MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

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This cover page must be completed by the report preparer.	N	Y	R	2	0	A	2	6
Joint reports require only one cover page.								

Choose one:

O This report is being submitted on behalf of an	individual MS4.
Fill in SPDES ID in upper right hand corner.	

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OR

● This report is being submitted on behalf of a Single Entity

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

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.

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

SPDES ID

Name of MS4 Town of MARCELLUS	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 	
O A Single Entity (Per Part II.E of GP-0-10-002)	
O A Joint Report	
Joint reports may be submitted by permittees wit	h legally binding agreements.
If Joint Report, enter coalition name:	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

	SPDES ID
Name of MS4 TOWN OF MARCELLUS	NYR20A261
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of	the following positions as indicated below:
1. Principal Executive Officer, Chief Elected Off GP-0-08-002 Part VI.J).	
	for this contact must only be submitted if a Duly
	d per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWM coordination/implementation of SWMP).	
5. Report Preparer (Consultants may provide com	npany name in the space provided).
A separate sheet must be submitted for each po- filled by the same individual. If one individual once and check all positions that apply to that	osition listed above unless more than one position is fills multiple roles, provide the contact information individual.
If a new Duly Authorized Representative is signovided and a signature authorization form, stated Elected Official must be attached.	ming this report, their contact information must be igned by the Principal Executive Officer or Chief
For each contact, select all that apply:	
Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	8
O Stormwater Management Program (SWMP) Coordi	nator
O Report Preparer	
	All Lost Nama
First Name KAREN	MI Last Name POLLARD
Title	
TOWN SUPERVISOR	
Address	
22 EAST MAIN STREET	
City MARCELLUS	State Zip NY 1 3 1 0 8 -
eMail	
KPOLLARD@MARCELLUSNY.COM	
Phone	County
(315)673-3269	ONONDAGA

Phone

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for perio	d endi	ng March 9, 2 0 2 3	
		SPDES II	
Name of MS4 TOWN OF MARCELLUS		NYR20.	A261
Section 2 - Contact Information			
Important Instructions - Please Read			
Contact information must be provided for each	of the	following positions as indica	ated below:
 Principal Executive Officer, Chief Elected C GP-0-08-002 Part VI.J). 	Official	or other qualified individua	l (per
2. Duly Authorized Representative (Informatio Authorized Representative is signing this for	rm)		
3. The Local Stormwater Public Contact (requi			
 The Stormwater Management Program (SW coordination/implementation of SWMP). 			
5. Report Preparer (Consultants may provide co			
A separate sheet must be submitted for each filled by the same individual. If one individual once and check all positions that apply to the	ial fills	multiple roles, provide the	than one position is contact information
If a new Duly Authorized Representative is a provided and a signature authorization form. Elected Official must be attached.	signing , signed	this report, their contact in the Principal Executive	formation must be Officer or Chief
For each contact, select all that apply:			
O Principal Executive Officer/Chief Elected Officia	al		
O Duly Authorized Representative			
O Local Stormwater Public Contact			
O Stormwater Management Program (SWMP) Cook	rdinator		
Report Preparer			
P' (21	MI	Last Name	
First Name JOHN		HOUSER	
Title			
TOWN CODES OFFICER			
Address			
22 EAST MAIN STREET		State Zip	
City MARCELLUS	TI		0 8 - 8 0
eMail JHOUSER@MARCELLUSNY.COM			

County

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 2 3

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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, 2 0 2 3

Name of MS4 TOWN OF MARCELLUS		Ē	SPDES I	T I				
Section 4 - Certification Statement								
"I certify under penalty of law that this docume direction or supervision in accordance with a si- properly gathered and evaluated the information persons who manage the system, or those person the information submitted is, the best of my kind aware that there are significant penalties for su- fine and imprisonment for knowing violations. This form must be signed by either a principal	ystem d in subm ons dire- lowledg bmitting	esigned itted. Ba ctly resp e and be g false in	to assu sed on onsible lief, tru nformat	re that my in the for go ne, acc tion, in	qualif quiry o atherin urate, a ncludin	ied pers f the pers g the in and con g the pers	sonne erson forma nplete ossibi	or ation, e. I am lity of
authorized representative of that person as descriptions.	MI	Last Na	me	Part v	1.J.			
KAREN		POLL	ARD					
Title (Clearly print title of individual signing report) TOWN SUPERVISOR							П	
Signature Polland				Date	6 / (7 /	2 (0 2 3

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

This report is being submitted for the reporting period ending March 9, $\mid 2 \mid 0 \mid 2$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 Name of MS4/Coalition 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 • No O Yes One. If Yes, choose one of the following O Report(s) attached to the annual report O 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

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

	SPDES ID
Name of MS4/Coalition CNY Stormwater Coaltion	N Y R 2 0
Minimum Control Measure 1. Public Ed	ucation 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? 	0
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach de	uring this reporting period:
O Construction Sites	 Pesticide and Fertilizer Application
 General Stormwater Management Information 	Pet Waste Management
 Household Hazardous Waste Disposal 	○ Recycling
 Illicit Discharge Detection and Elimination 	O Riparian Corridor Protection/Restoration
Infrastructure Maintenance	 Trash Management
O Smart Growth	 Vehicle Washing
O Storm Drain Marking	O Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
2. Specific audiences targeted during this reporting period:	
Public Employees O Contractors	
Residential O Developers	
Businesses General Public	
O Restaurants O Industries	
Other: O Agricultural	

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix}$ 2

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

SPDES ID

Name of MS4/Coalition CNY Stormwater Coaltion	N Y R 2 0
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	d achieving measurable goals MPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the	
Maintain a regional stormwater website and information library MS4s and the general public in the Syracuse Urban Area.	for reference and use by regulated
B. Briefly summarize the observations that indicated the over Goal.	erall effectiveness of this Measurable
The website received 4,698 views in this reporting period included opened 167 times suggesting that information displayed directly viewed and consulted.	ding 3,641 unique views. PDFs were y on the website is more likely to be

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

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

• Yes O No

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

• Yes O 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 website will be updated and reorganized to reflect new information and evolving program requirements. Non-current information and materials will be archived The website will be promoted as an educational tool for the general public, municipalities and professionals.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 3$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR20A261 TOWN OF MARCELLUS Name of MS4/Coalition 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 1 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: # Events O Cleanup Events # Comments Comments on SWMP Received 3 5 1 5 4 3 Phone # Community Hotlines 0 0 Phone # Phone# 0 0 0 Phone # Phone# 0 0 0 0 Phone # Phone # 0 0 0 0 Phone # Phone# 0 0 0 0 Phone # Phone# # Attendees O Community Meetings Sq. Ft. Plantings # Drains O Storm Drain Markings # Attendees O Stakeholder Meetings # Events O Volunteer Monitoring S E E G O Other: M U N I C 0 PEN PAL I 2. Was public notice of availability of this annual report and Stormwater Management) Yes O No Program (SWMP) Plan provided? # In List O List-Serve # Days Run O Newspaper Advertising # Days Run O TV/Radio Notices O Other:

Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

SPDES ID

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This report is being submitted for the reporting period ending March 9, 2 0 2 3

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Jame of MS4/Coalition	NYR20A261
3. Where can the public access copies of this annu Program SWMP) Plan and submit comments of	ual report, Stormwater Management on those documents?
Enter address/contact info and select radio button whether comments may be submitted at that locat	to indicate which document is available and
MS4/Coalition Office	O Annual Report O SWMP Plan O Comments
Department CODES OFFICE	
Address 22 EAST MAIN STREET	
City MARCELLUS	Zip NY 1 3 1 0 8 -
Phone (315)673 - 3269	
Library Address	O Annual Report O SWMP Plan O Comments
City	Zip O -
Phone (0) 0 -	
Other .	O Annual Report O SWMP Plan O Comments
Address	
City	Zip O -
Phone (0) 0 -	
• Web Page URL:	O Annual Report O SWMP Plan O Comments
www.marcellusny.com/Town/GoVT/C	
ODES/STORMWATER	
Please provide specific address of page where remail	report can be accessed - not home page. © Comments
JHOUSER@MARCELLUSNY.COM	

This report is being submitted for the reporting period ending March 9, 2 0 2 3

	SPDESID
Name of MS4/Coalition TOWN OF MARCELLUS	NYR20A26L
4.a. If this report was made available on the internet, what date	was it posted?
Leave blank if this report was not posted on the internet.	0 / 0 /
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	g a joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?	g period? ○ Yes • No ○ / ○ / / □ / □
If No, is one planned?	• Yes O No
5.b. Was an Annual Report public meeting held for all MS4s co	ntributing 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? If Yes, attach comments, responses and changes made to	○ Yes • No
SWMP in response to comments to this report.	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 3$

Name of MS4/Coalition TOWN OF MARCELLUS	NYR 2 0 A 2 6 I
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans towar identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the	SWMPP in this reporting period.
Inform and educate public at Town open meetings regarding coactions towards permit compliance. GOAL is 12 meetings with	
B. Briefly summarize the observations that indicated the ove	erall effectiveness of this Measurable
NEW MCM 2 implemented for June 2023 start to be measured attended and comments/inquiries received.	by number of open meetings
C. How many times was this observation measured or evaluation	ated in this reporting period?
	0
D. M	(ex.: samples/participants/e
D. Has your MS4 made progress toward this measurable go	o 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 m the next reporting cycle (including an implementation sch	
Planning and Zoning Meetings 4 times annualy, Town Board ma	eetings 4 times annualy.

Minimum Control Measure 3	
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 t 	his report?
1. Enter the number and approx. percent	of outfalls mapped: 11 # 100 %
2. How many of these outfalls have been s reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershoreporting period?	eds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	O Restaurants
O Food Processing Facilities	O Schools and Universities
Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
	O Vehicle Fueling
O Improper RV Waste Disposal	
000	O Vehicle Maint./Repair Shops
O Improper RV Waste Disposal	Vehicle Maint./Repair ShopsNone

Name of MS4/Coalition		SPDES ID NYR20A2	61	
3.b. What types of illicit discharges have	been found during t	his reporting period	1?	
O Broken Lines From Sanitary Sewer	O Industrial Connection	ons		
O Cross Connections	O Inflow/Infiltration			
O Failing Septic Systems	O Pump Station Failur	re		
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Ove	erflows		
O Illegal Dumping	O Straight Pipe Sewer	Discharges		
Other:	None			
4. How many illicit discharges/potentia reporting period?	l illegal connections l	have been detected d	luring th	1
reporting period:				0
5. How many illicit discharges have bee	en confirmed during	this reporting period	d?	0
6. How many illicit discharges/illegal coperiod?7. Has the storm sewershed mapping be		-5-thin 10 X	his repo	0
If No, approximately what percent was				8
8. Is the above information available in Is this information available on the valid Yes, provide URL(s):	veb?	accessed not hame n	O Yes O Yes	NoNo
Please provide specific address of page	where map(s) can be a	recessed - not nome p	agc.	
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This report is being submitted for the reporting period ending March 9, 2 0 2 3

Name of MS4/Coalition TOWN OF MARCELLUS	NYR20A261
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward achievidentified in your Stormwater Management Program Plan (SWMPP), in III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMF	PP in this reporting period.
Number of stormwater outfalls inspected annually	
B. Briefly summarize the observations that indicated the overall efficient.	fectiveness of this Measurable
100% inspected	
C. How many times was this observation measured or evaluated in	this reporting period?
C. 110 W Mary times was also observation and an extensive and	22
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal during	ng this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SW	
E. 18 your 19154 on schedule to meet the deadline set forth in the 5 %	• Yes O No
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule).	goals of this MCM during
100% outfall inspection and tracking of reported suspected discharges a	annually.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 3$

		SPDES ID		
Na	me of MS4/Coalition TOWN OF MARCELLUS	NYR2DA2	61	
	Minimum Control Measures 4 and Construction Site and Post-Construction			
Th	ne 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	a. Has each MS4 contributing to this report adopted a law, ordina mechanism that provides equivalent protection to the NYS SPD			
	Stormwater Discharges from Construction Activities?		• Yes	O No
	Sediment Control through either an attorney certification or usi Analysis Workbook? If Yes, Towns, Cities and Villages provide date of equivalent NYS S	• Yes	○ No	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in p	lace?	• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans reviewed in this reporting period?	(SWPPPs) ha	ave been	1
4.	Does your MS4/Coalition have a mechanism for receipt and conscomments related to construction SWPPPs?	sideration of p ● Yes	oublic O No	O NT
	If Yes, how many public comments were received during this reports	ng period?		0
5.	Does your MS4/Coalition provide education and training for con SWPPP process?	tractors abou	t the loca	200

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

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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SPDES ID

Na	nme of MS4/Coalition TOWN OF MARCELLUS NYR20	A26	1	
	Minimum Control Measure 4. Construction Site Stormwater I	Run	off Co	ntrol
Th	ne 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 during this reporting period?	one	acre or	more 0
2.	How many construction projects disturbing at least one acre were active in during this reporting period?	ı yoı	ır jurisc	diction
3.	What percent of active construction sites were inspected during this repor	ting	period?	ONT
4.	What percent of active construction sites were inspected more than once?		100	% O NT
5.	Do all inspectors working on behalf of the MS4s contributing to this repor Construction Stormwater Inspection Manual?	t use Yes	100 the NY O No	/S
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Pro(SWPPPs) of construction projects that are subject to MS4 review and app	rova	1?	
	If your MS4 is Non-Traditional, are SWPPPs of construction projects mad public review?		O No ailable f O Yes	
	If Yes, use the following page to identify location(s) where SWPPPs can be acc	esse	d.	

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

SPDES ID

nme of MS4/Coalition TOWN OF MARCELLUS		NYR20A261	
con't.:			
Submit additional pages as needed.			
MS4/Coalition Office			
Department			
Address			
City		Zip	
		0 -	
Phone			
(0) 0 -			
Library			
Address			
City		Zip	-
		0 -	
Phone			
Other			
Address			
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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

Name of MS4/Coalition TOWN OF MARCELLUS	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.		
identified in your Stormwater Management Program Plan (SWM	MPP), including requirements in Part	
Number of SWPPP's reviewed for erosion and sediment control Number of construction sites inspected for erosion and sediment 100%	compliance, 100%	
B. Briefly summarize the observations that indicated the over Goal.	erall effectiveness of this Measurable	
100% of SWPPP's reviewed for compliance and the number of of than once during active construction, 100%	construction sites inspected more	
C. How many times was this observation measured or evalua	ated in this reporting period?	
	(ex.: samples/participants/event	
D. Has your MS4 made progress toward this measurable goa	al during this reporting period? ● Yes ○ No	
E. Is your MS4 on schedule to meet the deadline set forth in	the SWMPP?	
	• Yes O No	
F. Briefly summarize the stormwater activities planned to m the next reporting cycle (including an implementation sch		
100% of SWPPP's reviewed and 100% of active construction sit active construction.	tes inspected more than once during	

This report is being submitted for the reporting period ending March 9, 2 0 2 3

Name of MS4/Coalition	TOWN OF MARCELL	us		SPDES ID NYR20A261
Minimum	Control Meas	ure 5. Post	-Construction	on Stormwater Management
1. How many and	dividual MS4 alition nany MS4s contril	buted to this	report? 1	anagement practices has your
		# Inventoried	# Inspections	# Times Maintained
O Alternative Practic	ces			
O Filter Systems				
O Infiltration Basins				
Open Channels		12	24	3
Ponds		10	20	1
O Wetlands				
Other				
BMPs, inspect	ions and maintar	nance?		heet) to track post-construction O Yes
	non-structural p Better Site Design			implement Low Impact inciples?
Building Codes	Municipal Cor	mprehensive F	Plans	
Overlay Districts	Open Space Pr	reservation Pr	ogram	
Zoning	• Local Law or	Ordinance		
O None	Land Use Reg	ulation/Zonin	g	
O Watershed Plans	Other Compre	hensive Plan		
O Other:				

		SPDES ID			
Nan	ne of MS4/Coalition TOWN OF MARCELLUS	NYR20A261	Щ		
4a.	Are the MS4s contributing to this report involved in a regional/water				
			Yes	ON	10
4b.	Does the MS4 have a banking and credit system for stormwater ma	nagement practices?	?		
			Yes	• N	10
4c.	Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormy	vater management p			Мo
4d.	How many stormwater management practices have been implemen	ted as part of this sy	stem ir	ı this	
	reporting period?		0		
5.	What percent of municipal officials/MS4 staff responsible for progr training on Low Impace Development (LID), Better Site Design (BS			ed	
	Infrastructure principles in this reporting period?		100		%

This report is being submitted for the reporting period ending March 9, 2 0 2 3

TOWN OF MARCELLUS	SPDES ID
lame of MS4/Coalition	NYR20A261
. Evaluating Progress Toward Measurable Goals MCM 5	;
Use this page to report on your progress and project plans toward dentified in your Stormwater Management Program Plan (SWIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the	o SWMPP in this reporting period
Number of construction sites inspected for PCSWM compliance	
Number of existing PCSWM practices maintained or repaired a	
B. Briefly summarize the observations that indicated the ov Goal.	verall effectiveness of this Measurable
100% inspected more than once. All maintenance and repairs 1	100% conducted.
100% inspected more than once. All maintenance and repairs 1	100% conducted.
100% inspected more than once. All maintenance and repairs 1	100% conducted.
100% inspected more than once. All maintenance and repairs 1	100% conducted.
•	
C. How many times was this observation measured or evalu	uated in this reporting period? 46 (ex.: samples/participants/e
C. How many times was this observation measured or evalu	uated in this reporting period? 46 (ex.: samples/participants/e
C. How many times was this observation measured or evaluation of the control of t	uated in this reporting period? (ex.: samples/participants/e) oal during this reporting period? • Yes • No
C. How many times was this observation measured or evaluate. D. Has your MS4 made progress toward this measurable govern. E. Is your MS4 on schedule to meet the deadline set forth in	uated in this reporting period? (ex.: samples/participants/e) oal during this reporting period? • Yes • No n the SWMPP? • Yes • No
C. How many times was this observation measured or evaluate. D. Has your MS4 made progress toward this measurable govern. E. Is your MS4 on schedule to meet the deadline set forth in	uated in this reporting period? (ex.: samples/participants/e oal during this reporting period? • Yes • No n the SWMPP? • Yes • No meet the goals of this MCM during
C. How many times was this observation measured or evaluate. Has your MS4 made progress toward this measurable go. Is your MS4 on schedule to meet the deadline set forth in the next reporting cycle (including an implementation sc. Same measurable goals.	uated in this reporting period? (ex.: samples/participants/e oal during this reporting period? • Yes • No n the SWMPP? • Yes • No meet the goals of this MCM during
C. How many times was this observation measured or evaluable. D. Has your MS4 made progress toward this measurable go E. Is your MS4 on schedule to meet the deadline set forth in F. Briefly summarize the stormwater activities planned to a the next reporting cycle (including an implementation sc	uated in this reporting period? (ex.: samples/participants/e oal during this reporting period? • Yes • No n the SWMPP? • Yes • No meet the goals of this MCM during
C. How many times was this observation measured or evaluate. D. Has your MS4 made progress toward this measurable go E. Is your MS4 on schedule to meet the deadline set forth in the next reporting cycle (including an implementation sc	uated in this reporting period? (ex.: samples/participants/e oal during this reporting period? • Yes • No n the SWMPP? • Yes • No meet the goals of this MCM during

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

		SPDES ID
Name of MS4/Coalition	TOWN OF MARCELLUS	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	1
	П

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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

		Dellorin	cu milin	tite pase
Operation/Activity/Facility	Addressed <u>i</u>	n SWMP?	years?	S.
Street Maintenance	• Yes	O No	Yes	O No
Bridge Maintenance		○ No	O Yes	No
Winter Road Maintenance		O No	Yes	O No
Salt Storage,	A X 7	O No	Yes	O No
Solid Waste Management		O No	O Yes	No
New Municipal Construction and Land Disturbar		□ No	O Yes	No
Right of Way Maintenance	A Y 7	O No	Yes	O No
Marine Operations	- X 7	O No	O Yes	No
Hydrologic Habitat Modification,		○ No	O Yes	No
Parks and Open Space	A Y 7	O No	O Yes	No
Municipal Building	A 17	O No	O Yes	No
Stormwater System Maintenance	- X 7	O No	• Yes	O No
Vehicle and Fleet Maintenance	A T T	O No		O No
Other	Voc	O No		O No

This report is being submitted for the reporting period ending March 9, 2 0 2 3

	SPDES ID	V DI	
Name of MS4/Coalition TOWN OF MARCELLUS	NYR20A26L		
2. Provide the following information about municipal operations	good housekeepin	ıg prog	rams:
O Parking Lots Swept (Number of acres X Number of times swept)	# Acres	5	
O Streets Swept (Number of miles X Number of times swept)	# Miles	43	
O Catch Basins Inspected and Cleaned Where Necessary	#	30	
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#	0	
O Phosphorus Applied In Chemical Fertilizer	#Lbs.	0	
O Nitrogen Applied In Chemical Fertilizer	# Lbs.	0	
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numb times applied to the nearest tenth.)	# Acres O		
3. How many stormwater management trainings have been providuring this reporting period?	ded to municipal	employ	ees 1
4. What was the date of the last training?	06/01/	2 0	2 2
5. How many municipal employees have been trained in this repo	rting period?		6
6. What percent of municipal employees in relevant positions and stormwater management training?	l departments reco	eive 50	0%

This report is being submitted for the reporting period ending March 9, 2 0 2 3

TOWN OF MARCELLUS	SPDES ID
ame of MS4/Coalition	NYR20A261
. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward dentified in your Stormwater Management Program Plan (SWM II.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the	SWMPP in this reporting period.
Repair 50% of damaged SWMP controls and design features investigated and design features investigated for maintaining.	volved with SWPPP's the Town is
3. Briefly summarize the observations that indicated the ove	erall effectiveness of this Measurable
Better trhan 50% was accomplished.	
C. How many times was this observation measured or evalua	ated in this reporting period?
). Has your MS4 made progress toward this measurable goz	
E. Is your MS4 on schedule to meet the deadline set forth in	
8. Briefly summarize the stormwater activities planned to m the next reporting cycle (including an implementation sch	
Scheduling allocated for SWPPP SWMP controls and design fea	atures maintenance and repair.

	SPDES ID	
Name of MS4/Coalition	NYR20A261	

On behalf of an individual N On behalf of a coalition	1S4			
How many MS ⁴	4s contributed to this re	eport?		
S4s must answer the que	estions or check NA a	s indicated in the table	below.	
MS4 Description	Answer	Check NA	(POC)	
NYC EOH Watershed	2	S	*	
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus	
Fraditional 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	19		7	
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	**	2 2 4 2 1 4 2 1 4 2	Discordence	
Fraditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
Fraditional 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	117 1016 1112	2.2.5.6.001.	Pathogens	
Fraditional 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	1 47- 10-0101112	2,3,5,6,8b	Pathogens and Nitrogen	
Fraditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen Pathogens and Nitrogen	
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen	
Non-Traditional	1,4,7a-d,8a,9	2,3,4,3,00,10,11,12	r amogens and renogen	
Oscawana Lake Watershed	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus	
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	2,3,5,86,10,11,12	Phosphorus	
Non-Traditional LI 27 Embayments	1,7,0,74-4,04,2	2,2,2,2,0,1,1,12	1 noopher us	
	1.2.3.4.7a-d.9.10.11.12	5,6,8a,8b	Pathogens	
			Pathogens	
			Pathogens	
Traditional Land Use Traditional Non-Land Use Non-Traditional Does your MS4/Coaliti phosphorus/nitrogen/p	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9 on have an education athogens on waterboo	5,6,8a,8b 5,6,8a,8b,10,11,12 program addressing in	Pathogens Pathogens	

	SPDES ID
Name of MS4/Coalition TOWN OF MARCELLUS	NYR20A261
3. Does your MS4/Coalition have a Stormwater Conveyance Sy and Maintenance Plan Program?	ystem (infrastructure) Inspection • Yes O No O N/A
4. Estimate the percentage of on-site wastewater treatment sys and maintained or rehabilitated as necessary in this reporting	
5. Has your MS4/Coalition developed a program that provides NYSDEC SPDES General Permit for Stormwater Discharge (GP-0-08-001) to reduce pollutants in stormwater runoff fro disturb five thousand square feet or more?	es from Construction Activities
6. Has your MS4/Coalition developed a program to address porunoff from new development and redevelopment projects the equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Activities New York State Stormwater Design Manual Enhanced Estandards?	hat disturb greater than or NYS DEC SPDES General ities (GP-0-08-001), including
7a. Does your MS4/Coalition have a retrofitting program to red phosphorus/nitrogen/pathogen loading?	uce erosion or ○ 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 comp	leted in this reporting period?
7d. What percent of projects planned in previous years have been	en completed? 95 %
	O No Projects Planned
8a. Has your MS4/Coalition developed and implemented a turf reprocedures policy that addresses proper fertilizer application lands?	management practices and n on municipally owned • Yes O No O N/A
8b.Has your MS4/Coalition developed and implemented a turf of procedures policy that addresses proper disposal of grass climunicipally owned lands?	

This report is being submitted for the reporting period ending March 9, 2023

Name of MS4/Coalition TOWN OF MARCELLUS	SPDES ID NYR20A26	i	
9. Has your MS4/Coalition developed and implemented a program of	of native plan O Yes	ting? • No	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?			rties and
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	O No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	O Yes	• No	O N/A