

**MS4 Annual Report Cover Page**MCC form for period ending March 9, 

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

SPDES ID

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**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		N	E	W		Y	O	R	K		M	I	L	L	S						
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**OR**

☐ **This report is being submitted on behalf of a Single Entity**

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

Name of Single Entity

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**OR**

☐ **This is a joint report being submitted on behalf of a coalition.**

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition


SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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SPDES ID

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**MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9, 

2	0	1	3
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Name of MS4 

VILLAGE OF NEW YORK MILLS
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SPDES ID

N	Y	R	2	0	A	0	3	1
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**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

J	O	H	N																
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MI

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Last Name

B	I	A	L	E	K														
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Title

M	A	Y	O	R															
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Address

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City

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State

N	Y
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Zip

1	3	4	1	7	-				
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eMail

M	A	Y	O	R	B	I	A	L	E	K	@	N	Y	M	I	L	L	S	.	C	O	M											
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Phone

(	3	1	5	)	7	3	6	-	9	2	1	2
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County

O	N	E	I	D	A														
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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	1	3
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Name of MS4 VILLAGE OF NEW YORK MILLS

SPDES ID

N	Y	R	2	0	A	0	3	1
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## 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).
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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).

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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

A	L	A	N									
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MI

M

Last Name

S	W	I	E	R	C	Z	E	K						
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Title

[illegible]

Address

[illegible]

City

W	H	I	T	E	S	B	O	R	O									
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State

N	Y
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Zip

$$\begin{array}{|c|c|c|c|c|} \hline 1 & 3 & 4 & 9 & 2 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 0 & 2 & 0 & 4 \\ \hline \end{array}$$

eMail

A	M	S	P	E	@	A	O	L	.	C	O	M
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Phone

$$\begin{pmatrix} 3 & 1 & 5 \end{pmatrix} \begin{matrix} 7 & 3 & 6 \end{matrix} - \begin{matrix} 4 & 5 & 1 & 4 \end{matrix}$$

County

O	N	E	I	D	A
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**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2 0 1 3

Name of MS4 VILLAGE OF NEW YORK MILLS

SPDES ID

N Y R 2 0 A 0 3 1

**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

H E R K I M E R - O N E I D A C O . C O M P R E H E N S I V E

Partner/Coalition Name (con't.)

P L A N N I N G P R O G R A M

SPDES Partner ID - If applicable

N Y R 2 0

Address

3 2 1 M A I N S T R E E T

City

U T I C A

State

N Y

Zip

1 3 5 0 1 - 1 2 2 9

eMail

P L A N N I N G @ O C G O V . N E T

Phone

( 3 1 5 ) 7 9 8 - 5 7 1 0

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 F A C T S H E E T S & W E B L I N K S

☒ MM2 S T R E A M C L E A N U P S & S W M G R O U P

☒ MM3 S T O R M S Y S T E M M A P P I N G

☐ 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.

**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2 0 1 3

Name of MS4 VILLAGE OF NEW YORK MILLS

SPDES ID

N Y R 2 0 A 0 3 1

**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

O N E I D A C O U N T Y S O I L W A T E R C O N S E R V A

Partner/Coalition Name (con't.)

T I O N D I S T R I C T

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 2 1 S E C O N D S T

City

O R I S K A N Y

State

N Y

Zip

1 3 4 2 4 -

eMail

O N E I D A S W C D . O R G

Phone

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

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 C O N S T R U C T I O N O P E R A T O R T R A I N I N G

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6 M U N I C I P A L T R A I N I N G

Additional tasks/responsibilities

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

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9,

2 0 1 3

Name of MS4 VILLAGE OF NEW YORK MILLS

SPDES ID

N Y R 2 0 A 0 3 1

**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

J O H N

MI

Last Name

B I A L E K

Title (Clearly print title of individual signing report)

M A Y O R

Signature

Date

/ /

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,** 2 0 1 3

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 NEW YORK MILLS

SPDES ID

N	Y	R	2	0	A	0	3	1
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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

☐ 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

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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 NEW YORK MILLS

SPDES ID

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### **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?

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## 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

[illegible]

Other

**2. Specific audiences targeted during this reporting period:**

- ☐ Public Employees
- ☐ Residential
- ☐ Businesses
- ☐ Restaurants
- ☐ Other:
- ☐ Contractors
- ☐ Developers
- ☒ General Public
- ☐ Industries
- ☐ Agricultural

[illegible]

Other

## MS4 Annual Report Form

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

2	0	1	3
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Name of MS4/Coalition

VILLAGE OF NEW YORK MILLS

SPDES ID

N	Y	R	2	0	A	0	3	1
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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:

☐ Construction Site Operators Trained

# Trained

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☒ Direct Mailings

# Mailings

1	7	0	0
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☐ Kiosks or Other Displays

# Locations

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☐ List-Serves

# In List

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☐ Mailing List

# In List

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☐ Newspaper Ads or Articles

# Days Run

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☒ Public Events/Presentations

# Attendees

				0
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☐ School Program

# Attendees

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☐ TV Spot/Program

# Days Run

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☒ Printed Materials:

Total # Distributed

				7
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Locations (e.g. libraries, town offices, kiosks)

V	I	L	L	A	G	E		O	F	F	I	C	E	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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URL

H	T	T	P	:	/	/	N	Y	M	I	L	L	S	.	C	O	M	/	C	O	N	T	E	N	T	/	D	E	P	A	R
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**MS4 Annual Report Form**

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

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Name of MS4/Coalition

VILLAGE OF NEW YORK MILLS

SPDES ID

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

URL

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M	W	A	T	E	R																										

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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Name of MS4/Coalition

VILLAGE OF NEW YORK MILLS

SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

- Upgrade Stormwater Management Program Plan (website).
- Number of website "hits" on stormwater topics and Stormwater Management Program Plan.
- Number of new printed brochures added to stormwater library.
- Activity in stormwater library
- Number of stormwater related articles published in Village newsletter.

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

- (unable to isolate number of "hits" specific to stormwater related website pages.)
- (unable to locate new applicable stormwater related brochures for library).
- Count maintained on number of brochures in stormwater library; 7 brochures taken.
- One stormwater related article in one newsletter of 1700 copies each mailed to Village residents.
- Storm drain stenciling completed.

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

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(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**
☒ Yes   ☐ No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
☒ Yes   ☐ No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

- Review & upgrade Stormwater Management Program Plan on website, continuous/ongoing.
- Upgrade stormwater library; continuous/ongoing
- Publish at least 1 stormwater related articles in Village newsletter, continuous/ongoing.
- Incorporate stormwater mgmt concepts into County Hazard Mitigation Plan and local planning.
- (Construction Site Operators being trained by local SWCD office)





## MS4 Annual Report Form

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Name of MS4/Coalition

VILLAGE OF NEW YORK MILLS

SPDES ID

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### 2. URL(s) con't.:

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

URL

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R	T	M	E	N	T	S	/	V	I	E	W	8																			

URL


URL


URL


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URL


URL


# MS4 Annual Report Form

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Name of MS4/Coalition	VILLAGE OF NEW YORK MILLS
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SPDES ID

N	Y	R	2	0	A	0	3	1
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**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

[illegible]

Address

[illegible]

City

N	E	W		Y	O	R	K		M	I	L	L	S				N	Y		1	3	4	1	7	-						
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Phone

$$\begin{pmatrix} 3 & 1 & 5 \end{pmatrix} \begin{matrix} 7 & 3 & 6 \end{matrix} - \begin{matrix} 9 & 2 & 1 & 2 \end{matrix}$$

○ Library

☐ Annual Report    ☐ SWMP Plan    ☐ Comments

Address

[illegible]

City

[illegible]

Phone

$$\left( \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} \right) \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} - \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array}$$

☐ Other

☐ Annual Report    ☐ SWMP Plan    ☐ Comments

Address

[illegible]

City

[illegible]

Phone

$$\left( \begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

● Web Page URL:

☒ Annual Report    ☒ SWMP Plan    ☐ Comments

H T T P : / / N Y M I L L S . C O M / C O N T E N T S / S T O

[illegible][illegible]

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

● eMail

## ● Comments

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[illegible]

**MS4 Annual Report Form**

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

2	0	1	3
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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 NEW YORK MILLS																			
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SPDES ID

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**4.a. If this report was made available on the internet, what date was it posted?**

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

0	5	/	1	4	/	2	0	1	3
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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?

0	5	/	1	4	/	2	0	1	3
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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	3
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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

VILLAGEOF NEW YORK MILLS

SPDES ID

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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

- Number of website "hits" on stormwater topics and Stormwater Management Program Plan.
- Number of interested parties attending public hearings regarding Annual Report, stormwater ordinances, and Planning Board site plan reviews.
- Number of public comments received on Annual Report or Planning Board site plan reviews
- Number of Village residents attending annual community cleanup of Sauquoit Creek.

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

- (Unable to isolate number of "hits" specific to stormwater related portions of website.)
- No one attended public hearing on Annual Report. No comments received.
- No items on Planning Board agenda related to stormwater or site plan reviews. No public hearings conducted. No comments received.
- No data available identifying specific number of Village residents attending community cleanups.

**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 SWMPP?**
☒ Yes   ☐ No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

- Review and update Stormwater Management Program Plan on website; continuous/ongoing.
- Conduct public hearings on stormwater related topics and solicit public input; as needed/ongoing.
- Support/host annual spring cleanup of Sauquoit Creek.
- Maintain stormwater "hotline".
- Support/host "Great American Cleanup". (County is now part of Keep America Beautiful campai.)

# MS4 Annual Report Form

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

2	0	1	3
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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 NEW YORK MILLS

SPDES ID

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### **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:**

			1	1	#
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1	0	0	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

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

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

[illegible]

- Sewersheds:

S	A	N		S	E	W	E	R	S	;		H	E	N	D	E	R	S	O	N		S	T		A	R	E	A		
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## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2013**

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 NEW YORK MILLS

SPDES ID

N	Y	R	2	0	A	0	3	1
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**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

[illegible]

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

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

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

		0
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**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?

			%
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**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

[illegible]

URL

[illegible]



## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 3

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 NEW YORK MILLS

SPDES ID

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**8. URL(s) con't.:**

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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?**

	2	5	%
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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 NEW YORK MILLS

SPDES ID

N	Y	R	2	0	A	0	3	1
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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.**

- Percent of storm drainage basins and (total) storm sewer systems mapped.
- Percent of outfalls inspected for illicit discharges
- Number of illicit discharges detected and addressed/corrected/eliminated.
- Article published in Village newsletter regarding topic of "Drainage System Discharge" and hazards of illegal dumping.

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

- Upgrade mapping of storm system.
- 30% of outfalls inspected for illicit discharges.
- No water quality issues or potential illicit discharges identified. Rehab of sanitary sewers in Henderson St area appears to reduced sanitary sewer flows resulting in no overflows in this period.
- One article published in newsletter regarding illicit discharges.

**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).**

- Upgrade storm system mapping; continuous/ongoing.
- Inspection of outfalls and portions of storm system for potential illicit discharge sources; continuous/ongoing.
- Publish articles in newsletter regarding hazards of illicit discharges; continuous/ongoing.

**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 NEW YORK MILLS

SPDES ID

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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? 

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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
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**

☒ Yes   ☐ No   ☐ NT

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

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**

☒ Yes   ☐ No



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

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input checked="" type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input checked="" type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
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<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	
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<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

**MS4 Annual Report Form**

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

2	0	1	3
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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 NEW YORK MILLS

SPDES ID

N	Y	R	2	0	A	0	3	1
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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
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
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3. What percent of active construction sites were inspected during this reporting period? ☒ NT 

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 %

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

--	--	--

 %

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, 

2	0	1	3
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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 

V	I	L	L	A	G	E		P	L	A	N	N	I	N	G		B	O	A	R	D		S	E	C	R	E	T	A	R
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SPDES ID

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**6. con't.:**

Submit additional pages as needed.

☒ MS4/Coalition Office

Department

V	I	L	L	A	G	E		P	L	A	N	N	I	N	G		B	O	A	R	D		S	E	C	R	E	T	A	R
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☐ Library

Address

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City

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Phone

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☐ Other

Address

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City

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Zip

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Phone

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

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 NEW YORK MILLS

SPDES ID

N	Y	R	2	0	A	0	3	1
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### 7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

- Number of SWPPP reviewed.
- Number of construction sites authorized for disturbance.
- Percent/number of active construction sites inspected for conformance with approved SWPPPs.
- Number of calls to Stormwater Hotline.
- Local SWCD office training of construction site operators in soil eros & sed control techniques.

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

(No site plans or SWPPPs submitted to Planning Board during period.)  
 (No construction related activity warranting SWPPP inspections.)  
 No calls to stormwater "hotline".  
 Several SWCD training sessions held for construction site operators in soil eros & sed control

#### 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 SWMPP?

☒ Yes    ☐ No

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

- Continue Planning Board review of site plans and their SWPPPs for conformance with local laws and regulations: on-going/as-needed.
- Inspections of construction sites for conformance with approved SWPPPs; on-going/as-needed.
- Monitor stormwater Hotline; on-going/continuous.
- Coordinate with Planning Board, contractors & Codes that all parties aware of regs; on-going.

## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2013**

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 NEW YORK MILLS

SPDES ID

N	Y	R	2	0	A	0	3	1
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### **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
<input type="radio"/> Alternative Practices	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Filter Systems	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Infiltration Basins	<div><div></div><div></div><div>0</div></div>	<div><div></div><div></div><div>0</div></div>	<div><div></div><div></div><div>0</div></div>
<input type="radio"/> Open Channels	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Ponds	<div><div></div><div></div><div>0</div></div>	<div><div></div><div></div><div>0</div></div>	<div><div></div><div></div><div>0</div></div>
<input type="radio"/> Wetlands	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Other	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

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

☐ 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:

[illegible]

**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 NEW YORK MILLS

SPDES ID

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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?

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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?

	2	5
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 %



## MS4 Annual Report Form

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

2	0	1	3
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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

VILLAGEOF NEW YORK MILLS

SPDES ID

N	Y	R	2	0	A	0	3	1
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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.

- Percent of stormwater management facilities inventoried.
- Percent of stormwater management facilities under municipal jurisdiction inspected.
- Percent of stormwater management facilities under municipal jurisdiction maintained.

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

All stormwater management facilities, both public and private, inventoried/complete.  
(No stormwater management facilities under municipal jurisdiction; no inspections or maintenance necessary.)

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

			0
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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).

- Update inventory of stormwater management facilities; performed annually
- (Unless inventory of stormwater management facilities indicates facility under municipal jurisdiction, no inspection or maintenance activities scheduled)

## MS4 Annual Report Form

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

2	0	1	3
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Name of MS4/Coalition 

VILLAGE OF NEW YORK MILLS
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SPDES ID

N	Y	R	2	0	A	0	3	1
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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.**

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input 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 type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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, 

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Name of MS4/Coalition 

VILLAGE OF NEW YORK MILLS
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SPDES ID

N	Y	R	2	0	A	0	3	1
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### 2. Provide the following information about municipal operations good housekeeping programs:

- |   |         |  |   |   |   |   |   |   |  |
|---|---------|--|---|---|---|---|---|---|--|
| <input type="radio"/> Parking Lots Swept (Number of acres X Number of times swept)  | # Acres | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>                     |   |   |   |   |   |   |  |
|   |         |  |   |   |   |   |   |   |  |
| <input checked="" type="radio"/> Streets Swept (Number of miles X Number of times swept)  | # Miles | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td><td>0</td><td>0</td></tr></table>                     |   |   | 1 | 0 | 0 |   |  |
|   |         | 1  | 0 | 0 |   |   |   |   |  |
| <input checked="" type="radio"/> Catch Basins Inspected and Cleaned Where Necessary   | #       | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>8</td></tr></table>                     |   |   |   |   | 8 |   |  |
|   |         |  |   | 8 |   |   |   |   |  |
| <input type="radio"/> Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary   | #       | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>                     |   |   |   |   |   |   |  |
|   |         |  |   |   |   |   |   |   |  |
| <input type="radio"/> Phosphorus Applied In Chemical Fertilizer   | # Lbs.  | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>                     |   |   |   |   |   |   |  |
|   |         |  |   |   |   |   |   |   |  |
| <input type="radio"/> Nitrogen Applied In Chemical Fertilizer   | # Lbs.  | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>                     |   |   |   |   |   |   |  |
|   |         |  |   |   |   |   |   |   |  |
| <input type="radio"/> Pesticide/Herbicide Applied<br>(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) | # Acres | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>.</td><td> </td></tr></table> |   |   |   |   |   | . |  |
|   |         |  |   |   | . |   |   |   |  |

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

				1
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### 4. What was the date of the last training?

0	3
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 / 

0	8
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 / 

2	0	1	3
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### 5. How many municipal employees have been trained in this reporting period?

		1
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### 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	3	3
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 %



## MS4 Annual Report Form

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

2	0	1	3
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Name of MS4/Coalition

VILLAGE OF NEW YORK MILLS

SPDES ID

N	Y	R	2	0	A	0	3	1
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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.

- Number of new Highway Dept employees trained.
- Continuing education of key personnel.
- Miles of streets swept.
- Number of catchbasins/drop inlets cleaned.
- Footage of storm system piping cleaned.

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

- Employee training; no new DPW employees, all existing employees are experienced and have been previously trained. Re-training deferred this reporting period.
- Village streets swept regularly during warmer months; 8 sweepings x 12.5+ mi= 100 miles rd swept.
- Approximately 8 catchbasins inspected and cleaning performed as needed.
- Approximately 1800 ft of storm system cleaned this period.

#### 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).

- Schedule employee training; dependent on extent of any personnel changes; schedule as-needed
- Continuing education of key personnel; on-going
- Sweep roads: continuous/on-going on seasonal basis.
- Inspect and clean storm system; on as-needed basis.