

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2022

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

SPDES ID									
N	Y	R	2	0					

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

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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

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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

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

SPDES ID									
N	Y	R	2	0	A	0	8	1	

SPDES ID									
N	Y	R	2	0	A	0	6	5	

SPDES ID									
N	Y	R	2	0	A	0	9	3	

SPDES ID									
N	Y	R	2	0	A	1	6	8	

SPDES ID									
N	Y	R	2	0	A	1	0	5	

SPDES ID									
N	Y	R	2	0	A	0	8	8	

SPDES ID									
N	Y	R	2	0	A	1	0	3	

SPDES ID									
N	Y	R	2	0	A	0	2	9	

SPDES ID									
N	Y	R	2	0	A	1	0	4	

SPDES ID									
N	Y	R	2	0	A	0	8	2	

SPDES ID									
N	Y	R	2	0	A	1	2	1	

SPDES ID									
N	Y	R	2	0	A	4	7	6	

SPDES ID									
N	Y	R	2	0	A	3	2	3	

SPDES ID									
N	Y	R	2	0	A	4	7	3	

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				



### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	2	2
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Name of MS4 

Village of Horseheads
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SPDES ID

N	Y	R	2	0	A	1	0	3
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Each MS4 must submit an MCC form.

### Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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







## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 

2	0	2	2
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Name of MS4 

V	i	l	l	a	g	e	o	f	H	o	r	s	e	h	e	a	d	s
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SPDES ID  

N	Y	R	2	0	A	1	0	3
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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   S t o r m w a t e r   C o a l i t i o n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

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 e s s i c a @ c h e m u n g s w c d . 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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**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2022

Name of MS4

Village of Horseheads

SPDES ID

NYR20A103

**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

Nathan

MI

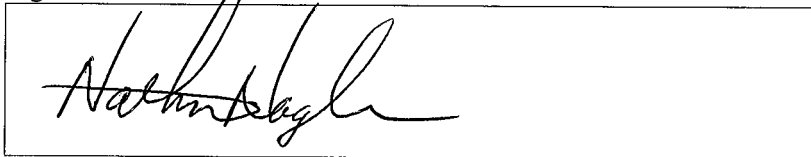
Last Name

Nagle

Title (Clearly print title of individual signing report)

Village Manager

Signature



Date

04/20/2022

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: [MS4compliance@dec.ny.gov](mailto:MS4compliance@dec.ny.gov). All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

**Submit Form**

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance  
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,**

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			

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

- |  |                     |  |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table>                      |   |   | 1 | 0 | 5 |
|  |                     | 1  | 0 | 5 |   |   |   |
| <input type="radio"/> Direct Mailings                                | # Mailings          | <table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input type="radio"/> Kiosks or Other Displays                       | # Locations         | <table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input type="radio"/> List-Serves                                    | # In List           | <table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Mailing List                        | # In List           | <table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> | 1 | 2 | 5 | 0 |   |
| 1  | 2                   | 5  | 0 |   |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles                      | # Days Run          | <table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> | 5 | 1 | 7 | 0 |   |
| 5  | 1                   | 7  | 0 |   |   |   |   |
| <input checked="" type="radio"/> School Program                      | # Attendees         | <table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table>                      |   | 5 | 4 | 0 |   |
|  | 5                   | 4  | 0 |   |   |   |   |
| <input type="radio"/> TV Spot/Program                                | # Days Run          | <table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px;"></td></tr></table> | 1 | 1 | 8 | 3 |   |
| 1  | 1                   | 8  | 3 |   |   |   |   |

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

A	l	l		M	S	4		c	o	m	m	u	n	i	t	i	e	s		
h	a	v	e		s	t	o	r	m	w	a	t	e	r						
b	r	o	c	h	u	r	e		h	a	n	d	o	u	t	s				

Other:

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

URL

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

URL

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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

#### 3. Web Page cont.: Provide specific web addresses - not home page.

URL

bigflatsny.gov/departments/code-enforcement/stormwater/index.php

URL

chemungcountyny.gov/348/stormwater-ers4-information

URL

horseheads.org/village/page/annual-ms4-stormwater-reports

URL

townofelmira.com/postcategory.php?c=buildingcodes

URL

www.cityofelmira.net/?page-id=975

URL

www.elmiraheightsvillage.com/stormwater/

URL

www.chemungstormwaterprojects.com

**MS4 Annual Report Form**

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

2	0	2	2
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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 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.**

This year we attended eleven summer programs to educate kids on stormwater. We also had an information table at fourteen community events.

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

1250 newsletters were mailed out. 81 yard waste door tags were distributed throughout communities.

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

1	3	3	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 create networking opportunities, cultivate partnerships throughout the county, host and attend events as well as hand out information and communicate with community members.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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 notice(s) can be accessed - not home page.

URL

www.chemungstormwaterprojects.com/ms4-annual-report.html

URL

elmiraheightsvillage.com/notices/ms4-annual-report/

URL

cityofelmira.net/?page-id=975

URL

chemungcountyny.gov/413/ms4-annual-report

URL

cms8.revize.com/revize/townofbigflatsny/document-center/departments/code%20enforcement

URL

horseheads.org/village/page/annual-ms4-stormwater-reports

URL



### MS4 Annual Report Form

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

2	0	2	2
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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 Stormwater Coalition
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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	4
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 / 

2	6
---	---

 / 

2	0	2	2
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**4.b. For how many days was/will this report be posted?**

3	6	5
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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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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	2
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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 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 program.

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

Chemung Stormwater Coalition and MS4s did not have many public participation opportunities due to the ongoing Covid 19 pandemic. However, we were able to host 7 different collection events with great public participation. 2 Household Hazardous Waste events, 1 Pharmaceutical Take Back day, 1 tire collection day and 3 electronic collection events.

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

			7
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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 hold clean up events as well as continuing our partnership work with local organizations.



### 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

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

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

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

5

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

3

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

3

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?

9  8 %

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, 

2	0	2	2
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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 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.**

Kept mapping system updated with appropriate outfall inspection data. Utilized the provisions of the IDDE SOP while investigating the 5 IDDE complaints.

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

5 IDDE complaints were investigated. 2 were unfound issues and 3 were corrected through our SOP. The community and municipal staff are starting to recognize what an illicit discharge is and contact the Coalition office for further information. This is a big improvement that stormwater is now recognized as something to pay attention to. 153 outfalls were inspected this reporting year with 0 discharges found.

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

	1	5	8
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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 sewershed mapping when new outfalls are located within the urbanized area and finalize sewershed mapping within the expanded urbanized area from the 2010 Census. Employ the provisions of the IDDE SOP in the advent that an illicit discharge is detected.

**MS4 Annual Report Form**

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

2	0	2	2
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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 Stormwater Coalition
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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
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**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	6
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**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
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**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 # 

				2
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 No Authority
- Stop Work Orders # 

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

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

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 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--

 No Authority
- Other # 

--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

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

2	0	2	2
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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 Stormwater Coalition
------------------------------

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? 

	1	6
--	---	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	1	6
--	---	---
  
  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, 2022

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

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

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

Address

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

City

H o r s e h e a d s

N Y

Zip

1 4 8 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

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

URL

**MS4 Annual Report Form**

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

2	0	2	2
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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 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 acres. Conduct the 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.**

Conducted 51 Construction site inspections on 18 active construction sites. 16 SWPPPs were reviewed this reporting period with 16 receiving approval to disturb greater than 1 acre of soil

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

		8	5
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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 acres. Conduct the 4 Hour Erosion and Sediment Control Training 2 times per year.



**MS4 Annual Report Form**

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

2	0	2	2
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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 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? 

		0
--	--	---

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	2
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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 Stormwater Coalition

SPDES ID

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 SWPPPs for every site that disturbs greater than 1 acre. 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 practice a minimum of once every 3 years and complete the associated inspection report.

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

23 Post construction stormwater management practices were inspected. Reports were filled out and GIS mapping was updated. 16 SWPPPs were reviewed.

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

		3	9
--	--	---	---

(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 SWPPPs for every site that disturbs greater than 1 acre. 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 practice a minimum of once every 3 years and complete the associated inspection report.

**MS4 Annual Report Form**

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

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

**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"/>

**MS4 Annual Report Form**

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

2	0	2	2
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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 Stormwater Coalition
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SPDES ID  

N	Y	R	2	0				
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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 

			5	3
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

	1	6	7	1
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		3	9	5
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

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

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

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

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

1	0
---	---

 / 

0	6
---	---

 / 

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

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

	9	3
--	---	---

**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	2
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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 Stormwater Coalition
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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 ever 3 years). Complete training for appropriate employees in accordance with written procedures. Monitor and record the number of street miles swept, catch basins inspected and cleaned, the acres of parking lots swept, tons of fertilizer spread and acres of pesticides used.

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

4 municipal facilities conducted self-assessments of their highway departments and recreation departments. 14 municipal employee training's were held and 93 staff trained in 2021-2022.

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

	1	1	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).**

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