



Town of Salina
OFFICE OF THE TOWN SUPERVISOR

Colleen A. Gunnip
Town Supervisor

Douglas R. Wickman, P.E.
Staff Engineer

Nancy A. O'Neil
Secretary to the Supervisor

October 7, 2020

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

Enclosed are the signed 2019-2020 Semi Annual and Annual MS4 Reports.

If you have any questions, please do not hesitate to contact me at (315)457-6661.

Sincerely,

Douglas R. Wickman, P.E.
Town of Salina
Staff Engineer

MS4 Annual Report Cover PageMCC form for period ending March 9,

2	0	2	0
---	---	---	---

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

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

7

2	0	2	0
---	---	---	---

Town of Salina

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

Section 1 - MCC Identification Page

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

If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Town of Salina

SPDES ID

N Y R 2 0 A 3 7 4

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

C o l l e e n

MI

A

Last Name

G u n n i p

Title

S u p e r v i s o r

Address

2 0 1 S c h o o l R o a d

City

L i v e r p o o l

State

N Y

Zip

1 3 0 8 8 -

eMail

c g u n n i p @ s a l i n a . n y . u s

Phone

(3 1 5) 4 5 7 - 6 6 6 1

County

O n o n d a g a

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 | Town of Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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

[illegible]

MI

□

Last Name

V	i	t	o								
---	---	---	---	--	--	--	--	--	--	--	--

Title

[illegible]

Address

[illegible]

City

[illegible]

State

N	Y
---	---

Zip

1	3	2	0	8	-				
---	---	---	---	---	---	--	--	--	--

eMail

j	v	i	t	o	@	s	a	l	i	n	a	.	n	y	.	u	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone

$$\begin{pmatrix} 3 & 1 & 5 \end{pmatrix} \begin{array}{|c|c|c|} \hline 4 & 5 & 5 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 5 & 5 & 2 & 5 \\ \hline \end{array}$$

County

O	n	o	n	d	a	g	a							
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

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

2	0	2	0
---	---	---	---

Name of MS4

Town of Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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

M	a	r	k																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

L	a	f	a	v	e	r													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

P	l	a	n	n	i	n	g		a	n	d		D	e	v	e	l	o	p	m	e	n	t		D	i	r	e	c	t	o	r
---	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---

Address

2	0	1			S	c	h	o	o	l		R	o	a	d																			
---	---	---	--	--	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

S	y	r	a	c	u	s	e																											
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	3	0	8	8	-														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

eMail

m	l	a	f	a	v	e	r	@	s	a	l	i	n	a	.	n	y	.	u	s																
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(3	1	5)		4	5	1	-		0	4	9	2	
---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	--

County

O	n	o	n	d	a	g	a												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 | Town of Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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

[illegible]

MI

7

Last Name

W	i	c	k	m	a	n								
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Title

[illegible]

Address

[illegible]

City

[illegible]

State

N	Y
---	---

Zip

1	3	0	8	8	-				
---	---	---	---	---	---	--	--	--	--

eMail

d	w	i	c	k	m	a	n	@	s	a	l	i	n	a	.	n	y	.	u	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone

$$\begin{pmatrix} 3 & 1 & 5 \end{pmatrix} \begin{matrix} 4 & 5 & 5 \end{matrix} - \begin{matrix} 6 & 6 & 6 & 1 \end{matrix}$$

County

O	n	o	n	d	a	g	a						
---	---	---	---	---	---	---	---	--	--	--	--	--	--

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2020

Name of MS4	Town of Salina
-------------	----------------

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

Section 3 - Partner Information

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

☒ 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

[illegible]

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

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

Address

1	2	6		N	.		S	a	l	i	n	a		S	t	r	e	e	t			S	u	i	t	e		2	0	0	
---	---	---	--	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	---	---	---	---	---	--	---	---	---	--

City

State

Zip

S	y	r	a	c	u	s	e													N	Y	1	3	2	0	2	-	1	0	6	5
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	---	---	---	---	---	---	---	---	---	---	---	---

eMail

[illegible]

Phone

$$\left(\begin{array}{|c|c|c|} \hline 3 & 1 & 5 \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline 4 & 2 & 2 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 8 & 2 & 7 & 6 \\ \hline \end{array}$$

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

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

[illegible][illegible][illegible][illegible][illegible]

Additional tasks/responsibilities

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

Public education program includes an enhanced focus on sources, impacts, and strategies for addressing phosphorus in the Onondaga Lake watershed and pathogens in the Lower Seneca River

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2020

Name of MS4	Town of Salina
-------------	----------------

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

Section 4 - Certification Statement

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

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

First Name

C	o	l	l	e	e	n									
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

MI

A

Last Name

G	u	n	n	i	p
---	---	---	---	---	---

Title (Clearly print title of individual signing report)

[illegible]

Signature

Colleen A. Gunning

Date _____

10 / 07 / 2020

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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 Salina
-----------------------	----------------

SPDES ID

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

Water Quality Trends

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

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

How many MS4s are contributed to this report?

- 1. 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

☐ Yes ☒ No

If Yes, choose one of the following

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

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

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

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

	3	0
--	---	---

1. Targeted Public Education and Outreach Best Management Practices

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

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

E	c	o	n	o	m	i	c		I	m	p	a	c	t	s		o	f		P	h	o	s	p	h	o	r	u	s			
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--	--

Other

2. Specific audiences targeted during this reporting period:

- | | |
|--|--|
| <input checked="" type="radio"/> Public Employees
<input checked="" type="radio"/> Residential
<input checked="" type="radio"/> Businesses
<input type="radio"/> Restaurants
<input checked="" type="radio"/> Other: | <input checked="" type="radio"/> Contractors
<input checked="" type="radio"/> Developers
<input checked="" type="radio"/> General Public
<input type="radio"/> Industries
<input type="radio"/> Agricultural |
|--|--|

e	n	g	i	n	e	e	r	s	/	l	a	n	d	s	c	a	p	e		a	r	c	h	i	t	e	c	t	s			
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--	--

Other

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

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

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

☒ Construction Site Operators Trained

Trained

		3	8	4
--	--	---	---	---

☒ Direct Mailings

Mailings

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

☒ Kiosks or Other Displays

Locations

			3	5
--	--	--	---	---

☒ List-Serves

In List

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

☒ Mailing List

In List

		6	8	6
--	--	---	---	---

☒ Newspaper Ads or Articles

Days Run

				1
--	--	--	--	---

☒ Public Events/Presentations

Attendees

		2	5	8
--	--	---	---	---

☒ School Program

Attendees

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

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

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

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

m	u	n	i	c	i	p	a	l		o	f	f	i	c	e	s			
e	v	e	n	t		b	o	o	t	h	s								
C	o	u	n	t	y		S	W	C	D		o	f	f	i	c	e	s	
C	N	Y		R	P	D	B												

☒ Other:

n e w s p a p e r i n s e r t

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

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	s	t	o	r	m	w	a	t	
e	r	-	P	h	a	s	e	-	I	I	-	o	v	e	r	v	i	e	w	-	8	9										

URL

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

MS4 Annual Report FormThis report is being submitted for the reporting period ending March 9,

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

NYR20A374				
-----------	--	--	--	--

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

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	W	a	t	e	r	s	h	e
d	-	s	t	e	w	a	r	d	s	h	i	p	-	P	r	o	g	r	a	m	-	8	3								

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	G	a	r	d	e	n	s	-	
a	n	d	-	G	u	t	t	e	r	s	-	N	e	w	s	l	e	t	t	e	r	-	1	0	7							

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	C	o	n	s	t	r	u	c
t	i	o	n	-	N	e	w	s	l	e	t	t	e	r	-	1	6	4													

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	I	l	l	i	c	i	t	-
D	i	s	c	h	a	r	g	e	-	H	o	t	l	i	n	e	-	8	5												

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	2	0	1	5	-	s	t	o
r	m	w	a	t	e	r	-	T	r	a	i	n	i	n	g	-	1	5	5												

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	2	0	1	6	-	S	t	o	r	
m	w	a	t	e	r	-	T	r	a	i	n	i	n	g	-	S	e	r	i	e	s	-	1	6	8							

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	C	N	Y	-	S	t	o	r
m	w	a	t	e	r	-	C	o	a	l	i	t	i	o	n	-	8	1													

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

NYR20A374

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

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	S	t	o	r	m	w	a	t	
e	r	-	L	i	b	r	a	r	y	-	9	6																				

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	W	h	y	-	W	o	r	r	
y	-	-	7	6																												

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	R	e	s	i	d	e	n	t		
s	-	a	n	d	-	C	o	n	c	e	r	n	e	d	-	C	i	t	i	z	e	n	s	-	7	5							

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	P	o	l	l	u	t	a	n		
t	s	-	o	f	-	C	o	n	c	e	r	n	-	7	9																		

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	s	o	u	r	c	e	s	-		
o	f	-	C	o	n	t	a	m	i	n	a	t	i	o	n	-	i	n	-	U	r	b	a	n	-	R	u	n	o	f	f		
-	8	0																															

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	T	h	e	-	C	o	n	s		
t	r	u	c	t	i	o	n	-	S	t	o	r	m	w	a	t	e	r	-	P	e	r	m	i	t	-	1	0	1				

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	W	o	r	k	i	n	g	-	
T	o	g	e	t	h	e	r	-	8	2																						

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	A	d	d	i	t	o	n	a
l	-	R	e	q	u	i	r	e	m	e	n	t	s	-	f	o	r	-	O	n	o	n	d	a	g	a	-	L	a	k	e
-	W	a	t	e	r	s	h	e	d	-	9	1																			

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	N	o	-	N	e	t	-	I
n	c	r	e	a	s	e	-	i	n	-	P	o	l	l	u	t	a	n	t	s	-	o	f	-	C	o	n	c	e	r	n
-	t	o	-	I	m	p	a	i	r	e	d	-	W	a	t	e	r	s	-	f	r	o	m	-	U	r	b	a	n	-	R

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	M	S	4	-	A	n	n	u
a	l	-	R	e	p	o	r	t	i	n	g	-	9	2																	

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	N	e	w	s	-	-	T	o
o	l	s	-	-	F	o	r	m	s	-	-	9	3																		

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	S	y	r	a	c	u	s	e
U	r	b	a	n	-	A	r	e	a	-	M	a	p	s	-	7	8														

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	S	t	o	r	m	w	a	t
e	r	-	C	o	a	l	i	t	i	o	n	-	1	0	6																

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	M	e	e	t	i	n	g	s
-	-	-	W	o	r	k	s	h	o	p	s	-	9	5																	

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Syracuse Post Standard Stormwater Pullout: Develop a 4-page pullout to be distributed in the main section of the daily Syracuse Post Standard newspaper that focuses on stormwater processes, impacts, issues of concern, primary pollutants of concern, and citizen generated solutions.

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

The pullout was published on September 19, 2019. As reported by the Post Standard, the insert reached 125,772 readers or 17% of the adults in a 7 county CNY distribution area. Within Onondaga County alone, the publication reached 95,702 readers or 26% of the adult population. Onondaga County comprises the most area in the SUA.

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 similar informational insert in the Syracuse Post Standard will be published in the Spring of 2020. It will also be distributed in PDF format for inclusion on municipal websites or reprint for hard copy distribution at municipal buildings and public events. The insert will focus on stormwater processes, impacts, issues of concern, SUA primary pollutants of concern and citizen generated solutions.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

CNY RPDB will conduct two training workshops for municipal representatives on topics selected to address current training and informational needs.

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

Three training events were held as follows: 10/29/19 - Salt Calibration and Train the Trainer workshop for MS4s and local winter maintenance private contractors - focused on materials handling and management, water quality and environmental protection and safety; 11/1/19 Screening and discussion of "Rain Check" with MS4 representatives focused on stormwater pollution prevention, at municipal facilities and improved municipal practices; 2/27/20 What to Expect When You are Expecting an Audit DEC presentation to MS4s to improve compliance planning and

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

		2	4
--	--	---	---

(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).

Planned 2020 training opportunities will include in-person workshops and presentations, videos and/or webinars. Topics will be selected to address current training and informational needs as determined through discussions with NYS DEC and the CNY Stormwater Coalition members. Trainings may be conducted as stand alone events or as part of regularly scheduled Coalition meetings.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Stormwater Pubic Survey Response Actions: CNY RPDB will compile/develop new and existing materials to address public education needs identified through the 2015 public survey, and identify appropriate outlets to expand outreach efforts. The survey indicated that the educational program can be strengthened by intensifying pet waste management messages, identifying new electronic outlets incorporating social media; and continuing to emphasize stormwater pathways and the

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

The CNY Stormwater Coalition website was continuously updated and promoted as an informational resource. Following substantial revisions, usage significantly increased during the 2019-209 permit year. New contacts were established with winter road maintenance contractors with the expectation that additional seasonal materials would be distributed to the bulk of this group in 2020. Post Standard insert and public newsletters maintained a tight focus on core issues. Efforts to utilize

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

		1	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 sponsor an on line public survey to assess the effectiveness of ongoing public education efforts and to identify additional education targets. The survey will be conducted as the third in a series. Survey results will be assessed and reported back to the membership in report form including recommendations for improving the reach and effectiveness of public education efforts.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Identify and initiate opportunities that support the education objectives of the CNY Stormwater Coalition.

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

61 design engineers and landscape architects received PIE approved stormwater training through a series of four professional level stormwater management training courses held in Syracuse on 3/13/19, 4/3/19, 5/8/19, 2/5/20. Development plans and projects reflect state approved stormwater practices and are in compliance with stormwater regulations. Attendees are more aware of stormwater management issues, impacts and opportunities for improved responsiveness..

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

			4
--	--	--	---

(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 professional stormwater training series will be continued during the 2020- 22 permit year. Opportunities to engage community and stakeholder groups through informational meetings will be sought out as a means of addressing targeted educational needs and gaps.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Secure exhibitor booth space and two public events, and develop appropriate informational displays and handout materials. Efforts will be made to identify public events with reliably high attendance and complimentary objectives. Appropriately targeted materials and a stormwater display will be maintained and available for use at municipal events.

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

An informational tabletop display was staffed at the Onondaga County Water Environment Clean Water Fair on 9/7/19 (approximately 150 table visitors). Informational handouts were distributed on topics that included phosphorus fertilizer law, impacts and issues associated with phosphorus, lawn and garden care, GI, pet waste management and issues and included stormwater activity and coloring sheets and newsletters for school aged children. The CNY Home Show in March was cancelled due to COVID-19.

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 CNY Stormwater Coalition Booth will be set up and staffed at a minimum of 2 public events in 2020: locations will be finalized with the intent of broadening the target audience. Materials will be updated and replaced as needed to stay current and relevant to SUA requirements.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

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

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Maintain a regional stormwater website and information library for reference and use by regulated MS4s and the general public in the Syracuse Urban Area.

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

The stormwater website is successfully functioning as a municipal and public education tool based on total and unique hits recorded during the 2019-20 permit year. Although the number of unique hits increased approximately 3.5% over 2018-19 (4,567 in 2019-20 V. 4,398 in 2018-19), those users are staying on the site longer and accessing significantly more pages based on an increase of 65% in total hits recorded over the same period (27,928 in 2019-20 V. 16,927 in 2018 - 19)

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 website will be continuously updated to reflect new information and evolving program requirements. Non-current information and materials will be deleted. The website will be promoted as an educational tool for the general public and stormwater professionals.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 0

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

Name of MS4/Coalition	CNY Stormwater Coalition
-----------------------	--------------------------

SPDES ID

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

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?			
---	--	--	--

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:

- | | | | | | |
|---|-------------|-----------|-------|---|---------|
| <input type="radio"/> Cleanup Events | # Events | | | | |
| <input type="radio"/> Comments on SWMP Received | # Comments | | | | |
| <input checked="" type="radio"/> Community Hotlines | Phone # | (3 1 5) | 4 3 5 | - | 3 1 5 7 |
| Phone # | () | | - | | |
| Phone # | () | | - | | |
| Phone # | () | | - | | |
| Phone # | () | | - | | |
| Phone # | () | | - | | |
| <input type="radio"/> Community Meetings | # Attendees | | | | |
| <input type="radio"/> Plantings | Sq. Ft. | | | | |
| <input type="radio"/> Storm Drain Markings | # Drains | | | | |
| <input type="radio"/> Stakeholder Meetings | # Attendees | | | | |
| <input type="radio"/> Volunteer Monitoring | # Events | | | | |
| <input type="radio"/> Other: | | | | | |

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☐ Yes

☐ Yes ☐ No

- | | | | | | | |
|--|------------|--|--|--|--|--|
| <input type="radio"/> List-Serve | # In List | | | | | |
| <input type="radio"/> Newspaper Advertising | # Days Run | | | | | |
| <input type="radio"/> TV/Radio Notices | # Days Run | | | | | |
| <input type="radio"/> Other: | | | | | | |
| <input type="radio"/> Web Page URL: Enter URL(s) on the following two pages. | | | | | | |

7

2	0	2	0
---	---	---	---

Name of MS4/Coalition

Town of Salina

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,					2	0	2	0
---	--	--	--	--	---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

1	0
---	---

 /

0	7
---	---

 /

2	0	2	0
---	---	---	---

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

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

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

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

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 /

--	--

 /

--	--	--	--

If No, is one planned?

☐ Yes ☒ No

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

☐ Yes ☐ No

If No, is one planned for each?

☐ Yes ☐ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

--

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, 2 0 2 0

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

--	--	--

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

		1	0	1	#
--	--	---	---	---	---

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

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

		0
--	--	---

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

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

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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

[illegible]

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

	1	1
--	---	---

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

	1	1
--	---	---

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

	1	1
--	---	---

7. Has the storm sewershed mapping been completed in this reporting period?

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

☒ Yes ☐ No

			%
--	--	--	---

8. Is the above information available in GIS?

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

☒ Yes ☐ No

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

URL

h	t	t	p	:	w	w	w	.	t	o	w	n	o	f	s	a	l	i	n	a	.	o	r	g	/	c	o	n	t	e	n	
t	/	s	t	o	r	m	w	a	t	e	r	0	7	/	h	o	m	e	/	:	f	i	e	l	d	=	d	o	c	u	m	
e	n	t	s	;	/	c	o	n	t	e	n	t	/	d	o	c	u	m	e	n	t	s	/	f	i	e	l	e	/	1	0	7

URL

[illegible]

L

2	0	2	0
---	---	---	---

L

Town of Salina

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

URL

[illegible][illegible][illegible][illegible][illegible]

- | | | | |
|--|---|---|---|
| | 5 | 0 | % |
|--|---|---|---|

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Inform and educate businesses and the general public.

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

The CNYRPDB has provided information to businesses and the general public-see MCM1. Information is also provided to businesses during fire inspections.

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 to provide employee education and training as necessary. Also continue to inform/educate businesses and the general public through relationship with CNYRPDB.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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

Fliers regarding pool water discharges are distributed to homeowners requesting pool permits. There were 25 pool permits issued during the reporting period. The Town website contains information regarding pool water discharges, car washing, etc. The CNYRPDB also provides information on behalf of the Town-see MCM1.

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 Town will continue to distribute information on non-stormwater discharges during the next reporting period.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Develop digital large scale mapping of the storm sewers owned by the Town of Salina, including flow directions and outfall locations.

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

With this mapping available, it will be easier to isolate an illicit discharge by following the system upstream looking for evidence of the discharges. This mapping will also make it easier to determine the location of storm sewers that are in need of attention when flooding is reported.

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).

Approximately 20% of the Town storm sewers were mapped during this reporting period. During the next reporting period between 80% and 100% will be mapped.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

--

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

A total of 26 inspections were performed during this 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).

--

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

--	--	--

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

		1
--	--	---
 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		1
--	--	---
 3. What percent of active construction sites were inspected during this reporting period? ☐ NT

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

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

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

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

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

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Maintain inventory of construction sites, active as well as completed.

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

Inventory is maintained. Currently, a total of 39 sites are listed. Inventory was updated this reporting period according to project status.

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 to provide updates to inventory as sites are added or status changes.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Conduct contractor training during pre-construction meetings (as part of contractor certification program) to ensure contractor's understanding of site specific SWPPP as well as general erosion and sediment control/water quality regulations. Contractor certification statements are also signed during these meetings and contractors are required to show proof of DEC four hour training.

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

One pre-construction meeting was held during this 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).

Prior to commencement of construction, pre-construction meetings will be held for all projects disturbing one acre or more.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Ensure appropriate municipal employees are trained in construction inspection, erosion and sediment control, and water quality criteria.

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

No training sessions were offered during this 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).

Employees will participate in additional training as pertinent sessions are offered.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Enforce local law which establishes Town's erosion and sediment control program (requires SWPPPs for all projects disturbing one acre or more, municipal SWPPP review, maintenance and construction inspection, enforcement penalties, etc).

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

One SWPPP was reviewed this reporting period. There was one active construction site during this reporting period which was inspected at least once per month by the Town's Engineer and/or the Town Code Enforcement Officer.

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 local law enforcement.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?

☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

☒ Yes ☐ No ☐ NT

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

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?

☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

		1
--	--	---

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☒ Yes ☐ No ☐ NT

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

		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:

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	
				0				
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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 Salina

SPDES ID

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

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

1. 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									
● Filter Systems			3			0			0
● Infiltration Basins			5			5			0
● Open Channels			6			6			0
● Ponds		1	4		1	4			0
● Wetlands			1			1			0
● Other			5			0			0

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

☐ Yes ☒ No

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

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

[illegible]

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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?

		1
--	--	---

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

		0
--	--	---

 %

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Enforce local law which establishes Town's post construction stormwater management program (requires runoff control from new developments and redevelopment projects in accordance with State Standards, SWPPP review procedures incorporating water quality impact considerations and use of better site development/green infrastructure practices, long-term maintenance/inspection procedures, enforcement, etc).

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

The SWPPP reviewed during this reporting period contained post-construction stormwater practices. Consideration was given to ensure practices were in compliance with current State standards, including providing water quality volume in accordance with enhanced phosphorus sizing criteria and attention to BSD and GI to minimize water quality impacts.

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).

SWPPP reviews will continue to focus on ensuring compliance with the most current design manual. Consideration will also be given to BSD and GI at the site level. Inspections and maintenance activities will continue on post-construction stormwater practices within our Town.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Maintain inventory of post-construction stormwater management practices within the Town that have been installed since March 10, 2003.

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

Inventory is completed and updated regularly. Thirty nine post-construction practices are currently listed.

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 to maintain post-construction stormwater practices inventory.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Conduct long term operation and maintenance inspections of inventoried management practices by trained staff.

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

One inspection of post-construction stormwater management practices was necessary during this 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).

Continue to inspect and maintain post-construction stormwater management practices within the Town as necessary.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

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

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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

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

				9
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

		3	0	9
--	--	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

		6	4	3
--	--	---	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			3	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

			0	.	0
--	--	--	---	---	---

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?

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

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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.

Ensure appropriate municipal employees are trained in pollution prevention and good housekeeping practices.

Maintain Town storm sewer system through regular catch basin, pipe, and ditch maintenance.
Conduct sweeping of all Town Street and parking areas three times each year.

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

No training sessions were offered on this subject during this 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 Town will continue to attend pollution prevention/good housekeeping training as offered and as necessary.

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

Additional Watershed Improvement Strategy Best Management Practices

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

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

MS4 Description	Answer	Check NA	(POC)
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.

	2	0	%
--	---	---	---

Estimate what percentage was mapped in this reporting period.

	2	0	%
--	---	---	---

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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?

		0
--	--	---

 %
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?

		0
--	--	---
- 7c. What percent of the projects included in 7b have been completed in this reporting period?

		0
--	--	---

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

		0
--	--	---

 %
- ☒ No Projects Planned
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☒ Yes ☐ No ☐ N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☒ Yes ☐ No ☐ N/A

MS4 Annual Report Form

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

2	0	2	0
---	---	---	---

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 Salina

SPDES ID

N	Y	R	2	0	A	3	7	4
---	---	---	---	---	---	---	---	---

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