3258632975

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2016

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

SPDES ID: NYR20

Choose one:

○ **This report is being submitted on behalf of an individual MS4.**

Fill in SPDES ID in upper right hand corner.

Name of MS4

OR

○ **This report is being submitted on behalf of a Single Entity**

(Per Part II.E of GP-0-10-002)

Name of Single Entity

OR

● **This is a joint report being submitted on behalf of a coalition.**

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition: Chemung County Stormwater Coalition

SPDES ID: NYR20A081	SPDES ID: NYR20A065	SPDES ID: NYR20A093
SPDES ID: NYR20A168	SPDES ID: NYR20A105	SPDES ID: NYR20A088
SPDES ID: NYR20A103	SPDES ID: NYR20A029	SPDES ID: NYR20A104
SPDES ID: NYR20A082	SPDES ID: NYR20A121	SPDES ID: NYR20A476
SPDES ID: NYR20A323	SPDES ID: NYR20A473	SPDES ID: NYR20A
SPDES ID: NYR20A	SPDES ID: NYR20A	SPDES ID: NYR20A

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: Town of Big Flats

SPDES ID: NYR20A065

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

● A Joint Report

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

If Joint Report, enter coalition name:

Chemung County Stormwater Coalition

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: Town of Big Flats

SPDES ID: NYR20A065

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: Edward | MI: | Last Name: Fairbrother

Title: Supervisor

Address: 476 Maple Street

City: Big Flats | State: NY | Zip: 14814 -

eMail:

Phone: (607) 562-8443

County: Chemung

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: Town of Big Flats

SPDES ID: NYR20A065

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: Timothy | MI: | Last Name: Gilbert

Title: Code Enforcement Officer

Address: 476 Maple Street

City: Big Flats | State: NY | Zip: 14814 -

eMail: tgilbert@bigflatsny.gov

Phone: (607) 562-8443

County: Chemung

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: Town of Big Flats

SPDES ID: NYR20A065

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: Jessica | MI: B | Last Name: Verrigni

Title: Stormwater Technician

Address: 851 Chemung Street

City: Horseheads | State: NY | Zip: 14845-

eMail: jbverrigni@stny.rr.com

Phone: (607) 796-2216 | County: Chemung

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: Town of Big Flats

SPDES ID: NYR20A065

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: Chemung County Stormwater

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

SPDES Partner ID - If applicable: NYR20

Address: 851 Chemung Street

City: Horseheads

State: NY

Zip: 14845 -

eMail: jbverrigni@stny.rr.com

Phone: (607) 796 - 2216

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

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

- ● MM1: Multiple Tasks - See SWMP
- ● MM2: Multiple Tasks - See SWMP
- ● MM3: Multiple Tasks - See SWMP
- ● MM4: Multiple Tasks - See SWMP
- ● MM5: Multiple Tasks - See SWMP
- ● MM6: Multiple Tasks - See SWMP

Additional tasks/responsibilities

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: Town of Big Flats

SPDES ID: NYR20A065

Section 4 - Certification Statement

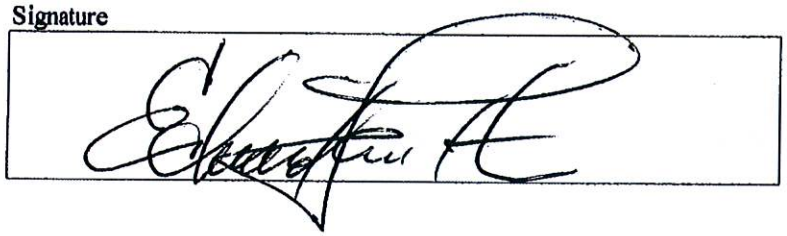
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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: Edward | MI: | Last Name: Fairbrother

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

Signature:



Date: 04/15/2016

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

1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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: NYR20

Water Quality Trends

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

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

How many MS4s are contributed to this report? 14

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

○ Yes ● No

If Yes, choose one of the following

○ Report(s) attached to the annual report

○ Web Page(s) where report(s) is/are provided below

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

URL

URL

URL

URL

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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: NYR20

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report? 14

1. Targeted Public Education and Outreach Best Management Practices

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

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

Other

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ● Businesses
- ○ Restaurants
- ○ Other:
- ● Contractors
- ● Developers
- ○ General Public
- ○ Industries
- ○ Agricultural

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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: NYR20

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

● Construction Site Operators Trained	# Trained	144
● Direct Mailings	# Mailings	208
● Kiosks or Other Displays	# Locations	8
○ List-Serves	# In List	
● Mailing List	# In List	89650
○ Newspaper Ads or Articles	# Days Run	
● Public Events/Presentations	# Attendees	915
● School Program	# Attendees	915
● TV Spot/Program	# Days Run	203
● Printed Materials:	Total # Distributed	2742

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

All MS4 munici. bldg
public events, human
services bldg.,
county fair

● Other:

1663 hits on website

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

URL

www.bigflatsny.gov/building-code
-enforcement/pages/stormwater

URL

www.cityofelmira.net/public-work
s/stormwater-management

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 Coailtion

SPDES ID: NYR20

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

URL: http://townofelmira.com/buildingcodes.php

URL: http://elmiraheights.org/index.php?n=Main.Stormwater

URL: http://townofhorseheads.org/post.php?pid+16

URL: www.horseheads.org/index.php?n=DPW.Stormwater

URL: www.townofsouthport.com/fireflood.php

URL: www.chemungstormwater.org

URL: www.chemungstormwaterprojects.com

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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: NYR20

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

-Distribute brochures at public events
-Continue to be involved in school and public events utilizing the EnviroScape or other stormwater demonstration models.
-Develop a pet waste education campaign
-Develop a How to Guide to Building Rain Gardens

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

2742 brochures were distributed at public events. There is large interest shown in rain barrels, the how to build a rain garden, composting and pet waste clean up. 157 How to Build a Rain Garden Brochures, 544 Pet waste brochures, 410 pet waste disposal bag key chains, 145 Yard Waste fliers. The educational stormwater commercials aired 203 days over this reporting year. Facebook is utilized to promote events and provide stormwater tips and facts.

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

4201

(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).

-Public Workshop on How to Build a Rain Garden
-Re-design of www.chemungstormwater.org to make it more user friendly
-Continue education on yard waste and pet waste pollution
-Continue Rain Barrel Program
-Implement Rain Garden Demonstration Projects/Education

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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: NYR20

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report? 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:

● Cleanup Events — # Events: 28

○ Comments on SWMP Received — # Comments:

● Community Hotlines

Phone # (607) 737-5268
Phone # (607) 796-2216
Phone # (607) 737-5750
Phone #
Phone #
Phone #
Phone #
Phone #
Phone #
Phone #

○ Community Meetings — # Attendees:

○ Plantings — Sq. Ft.:

○ Storm Drain Markings — # Drains:

● Stakeholder Meetings — # Attendees: 243

● Volunteer Monitoring — # Events: 10

○ Other:

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

○ List-Serve — # In List:

○ Newspaper Advertising — # Days Run:

○ TV/Radio Notices — # Days Run:

● Other: Municipal Board Meeting Announ

● 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, 2016

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: NYR20

2. URL(s) con't.:

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

URL
www.bigflatsny.gov/sites/bigflatsny/files/u101/ms4-2015.pdf

URL
www.townofhorseheads.org

URL
www.horseheads.org/uploads/DPW/stormwaterreport15part1.pdf and part2.pdf

URL
www.townofsouthport.com/fireflood.php

URL
www.chemungcounty.com/index.asp?pageId=673

URL
www.chemungstormwater.org

URL

MS4 Annual Report Form

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

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

Name of MS4/Coalition [ ]

SPDES ID

N	Y	R	2	0				

2. URL(s) con't.:

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

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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: NYR20

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

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

● MS4/Coalition Office ● Annual Report ● SWMP Plan ● Comments

Department: Chemung County Stormwater Coali

Address: 851 Chemung Street

City: Horseheads NY Zip: 14845 -

Phone: (607) 796-2216

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other ● Annual Report ● SWMP Plan ● Comments

Address: All MS4 Town/village/city halls

City: Zip: -

Phone: ( ) -

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

www.chemungcounty.com/index.asp

?pageID=395 and ?PageID=425

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

● eMail ● Comments

jbverrigni@stny.rr.com

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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: NYR20

4.a. If this report was made available on the internet, what date was it posted?
Leave blank if this report was not posted on the internet. 04 / 27 / 2015

4.b. For how many days was/will this report be posted? 365

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? 11 / 18 / 2015

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, 2016

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: NYR20

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continue to work with our partners on hosting and co-hosting clean up events.
Continue Water Quality monitoring program.
Continue rain barrel and compost bin program.

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

-26 Rain Barrels and 28 compost bins distributed in Chemung County
-Chemung County MS4s hosted Pharmaceutical Days, 2 household hazardous waste collections, 1 tire day collection, 1 electronic collection, 22 Stream clean up events
-10 volunteer monitoring sampling days were conducted by Chemung County WQCC and SLPWA

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

92

(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 Rain Barrel and Compost Program
-Develop Rain Garden demonstration projects and work with local organizations/groups on installation.
-Work with groups on collection events.
-Continue water quality monitoring program.

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 Coalitiion

SPDES ID: NYR20

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report? 14

1. Enter the number and approx. percent of outfalls mapped: 1300 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 446

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

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

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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: NYR20

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

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

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 0

5. How many illicit discharges have been confirmed during this reporting period? 2

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 2

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

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

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

Is this information available on the web? ○ Yes ● No

If Yes, provide URL(s):

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

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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: NYR20

8. URL(s) con't.:

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

URL

URL

URL

URL

URL

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

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

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

100 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 Coalitiion

SPDES ID: NYR20

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

-Develop electronic inspection process for outfall inspections.
-Update sewershed mapping for communities with expanded urbanized areas from 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.

An electronic inspection was developed for outfall inspections. We were able to complete 446 outfall inspections. WNY Stormwater conference asked us to speak at their conference to other MS4 communities about the system that was created.

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

446

(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 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.

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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: NYR20

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

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

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

How many MS4s contributed to this report? 14

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

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

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

○ 09/2004 ● 03/2006 ○ NT

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

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 20

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	#	1	○ 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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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Name of MS4/Coalition: Chemung County Stormwater Coalition

SPDES ID: NYR20

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report? 14

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 11

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 13

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ○ Yes ● No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ● Yes ○ No

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

MS4 Annual Report Form

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Name of MS4/Coalition: Chemung County Stormwater Coalition

SPDES ID: NYR20

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Chemung Co. Stormwater Coalitio

Address: 851 Chemung Street

City: Horseheads NY Zip: 14845-

Phone: (607) 796-2216

○ Library

Address:

City: Zip: -

Phone: ( ) -

● Other

Address: All job sites

City: Zip: -

Phone: ( ) -

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

URL: www.chemungcounty.com/index.asp?pageID=570

URL: www.chemungstormwaterprojects.com

MS4 Annual Report Form

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Name of MS4/Coalition: Chemung County Stormwater Coalition

SPDES ID: NYR20

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

-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.

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

-Reviewed 20 SWPPPs.
-Completed 113 construction inspections on 15 active construction sites
-Conducted 3 NYS DEC 4 Hour Erosion and Sediment Control Contractor training. 144 contractors were trained.

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

277

(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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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Name of MS4/Coalition: Chemung County Stormwater Coalition

SPDES ID: NYR20

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? 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
○ Alternative Practices			
○ Filter Systems			
● Infiltration Basins	2	20	
● Open Channels		5	
● Ponds		15	
○ Wetlands			
○ Other			

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

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

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

○ Other:

MS4 Annual Report Form

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Name of MS4/Coalition: Chemung County Stormwater Coalition

SPDES ID: NYR20

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

○ Yes ● No

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

○ Yes ● No

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

○ Yes ● No

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

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?

100 %

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MS4 Annual Report Form

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Name of MS4/Coalition: Chemung County Stormwater Coalition

SPDES ID: NYR20

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

-Review Post construction stormwater management plans for every site that disturbs 1 acre or more.
-Maintain an inventory of post construction stormwater management facilities for sites that have received permitting under the SPDES General Permit
-Inspect each 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.

-19 Post-Construction SWPPPs were reviewed.
-42 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?

61

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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Name of MS4/Coalition: Chemung County Stormwater Coalition

SPDES ID: NYR20

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? 14

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

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

MS4 Annual Report Form

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Name of MS4/Coalition: Chemung County Stormwater Coalition

SPDES ID: NYR20

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	92
● Streets Swept (Number of miles X Number of times swept)	# Miles	4273
● Catch Basins Inspected and Cleaned Where Necessary	#	439
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
● Phosphorus Applied In Chemical Fertilizer	# Lbs.	2000
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	5750
● Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	15.0

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 11

4. What was the date of the last training? 01 / 12 / 2016

5. How many municipal employees have been trained in this reporting period? 183

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

MS4 Annual Report Form

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Name of MS4/Coalition: Chemung County Stormwater Coalition

SPDES ID: NYR20

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

-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.

- 11 municipal trainings were held and 183 employees trained
-10 self-audits of municipal facilities were completed

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

193

(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.