3258632975

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2017

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

SPDES ID: NYR20A261

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 MARCELLUS

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, 2017

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

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
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SPDES ID NYR20A	SPDES ID NYR20A	SPDES ID NYR20A
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SPDES ID NYR20A	SPDES ID NYR20A	SPDES ID NYR20A
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SPDES ID NYR20A	SPDES ID NYR20A	SPDES ID NYR20A
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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
SPDES ID NYR20A	SPDES ID NYR20A	SPDES ID NYR20A

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2017

Name of MS4: TOWN OF MARCELLUS

SPDES ID: NYR20A261

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, 2017

Name of MS4: TOWN OF MARCELLUS

SPDES ID: NYR20A261

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: KAREN MI: Last Name: POLLARD

Title: SUPERVISORR

Address: 24 EAST MAIN STREET

City: MARCELLUS State: NY Zip: 13108-

eMail: KARENPOLLARD13@YAHOO>COM

Phone: (315) 673-3269 County: ONONDAGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2017

Name of MS4: TOWN OF MARCELLUS

SPDES ID: NYR20A261

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: JOHN | MI: | Last Name: HOUSER

Title: CODES OFFICER

Address: 24 EAST MAIN STREET

City: MARCELLUS | State: NY | Zip: 13108-

eMail: JHOUSER@MARCELLUSNY.COM

Phone: (315) 673-3269 | County: ONONDAGA

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2017

Name of MS4 _____ SPDES ID NYR20A

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 Community meetings
- ○ 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, 2017

Name of MS4: TOWN OF MARCELLUS

SPDES ID: NYR20A261

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: KAREN | MI: | Last Name: POLLARD

Title (Clearly print title of individual signing report): TOWN SUPERVISOR

Signature: Karen R Pollard

Date: 06/06/2017

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, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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

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? 29

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

Economic Impacts of Phosphorus

Other

2. Specific audiences targeted during this reporting period:

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

designengineers/landscape architit

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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.

Sormwater Pubic Survey Response Actions: CNY RPDB will compile/develop new and existing materials to address public education needs identified through the 2015 public survey, and identify appropriate outlets to expand outreach efforts. The survey indicated that the educational program can be strengthened by intensifying pet waste management messages, identifying new electronic outlets incorporating social media; and continuing to emphasize stormwater pathways and the economic benefits of not using phosphorus fertilizer on residential lawns.

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

A Twitter account was established and linked to the existing CNY Stormwater Facebook page and the stormwater website. Phosphorus, pet waste and sediment were the primary focus. Twitter followers total 133 and Facebook likes are up. Over 3,300 state developed phosphorus fertilizer brochures were send via direct mail to residential units in the SUA. Age appropriate educational materials for children in primary and elementary grades were compiled and distributed at events and electronically upon request. These were well received and frequently requested following events by

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

52

(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).

Daily Tweets will resume from April - October; CNY RPDB will continue to develop new messages and and delivery formats that are more accessible to younger audiences. Messages targeted toward informational needs in response to survey results will continue. Effectiveness will be assessed by a follow up survey in 2020.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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	53
● Direct Mailings	# Mailings	1
● Kiosks or Other Displays	# Locations	33
● List-Serves	# In List	775
● Mailing List	# In List	425
● Newspaper Ads or Articles	# Days Run	10
● Public Events/Presentations	# Attendees	14567
● School Program	# Attendees	180
○ TV Spot/Program	# Days Run	
● Printed Materials:	Total # Distributed	99999

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

municipal offices
event booths
SWCD offices
animal shelters/vets

● Other:

websites

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

URL

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

URL

cnyrpdb.org/stormwater/?New-Stor
mwater-Design-Standards-90

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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/?Why-Worry--76

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

URL
cnyrpdb.org/stormwater/?Pollutants-of-Concern-79

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

URL
cnyrpdb.org/stormwater/?The-Construction-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, 2017

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-107

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

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

URL
cnyrpdb.org/stormwater/?2015-stormwater-Training-155

URL
cnyrpdb.org/stormwater/2016-Stormwater-Training-Series-168

URL
cnyrpdb.org/stormwater/?CNY-Stormwater-Coalition-81

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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.

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 the 4,757 recorded "hits" during the permit year. Although this represents a modest decrease of 3% (123 hits) over the previous year's usage, usage is considered to have remained steady.

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).

To attract additional new users, the website will be expanded to include information and materials targeted toward potential commercial and industrial stormwater pollutant generators. All content will be continuously updated to reflect new information; non-current informaiton and materials will be deleted. The website will be promoted as an educational tool for the general public and stormwater professionals.

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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.

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 May 3, 2016. As reported by the Post Standard, the insert was recieved by 145,600 individuals through print and online subscriptions.

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 2018. 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.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 the Onondaga County Water Environment Protection Clean Water Fair on 9/10/16 (actual attendance 325), the Westcott Street Cultural Fair on 9/16/16 (annual attendance estimated at 8,000), the DeWitt Town Fall Cleanup Event on 10/1/16 (attendance not provided), and a Syracuse Crunch Hockey Game on 10/15/16 (total attendance 6,073). Approximately 977 informational handouts were distributed (lawn and garden care, NYS [illegible]

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).

The CNY Stormwater Coalition Booth will be set up and staffed at a minimum of 2 public events in 2017: locations will be finalized with the intent of broadening the target audience. Materials will be updated and replaced as needed to stay current and relevant to SUA requirements.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 7/11/16, 8/18/16, 9/27/16, and 12/2/16. A distribution database averaging 138 individuals is continually updated to reflect new subscribers and current contacts. The newsletter is promoted at public events, on-line, in other hard copy materials, and through direct promotion with existing organizations and groups with a complimentary focus. Feedback indicates that the topics, graphics tone is appropriate for the target audience. "Gardens and Gutters" frequently gives rise to requests for additional information. The reach of this newsletter is

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).

Quarterly distribution of Gardens and Gutters will continue electronically in 2017. 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. The newsletter will be promoted trough various social media forums, other hard copy materials and directly with complimentary stakeholder groups.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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

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

A single full-day workshop was held on November 9, 2016 at the NYS Fairgrounds. The workshop focused on winter road maintenance including materials issues (cost V. benefits, phosphorus issues and certified materials; safety and equipment calibration). Presenters included NYS DOT Region 3 staff and Cornell Local Roads. The two-part workshop included classroom instruction and a train the trainer session where DOS staff demonstrated proper materials spreading calibration on actual MS4 equipment. Equipment vendors staffed displays and onsite staff assistance was provided by

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).

Training workshops will be conducted for MS4 officials/staff in 2017. Specific topics and audiences will be determined based on feedback from MS4s, NYS DEC Region 7 and changes to the stormwater permit requirements.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 on topics of interest to construction developers with a focus on current construction permit requirements and a additional considerations for doing business in MS4 communities. Information will be 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.

53 postcards were sent to individual contractors notifying them that the newsletter was available on the CNY Stormwater website on August 24, 2016. The newsletter in PDF fornat was distributed to the Coalition members for distribution and/or use on municipal websites. The CNY Homebuilders and Remodelers Association assisted in distributing and promoting the newsletter directly to its membership. Limited, but positive feedback was received from local contractors both directly and via the CNY Homebuilders Association. Hard copies were distributed through the CNY Professional

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 for electronic distribution. The newsletter will be promoted on social media forums and in conjunction with the CNY Home Builders Association. The newsletter will also be published on the CNY Stormwater website and MS4s will receive a PDF for posting on their municipal websites.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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

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

○ Comments on SWMP Received — # Comments

● Community Hotlines

Phone # (315) 435-3157
Phone # (315) 673-3269
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -

● Community Meetings — # Attendees 10

○ Plantings — Sq. Ft.

● Storm Drain Markings — # Drains 14

○ 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, 2017

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 MARCELLUS

SPDES ID: NYR20A261

2. URL(s) con't.:

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

URL: www.marcellusny.com/town/codes-office/stormwater-management/

URL:

URL:

URL:

URL:

URL:

URL:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 MARCELLUS

SPDES ID: NYR20A261

2. URL(s) con't.:

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

URL: www.marcellusny.com/town_govt/codes/stormwater

URL:

URL:

URL:

URL:

URL:

URL:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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: CODES OFFICE

Address: 24 EAST MAIN STREET

City: MARCELLUS NY Zip: 13108-

Phone: (315) 673-3269

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip:

Phone: ( ) -

○ Other ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip:

Phone: ( ) -

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

www.marcellusny.com/town_govt/codes/stormwater

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

● eMail ● Comments

jhouser@marcellusny.com

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 marcellus

SPDES ID: NYR20A261

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? ___

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.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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.

1 educational luncheon with volunteering group and individuals performing the Storm Drain Stenciling and handing out educational materials.

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

Local children and parents of target area were educated by Codes Officer and completed storm drain stenciling

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).

Another educational luncheon with volunteering group and individuals to perform Stenciling Program and educational materials at area of interest.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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: 16 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 16

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

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

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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? 0 %

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, 2017

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 MARCELLUS

SPDES ID: NYR20A261

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

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

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

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

100 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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.

Number of storm water outfalls mapped annually 100 %
Number of suspected illicit discharges reported by citizens. Track anualy and evaluate trends.

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

100 % inspected and no reported suspected discharges from citizens

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).

100 % outfall inspection and tracking of reported suspected discharges anualy.

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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

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?

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	#		○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 marcellus

SPDES ID: NYR20A261

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

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?** 1

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

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

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

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

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

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

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 marcellus

SPDES ID: NYR20A261

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department

Address

City 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, 2017

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 marcellus

SPDES ID: NYR20A261

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.

Number of SWPPP's reviewed for erosion and sediment control compliance, 100%
Number of construction sites inspected for erosion and sediment control compliance more than once, 100%

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

100 % of SWPPP's reviewed and construction sites inspected more than once.

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).

100% SWPPP's reviewed and construction sites inspected more than once

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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			
○ Infiltration Basins			
● Open Channels	1	2	0
● Ponds	10	20	11
○ Wetlands			
○ Other			

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

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

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

○ Other:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 Marcellus

SPDES ID: NYR20A261

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?

100 %

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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.

Number of construction sites inspected for PCSWM compliance more than once, 100%
Number of existing post-construction storm water management practices maintained or repaired (annual), 100 % in need of maintenance or repair maintained

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

100% inspected more than once. All maintenance and repairs 100% conducted.

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).

Same measurable goals

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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

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, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	2
○ Streets Swept (Number of miles X Number of times swept)	# Miles	38
○ Catch Basins Inspected and Cleaned Where Necessary	#	7
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	1
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	850
○ 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	3.

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? 2

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 50 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 MARCELLUS

SPDES ID: NYR20A261

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.

GEO PAL PROGRAM
GPS, GIS all catch basins, cross culverts

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

Ability to better organize and monitor Town assetts

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).

Keep on the inspections, continue hydro seeding

6327042251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 Marcellus

SPDES ID: NYR20A261

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. ___ %

2244042255

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

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 Marcellus

SPDES ID: NYR20A261

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

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** 0 %

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

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

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

7b. **How many projects have been sited in this reporting period?** 0

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

7d. **What percent of projects planned in previous years have been completed?** 100 %

○ 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, 2017

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 Marcellus

SPDES ID: NYR20A261

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

6025147971

Progress Report for Part IX.B

Permit # | Watershed Name: Onondaga Lake

MS4 Name: TOWN OF MARCELLUS | Reporting Period Ending (mm/dd/yyyy): 03/09/2017

Watershed Improvement Strategy

Describe the strategy to reduce the discharge of phosphorous to this waterbody. Include new sources that may have been identified and any modifications to the strategy to better address new sources.

Phosphorus loading to the lake will be reduced through the use of zero phosphorus lawn fertilizer as required by the NYS Dishwasher Detergent and Fertilizer Law Municipal stormwater practices will continue to be implemented in compliance with the current NYSPDES General Permit for Discharges from MS4s All public education and outreach efforts will have an enhanced focus on phosphorus sources pathways impacts and reduction practices Potential new phosphorus loading associated with nonnegligible land use changes in the watershed are addressed by requiring all SWPPPs to comply with the NYS Design Manual including reducing runoff volumes using practices identified in Ch 5 and sizing all water quality controls in accordance with the enhanced phosphorus removal standards defined in Ch 10

Public Education & Outreach

1. Description of the education program

The CNY Regional Planning and Development Board conducts an annual education and outreach program on behalf of the CNY Stormwater Coalition The program maintains a special focus on phosphorus and pathogen reductionThe program methods include distribution of printed material through kiosks displays and direct mailings social media and website informational articles in regional electronic newsletters workshops and classes

2. Who is the target audience and what is the message delivered to each target audience?

HOMEOWNERS GARDENERS PET OWNERS BUSINESSES POC sources and pathways personal BMPs ELECTED OFFICIALS and MUNICIPAL STAFF stormwater regulations roles responsibilities POCs and BMPs DESIGN COMMUNITY understanding requirements of and methods for meeting design requirements for new construction and redevelopment

3. Identify how many educational materials have been developed and distributed: 3309

4. Identify how many educational materials have been developed and distributed that focus on:

   a. understanding the Phosphorous issues: 1944

   b. Septic systems as a source of Phosphorous: 0
      Non-Traditional MS4 ☐

   c. Phosphorous concerns with fertilizer use: 776

   d. Phosphorous concerns with grass clippings and leaves entering the MS4: 589

Permit #

5. Education plan and goals for the next 6 months

4 page newspaper insert 3 public 1 contractor newsletter 2 public events 2 workshops

Illicit Discharge Detection and Elimination

☐ Non-Traditional MS4 (skip Questions 6-6e)

☒ Onondaga Lake Watershed (skip Questions 6-6e)

6. Number of On-Site Wastewater Treatment Systems (OWTS) with a design capacity of less than 1000gpd that are located in sewersheds that drain to the listed waterbody
   a. Number of OWTS inspected in this reporting
   b. Number of OWTS in need of maintenance or rehabilitation
   c. Number of OWTS where maintenance or rehabilitation has been performed in this reporting period.
   d. State the plan for OWTS that have not been addressed in 6c this reporting period

   e Describe the OWTS inspection program: Who is responsible for performing OWTS inspections? (eg:Septage Haulers, DOH, engineer, consultant); What methods are used? Are there trends in systems that need maintenance vs systems that need rehabilitation?

7. Number of Illicit Discharges detected within sewershed of listed waterbody in this reporting period. 0
   a. Number reported in 7 that have been eliminated 0
   b. List of Illicit Discharge locations that have not been eliminated in this reporting period and the target date for elimination

Location	Target Date (mmddyyyy)
	__/__/____
	__/__/____
	__/__/____
	__/__/____
	__/__/____
	__/__/____
	__/__/____
	__/__/____

4792147970

Permit #

Post Construction Stormwater Management

8. Number of Stormwater Management Practices (SMPs) located in sewersheds that drain to the listed waterbody: 0
   a. Number reported in 8 that have been inspected in this reporting period: 0
   b. Number of SMPs in need of maintenance or rehabilitation: 1
   c. Number of SMPs where maintenance or rehabilitation has been performed in this reporting period.: 2
   d. Number of SMPs where phosphorus pollutant problems have been identified.: 0
   e. Number reported in 8d where the pollutant problem has been addressed.: 0
   f. Who is responsible for performing SMP inspections?

CODES OFFICER

   g. Is the criteria in Chapter 5, 6, and 10 of the NYS Stormwater Management Design Manual being applied? (If no, please describe any deviations) Y ○ N ○

YES

   h. State procedures to identify sites with post construction controls that are not functioning as designed (ie, rill erosion, pollutant bypass)

VISIUAL INSPECTIONS in DRY and WET WEATHER CONDITIONS AT EACH SITE

9. Describe the retrofit program. Include the funding sources and design description of retrofits. Identify all retrofits that have been constructed and maintained during this reporting period.

NONE

10. Post-Construction Stormwater Management plan and goals for the next 6 months

CONTINUED VISUAL INSPECTIONS

Municipal Operations Pollution Prevention/Good Housekeeping

11. Amount by weight in pounds of turf fertilizer containing phosphorous that was applied on municipally owned lands in this reporting period.: 0
12. Describe other turf management practices implemented during this reporting period.

850 lbs Onondaga County Soil and Water
SILT FENCE
CREEK CURTAIN

4842296847

MS4 Semi Annual Report Form Certification

Semi Annual Report form for period ending 03/09/17 (MMDDYYYY)

Name of MS4: TOWN OF MARCELLUS

SPDES ID: NYR20A261

Certification Statement - MS4 Official (Principal Executive Officer or Ranking Elected Official) or a Duly Authorized Representative of the MS4 Official

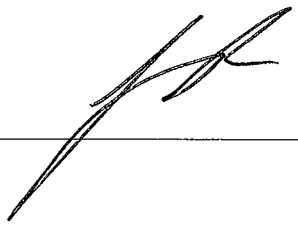
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to 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 of 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-0-15-003 Part VI.J.

First Name: JOHN | MI: | Last Name: HOUSER

Title (Clearly print title of individual signing report): CODES OFFICER

Signature:



Date: 05/06/2017

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