

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2014

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

SPDES ID

N Y R 2 0 A 2 2 9

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

V I L L A G E O F M I N O A

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

N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4 VILLAGE OF MINOA

SPDES ID
N Y R 2 0 A 2 2 9

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 RICHARD MI J Last Name DONOVAN

Title MAYOR

Address 240 N. MAIN STREET

City MINOA State NY Zip 13116

eMail RDONOVAN@VILLAGEOFMINOA.COM

Phone (315) 656-3100 County ONONDAGA

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, **2014**

Name of MS4 **VILLAGE OF MINOA**

SPDES ID
NYR20A229

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 **RICHARD** MI **J** Last Name **GREENE**

Title **STORMWATER MANAGEMENT OFFICER**

Address **240 N. MAIN STREET**

City **MINOA** State **NY** Zip **13116**

eMail **RGREENE@VILLAGEOFMINOA.COM**

Phone **(315) 656-3100** County **ONONDAGA**

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4 **VILLAGE OF MINOA**

SPDES ID
N Y R 2 0 A 2 2 9

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C N Y S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 2 6 N . S a l i n a S t . , S u i t e 2 0 0

City

S y r a c u s e

State

N Y

Zip

1 3 2 0 2 - 1 0 6 5

eMail

b e r t u c h @ c n y r p d b . o r g

Phone

(3 1 5) 4 2 2 - 8 2 7 6

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

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

- MM1 M u l t i p l e t a s k s
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

Public education program addresses the impacts of phosphorus in the Onondaga Lake watershed and pathogens in the Lower Seneca River watershed.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4 VILLAGE OF MINOA

SPDES ID
N Y R 2 0 A 229

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 RICHARD MI J Last Name DONOVAN

Title (Clearly print title of individual signing report)
MAYOR

Signature


Date
 / / 2014

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	2	2	9
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Water Quality Trends

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

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

How many MS4s are contributed to this report?

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

If Yes, choose one of the following

- Report(s) attached to the annual report
- Web Page(s) where report(s) is/are provided below

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

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	?	n	o	-	n	e	t
i	n	c	r	e	a	s	e	-	i	n	-	p	o	l	l	u	t	a	n	t	s	-	o	f	-	c	o	n	c
c	e	r	n	-	t	o	-	i	m	p	a	i	r	e	d	-	w	a	t	e	r	s	-	f	r	o	m	-	u

URL

r	b	a	n	-	r	u	n	o	f	f	-	1	0	0															

URL

URL

MS4 Annual Report Form

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0	A	2	2	9
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

- | | | | | | | | | |
|---|---------------------|--|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> Construction Site Operators Trained | # Trained | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>2</td><td>0</td><td>0</td></tr></table> | | | 2 | 0 | 0 | |
| | | 2 | 0 | 0 | | | | |
| <input checked="" type="checkbox"/> Direct Mailings | # Mailings | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>2</td></tr></table> | | | | | 2 | |
| | | | | 2 | | | | |
| <input checked="" type="checkbox"/> Kiosks or Other Displays | # Locations | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>7</td><td>0</td><td> </td></tr></table> | | | 7 | 0 | | |
| | | 7 | 0 | | | | | |
| <input checked="" type="checkbox"/> List-Serves | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>7</td><td>1</td><td>5</td></tr></table> | | | 7 | 1 | 5 | |
| | | 7 | 1 | 5 | | | | |
| <input checked="" type="checkbox"/> Mailing List | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>3</td><td>8</td><td>9</td></tr></table> | | | 3 | 8 | 9 | |
| | | 3 | 8 | 9 | | | | |
| <input checked="" type="checkbox"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> | | | | | 1 | |
| | | | | 1 | | | | |
| <input checked="" type="checkbox"/> Public Events/Presentations | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>2</td><td>2</td><td>9</td></tr></table> | | | 2 | 2 | 9 | |
| | | 2 | 2 | 9 | | | | |
| <input type="checkbox"/> School Program | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="checkbox"/> TV Spot/Program | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | |
| | | | | | | | | |
| <input checked="" type="checkbox"/> Printed Materials: | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>8</td><td>0</td><td>0</td><td>0</td></tr></table> | | | 8 | 0 | 0 | 0 |
| | | 8 | 0 | 0 | 0 | | | |

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

l	i	b	r	a	r	i	e	s		m	u	n	i	c	i	p	a	l	
o	f	f	i	c	e	s		c	t	y	.	s	w	c	d				
o	f	f	i	c	e	s		k	i	o	s	k	s						
p	u	b	l	i	c		p	r	e	s	e	n	t	a	t	i	o	n	s

Other:

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

URL

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c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	m	s	4	/	a	d	d	R	e		
g	s	O	n	o	n	W	S	.	a	s	p																						

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	m	s	4	/	s	t	a	n	d			
a	r	d	s	.	a	s	p																											

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 2 2 9

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

URL
c n y r p d b . o r g / m s 4 / a n n u a l r e p o r t i n g .
a s p

URL
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a n d t o o l s . a s p

URL
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n g s . a s p

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. a s p

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a s p

URL
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. a s p

MS4 Annual Report Form

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition:

CNY Stormwater Coaliton

SPDES ID

N	Y	R	2	0	A	2	2	9
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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Maintain regional stormwater website and information library for reference and use by regulated MS4s and the general public in the SUA.

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

The stormwater website is successfully functioning as a public education tool based on the 3,309 total recorded "hits" during the current reporting period, including 126 hits to the online library. It should be noted that last years statistics were extrapolated from 3 months of data due to the timing of a server change. This years statistics are the most accurate and representative of real visitors to the site and should provide the baseline for comparison going forward.

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

			1
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(ex.: samples/participants/events)

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

Yes No

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

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).

New information will continuously be added to the regional stormwater website and dated information will be removed. Content will continue to be restructured to facilitate improved ease of access. The website will be promoted as an educational tool for the general public and stormwater professionals in both the private and public sectors.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition

SPDES ID

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

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

- Cleanup Events # Events
- Comments on SWMP Received # Comments
- Community Hotlines

Phone # (<input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="5"/>) <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="6"/> - <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/>	Phone # (<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
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Phone # (<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Phone # (<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Phone # (<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Phone # (<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Phone # (<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Phone # (<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
- Community Meetings # Attendees
- Plantings Sq. Ft.
- Storm Drain Markings # Drains
- Stakeholder Meetings # Attendees
- Volunteer Monitoring # Events
- Other:

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

- List-Serve # In List
- Newspaper Advertising # Days Run
- TV/Radio Notices # Days Run
- Other:

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

MS4 Annual Report Form

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

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 2 2 9

2. URL(s) con't.:

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

URL

W	W	W	.	V	I	L	L	A	G	E		O	F		M	I	N	O	A	.	C	O	M	/	S	T	O	R	M	W	A	
T	E	R	.																													

URL

URL

URL

URL

URL

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

VILLAGE OF MINOA

SPDES ID

N	Y	R	2	0	A	2	2	9
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

Yes No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

CNY STORMWATER COALITION

SPDES ID

N	Y	R	2	0	A	2	2	9
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7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

CONTINUE TO SPONSOR THE "WATERSHED STEWARDSHIP PROGRAM" TO ENCOURAGE PARTICIPATION AND RECOGNITION OF WATER QUALITY VOLUNTEER PROJECTS IN THE SUA.

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

THIS PROGRAM IS MAINTAINED ON THE CNY STORMWATER WEB PAGE. (HTTP://WWW.VNYRPDV.ORG/STORMWATER/PUBLIC/STEWARDSHIP.ASP) THERE WAS NO PARTICIPATION IN THIS PROGRAM DURING THE REPORTING YEAR.

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

			1
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(ex.: samples/participants/events)

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

Yes No

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

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).

MS4 Annual Report Form

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

VILLAGE OF MINOA

SPDES ID

N	Y	R	2	0	A	2	2	9
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12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

ANNUALLY, CLEAN ALL ROAD-SIDE CATCH-BASINS IN THE VILLAGE OF MINOA.

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

DURING THE ANNUAL CLEANING, WE LOOK FOR POSSIBLE ILLICIT DISCHARGES AND MAKE REPAIRS TO ANY OF THE BASINS IN NEED OF REPAIRS.

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

		2
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

WE CONTINUE TO MEET OUR CURRENT GOAL OF ANNUAL INSPECTIONS OF OUTFALLS, CATCH BASINS AND CONSTRUCTION THROUGHOUT THE VILLAGE. OUR VILLAGE IS SMALL ENOUGH TO ALLOW US TO COMPLETE THIS WORK IN THE SUMMER MOUNTHS.

MS4 Annual Report Form

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

VILLAGE OF MINOA

SPDES ID

N	Y	R	2	0	A	2	2	9
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

0	1
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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

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

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

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

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

		0
--	--	---

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 #

			0	5
--	--	--	---	---

 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 #

--	--	--	--	--

 No Authority
- Other #

--	--	--	--	--

 No Authority

MS4 Annual Report Form

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

VILLAGE OF MINOA

SPDES ID

N	Y	R	2	0	A	2	2	9
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

--	--	--

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

		0
--	--	---

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

	0	1
--	---	---

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

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? NT

1	0	0
---	---	---

 %

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

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

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: VILLAGE OF MINOA

SPDES ID
N Y R 2 0 A 2 2 9

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department

O F F I C E O F C O D E E N F O R C E M E N T

Address

2 4 0 N O R T H M A I N S T R E E T

City

M I N O A

N Y

Zip

1 3 1 1 6 -

Phone

(3 1 5) 6 5 6 - 8 5 0 8

○ 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,

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

VILLAGE OF MINOA

SPDES ID

N	Y	R	2	0	A	2	2	9
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7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

INCREASED CONSTRUCTION OVERSIGHT BY HAVING TWO (2) INSPECTING FIRMS. ONE INSPECTS THE DEVELOPER'S ACTIVITIES, WHILE THE OTHER INSPECTING FIRM INSPECTS THE HOME BUILDER'S ACTIVITIES.

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

ONE OF THE INSPECTING FIRMS MAINTAINS AND REPAIRS THE SILT FENCES AND MULCHES / SEEDS ALL AREAS THAT ARE DISTURBED
--

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

		8	0
--	--	---	---

(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 SWMP?

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).

--

MS4 Annual Report Form

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

VILLAGE OF MINOA

SPDES ID

N	Y	R	2	0	A	2	2	9
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- 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
 Yes No

- 4b. Does the MS4 have a banking and credit system for stormwater management practices?
 Yes No

- 4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
 Yes No

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

		4
--	--	---

- 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?

	6	5
--	---	---

 %

MS4 Annual Report Form

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

2	0	1	4
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Name of MS4/Coalition:

VILLAGE OF MINOA

SPDES ID

N	Y	R	2	0	A	2	2	9
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

WEEKLY INSPECTION OF CONSTRUCTION SITES BY THE OFFICE OF CODE ENFORCEMENT.

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

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

		8	0
--	--	---	---

(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).

MS4 Annual Report Form

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

2	0	1	4
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Name of MS4/Coalition

VILLAGE OF MINOA

SPDES ID

N	Y	R	2	0	A	2	2	9
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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

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

MS4 Annual Report Form

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

VILLAGE OF MINOA

SPDES ID

N	Y	R	2	0	A	2	2	9
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2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

				2
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

			2	4
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		1	5	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Pesticide/Herbicide Applied # Acres

					.	
--	--	--	--	--	---	--

 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

				2
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	7	/	2	0	1	4
---	---	---	---	---	---	---	---	---	---

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

		6
--	--	---

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

--	--	--

 %

MS4 Annual Report Form

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2	0	1	4
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Name of MS4/Coalition

VILLAGE OF MINOA

SPDES ID

N	Y	R	2	0	A	2	2	9
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7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

TO CLEAN, INSPECT AND MAKE REPAIRS, AS NEEDED, ON ALL ROAD-SIDE CATCH-BASINS IN THE VILLAGE.

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

THE SIZE OF THE VILLAGE ALLOWS US TO MEET OUR MEASURABLE GOALS ON AN ANNUAL SCHEDULE.

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 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).

OUR MAY TO OCTOBER SCHEDULE FOR CLEANING AND INSPECTION OF CATCH-BASINS ALLOWS US TO MEET OUR GOALS AND HANDLE ANY NEW PROBLEM THAT OCCURS.