID: NYR20A285

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: Robert

MI: A

Last Name: Carges

Title (Clearly print title of individual signing report): Supervisor

Signature:

Date: 4/10/2014

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4 Town of Webster

SPDES ID NYR20A333

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:

The stormwater coalition of Monroe County

3

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Webster

SPDES ID: NYR20A333

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: RONALD

MI:

Last Name: Nesbitt

Title: Town Supervisor

Address: 1000 Ridge Rd

City: Webster

State: NY

Zip: 14580 -

eMail: rnesbitt@ci.webster.ny.us

Phone: (585) 872-7068

County: Monroe

4

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: TOWN OF WEBSTER

SPDES ID: NYR20A373

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: JOSEPH MI: W Last Name: HERBST

Title: SUPERINTENDENT OF HIGHWAYS

Address: 1005 PICTURE PKWY

City: WEBSTER State: NY Zip: 14580 -

eMail: jherbst@ci.webster.ny.us

Phone: (585) 872-1443 County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4 TOWN OF WEBSTER

SPDES ID NYR20A333

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: DONALD

MI: B

Last Name: HAUZA

Title: DEPUTY COMMISSIONER

Address: 1000 RIDGE RD

City: WEBSTER

State: NY

Zip: 14580 -

eMail: DHAUZA@ci.webster.ny.us

Phone: (585) 872-1000

County: MONROE

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Webster

SPDES ID: NYR20A333

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: The Stormwater Coalition of

Partner/Coalition Name (con't.): monroe County

SPDES Partner ID - If applicable: NYR20

Address:

City:

State:

Zip: -

eMail:

Phone: ( ) -

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

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

- MM1: multiple tasks
- MM2: multiple tasks
- MM3: training and field inspections
- MM4: training and site inspections
- MM5: training
- MM6: multiple tasks

Additional tasks/responsibilities

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

stream assesments and restorations. Green infrastructure Implementation, water management facilities inspecs and upgrades.

5

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Webster

SPDES ID: NYR20A333

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Webster

SPDES ID: NYR20A333

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: Ronald

MI:

Last Name: Neshitt

Title (Clearly print title of individual signing report): Town Supervisor

Signature: Ronald Neshitt

Date: 04/10/2014

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town/Village of East Rochester

SPDES ID: NYR20A432

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:

The Stormwater Coallition Of
Monroe County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town/ Village of East Rochester

SPDES ID: NYR20A432

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: FRED

MI: L

Last Name: RICCI

Title: MAYOR

Address: 120 WEST COMMERCIAL STREET

City: EAST ROCHESTER

State: NY

Zip: 14445 -

eMail: FRICCI@EASTROCHESTER.ORG

Phone: (585) 586-3553

County: MONROE

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town/ Village of East Rochester

SPDES ID: NYR20A432

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: DAVID

MI:

Last Name: BUSSEY

Title: SUPERINTENDANT OF PUBLIC WORKS

Address: 120 WEST COMMERCIAL STREET

City: EAST ROCHESTER

State: NY

Zip: 14445 -

eMail: DBUSSEY@EASTROCHESTER.ORG

Phone: (585) 586-3553

County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town/ Village of East Rochester

SPDES ID: NYR20A432

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: GARY

MI:

Last Name: SMITH

Title: CONSULTING ENGINEER PARRONE ENG

Address: 349 WEST COMMERCIAL STREET

City: EAST ROCHESTER

State: NY

Zip: 14445 -

eMail: GSMITH@DJPARRONE.COM

Phone: (585) 586-0200

County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town/Village of East Rochester

SPDES ID: NYR20A432

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town/Village of East Rochester

SPDES ID: NYR20A432

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: Town/ Village of East Rochester

SPDES ID: NYR20A432

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: FRED

MI: L

Last Name: RICCI

Title (Clearly print title of individual signing report): MAYOR

Signature: Frederick L Ricci

Date: 04 / 14 / 2014

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Fairport

SPDES ID: NYR20A357

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:

The Stormwater Coalition of Monroe County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Fairport

SPDES ID: NYR20A357

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: Frederick

MI: H

Last Name: May

Title: Mayor

Address: 31 South Main Street

City: Fairport

State: NY

Zip: 14450 -

eMail: fhm@fairportny.com

Phone: (585) 421-3209

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Fairport

SPDES ID: NYR20A357

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: Paul

MI: F

Last Name: Feeley

Title: DPW Foreman

Address: 31 South Main Street

City: Fairport

State: NY

Zip: 14450 -

eMail: pf@fairportny.com

Phone: (585) 421-3119

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Fairport

SPDES ID: NYR20A357

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Fairport

SPDES ID: NYR20A357

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: The Stormwater Coalition of

Partner/Coalition Name (con't.): Monroe COunty

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Rd

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monroecounty.gov

Phone: (585) 753-5472

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: Public Education and Outreach
- ● MM2: Public Involvement / Particip.
- ● MM3: IDDE
- ● MM4: Construction Compliance
- ● MM5: Postconstruction Compliance
- ● MM6: PZ Training / Auditing

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, 2014

Name of MS4: Village of Fairport

SPDES ID: NYR20A357

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: Frederick

MI: H

Last Name: May

Title (Clearly print title of individual signing report): Mayor

Signature: Frederick H. May

Date: 04 / 12 / 2014

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Hilton

SPDES ID: NYR20A113

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:

The Stormwater Coalition of Monroe County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Hilton

SPDES ID: NYR20A113

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: Joseph

MI:

Last Name: Lee

Title: Mayor

Address: 59 Henry Street

City: Hilton

State: NY

Zip: 14468 -

eMail: voh@hiltonny.org

Phone: (585) 392 - 4144

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Hilton

SPDES ID: NYR20A113

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: Michael

MI: J

Last Name: Lissow

Title: Code Enforcement Officer

Address: 59 Henry Street

City: Hilton

State: NY

Zip: 14468 -

eMail: mike@hiltonny.org

Phone: (585) 392-4144

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Hilton

SPDES ID: NYR20A113

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Hilton

SPDES ID: NYR20A113

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: village of Hilton

SPDES ID: NYR20A

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: Joseph

MI:

Last Name: Lee

Title (Clearly print title of individual signing report): Mayor

Signature: Joseph Lee

Date: 04 / 15 / 2014

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: VILLAGE OF PITTSFORD

SPDES ID: NYR20A401

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:

STORMWATER COALITION OF MONROE COUNTY

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: VILLAGE OF PITTSFORD

SPDES ID: NYR20A401

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: ROBERT

MI: C

Last Name: CORBY

Title: MAYOR

Address: 21 NORTH MAIN STREET

City: PITTSFORD

State: NY

Zip: 14534 -

eMail: rcorbyvillageofpittsford@gmail.co

Phone: (585) 586-4332

County: MONROE

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: VILLAGE OF PITTSFORD

SPDES ID: NYR20A401

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: VILLAGE OF PITTSFORD

SPDES ID: NYR20A401

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: VILLAGE OF PITTSFORD

SPDES ID: NYR20A401

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: ROBERT

MI: C

Last Name: CORBY

Title (Clearly print title of individual signing report): MAYOR

Signature:

Date: 04 / 16 / 2014

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Spencerport

SPDES ID: NYR20A263

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:

The Stormwater Coalition of Monroe County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Spencerport

SPDES ID: NYR20A263

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: Joyce

MI:

Last Name: Lobene

Title: Mayor

Address: 27 West Ave

City: Spencerport

State: NY

Zip: 14559 -

eMail: mayor@vil.spencerport.ny.us

Phone: (585) 352-4771

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Spencerport

SPDES ID: NYR20A263

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: Thomas

MI: M

Last Name: West

Title: Superintendent D.P.W.

Address: 27 West Ave.

City: Spencerport

State: NY

Zip: 14559 -

eMail: twest@vil.spencerport.ny.us

Phone: (585) 352-6851

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Spencerport

SPDES ID: NYR20A263

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Village of Spencerport

SPDES ID: NYR20A263

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: The Stormwater Coalition of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road Bld. 1

City: Rochester

State: NY

Zip: 14559 -

eMail: tstevenson@monroecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: Village of Spencerport

SPDES ID: NYR20A263

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: Joyce

MI:

Last Name: Lobene

Title (Clearly print title of individual signing report): Mayor

Signature:

Date: 05 / 07 / 2014

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: VILLAGE OF WEBSTER

SPDES ID: NYR20A417

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:

MONROE COUNTY STORMWATER COALITION

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: VILLAGE OF WEBSTER

SPDES ID: NYR20A417

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: JOHN

MI: J

Last Name: CAHILL

Title: MAYOR

Address: 28 WEST MAIN STREET

City: WEBSTER

State: NY

Zip: 14580 -

eMail: JCAHILL@VILLAGEOFWEBSTER.COM

Phone: (585) 265-3770

County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

Name of MS4: VILLAGE OF WEBSTER

SPDES ID: NYR20A417

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).

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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: WILLARD

MI: H

Last Name: BARHAM

Title: BUILDING INSPECTOR

Address: 28 WEST MAIN STREET

City: WEBSTER

State: NY

Zip: 14580 -

eMail: WHBARHAM@VILLAGEOFWEBSTER.COM

Phone: (585) 265-3770

County: MONROE

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: VILLAGE OF WEBSTER

SPDES ID: NYR20A417

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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: VILLAGE OF WEBSTER

SPDES ID: NYR20A417

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2013

Name of MS4: VILLAGE OF WEBSTER

SPDES ID: NYR20A417

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: JOHN

MI: J

Last Name: CAHILL

Title (Clearly print title of individual signing report): MAYOR

Signature

Date: 04 / 03 / 2014

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: City of Rochester

SPDES ID: NYR20A513

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:

The Stormwater Coallition Of
Monroe County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: City of Rochester

SPDES ID: NYR20A513

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: Lovely

MI: A

Last Name: Warren

Title: Mayor

Address: 30 Church Street Room 307A

City: Rochester

State: NY

Zip: 14614-

eMail: warrenl@cityofrochester.gov

Phone: (585) 428-7045

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: City of Rochester

SPDES ID: NYR20A513

Section 2 - Contact Information

Important Instructions - Please Read

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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).

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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: Mark

MI:

Last Name: Gregor

Title: Mgr of Environmental Quality

Address: 30 Church Street Room 300B

City: Rochester

State: NY

Zip: 14614-

eMail: mark.gregor@cityofrochester.gov

Phone: (585) 428-5978

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: City of Rochester

SPDES ID: NYR20A513

Section 2 - Contact Information

Important Instructions - Please Read

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

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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).

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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: Anne

MI: E

Last Name: Spaulding

Title: Sr Environmental Specialist

Address: 30 Church Street Room 300B

City: Rochester

State: NY

Zip: 14614-

eMail: spaulda@cityofrochester.gov

Phone: (585) 428-7474

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: City of Rochester

SPDES ID: NYR20A513

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).

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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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: City of Rochester

SPDES ID: NYR20A513

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: City of Rochester

SPDES ID: NYR20A513

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: Mark

MI: D

Last Name: Gregor

Title (Clearly print title of individual signing report): Mgr of Environmental Quality

Signature:

Date: 04/21/2014

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: SUNY Brockport

SPDES ID: NYR20A466

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:

The Stormwater Coalition of Monroe County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: SUNY Brockport

SPDES ID: NYR20A466

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).
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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).

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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: James

MI: A

Last Name: Willis

Title: VP of Administration and Finance

Address: 350 New Campus Drive

City: Brockport

State: NY

Zip: 14420 -

eMail: jwillis@brockport.edu

Phone: (585) 395-2129

County: Monroe

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: SUNY Brockport

SPDES ID: NYR20A466

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).
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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).

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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: David

MI: P

Last Name: Turkow

Title: Director of EHS

Address: 350 New Campus Drive

City: Brockport

State: NY

Zip: 14420 -

eMail: dturkow@brockport.edu

Phone: (585) 395-2005

County: Monroe

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: SUNY Brockport

SPDES ID: NYR20A466

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).
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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: Paul

MI: M

Last Name: Sawyko

Title: Stormwater Coalition MC Staff

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: psawyko@monroecounty.gov

Phone: (585) 753-5441

County: Monroe

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: SUNY Brockport

SPDES ID: NYR20A466

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: The Stormwater Coalition Of

Partner/Coalition Name (con't.): Monroe County

SPDES Partner ID - If applicable: NYR20

Address: 145 Paul Road

City: Rochester

State: NY

Zip: 14624 -

eMail: tstevenson@monoecounty.gov

Phone: (585) 753-5472

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 Public Education & Outreach
- ● MM2 Public Participation
- ● MM3 IDDE
- ● MM4 Construction Compliance
- ● MM5 Post Construction Compliance
- ● MM6 Pollution Prevention Training

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, 2014

Name of MS4: SUNY Brockport

SPDES ID: NYR20A466

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: James

MI: A

Last Name: Willis

Title (Clearly print title of individual signing report): VP of Administration and Finance

Signature: James A. Willis

Date: 04 / 10 / 2014

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

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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? 25

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: Recylcing;Pharm&Elect Collections
- ● Pesticide and Fertilizer Application
- ● Pet Waste Management
- ● Recycling
- ● Riparian Corridor Protection/Restoration
- ● Trash Management
- ● Vehicle Washing
- ● Water Conservation
- ● Wetland Protection
- ○ None

Other

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ● Businesses
- ● Restaurants
- ● Other: Consulting Engineers; Teachers
- ● Contractors
- ● Developers
- ● General Public
- ● Industries
- ● Agricultural

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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	450
● Direct Mailings	# Mailings	12
● Kiosks or Other Displays	# Locations	25
○ List-Serves	# In List	
● Mailing List	# In List	
● Newspaper Ads or Articles	# Days Run	
● Public Events/Presentations	# Attendees	16814
● School Program	# Attendees	3011
● TV Spot/Program	# Days Run	
● Printed Materials:	Total # Distributed	

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

Town/Village Offices

Libraries

Municipal Facilities

School/Public Events

● Other:

Radio, Digital, Signs

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

URL

www.H2OHero.org

www.facebook.com/LarrytheH2OHero

URL

www.monroecounty.gov/des-stormwater-coalition

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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

URL
www.monroecountyswcd.org/Pages/Education.html

URL
www.monroecountyswcd.org/Pages/Stormwater.html

URL
WWW.TOWNOFBRIGHTON.ORG

URL
WWW.COLORBRIGHTONGREEN.ORG

URL
WWW.EASTROCHESTER.ORG/OTHERLINKS/INDEX.PHP

URL
WWW.HENRIETTA.ORG/DEPARTMENTS/DPW/EPAREGULATIONS.HTML

URL
www.Irondequoit.org/content/view/281/9831

URL
www.irondequoitrec.com/images/index.html

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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

URL
www.penfield.org/Watershed_Management_Committee.php

URL
www.perinton.org/departments/sewer/stormdrain/
WWW.CLARKSONNY.ORG

URL
townofpittsford.org/haz-waste-elect-recyl-2012-pittsford

URL
http://www.townofpittsford.org/home/keeping it green

URL
www.townofpittsford.org/home-keep it green actions
www.vil.spencerport.ny.us

URL
http://www.villageofwebster.com/stormwater.php
www.brockport.edu/ehs

URL
WWW.TOWNOFGATES.ORG

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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.

2012 Public Opinion Water Quality Phone Survey - A public opinion water quality phone survey was conducted to assess the level of awareness and perceptions of local water quality issues among the general public. Previous comparable surveys were conducted in 2009 and 2006.

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

Compared to previous surveys (2012-2009-2006), the 2012 results showed similar numbers aware of residential pollution (22%-24%-15%) and fewer people identifying industry as the major pollutant contributor (37%-44%-62%). Percent of people knowing that stormwater goes to the nearest body of water remained stable (37-38-34), while 55% (up from 43%) know the definition of a watershed. 38% recall recent water quality advertising and 28% (up from 21%) have heard of the H2O Hero.

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

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).

The Coalition will continue the H2O Hero Mass Media Campaign in support of the Measurable Goals identified in MCM 1, Item 4.A., above. As this survey was conducted during 2012, another public opinion water quality is not anticipated during the next report period (2014-2015).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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.

Website Hits - On-line activity for the www.H2OHero.org website will provide a measure of public response to, and awareness of, the Coalition's H2O Hero Mass Media Campaign, and can be quantified by tracking the number of times that the website is visited. This Measurable Goal provides one indicator of stormwater Public Education and Outreach.

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

The average number of H2O Hero Website hits per day during past reporting years are:
2007-2008 (Initial Mass Media Campaign Year) - 20; 2008-2009 - 35; 2009-2010 - 57; 2010-2011 - 76; 2011-2012-79; 2012-2013 - 88; 2013-2014-111.
These numbers show that the H2O Hero Website continues to show increasingly popularity as a source of stormwater Public Education and Outreach.

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

365

(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).

The Coalition will continue the H2O Hero Mass Media Campaign and tracking website visits in support of the Measurable Goals identified in MCM 1, Item 4.A., above.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

Minimum Control Measure 2. Public Involvement/Participation

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? 25

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

● Cleanup Events — # Events

● Comments on SWMP Received — # Comments

● Community Hotlines — Phone # (585) 637-1132

Phone # (585) 784-5280 — Phone # ( ) -

Phone # ( ) - — Phone # ( ) -

Phone # ( ) - — Phone # ( ) -

Phone # ( ) - — Phone # ( ) -

Phone # ( ) - — Phone # ( ) -

● Community Meetings — # Attendees

● Plantings — Sq. Ft.

● Storm Drain Markings — # Drains

● Stakeholder Meetings — # Attendees

● Volunteer Monitoring — # Events

● Other: Development Workshops

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

○ List-Serve — # In List

● Newspaper Advertising — # Days Run

● TV/Radio Notices — # Days Run

● Other: Town Board Meeting

● Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

2. URL(s) con't.:
Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

2. URL(s) con't.:
Please provide specific address(es) where notices can be accessed - not home page.

URL

URL

URL

URL

URL

URL

URL

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF BRIGHTON

SPDES ID: NYR20A164

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: TOWN OF BRIGHTON DPW

Address: 2300 ELMWOOD AVENUE

City: ROCHESTER NY Zip: 14618 -

Phone: (585) 784-5221

○ 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

WWW.TOWNOFBRIGHTON.ORG/INDEX.ASPX?NID=631

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

● eMail ○ Comments

MIKE.GUYON@TOWNOFBRIGHTON.ORG

EVERT.GARCIA@TOWNOFBRIGHTON.ORG

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Chili

SPDES ID: NYR20A257

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: Department of Public Works

Address: 200 Beaver Road

City: Churchville NY Zip: 14428 -

Phone: (585) 889-2630

○ 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

Link to Coalition Web Page on Town Page

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, 2014

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

Name of MS4/Coalition: STORMWATER COALITION OF MONROE COUNTY
Town of Clarkson

SPDES ID: NYR20A058

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: Highway Department

Address: 3623 Lake Road

City: Brockport NY Zip: 14420-

Phone: (585) 637-1132

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other ○ Annual Report ○ SWMP Plan ○ Comments

Address: 3710 Lake Road, PO Box 858

City: Clarkson NY Zip: 14430-

Phone: (585) 637-1130

● Web Page URL: ○ Annual Report ○ SWMP Plan ○ Comments

www.clarksonny.org

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

● eMail ○ Comments

highway@clarksonny.org

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Gates

SPDES ID: NYR20A460

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: Building Department

Address: 1605 Buffalo Road

City: Rochester NY Zip: 14624-

Phone: (585) - 2476

● Library ● Annual Report ○ SWMP Plan ○ Comments

Address: 902 Elmgrove Road

City: Rochester NY Zip: 14624-

Phone: (585) 247 - 6446

○ Other ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

www.townofgates.org

www.gateslibrary.org

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

○ eMail ○ Comments

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Henrietta/MCC

SPDES ID: NYR20A118

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: Engineering

Address: 475 Calkins Road

City: Henrietta NY Zip: 14467-

Phone: (585) 359-7070

● Library ● Annual Report ○ SWMP Plan ○ Comments

Address: 455 Calkins Road

City: Henrietta NY Zip: 14467-

Phone: (585) 359-7092

○ Other ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Web Page URL: ○ Annual Report ○ SWMP Plan ○ Comments

www.Henrietta.org/Departments/DPW/EPARegulations.html

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

○ eMail ○ Comments

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

SPDES ID

Name of MS4/Coalition: Town of Irondequoit

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: Public Works

Address: 25 Kings Hwy. North

City: Rochester NY Zip: 14617-3316

Phone: (585) 336-6090

● Library ● Annual Report ○ SWMP Plan ○ Comments

Address: 2180 East Ridge Rd

City: Rochester NY Zip: 14622-

Phone: (585) 336-6060

● Other ● Annual Report ○ SWMP Plan ○ Comments

Address: 45 Cooper Rd

City: Rochester NY Zip: 14617-3316

Phone: (585) 336-6062

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

www.monroecounty.gov/File/des/stormwater/draft%20042513%20joint%annual520report-p.pdf

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

● eMail ○ Comments

pmeredith@irondequoit.org

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Mendon

SPDES ID: NYR20A017

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: Building Department

Address: 16 West Main Street

City: Honeoye Falls NY Zip: 14472-

Phone: (585) 624-6066

○ 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

www.monroecounty.gov/DES-storm

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

● eMail ○ Comments

brosiek@clarkpatterson.com

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF OGDEN

SPDES ID: NYR20A554

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: TOWN OF OGDEN HIGHWAY DEPT

Address: 269 OGDEN CENTER ROAD

City: SPENCERPORT NY Zip: 14559-

Phone: (585) 617-6160

○ 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

WWW.OGDENNY.COM

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

○ eMail ○ Comments

highway@ogdenny.com

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Parma

SPDES ID: NYR20475

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: Building Department

Address: 1300 Hilton Parma Corners Road

City: Hilton NY Zip: 14468-

Phone: (585) 392-9449

○ 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

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, 2014

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

Name of MS4/Coalition: Town of Perinton

SPDES ID: NYR20A385

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: Department of Public Works

Address: 100 Cobb's Lane

City: Fairport NY Zip: 14450-

Phone: (585) 223-5115

○ 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

www.perinton.org/departments/sewer/stormdrain

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

● eMail ○ Comments

ewilliams@perinton.org

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF PITTSFORD

SPDES ID: NYR20A462

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: PLANNING ZONING & DEVELOPMENT

Address: 11 SOUTH MAIN STREET

City: PITTSFORD NY Zip: 14534-1909

Phone: (585) 248-6250

● Library — ● Annual Report ○ SWMP Plan ○ Comments

Address: 24 STATE STREET

City: PITTSFORD NY Zip: 14534-

Phone: (585) 248-6259

○ Other — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Web Page URL: — ○ Annual Report ○ SWMP Plan ○ Comments

http://www.townofpittsford.org/stormwater-coalition-annual-rpt-2012-2013

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

○ eMail — ○ Comments

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Webster

SPDES ID: NYR20

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: Public Works Department

Address: 1000 Ridge Rd

City: Webster NY Zip: 14580 -

Phone: (585) 872-1000

○ 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

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

○ eMail ○ Comments

15

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town/ Village of East Rochester

SPDES ID: NYR20432

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: BUILDING DEPARTMENT

Address: 120 WEST COMMERCIAL STREET

City: EAST ROCHESTER NY Zip: 14445 -

Phone: (585) 586-3553

● Library ● Annual Report ○ SWMP Plan ○ Comments

Address: 120 WEST COMMERCIAL STREET

City: EAST ROCHESTER NY Zip: 14445 -

Phone: (585) 586-8302

○ Other ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

HTTP://WWW.MONROECOUNTY.GOV/DES-STORMWATER-COALITION#REPORT

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

○ eMail ○ Comments

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Fairport

SPDES ID: NYR20A357

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: Fairport Village Hall

Address: 31 South Main Street

City: Fairport NY Zip: 14450-

Phone: (585) 421-3201

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other — ● Annual Report ○ SWMP Plan ○ Comments

Address: 22 North Water Street

City: FAirport NY Zip: 14450-

Phone: (585) 223-9500

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

www.village.fairport.ny.us./public-works

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, 2014

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 Spencerport

SPDES ID: NYR20A263

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: Village of Spencerport

Address: 27 West Ave

City: Spencerport NY Zip: 14559 -

Phone: (585) 352-4771

○ 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

www.vil.spencerport.ny.us

www.monroecountystormwater.gov

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

○ eMail ○ Comments

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 WEBSTER

SPDES ID: NYR20A417

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: BUILDING DEPARTMENT

Address: 28 WEST MAIN STREET

City: WEBSTER NY Zip: 14580 -

Phone: (585) 265-3770

○ 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

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

○ eMail ○ Comments

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: SUNY Brockport

SPDES ID: NYR20A466

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: Environmental Health and Safety

Address: 350 New Campus Drive

City: Brockport NY Zip: 14420-

Phone: (585) 395-2005

○ 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

www.brockport.edu/ehs

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

● eMail ○ Comments

dturkow@brockport.edu

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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. 05 / 01 / 2014

4.b. For how many days was/will this report be posted? 31

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, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

The level of public involvement / participation in stormwater programs is tracked by determining, from year to year, the number of people participating in stormwater program events, such as storm drain marking, watershed clean-ups, rain barrel and rain garden workshops, community and stakeholder meetings, and volunteer monitoring.

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

Results (number of people) from the past seven years are:

2007-2008: 794	2010-2011: 2,784	2013-2014: 3272
2008-2009: 787	2011-2012: 2,682	
2009-2010: 2,628	2012-2013: 6,780	

Increased number of events, MS4 involvement, and publicity contributed to these results.

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

1

(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).

The Coalition continues to increase the level of public involvement / participation activities planned during the next reporting cycle which will continue to support of the Measurable Goals identified in MCM 7.A., above.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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? 25

1. Enter the number and approx. percent of outfalls mapped: 2843 # 98 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 978

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
● 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
● Other: Outfalls may include all above
● None

● Sewersheds: All sewersheds types included

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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

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

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 16

5. How many illicit discharges have been confirmed during this reporting period? 16

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 15

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? 75 %

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

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

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?

61 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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.

Percent of staff in relevant positions and departments that have received IDDE training.

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

During this reporting period 61% of applicable MS4 staff have received IDDE training. This compares to 55%, 54%, 63%, 61% and 61% for the 2008-2009, 2009-2010, 2010-2011, 2011-2012 and 2012-2013 reporting years, respectively.
This metric tracks the educational process within MS4 staff, which is necessary for IDDE, Good Housekeeping and Pollution Prevention compliance.

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

1

(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).

Training of staff in relevant positions and departments in IDDE will continue, as part of efforts to train staff in overall stormwater issues, Good Housekeeping and Pollution Prevention compliance.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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? 25

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 cerfification 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? 61

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? 0

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	#				5	9	○ No Authority
● Stop Work Orders	#					4	○ No Authority
● Criminal Actions	#					0	○ No Authority
● Termination of Contracts	#					0	○ No Authority
● Administrative Fines	#					0	○ No Authority
● Civil Penalties	#					0	○ No Authority
● Administrative Orders	#					5	○ No Authority
● Enforcement Actions or Sanctions	#				3	3	
● Other	#					0	○ No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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? 25

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 79

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 114

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   95 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   91 %

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.

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF BRIGHTON

SPDES ID: NYR20A164

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: TOWN OF BRIGHTON DPW

Address: 2300 ELMWOOD AVENUE

City: ROCHSTER NY Zip: 14618-

Phone: (585) 784-5221

○ 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

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Chili

SPDES ID: NYR20A257

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Department of Public Works

Address: 200 Beaver Road

City: Churchville NY Zip: 14428-

Phone: (585) 889-2630

○ 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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20A058

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department

Address

City

Zip

Phone ( ) -

○ Library

Address

City

Zip

Phone ( ) -

● Other

Address: Building Dept., PO Box 858

City: Clarkson

Zip: NY 14430-

Phone ( ) -

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

URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Gates

SPDES ID: NYR20A460

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Department of Public Works

Address: 1605 Buffalo Road

City: Rochester NY Zip: 14624-

Phone: (585) 247-6100

○ 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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF HENRIETTA

SPDES ID: NYR20A118

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: ENGINEERING

Address: 475 CALKINS ROAD

City: HENRIETTA NY Zip: 14467-0820

Phone: (585) 359-7070

○ 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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Irondequoit

SPDES ID:

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Public Works

Address: 25 Kings Hwy North

City: Rochester NY Zip: 14617-

Phone: (585) 336-6090

○ 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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Mendon

SPDES ID: NYR20A017

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department: Building Department

Address: 16 West Main Street

City: Honeoye Falls NY Zip: 14472-

Phone: (585) 624-6066

○ 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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF OGDEN

SPDES ID: NYR20A554

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department: OGDEN BUILDING DEPT.

Address: 269 OGDEN CENTER RD

City: SPENCERPORT NY Zip: 14559-

Phone: (585) 617-6195

○ 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

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7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Parma

SPDES ID: NYR20475

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Building Department

Address: 1300 Hilton Parma Corners Road

City: Hilton NY Zip: 14468-

Phone: (585) 392-9449

○ 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

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7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Perinton

SPDES ID: NYR20A385

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Department of Public Works

Address: 100 Cobb's Lane

City: Fairport NY Zip: 14450-

Phone: (585) 223-5115

○ 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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF PITTSFORD

SPDES ID: NYR20A462

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department: PLANNING ZONING & DEVELOPMENT

Address: 11 SOUTH MAIN STREET

City: PITTSFORD NY Zip: 14534-1909

Phone: (585) 248-6250

○ 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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Sweden

SPDES ID: NYR202285

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Sweden Town Hall

Address: 18 State Street

City: Brockport NY Zip: 14420-

Phone: (585) 637-8684

○ 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

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Webster

SPDES ID: NYR20

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Public Works Department

Address: 1000 Ridge Rd

City: Webster NY Zip: 14580 -

Phone: (585) 872-1000

○ 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.

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25

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town/ Village of East Rochester

SPDES ID: NYR20432

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: EAST ROCH BUILDING DEPARTMENT

Address: 120 WEST COMMERCIAL STREET

City: EAST ROCHESTER NY Zip: 14445-

Phone: (585) 586-3553

○ 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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Fairport

SPDES ID: NYR20A357

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Fairport Village Hall

Address: 31 South Main Street

City: Fairport NY Zip: 14450-

Phone: (585) 421-3201

○ 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.

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7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Spencerport

SPDES ID: NYR20A263

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Village Office

Address: 27 West Ave.

City: Spencerport NY Zip: 14559-

Phone: (585) 352-4771

○ 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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: City of Rochester

SPDES ID: NYR20A513

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Planning and Zoning

Address: 30 Church Street Room 212B

City: Rochester NY Zip: 14614-

Phone: (585) 428-7744

○ 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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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.

Active construction sites inspected once and more than once during the reporting period.

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

% Inspected	2013-2014	2012-2013	2011-2012	2010-2011	2009-2010	2008-2009
Once	95	97	97	99	100	93
More than Once	92	96	97	97	97	93

Levels of construction site inspections and re-inspections remain high.

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

1

(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).

The Stormwater Coalition will continue to partner with the Soil and Water Conservation District in providing construction technical assistance to the MS4s, including construction site inspections, and will monitoring construction site inspection occurrences in support of the Measurable Goal identified in MCM 4, Item 7.A., above.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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.

Minimize construction site enforcement actions.

Percent of active construction projects of >1 acre for which enforcement actions were used (total MCM 4&5, Item 6 numbers divided by MCM 4, Item 2 number).

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

Findings for the current and past four Joint Annual Reporting years are: 2012-2013: 14%; 2011-2012: 25%; 2010-2011: 31%; 2009-2010: 28%; 2008-2009: 39%.

This indicator reflects overall site compliance for MS4s included in the Joint Annual Report, and provides trending information over time, with a lower value indicating more compliance.

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

1

(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).

The Coalition will continue to provide technical assistance to the Member MS4s with reviewing SWPPPs, inspecting construction sites, and training construction site operators in an effort to improve compliance, and will continue to monitor construction site permit compliance in support of the Measurable Goal identified in MCM 4, Item 7.A., above.

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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? 25

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	4	6	4
● Filter Systems	6	13	6
● Infiltration Basins	22	16	6
● Open Channels	123	119	5
● Ponds	351	253	26
● Wetlands	35	26	9
● Other	3	3	0

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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: Watershed Collaboratives

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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?

29

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?

30 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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.

Percent of post-construction stormwater management facilities inspected.

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

During this reporting period 61% of inventoried stormwater management facilities were inspected. This compares to 63%, 152%, 98%, 57% and 85% for reporting years 2012-2013, 2011-2012, 2010-2011, 2009-2010 and 2008-2009, respectively.
This metric provides overall trending towards inspection of 100% of post-construction stormwater management facilities for MS4s included within the Joint Annual Report.

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

1

(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).

The Coalition will continue inspections of stormwater management facilities in support of the Measurable Goal identified in MCM 4, Item 6.A., above.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF BRIGHTON

SPDES ID: NYR20A164

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	● No
Bridge Maintenance	● Yes	○ No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	○ Yes	● No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	○ Yes	● No
New Municipal Construction and Land Disturbance	● Yes	○ No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	○ Yes	● No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	● Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF BRIGHTON

SPDES ID: NYR20A164

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	6
● Streets Swept (Number of miles X Number of times swept)	# Miles	5600
● Catch Basins Inspected and Cleaned Where Necessary	#	52
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	9
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
○ 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? 5

4. What was the date of the last training? 03 / 05 / 2014

5. How many municipal employees have been trained in this reporting period? 13

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 100 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF BRIGHTON

SPDES ID: NYR20A164

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.

Televise storm & sanitary sewer to identify sources of I/I and structural deficiencies.
Flush storm sewer to improve hydraulic characteristics.
Repair mains and laterals to remove I/I and exfiltration of wastewater to surrounding soils.
Inspect and repair stormwater catch basins
Stencil Storm inlets "no dumping"

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

14,200 lf of sanitary sewer and 7,195 lf of storm sewer was televised.
129,613 lf of sanitary sewer and 19,786 lf of sanitary sewer was flushed and cleaned.
23 sanitary sewer repairs @ 630 lf
17 sanitary lateral repairs @ 397 lf
50 sanitary sewer manholes were reconstructed
25 storm sewer manholes were reconstructed

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

1

(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 with the I/I investigation program for sanitary and storm sewers. Continue to asses and adapt the I/I program based on findings and reports.
Continue with annual sewer relining program and grouting programs.
Continue training program for department of public works personnel.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Chili

SPDES ID: NYR20A257

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	○ No
Bridge Maintenance	○ Yes	○ No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	○ Yes	○ No
Salt Storage	● Yes	○ No	○ Yes	○ No
Solid Waste Management	○ Yes	○ No	○ Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	○ Yes	○ No
Right of Way Maintenance	● Yes	○ No	○ Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	○ Yes	○ No
Municipal Building	● Yes	○ No	○ Yes	○ No
Stormwater System Maintenance	● Yes	○ No	○ Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	○ Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Chili

SPDES ID: NYR20257A

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	8
● Streets Swept (Number of miles X Number of times swept)	# Miles	196
● Catch Basins Inspected and Cleaned Where Necessary	#	
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (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? 3

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

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Chili

SPDES ID: NYR20A257

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.

1. Clearly label all drains and valves in the facility for employees to know where the water is ending up. 2. Inspect salt storage areas. 3. Store deicing materials under cover. 4. Test and calibrate application equipment. 5. Create and mark a wash area in your facility. 6. Train fleet maintenance staff on policies and procedures.

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

Employees have been given verbal training on drains. Salt shed is inspected regularly. Salt is stored under cover. Application equipment is calibrated at the start of each season. Wash area has been created. Training of fleet staff has continues.

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

1

(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).

A new DPW/Hwy facility has been constructed. Many BMP are being incorporated into the new facility. We will continue our inhouse training of staff and monitoring of municipal operations

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20A058

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	○ No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	● Yes	○ No	● Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20A058

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	4
● Streets Swept (Number of miles X Number of times swept)	# Miles	27
● Catch Basins Inspected and Cleaned Where Necessary	#	47
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	15
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	400
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	10.1

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 01

4. What was the date of the last training? 06 / 12 / 2013

5. How many municipal employees have been trained in this reporting period? 2

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 75 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20A058

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.

Inspect and repair stormwater catch basins; inspect stormwater outfalls periodically to reduce runoff pollution

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

Employees have been trained on NYS salt usage guidelines. Calibrate snow removal equipment at the start of each season.

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

(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).

Create washout areas for municipal vehicles and magage DPW inlets.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Gates

SPDES ID: NYR20A460

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? 1

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	○ Yes	● No	○ Yes	● No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Gates

SPDES ID: NYR20A460

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	8
○ Streets Swept (Number of miles X Number of times swept)	# Miles	250
○ Catch Basins Inspected and Cleaned Where Necessary	#	141
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (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? 0

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

5. How many municipal employees have been trained in this reporting period? 0

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 0 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Gates

SPDES ID: NYR20A460

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.

The Town Highway buildings, grounds,vehicles and procedures continue to be reviewed. Town employees have developed a good understanding of good housekeeping practices to prevent pollutants from leaving the site.

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

Previous procedures have been revised to improve good housekeeping practices. Updated procedures are being followed.

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

3

(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 all good housekeeping procedures for compliance with NYS DEC SPDES General Permit criteria.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Greece/Stormwater Coalition of Monroe County

SPDES ID: NYR20133

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? 28

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	● No
Bridge Maintenance	○ Yes	● No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	○ Yes	● No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	○ Yes	● No
New Municipal Construction and Land Disturbance	● Yes	○ No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	● Yes	○ No	○ Yes	● No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	● No	○ Yes	● No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Greece/Stormwater Coalition of Monroe County

SPDES ID: NYR20133

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	19
● Streets Swept (Number of miles X Number of times swept)	# Miles	295
● Catch Basins Inspected and Cleaned Where Necessary	#	67
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	1
○ 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? 6

4. What was the date of the last training? 11 / 15 / 13

5. How many municipal employees have been trained in this reporting period? 27

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 75 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Greece/Stormwater Coalition of Monroe County

SPDES ID: NYR20133

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.

Inspect and manage material piles weekly,
prevent introduction of "process water" to storm system.

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

The DPW yard concerns of the past has been corrected.

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

52

(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).

The DPW yard concerns of the past has been corrected.

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF HENRIETTA

SPDES ID: NYR20A118

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?	Self-Assessment Operation/Activity/Facility performed within the past 3 years?
Street Maintenance	● Yes ○ No	● Yes ○ No
Bridge Maintenance	● Yes ○ No	● Yes ○ No
Winter Road Maintenance	● Yes ○ No	● Yes ○ No
Salt Storage	● Yes ○ No	● Yes ○ No
Solid Waste Management	● Yes ○ No	● Yes ○ No
New Municipal Construction and Land Disturbance	● Yes ○ No	● Yes ○ No
Right of Way Maintenance	● Yes ○ No	● Yes ○ No
Marine Operations	○ Yes ○ No	○ Yes ○ No
Hydrologic Habitat Modification	○ Yes ○ No	○ Yes ○ No
Parks and Open Space	● Yes ○ No	● Yes ○ No
Municipal Building	● Yes ○ No	● Yes ○ No
Stormwater System Maintenance	● Yes ○ No	● Yes ○ No
Vehicle and Fleet Maintenance	● Yes ○ No	● Yes ○ No
Other	○ Yes ○ No	○ Yes ○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF HENRIETTA

SPDES ID: NYR20A118

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	13
● Streets Swept (Number of miles X Number of times swept)	# Miles	2679
● Catch Basins Inspected and Cleaned Where Necessary	#	
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
● Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	4123
● Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	0000.0

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 4

4. What was the date of the last training? 10 / 31 / 2013

5. How many municipal employees have been trained in this reporting period? 37

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 100 %

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF HENRIETTA

SPDES ID: NYR20A118

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.

Whenever practical reduce or eliminate stormwater runoff pollution while engaged in municipal operations.

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

Washout areas were created on permeable surfaces to allow cleanup after concrete deliveries and use of the sensible salting guidelines to use salt effectively. Use of environmentally friendly release and cleaning agents for asphalt work. New outside wash pad and filter system installed.

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

98

(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 monitor existing BMPs and practices for effectiveness and and create new BMPs as required. Increase our annual number of catch basin inspections and cleaning during our program cycle.

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Irondequoit

SPDES ID:

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 025

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	○ No
Bridge Maintenance	○ Yes	○ No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	○ Yes	○ No
Salt Storage	● Yes	○ No	○ Yes	○ No
Solid Waste Management	○ Yes	○ No	○ Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	○ No	○ Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Irondequoit

SPDES ID:

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	12
● Streets Swept (Number of miles X Number of times swept)	# Miles	268
● Catch Basins Inspected and Cleaned Where Necessary	#	60
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
● Phosphorus Applied In Chemical Fertilizer	# Lbs.	4000
○ 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?

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

5. How many municipal employees have been trained in this reporting period? 4

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 100 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Irondequoit

SPDES ID:

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.

1) Maintain training for DPW employees
2) Outfall inspection

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

1) Increase awareness of both public and employees
2)Continue to set and strive benchmarks for improvement
3)Reduce Ecoli levels in local streams, Lake Ontario and Irondequoit Bay

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

1

(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 tracking
Track and fix Illicit discharges

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Mendon

SPDES ID: NYR20A017

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	● Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Mendon

SPDES ID: NYR20A017

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	10
○ Streets Swept (Number of miles X Number of times swept)	# Miles	200
○ Catch Basins Inspected and Cleaned Where Necessary	#	6
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	6
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	100
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	200
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	4.0

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 03 / 15 / 2013

5. How many municipal employees have been trained in this reporting period? 14

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 60 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Mendon

SPDES ID: NYR20A017

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.

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

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

(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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF OGDEN

SPDES ID: NYR20A554

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	○ No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	○ Yes	○ No	○ Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF OGDEN

SPDES ID: NYR20A554

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	0
○ Streets Swept (Number of miles X Number of times swept)	# Miles	67
○ Catch Basins Inspected and Cleaned Where Necessary	#	42
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	3341
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	1622
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	29.6

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

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

5. How many municipal employees have been trained in this reporting period? 0

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 40 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF OGDEN

SPDES ID: NYR20A554

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.

80% of all gutters and curbed areas were swept.

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

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

(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).

We will continue to clean storm systems on a rotating basis or as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Parma

SPDES ID: NYR20475

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	● Yes	○ No
Winter Road Maintenance	● Yes	○ No	○ Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	○ Yes	○ No	○ Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	○ No	○ Yes	○ No
Right of Way Maintenance	● Yes	○ No	○ Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Parma

SPDES ID: NYR20475

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	9
● Catch Basins Inspected and Cleaned Where Necessary	#	88
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	6
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	30
○ 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? 1

4. What was the date of the last training? 04 / 25 / 2013

5. How many municipal employees have been trained in this reporting period? 2

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 50 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Parma

SPDES ID: NYR204755

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.

Reduce polluted stormwater runoff from rights of way by continuing the street sweeping program. Inspect retention/detention ponds in developed subdivisions.

The Town recently completed construction of a new salt shed that eliminates the need for temporary outside storage of salt deliveries to the Highway Department.

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

Less pollutants being washed down storm drains.

Ponds function properly by maintaining outflow structures.

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

1

(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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town of Perinton

SPDES ID: NYR20A385

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	○ No	○ Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	● Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	● Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town of Perinton

SPDES ID: NYR20A385

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

Parking Lots Swept (Number of acres X Number of times swept)	# Acres	56
Streets Swept (Number of miles X Number of times swept)	# Miles	2000
Catch Basins Inspected and Cleaned Where Necessary	#	139
Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	2
Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
Nitrogen Applied In Chemical Fertilizer	# Lbs.	1050
Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	29.0

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? 02 / 13 / 2014

5. How many municipal employees have been trained in this reporting period? 2

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 29 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town of Perinton

SPDES ID: NYR20A385

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.

Televise storm sewer to identify source of I/I and pipe deficiencies
Flush storm sewer to improve hydraulic characteristics
Televised Sanitary Sewer to identify I/I sources and pipe deficiencies
Flushed sanitary sewer to improve hydraulic characteristics and lessen chance of plugs
Inspect, clean, and replace/repair catch basin / swept town, county, & state roads

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

Flushed and Cleaned 20,185 linear feet of Sanitary Sewer
Televised 20,185 linear feet of Sanitary Sewer
Flushed and cleaned 22,720 linear feet of Storm Sewer
Televised 22,720 linear feet of Storm Sewer
139 Catch Basin repairs and replacement

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

1

(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 with the I/I investigation program for sanitary and storm sewer
Continue with street sweeping program
Continue to train Department of Public Works personnel in stormwater related topics.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF PITTSFORD

SPDES ID: NYR20A462

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	○ No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	○ Yes	● No
Solid Waste Management	○ Yes	○ No	○ Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	○ No	○ Yes	○ No
Right of Way Maintenance	○ Yes	○ No	○ Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OFPITTSFORD

SPDES ID: NYR20A462

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	29
○ Streets Swept (Number of miles X Number of times swept)	# Miles	307
○ Catch Basins Inspected and Cleaned Where Necessary	#	97
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	32
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	3315
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	31.9

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? 02 / 25 / 214

5. How many municipal employees have been trained in this reporting period? 61

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 90 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: TOWN OF PITTSFORD

SPDES ID: NYR20A462

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.

SWMPP is substantially complete but in need of some revisions and additions. Some goals have been set or identified as a result of the P2 audits performed for municipal facilities

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

No specific observationshave been documented to date.

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

(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 SWMPP and proceed with minor recommendations from the P2 audits.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Sweden

SPDES ID: NYR202285

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?	Self-Assessment Operation/Activity/Facility performed within the past 3 years?
Street Maintenance	● Yes ○ No	● Yes ○ No
Bridge Maintenance	○ Yes ○ No	○ Yes ○ No
Winter Road Maintenance	● Yes ○ No	● Yes ○ No
Salt Storage	● Yes ○ No	● Yes ○ No
Solid Waste Management	○ Yes ○ No	○ Yes ○ No
New Municipal Construction and Land Disturbance	○ Yes ○ No	○ Yes ○ No
Right of Way Maintenance	● Yes ○ No	● Yes ○ No
Marine Operations	○ Yes ○ No	○ Yes ○ No
Hydrologic Habitat Modification	○ Yes ○ No	○ Yes ○ No
Parks and Open Space	● Yes ○ No	● Yes ○ No
Municipal Building	● Yes ○ No	● Yes ○ No
Stormwater System Maintenance	● Yes ○ No	● Yes ○ No
Vehicle and Fleet Maintenance	● Yes ○ No	● Yes ○ No
Other	○ Yes ○ No	○ Yes ○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Sweden

SPDES ID: NYR20285

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	10
● Streets Swept (Number of miles X Number of times swept)	# Miles	34
● Catch Basins Inspected and Cleaned Where Necessary	#	240
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	6
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	0000.0

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 12 / 11 / 2013

5. How many municipal employees have been trained in this reporting period? 1

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 10 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Sweden

SPDES ID: NYR202885

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

Continue maintenance of stormwater system including annual clening of catch basins, street sweeping, inspection of storm water maintenance facilities.

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

Outfall discharges were clear and sediment free.

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

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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Webster

SPDES ID: NYR20

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

○ On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	○ No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	● Yes	○ No	● Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Webster

SPDES ID: NYR20

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	+10
● Streets Swept (Number of miles X Number of times swept)	# Miles	+1,100
● Catch Basins Inspected and Cleaned Where Necessary	#	+100
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	108
○ 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? 3

4. What was the date of the last training? 01 / 14 / 2014

5. How many municipal employees have been trained in this reporting period? 12

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 50 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Webster

SPDES ID: NYR20

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.

each department working on cleaning up our own facilities and action items (practices)

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

Cleaner & more organized operations

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

ALL

(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).

modify operations and implement more environmental practices

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town/ Village of East Rochester

SPDES ID: NYR204432

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	○ Yes	● No	○ Yes	● No
Salt Storage	● Yes	○ No	○ Yes	● No
Solid Waste Management	○ Yes	● No	○ Yes	● No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	● No
Right of Way Maintenance	○ Yes	● No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	● No	○ Yes	● No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town/ Village of East Rochester

SPDES ID: NYR204432

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	14
● Streets Swept (Number of miles X Number of times swept)	# Miles	272
● Catch Basins Inspected and Cleaned Where Necessary	#	40
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (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? 0

4. What was the date of the last training? 09 / 14 / 2010

5. How many municipal employees have been trained in this reporting period? 0

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 5 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town/ Village of East Rochester

SPDES ID: NYR20432

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.

Streets are swept for the entire Village from March to October and Village parking lots are vacuumed 10 times during the same time frame

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

There is no significant sediment or floatables in the Village Catch basins

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

34

(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 program of street and parking lot cleaning on regular basis

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town/ Village of East Rochester

SPDES ID: NYR20432

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.

Inspect, repair and clean catch basins

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

There were 30 catch basins inspected and cleaned and 10 catch basins repaired with no significant floatables or contaminants observed

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

40

(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 program of inspection, repairing and cleaning of catch basins

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town/ Village of East Rochester

SPDES ID: NYR204432

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.

store and maintain vehicles and equipment as well as storage of oils, hydraulic fluids and paints inside building with floor drains tied to oil/ grit separator

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

Oil/grit separator is inspected and pumped by registered waste hauler as needed

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

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).

Continue program of inspection and pumping of oil/ grit separator as needed

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Fairport

SPDES ID: NYR20A357

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	○ No
Bridge Maintenance	● Yes	○ No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	○ Yes	○ No
Salt Storage	● Yes	○ No	○ Yes	○ No
Solid Waste Management	● Yes	○ No	○ Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	○ No
Right of Way Maintenance	● Yes	○ No	○ Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	○ No
Hydrologic Habitat Modification	● Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	○ Yes	○ No
Municipal Building	● Yes	○ No	○ Yes	○ No
Stormwater System Maintenance	● Yes	○ No	○ Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	○ Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Fairport

SPDES ID: NYR20A357

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	140
○ Streets Swept (Number of miles X Number of times swept)	# Miles	220
○ Catch Basins Inspected and Cleaned Where Necessary	#	200
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	2
○ 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? 2 / 20 / 2014

5. How many municipal employees have been trained in this reporting period? 2

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 100 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Fairport

SPDES ID: NYR20A357

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.

Annual program of inspection, cleaning and repair to catch basins and other stormwater components.
Door placard program to notify residents of infractions and good practices.
Flushed storm sewers to improve hydraulic characteristics and clean.

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

33 catch basins improved for capacity, sedimentation and integrity.

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

1

(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).

Continued compliance with plan.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Hilton

SPDES ID: NYR20113

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

○ On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	● Yes	○ No
Winter Road Maintenance	○ Yes	○ No	○ Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	○ No	○ Yes	○ No
Right of Way Maintenance	○ Yes	○ No	○ Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Hilton

SPDES ID: NYR201113

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	160
● Streets Swept (Number of miles X Number of times swept)	# Miles	184
● Catch Basins Inspected and Cleaned Where Necessary	#	55
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	3
○ 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?

4. What was the date of the last training? 10 / 14 / 2010

5. How many municipal employees have been trained in this reporting period? 0

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 100 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Hilton

SPDES ID: NYR20113

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.

Sweep and vacuum paved roads and municipal parking lots to remove debris

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

By sweeping roads and municipal parking lots debris is removed allowing cleaner water to enter catch basins. 55 Catch basins were inspected and needed repairs were made.

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

55

(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).

DPW will continue to sweep roads and parking lots as well as inspect catch basins

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Spencerport

SPDES ID: NYR20A263

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	○ Yes	● No	○ Yes	● No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Spencerport

SPDES ID: NYR20A263

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	5
● Streets Swept (Number of miles X Number of times swept)	# Miles	50
● Catch Basins Inspected and Cleaned Where Necessary	#	220
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	1
○ 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? 1

4. What was the date of the last training? 10 / 00 / 2013

5. How many municipal employees have been trained in this reporting period? 1

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 20 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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 Spencerport

SPDES ID: NYR20A263

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.

Goal 50% of Village employees have trained in Stormwater Management.

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

50%

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

1

(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).

I will maintain 50% of my staff being trained.

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 WEBSTER

SPDES ID: NYR20A417

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	○ Yes	○ No
Salt Storage	● Yes	○ No	○ Yes	● No
Solid Waste Management	○ Yes	● No	○ Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	○ No
Right of Way Maintenance	● Yes	○ No	○ Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	○ Yes	● No
Municipal Building	● Yes	○ No	○ Yes	● No
Stormwater System Maintenance	● Yes	○ No	○ Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	○ Yes	○ No
Other	○ Yes	● No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 WEBSTER

SPDES ID: NYR20A417

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	28
○ Catch Basins Inspected and Cleaned Where Necessary	#	
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	5
○ 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? 0

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

5. How many municipal employees have been trained in this reporting period? 0

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 50 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 WEBSTER

SPDES ID: NYR20A417

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.

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

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

(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).

This year the Village of Webster plans to inspect 25% of the stormwater facilities within our jurisdiction. We also plan to clean 100% of our streets with our street sweeping program schedule. A final goal for this coming year is to have 10% of our employees trained in spill prevention.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: City of Rochester

SPDES ID: NYR20A513

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	● Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	○ No	○ Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	○ Yes	○ No	○ Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: City of Rochester

SPDES ID: NYR20A513

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	35990
○ Catch Basins Inspected and Cleaned Where Necessary	#	
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	1
○ 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? 0

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

5. How many municipal employees have been trained in this reporting period? 0

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 95 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: City of Rochester

SPDES ID: NYR20A513

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.

Tons of solid waste cleaned up during the 4 Clean Sweep events.

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

Four Clean Sweep events were held during the permit period; over 200 tons of solid waste was collected and properly disposed of.

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

1

(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).

The City will continue the practice of holding annual Clean Sweep events.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: City of Rochester

SPDES ID: NYR20A513

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.

Miles of streets swept during the reporting period

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

All scheduled roadways were swept by the city during the reporting period.

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

1

(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).

The City will continue the practice of street sweeping using the current schedule.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: City of Rochester

SPDES ID: NYR20A513

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.

Tons of dead animals removed from roadways

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

48 tons of dead animals ere removed from reoadways druing the reporting period.

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

1

(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).

The City will continue the practice of removing dead animals from the roadways and taking them to the landfill.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: City of Rochester

SPDES ID: NYR20A513

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.

All oil water separators at city facilities are maintained on a regular schedule

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

During the reporting period, all oil water separators were serviced as per the sect schedule by the city's environmental contractor. Waste oil and sludge removed from the separators were disposed of properly at approved facilities.

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

1

(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).

The City will continue the practice of maintaining oil water separators on a regular schedule.

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: SUNY Brockport

SPDES ID: N Y R 2 0 A 4 6 6

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? ____

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

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	● Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	○ No	○ Yes	○ No
Right of Way Maintenance	○ Yes	○ No	○ Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	○ Yes	○ No	○ Yes	○ No
Municipal Building	○ Yes	○ No	○ Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

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: SUNY Brockport

SPDES ID: NYR20A466

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

Parking Lots Swept (Number of acres X Number of times swept)	# Acres	40
Streets Swept (Number of miles X Number of times swept)	# Miles	8
Catch Basins Inspected and Cleaned Where Necessary	#	87
Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	4
Phosphorus Applied In Chemical Fertilizer	# Lbs.	95
Nitrogen Applied In Chemical Fertilizer	# Lbs.	72
Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	2.

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? 01 / 27 / 2013

5. How many municipal employees have been trained in this reporting period? 263

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 95 %

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: SUNY Brockport

SPDES ID: N Y R 2 0 A 4 6 6

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.

Provide training to our employees and students during other required training. Video based training (Only Rain Down the Drain) is available on the EHS website. A stormwater best practice assessment plan has been completed and being implemented.

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

Stormwater best practices implemented as part of a Stormwater Assessment Plan.

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

1 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).

Using our Stormwater Assessment Plan in conjunction with of Facilities Master Plan to manage our stormwater resources, prevent water pollution, and embed best managment practices relative to stormwater managment into the long term goals of the college.

6327042251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

Additional Watershed Improvement Strategy Best Management Practices

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

○ On behalf of an individual MS4
● On behalf of a coalition

How many MS4s contributed to this report? 25

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ○ No ○ N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ○ No ○ N/A

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. ___ %

   Estimate what percentage was mapped in this reporting period. ___ %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Stormwater Coalition of Monroe County

SPDES ID: NYR20

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

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

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ○ Yes ○ No ○ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ○ Yes ○ No ○ N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ○ Yes ○ No ○ N/A

7b. How many projects have been sited in this reporting period? ___

7c. What percent of the projects included in 7b have been completed in this reporting period? ___ %

7d. What percent of projects planned in previous years have been completed? ___ %

○ No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ○ Yes ○ No ○ N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ○ Yes ○ No ○ N/A

MS4 Annual Report Form

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Name of MS4/Coalition: Stormwater Coalition of Monroe County

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9. Has your MS4/Coalition developed and implemented a program of native planting?
○ Yes ○ No ○ N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?
○ Yes ○ No ○ N/A

11. Does your MS4/Coalition have a pet waste bag program?
○ Yes ○ No ○ N/A

12. Does your MS4/Coalition have a program to manage goose populations?
○ Yes ○ No ○ N/A