

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4

SPDES ID

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 MI Last Name

Title

Address

City State Zip -

eMail

Phone - County

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N Y R 2 0 A 1 0 4

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For each contact, select all that apply:

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name

Title

Address

City State Zip

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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 MI Last Name

Title

Address

City State Zip

eMail

Phone County

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Section 3 - Partner Information

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

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

C o a l i t i o n

SPDES Partner ID - If applicable

N Y R 2 0

Address

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

City

H o r s e h e a d s

State

N Y

Zip

1 4 8 4 5 -

eMail

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

Phone

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

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

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

- MM1 M u l t i p l e T a s k s - S e e S W M P
- MM2 M u l t i p l e T a s k s - S e e S W M P
- MM3 M u l t i p l e T a s k s - S e e S W M P
- MM4 M u l t i p l e T a s k s - S e e S W M P
- MM5 M u l t i p l e T a s k s - S e e S W M P
- MM6 M u l t i p l e T a s k s - S e e S W M P

Additional tasks/responsibilities

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

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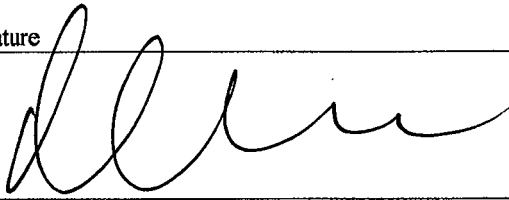
Section 4 - Certification Statement

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

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

First Name MI Last Name

Title (Clearly print title of individual signing report)

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 Annual Report Form

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

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

Name of MS4/Coalition

Chemung County Stormwater Coalition

SPDES ID

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

- Construction Site Operators Trained
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program
- Printed Materials:

# Trained			6	7
# Mailings	6	3	9	7
# Locations				
# In List				
# In List		4	0	0
# Days Run				
# Attendees	2	2	4	0
# Attendees	4	9	5	7
# Days Run				1
Total # Distributed		4	0	0

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

M	u	n	i	c	i	p	a	l		O	f	f	i	c	e	s			

Other:

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

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

URL

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

URL

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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Name of MS4/Coalition

SPDES ID
NYR20

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

URL
www.cityofelmira.net/public-works/stormwater-management

URL
www.elmirahightsvillage.com/stormwater

URL
www.horseheads.org/index.php?n=D
PW.Stormwater

URL
www.chemungstormwaterprojects.co

URL
www.facebook.com/TownofHorsehead
sCodeEnforcement

URL

URL

MS4 Annual Report Form

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

2	0	1	8
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Name of MS4/Coalition

Chemung County Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

-Educate the public at community events through distribution of handouts and face to face conversations.
 -Utilize Facebook to spread the message on stormwater management
 -Continue to implement a rain barrel program

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

This year was extremely successful in education. We reached many community members through events, school programs and workshops hosted. We utilized Facebook by marketing and showcasing our program.

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

9	9	9	9
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(ex.: samples/participants/events)

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

Increase the number of residents reached through education by 200.
 Attend more events and hold camps/workshops.
 Develop and utilize mobil education station and travel through Chemung County.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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Name of MS4/Coalition Chemung County 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? 14

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 checked="" type="radio"/> Cleanup Events	# Events	10
<input type="radio"/> Comments on SWMP Received	# Comments	
<input checked="" type="radio"/> Community Hotlines	Phone # (607) 796-2216	
Phone # () - ()	Phone # () - ()	
Phone # () - ()	Phone # () - ()	
Phone # () - ()	Phone # () - ()	
Phone # () - ()	Phone # () - ()	
<input checked="" type="radio"/> Community Meetings	# Attendees	12
<input checked="" type="radio"/> Plantings	Sq. Ft.	300
<input type="radio"/> Storm Drain Markings	# Drains	
<input checked="" type="radio"/> Stakeholder Meetings	# Attendees	181
<input checked="" type="radio"/> Volunteer Monitoring	# Events	3
<input type="radio"/> Other:		

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

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:		

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, 2018

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Name of MS4/Coalition Chemung County Stormwater Coalition

SPDES ID
N Y R 2 0

2. URL(s) con't.:

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

URL

www.townofhorseheads.org/post/docs/cs/2016-2017AnnualReport.pdf

URL

http://horseheads.org/uploads/DPW/stormwaterreport17part1.pdf

URL

townofsouthport.com/post/docs/2017AnnualReportSouthport.pdf

URL

www.chemungcountyny.gov/PublicWorks

URL

URL

URL

MS4 Annual Report Form

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Name of MS4/Coalition Chemung County Stormwater Coalition

SPDES ID
N Y R 2 0

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

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

MS4/Coalition Office Annual Report SWMP Plan Comments

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

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

City
H o r s e h e a d s N Y

Zip
1 4 8 4 5 -

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

Library Annual Report SWMP Plan Comments

Address

City

Zip

Phone
() -

Other Annual Report SWMP Plan Comments

Address
A l l M S 4 T o w n / v i l l a g e / c i t y h a l l s

City

Zip

Phone
() -

Web Page URL: Annual Report SWMP Plan Comments

w w w . c h e m u n g c o u n t y . c o m / i n d e x . a s p
? p a g e I D = 3 9 5 a n d ? P a g e I D = 4 2 5

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

eMail Comments

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

MS4 Annual Report Form

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

2	0	1	8
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Name of MS4/Coalition

Chemung County Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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4.a. If this report was made available on the internet, what date was it posted?

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

0	5
---	---

 /

0	1
---	---

 /

2	0	1	7
---	---	---	---

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

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

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

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

Yes No

If Yes, what was the date of the meeting?

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 /

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 /

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If No, is one planned?

Yes No

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

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

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

MS4 Annual Report Form

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

2	0	1	8
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Name of MS4/Coalition

Chemung County Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

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

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

The Stormwater Coalition hosted a Rain Garden and Rain Barrel Workshop in the Spring of 2017 (12 participated). Chemung County MS4s and their partners hosted: 1 Tire Collection Day (45 participants), 5 Electronic Collection Events (1,179 participants), 2 Household Hazardous Waste Collections (941 participants), 2 Pharmaceutical Collections (384 people participated and 1096 pounds of drugs collected). The public is very involved in collection events that benefit stormwater.

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

2	5	6	1
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to engage our partners and stakeholders in workshops and clean up events.
 Continue the Chemung County Water Quality Monitoring Program
 Continue the Rain Barrel and compost bin program..

MS4 Annual Report Form

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

2	0	1	8
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Chemung County Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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

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

329 outfalls were inspected utilizing our electronic outfall inspection program that is linked directly to GIS. We were able to identify 21 new outfalls and removed 26 outfalls that are not and outfall. Utilized the Standard Operating Procedures to deal with 7 illicit discharges (illegal dumping, illegal washing into storm sewer system).

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

	3	3	6
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

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

MS4 Annual Report Form

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2	0	1	8
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Name of MS4/Coalition:

Chemung County Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

	1	4
--	---	---

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

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

	2	0
--	---	---

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

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

--	--	--

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

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

- Notices of Violation #

				5
--	--	--	--	---

 No Authority
- Stop Work Orders #

--	--	--	--	--

 No Authority
- Criminal Actions #

--	--	--	--	--

 No Authority
- Termination of Contracts #

--	--	--	--	--

 No Authority
- Administrative Fines #

--	--	--	--	--

 No Authority
- Civil Penalties #

--	--	--	--	--

 No Authority
- Administrative Orders #

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions #

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

--	--	--	--	--

 No Authority

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SPDES ID

N	Y	R	2	0				
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

	1	4
--	---	---

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

		8
--	--	---

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

	1	5
--	---	---

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.

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Name of MS4/Coalition Chemung County Stormwater Coalition

SPDES ID
N Y R 2 0

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

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

Address

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

City

H o r s e h e a d s

N Y

Zip

1 4 8 4 5 -

Phone

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

○ Library

Address

City

Zip

-

Phone

() -

● Other

Address

A l l j o b s i t e s

City

Zip

-

Phone

() -

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

URL

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

c o m

URL

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Name of MS4/Coalition

Chemung County Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

Review the erosion and sediment control plan for every site that disturbs greater than 1 acre (within the MS4 jurisdiction)
 Complete periodic inspections during construction sites disturbing over 1 acre of soil.
 Conduct the NYS DEC 4 Hour Erosion and Sediment Control Training 2 times per year.

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

Reviewed 20 SWPPPs.
 Conducted 53 construction inspections on 15 active construction sites.
 Conducted 2 NYS DEC 4 Hour Erosion and Sediment Control Contractor trainings. 67 contractors were trained.

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

	1	3	9
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(ex.: samples/participants/events)

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

-Review the erosion and sediment control plan for every site that disturbs greater than 1 acre within the MS4 jurisdiction
 -Complete periodic inspections during construction sites disturbing over 1 acre of soil.
 -Conduct the NYS DEC 4 Hour Erosion and Sediment Control Contractor training 2 times per year.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Chemung County Stormwater Coalition

SPDES ID
N Y R 2 0

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? 14

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
<input checked="" type="radio"/> Alternative Practices	2	5	
<input checked="" type="radio"/> Filter Systems	3	9	
<input checked="" type="radio"/> Infiltration Basins	5	16	2
<input checked="" type="radio"/> Open Channels		2	
<input checked="" type="radio"/> Ponds	1	6	
<input type="radio"/> Wetlands			
<input checked="" type="radio"/> Other		2	

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

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Name of MS4/Coalition

Chemung County Stormwater Coalition																			
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SPDES ID

N	Y	R	2	0															
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
 Yes No

4b. Does the MS4 have a banking and credit system for stormwater management practices?
 Yes No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
 Yes No

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

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

1	0	0
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 %

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N	Y	R	2	0				
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

-Review Post Construction stormwater management plans for every site that disturbs 1 acre or more.
-Maintain an inventory of post construction stormwater management facilitates for sites that have received permitting under the SPDES General Permit.
-Inspect each inventoried post construction stormwater practice a minimum of once every; 5 years and complete associated inspection report.

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

-20 Post-Construction SWPPPs were reviewed.
-40 Post-Construction stormwater management practices were inspected. Reports were filled out and GIS mapping system was updated.

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

		6	0
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

-Review Post Construction stormwater management plans for every site that disturbs 1 acre or more.
-Maintain an inventory of post construction stormwater management facilitates for sites that have received permitting under the SPDES General Permit.
-Inspect each inventoried post construction stormwater practice a minimum of once every; 5 years and complete associated inspection report.

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Chemung County Stormwater Coalition																			
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SPDES ID

N	Y	R	2	0															
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

	1	4
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1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

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

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 3 9
- Streets Swept (Number of miles X Number of times swept) # Miles 1 6 7 2
- Catch Basins Inspected and Cleaned Where Necessary # 3 3 1
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 5 3
- Phosphorus Applied In Chemical Fertilizer # Lbs. 3 6
- Nitrogen Applied In Chemical Fertilizer # Lbs. 7 2
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 2 5 6 . 3

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? 0 1 / 0 9 / 2 0 1 8

5. How many municipal employees have been trained in this reporting period? 1 4 3

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 1 0 0 %

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Chemung County Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

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

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

4 Municipal trainings were held and 143 municipal employee's were trained.
4 MS4 communities conducted self-audits of their highway facilities.
3 communities were inspected on the MS4 general permit by NYS DECstaff.

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

	1	5	4
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

-Update/Develop Good Housekeeping manual.-Complete self audits for select municipal facilities
-Complete training for appropriate employees in accordance with written procedures for "Employee Training for Stormwater Pollution Prevention and Good Housekeeping"
-Monitor and record the number of street miles swept , catch basins inspected and cleaned, the acres of paring lots swept, tons of fertilizer spread, acres of pesticides used.