3258632975

# MS4 Annual Report Cover Page

**MCC form for period ending March 9, 2015**

SPDES ID: NYR20A295

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

## Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4: Town of Camillus

**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:

| | | |
|---|---|---|
| SPDES ID: NYR20A | SPDES ID: NYR20A | SPDES ID: NYR20A |
| SPDES ID: NYR20A | SPDES ID: NYR20A | SPDES ID: NYR20A |
| SPDES ID: NYR20A | SPDES ID: NYR20A | SPDES ID: NYR20A |
| SPDES ID: NYR20A | SPDES ID: NYR20A | SPDES ID: NYR20A |
| SPDES ID: NYR20A | SPDES ID: NYR20A | SPDES ID: NYR20A |
| SPDES ID: NYR20A | SPDES ID: NYR20A | SPDES ID: NYR20A |

9714632978

# MS4 Annual Report Cover Page

**MCC form for period ending March 9, 2015**

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

| SPDES ID | SPDES ID | SPDES ID |
|---|---|---|
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |
| NYR20A | NYR20A | NYR20A |

3855151783

# MS4 Municipal Compliance Certification(MCC) Form

**MCC form for period ending March 9,** 2015

Name of MS4: Town of Camillus

SPDES ID: NYR20A295

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:

5690581587

# MS4 Municipal Compliance Certification(MCC) Form

**MCC form for period ending March 9,** 2015

Name of MS4: Town of Camillus

SPDES ID: NYR20A295

## 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: Mary Ann | MI: | Last Name: Coogan

Title: Town Supervisor

Address: 4600 West Genesee Street

City: Syracuse | State: NY | Zip: 13219 -

eMail: mcoogan@townofcamillus.com

Phone: (315) 488-1335 | County: Onondaga

# MS4 Municipal Compliance Certification(MCC) Form

**MCC form for period ending March 9, 2015**

Name of MS4: Town of Camillus

SPDES ID: NYR20A295

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name: Tom | MI: | Last Name: Price

Title: Code Enforcement Officer

Address: 4600 West Genesee Street

City: Syracuse | State: NY | Zip: 13219-

eMail: tprice@townofcamillus.com

Phone: (315) 487-8930 | County: Onondaga

# MS4 Municipal Compliance Certification(MCC) Form

**MCC form for period ending March 9,** 2015

Name of MS4: Town of Camillus

SPDES ID: NYR20A295

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name: Paul | MI: | Last Name: Czerwinski

Title: Principal

Address: 290 Elwood Davis Road

City: Syracuse | State: NY | Zip: 13220 -

eMail: pczerwinski@bartonandloguidice.co

Phone: (315) 457-5200 | County: Onondaga

5690581587

# MS4 Municipal Compliance Certification(MCC) Form

**MCC form for period ending March 9, 2015**

Name of MS4: Town of Camillus

SPDES ID: NYR20A295

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name: David | MI: R | Last Name: Hanny

Title: Sr. Managing Envir. Scientist

Address: 290 Elwood Davis Road

City: Syracuse | State: NY | Zip: 13220-

eMail: dhanny@bartonandloguidice.com

Phone: (315) 457-5200 | County: Onondaga

# MS4 Municipal Compliance Certification (MCC) Form

**MCC form for period ending March 9, 2015**

Name of MS4: Town of Camillus

SPDES ID: NYR20A295

## 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: CNY Stormwater Coalition

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20

Address: 126 N. Salina Street Suite 200

City: Syracuse State: NY Zip: 13202-1065

eMail: Bertuch@cnyrpdb.org

Phone: (315) 422-8276

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

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

- ● MM1: Multiple Tasks
- ○ MM2
- ○ MM3
- ○ MM4
- ○ MM5
- ○ MM6

Additional tasks/responsibilities

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

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

# MS4 Municipal Compliance Certification (MCC) Form

**MCC form for period ending March 9, 2015**

Name of MS4: Town of Camillus

SPDES ID: NYR20A295

## 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: Onondaga County

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20

Address: 650 Hiawatha Boulevard

City: Syracuse

State: NY

Zip: -

eMail:

Phone: ( ) -

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

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

- ○ MM1
- ● MM2 Stormwater Hotline
- ● MM3 Outfall Insp./IDDE Tracking
- ○ MM4
- ○ MM5
- ○ MM6

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, 2015**

Name of MS4: Town of Camillus

SPDES ID: NYR20A295

## 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: Mary Ann MI: Last Name: Coogan

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

Signature: Mary Ann Coogan

Date: 05 / 05 / 2015

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,** ____

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 ____

## Water Quality Trends

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

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

1. **Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.** ○ Yes ● 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,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 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? 27

### 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

design engineers/landscape architit

Other

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: CNY Stormwater Coalition

SPDES ID: 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 | |
| ● Direct Mailings | # Mailings | 6 |
| ● Kiosks or Other Displays | # Locations | 37 |
| ● List-Serves | # In List | 503 |
| ● Mailing List | # In List | 502 |
| ● Newspaper Ads or Articles | # Days Run | 1 |
| ● Public Events/Presentations | # Attendees | 621 |
| ● School Program | # Attendees | 54 |
| ○ TV Spot/Program | # Days Run | |
| ● Printed Materials: | Total # Distributed | 2612 |

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

municipal offices
event booths
SWCD offices
animal shelters/vets

○ Other:

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

URL

cnyrpdb.org/stormwater/?stormwater-Phase-II-overview-89

URL

cnyrpdb.org/stormwater/?New-Stormwater-Design-Standards-90

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: CNY Stormwater Coalition

SPDES ID: NYR20

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

URL
cnyrpdb.org/stormwater/?Additonal-Requirements-for-Onondaga-Lake-Watershed-91

URL
cnyrpdb.org/stormwater/?No-Net-Increase-in-Pollutants-of-Concern-to-Impaired-Waters-from-Urban-R

URL
cnyrpdb.org/stormwater/?MS4-Annual-Reporting-92

URL
cnyrpdb.org/stormwater/?News--Tools--Forms--93

URL
cnyrpdb.org/stormwater/?Syracuse Urban-Area-Maps-78

URL
cnyrpdb.org/stormwater/?Stormwater-Coalition-106

URL
cnyrpdb.org/stormwater/?Meetings---Workshops-95

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: CNY Stormwater Coalition

SPDES ID: NYR20

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

URL
cnyrpdb.org/stormwater/?Stormwater-Library-96

URL
cnyrpdb.org/stormwater/?Links-96
cnyrpdb.org/stormwater/?Contact-98

URL
cnyrpdb.org/stormwater/?Resident s-and-Concerned-Citizens-75

URL
cnyrpdb.org/stormwater/?Pollutan ts-of-Concern-79

URL
cnyrpdb.org/stormwater/?sources- of-Contamination-in-Urban-Runoff -80

URL
cnyrpdb.org/stormwater/?The-Cons truction-Stormwater-Permit-101

URL
cnyrpdb.org/stormwater/?Working- Together-82

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: CNY Stormwater Coalition

SPDES ID: NYR20

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

URL: cnyrpdb.org/stormwater/?Watershed-Stewardship-Program-83

URL: cnyrpdb.org/stormwater/?Gardens-and-Gutters-Newsletter-10798

URL: cnyrpdb.org/stormwater/?Construction-Newsletter-164

URL: cnyrpdb.org/stormwater/?Illicit-Discharge-Hotline-85

URL:

URL:

URL:

6932504403

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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

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

The stormwater website is successfully functioning as a municipal and public eduction tool based on th3 3,645 recorded "hits" during the permit year. This represents a 10% increase in usage over the previous year. Hits to the stormwater library pages were also up 14% over the previous year.

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

1

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

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?** ● Yes ○ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** ● Yes ○ No

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

Website content will be continuously updated as new information becomes available or is no longer relevant. Content and usability will be improved through access changes. The website will be promoted as an educational tool for the general public and stormwater professionals in both the private and public sectors.

6932504403

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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

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

The pullout was published on April 22, 2014. As reported by the Post Standard, home delivery, on-line subscriptions and point of sale editions sold that day totaled 186,250.

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

1

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

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?** ● Yes ○ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** ● Yes ○ No

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

A similar "advertisement" will be published in a Syracuse newspaper in April 22, 2015. Recent changes in the format and publishing schedule of the Syracuse Post Standard is forcing us to reconsider other options for publication based on readership, distribution trends and costs. The publication will be distributed in PDF format for inclusion on municipal websites or reprint for hard copy distribution at municipal buildings and public events.

6932504403

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: CNY Stormwater Coalition

SPDES ID: 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.**

A seasonally themed, electronic newsletter will be developed and distributed to interested individuals. The newsletter will maintain a focus on primary pollutants of concern, stormwater processes, and will offer advice on reducing negative water quality impacts through simple actions. The newsletter will encourage participation in locally sponsored events that support stormwater management and protection efforts.

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

Gardens and Gutters was electronically distributed on 4/28/14, 8/11/14, 10/17/14, and 12/10/14 to a distribution database of approximately 100 individuals. The newsletter is promoted at public events, on-line, and through direct contact and promotion with existing organizations and groups. "Gardens and Gutters" generates the most additional requests for information. Several watershed groups outside of the SUA distribute the publication to their members.

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

4

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?** ● Yes ○ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** ● Yes ○ No

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

Gardens and Gutters will continue to be distributed electronically in 2015. Additional efforts will be made to grow the distribution list. The newsletter will also be posted on the CNY stormwater website and made available in PDF format for inclusion on municipal websites, or for reprint and hard copy distribution.

6932504403

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: CNY Stormwater Coalition

SPDES ID: 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.**

Electronic Outreach to CNY Contractors & Developers: Provide direct information to construction developers in MS4 communities. Information is presented in a newsletter format and posted as a PDF on the stormwater website. The newsletter will be promoted via a bulk postcard mailing with additional assistance form the CNY Home Builders and Remodelers of CNY. PDFs will be available for distribution at municipal buildings and websites.

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

200 postcards were sent to individual contractors notifying them that the newsletter was available on the CNY Stormwater website. PDFs were distributed to the Coalition members. The CNY Homebuilders and Remodelers Association requested the PDF for distribution to its membership and for reproduction. Additional hard copies were distributed through the CNY Professional Stormwater Training Series.

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

1

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

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?** ● Yes ○ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** ● Yes ○ No

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

Content will be updated and the same promotional mailing will be done in advance of posting the Spring 2015 newsletter on the CNY Stormwater website. The newsletter will also be made available to the CNY Home Builders & Remodelers for use in whole or in part. MS4s will also receive a PDF newsletter for posting on individual municipal websites.

6932504403

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: CNY Stormwater Coalition

SPDES ID: 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.**

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

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

Exhibitor activities included the My Green School Day at Tykes Tuesday Series/Destiny on 8/26/14 (estimated attendance 150), Syracuse Clean Water Fair sponsored by Onondaga County Water Environment Protection on 9/6/14 (estimated attendance 350); and the Westcott Street Cultural Fair on 9/14/14 (annual attendance 8,000). Approximately 1,635 informational handouts were distributed on various stormwater topics.

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

3

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

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?** ● Yes ○ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** ● Yes ○ No

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

The CNY Stormwater Coalition Booth will be set up and staffed at 2 public events in 2014: locations to be determined. Materials will be updated and replaced as needed to stay current and relevant to SUA requirements.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: CNY Stormwater Coalition

SPDES ID: 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.**

CNY RPDB will conduct a "lessons learned" workshop for Planning Boards, Code Enforcement Officers, and Highway Superintendents that will examine issues and obstacles to compliance with permit requirements such as SWPPP review using the new runoff reduction standards, implementation of GI, and revisions of local plans/policies to facilitate low impact development, and to identify opportunities to improve the processes that support these activities.

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

The October 20, 2014 workshop, held at the Liverpool Fire Hall in Liverpool, NY was attended by 25 municipal representatives. Feedback from attendees was positive relative to the information presented (quality, usefulness, relevancy of information); however, some those that did not attend noted that they have had significant access to GI related information over the past several years and felt the workshop would be repetitive.

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

1

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?** ● Yes ○ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** ● Yes ○ No

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

At least two training workshops will be conducted for MS4 officials/staff in 2015. Specific topics and audiences will be determined based on feedback from MS4s, NYS DEC Region 7 and changes to the stormwater permit requirements. Workshop schedules will be determined in accordance with normal "press" times of the target audiences. It is believed this will allow the workshops to be more responsive to perceived training needs and therefore, more relevant to municipal representatives.

6932504403

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: CNY Stormwater Coalition

SPDES ID: 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.**

CNY RPDB will conduct a workshop for Municipal Stormwater Program Coordinators as a follow up to the 2012 training on Stormwater Management Plan development and implementation. The workshop will include a discussion of new methods for evaluating SWMPs, long term tracking of measurable goals, and if available, use of the new reporting process for MS4 Annual Reporting.

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

The December 2, 2014 workshop was held at CNY RPDB and was attended by 23 municipal representatives. The workshop addressed evaluating the effectiveness of MS4 SWMPs, developing measurable goals and preparing for a DEC Audit. The annual reporting mechanism/new long term tracking mechanism was not available and review of the WTM was limited in response to previous efforts completed in association with No-Net-Increase modeling.

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

1

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

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?** ● Yes ○ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** ● Yes ○ No

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

At least two training workshops will be conducted for MS4 officials/staff in 2015. Specific topics and audiences will be determined based on feedback from MS4s, NYS DEC Region 7 and changes to the stormwater permit requirements. Workshop schedules will be determined in accordance with normal "press" times of the target audiences. It is believed this will allow the workshops to be more responsive to perceived training needs and therefore, more relevant to municipal representatives.

4961183103

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

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

- ◪ Cleanup Events — # Events: 1
- ○ Comments on SWMP Received — # Comments:
- ● Community Hotlines
  - Phone # (315) 435-3157
  - Phone #
  - Phone #
  - Phone #
  - Phone #
  - Phone #
  - Phone #
  - Phone #
  - Phone #
  - Phone #
- ○ Community Meetings — # Attendees:
- ○ Plantings — Sq. Ft.:
- ○ Storm Drain Markings — # Drains:
- ○ Stakeholder Meetings — # Attendees:
- ○ Volunteer Monitoring — # Events:
- ○ Other:

**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:
- ○ 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,** ____

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

URL

URL

URL

URL

URL

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, 2015**

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

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

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

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

Department: Town Clerk's Office

Address: 4600 West Genesee Street

City: Syracuse NY Zip: -

Phone: ( ) -

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other ● Annual Report ○ SWMP Plan ○ Comments

Address: 290 Elwood Davis Road, Box 3107

City: Syracuse NY Zip: -

Phone: ( ) -

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

www.townofcamillus.com/?PageDID=961

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

● eMail ● Comments

tprice@townofcamillus.com

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

**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. ___ / ___ / ____

**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? ___ / ___ / ____

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,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

The measurable goal tracked was the number of comments received on the previous annual report.

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

There were no comments on the previous annual report.

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

1

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

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

● Yes ○ No

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

● Yes ○ No

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

Comments will continue to be accepted and will be addressed as they are received.

7368169291

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report? ___

**1. Enter the number and approx. percent of outfalls mapped:** 35 # 100 %

**2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?** 7

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

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

○ Sewersheds:

5953169299

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

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

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

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

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

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,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

**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?**

0 %

9126383899

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 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.**

The measurable goal tracked this year was the number of dry-weather flows identified through the Onondaga County MS4 Assistance Program Minimum Control Measure 3, Illicit Discharge Detection and Elimination.

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

No dry-weather flows were observed during this reporting year. The Town met all required outfall inspections in the previous reporting cycle (100% of outfalls inspected every 5 years).

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

1

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

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

● Yes ○ No

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

● Yes ○ No

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

Outfall inspections will progress as required.

5624056356

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

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

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

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

How many MS4s contributed to this report? ___

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

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney 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?** 2

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

If Yes, how many public comments were received during this reporting period? 0

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

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

| | | | |
|---|---|---|---|
| ● Notices of Violation | # | 2 | ○ 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 | # | 2 6 | |
| ○ Other | # | | ○ No Authority |

9445612573

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report? ___

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 2

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 18

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   89 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   89 %

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

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

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

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

7482169883

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town Clerk's Office

Address: 4600 West Genesee Street

City: Syracuse NY Zip:

Phone: ( ) -

○ Library

Address:

City: Zip:

Phone: ( ) -

○ Other

Address:

City: Zip:

Phone: ( ) -

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

URL

URL

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 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.**

The measurable goal tracked during the reporting period was the number of construction sites requiring enforcement action.

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

The Code Enforcement Officer observed two (2) sites requiring enforcement action. One site was given verbal notice by the inspector every week for 6 months, eventually requiring a notice of violation while the second site required notice of violation upon the Town receiving a citizen complaint.

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

2

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

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

● Yes ○ No

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

● Yes ○ No

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

Construction sites will continue to be monitored during the following reporting year and, if needed, enforcement action will be taken. Citizen complaints will continue to be accepted and addressed.

1048119251

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? ___

**1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?**

| | # Inventoried | # Inspections | # Times Maintained |
|---|---|---|---|
| ○ Alternative Practices | | | |
| ● Filter Systems | 3 | 3 | 1 |
| ○ Infiltration Basins | | | |
| ○ Open Channels | | | |
| ● Ponds | 9 | 9 | 1 |
| ○ Wetlands | | | |
| ● Other | 15 | 15 | 1 |

**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

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

**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 %

1610116332

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 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.**

The measurable goal tracked during the reporting year was the number of stormwater management practices inspected and maintained.

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

All practices were inspected, and the following maintenance activities were performed: Snags were removed at a filter system located @ 9 Mile; Gulf Brook was dredged at the Senior Center; and buffer was installed at the highway garage.

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

3

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

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

● Yes ○ No

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

● Yes ○ No

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

Stormwater management practices will continue to be inventoried, inspected, and maintained.

1610116332

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 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.**

New/proposed green infrastructure measures were tracked.

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

A new 300 lf grass swale with an underdrain was proposed for construction in 2015.

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

1

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

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

● Yes ○ No

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

● Yes ○ No

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

The grass swale will be installed during the next MS4 reporting year.

6894134836

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? ___

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

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

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

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

| | | |
|---|---|---|
| ● Parking Lots Swept (Number of acres X Number of times swept) | # Acres | 4 |
| ○ Streets Swept (Number of miles X Number of times swept) | # Miles | 360 |
| ● Catch Basins Inspected and Cleaned Where Necessary | # | 80 |
| ● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary | # | 27 |
| ● Phosphorus Applied In Chemical Fertilizer | # Lbs. | 0 |
| ● Nitrogen Applied In Chemical Fertilizer | # Lbs. | 0 |
| ● Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) | # Acres | . |

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?** 0

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

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

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

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The measurable goal tracked during the reporting year was the number of stormwater training sessions provided to municipal staff.

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

Town employees were not in attendance at training sessions, however the Town's MS4 Consultant attended, on their behalf, a Stormwater Management Program Effectiveness Evaluation training on December 2, 2014.

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

1

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

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

● Yes ○ No

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

● Yes ○ No

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

The Town will participate in training sessions in the next reporting year.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The Town began publicly tracking maintenance activities online.

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

The Town implemented a public maintenance tracking site (interactive map) located here: https://www.google.com/maps/d/viewer?mid=zM9kUE-0klDM.kQhsluRyONH4. The public can view # and locations of catch basin repairs, location and description of road repairs, outfall locations, location of drainage repairs, brush and leaf pickup zones, and plow repair areas (topsoil, seed, etc).

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

1

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

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

● Yes ○ No

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

● Yes ○ No

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

This map will continue to be updated.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The Town began publicly tracking areas in need of repair from plowing activities on their online interactive map.

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

21 unique areas were identified as being in need of repair from winter plowing activities. This consisted mostly of topsoil and seed.

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

21

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

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

● Yes ○ No

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

● Yes ○ No

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

This map will continue to be updated.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The Town began publicly roads requiring repair on their online interactive map.

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

For 2015, as of the time this report was prepared, 23 unique areas were identified as being in need of repair. This consisted mostly of chip and crack repair and milling.

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

23

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

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

● Yes ○ No

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

● Yes ○ No

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

This map will continue to be updated.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## 7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The Town began publicly tracking catch basin maintenance activities on their online interactive map.

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

In the year 2015, as of the date this annual report was prepared, 24 catch basins were repaired.

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

24

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

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

● Yes ○ No

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

● Yes ○ No

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

This map will continue to be updated.

6327042251

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2015**

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

## Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? ___

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

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

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

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

   If N/A, go to question 3.

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

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

# MS4 Annual Report Form

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

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

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

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

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

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

7b. **How many projects have been sited in this reporting period?** [1][ ][ ]

7c. **What percent of the projects included in 7b have been completed in this reporting period?** [0][ ][ ] %

7d. **What percent of projects planned in previous years have been completed?** [1][0][0] %

○ No Projects Planned

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

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

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2015

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

Name of MS4/Coalition: Town of Camillus

SPDES ID: NYR20A295

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

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

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

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