3258632975

# MS4 Annual Report Cover Page

**MCC form for period ending March 9, 2021**

SPDES ID: NYR20A272

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

## Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4: ERIE COUNTY

**OR**

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

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

Name of Single Entity:

**OR**

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

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

Name of Coalition:

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

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# MS4 Annual Report Cover Page

**MCC form for period ending March 9,** 2021

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

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

# MS4 Municipal Compliance Certification(MCC) Form

**MCC form for period ending March 9, 2021**

Name of MS4: ERIE COUNTY

SPDES ID: NYR20A272

Each MS4 must submit an MCC form.

## Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ● An Annual Report for a single MS4
- ○ A Single Entity (Per Part II.E of GP-0-10-002)
- ○ A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

5690581587

# MS4 Municipal Compliance Certification(MCC) Form

**MCC form for period ending March 9, 2021**

Name of MS4: ERIE COUNTY

SPDES ID: NYR20A272

## 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: Duplicate this page as needed to include information for each contact.

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

First Name: WILLIAM

MI: E

Last Name: GEARY, JR.

Title: COMMISSIONER OF PUBLIC WORKS

Address: 95 FRANKLIN STREET, ROOM 1400

City: BUFFALO

State: NY

Zip: -

eMail: WILLIAM.GEARY@ERIE.GOV

Phone: (716) 858-7555

County: ERIE

5690581587

# MS4 Municipal Compliance Certification(MCC) Form

**MCC form for period ending March 9, 2021**

Name of MS4: ERIE COUNTY

SPDES ID: NYR20A272

## Section 2 - Contact Information

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: MARY

MI:

Last Name: MACSWAN

Title: ENVIRONMENTAL PROJECT MANAGER

Address: 95 FRANKLIN STREET, ROOM 1076

City: BUFFALO

State: NY

Zip: 14202-

eMail: MARY.MACSWAN@ERIE.GOV

Phone: (716) 858-7583

County: ERIE

5690581587

# MS4 Municipal Compliance Certification(MCC) Form

**MCC form for period ending March 9, 2021**

Name of MS4: ERIE COUNTY

SPDES ID: NYR20A272

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: KAREN

MI:

Last Name: HOAK

Title: DEPUTY COMMISSIONER - HIGHWAYS

Address: 95 FRANKLIN STREET, ROOM 1400

City: BUFFALO

State: NY

Zip: 14202-

eMail: KAREN.HOAK@ERIE.GOV

Phone: (716) 858-8372

County: ERIE

5690581587

# MS4 Municipal Compliance Certification(MCC) Form

**MCC form for period ending March 9, 2021**

Name of MS4: ERIE COUNTY

SPDES ID: NYR20A272

## Section 2 - Contact Information

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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: BRIAN

MI: A

Last Name: ROSE

Title: SR. PROJECT MANAGER

Address: 95 FRANKLIN STREET, ROOM 1400

City: BUFFALO

State: NY

Zip: 14202-

eMail: BRIAN.ROSE@ERIE.GOV

Phone: (716) 858-2079

County: ERIE

# MS4 Municipal Compliance Certification (MCC) Form

**MCC form for period ending March 9, 2021**

Name of MS4: ERIE COUNTY

SPDES ID: NYR20A272

## 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: Western NY Stormwater Coalition

Partner/Coalition Name (con't.): c/o Erie County DEP

SPDES Partner ID - If applicable: NYR20A272

Address: 95 Franklin Street

City: Buffalo

State: NY

Zip: 14202 -

eMail: mary.macswan@erie.gov

Phone: (716) 858-7583

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

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

- ● MM1: Multiple Tasks
- ● MM2: Multiple Tasks
- ● MM3: Multiple Tasks- Training & Ed
- ● MM4: Training & Education
- ● MM5: Training & Education
- ● MM6: Training & Education

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, 2021**

Name of MS4: ERIE COUNTY

SPDES ID: NYR20A272

## 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: WILLIAM

MI: E

Last Name: GEARY

Title (Clearly print title of individual signing report): COMMISSIONER OF PUBLIC WORKS

Signature

Date: 05 / 25 / 2021

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

1100364151

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## Water Quality Trends

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

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

How many MS4s are contributed to this report?

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

If Yes, choose one of the following

○ Report(s) attached to the annual report

○ Web Page(s) where report(s) is/are provided below

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

URL

URL

URL

URL

4286299954

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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? ___

### 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: Stormwater Management Practices
Other

● Pesticide and Fertilizer Application
● Pet Waste Management
○ Recycling
○ Riparian Corridor Protection/Restoration
● Trash Management
● Vehicle Washing
● Water Conservation
○ Wetland Protection
○ None

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

● Public Employees
● Residential
○ Businesses
○ Restaurants
○ Other:
Other

● Contractors
● Developers
● General Public
○ Industries
○ Agricultural

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

**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 | 76 |
| ○ Direct Mailings | # Mailings | |
| ● Kiosks or Other Displays | # Locations | 0 |
| ○ List-Serves | # In List | |
| ○ Mailing List | # In List | |
| ● Newspaper Ads or Articles | # Days Run | 1 |
| ● Public Events/Presentations DIY Videos | # Attendees | 1024 |
| ○ School Program | # Attendees | |
| ○ TV Spot/Program | # Days Run | |
| ● Printed Materials: | Total # Distributed | 423 |

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

MS4 Public Buildings
Kiosks/Displays
Library 37 Erie 4 Niag
County SWCDs

● Other:

Training-Ed Handouts

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

URL: www.erie.gov/stormwater

URL:

0704299955

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

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

URL

URL

URL

URL

URL

URL

URL

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Identification of Pollutants of Concern; Waterbodies of Concern; Geographic Areas of Concern; Target Audiences

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

Pollutants of Concern: sediment/silt; pathogens; floatables; phosphorous
Waterbodies of Concern: Those listed for Erie County in Appendix 2 of GP-0-15-003
Geographic Areas of Concern: Not yet fully identified
Target Audiences: households; developers; contractors; small businesses

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

4

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

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

● Yes ○ No

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

● Yes ○ No

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

As needed, update POCs, waterbodies of concern, geographic areas of concern and target audiences. Continue to address via public education and outreach.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Develop additional/update existing public education materials addressing stormwater pollution prevention for general public, target businesses/activities and schools. Prepare posters that can be placed within municipal buildings, libraries, and schools. Maintain a webpage to educate the public on stormwater pollution prevention, the MS4 SWMPP and involvement opportunities. Display/distribute public education materials and posters in municipal buildings and libraries.

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

Maintained records of number of educational materials distributed.
Rain barrel display at Niagara County DMV site - Niagara Falls.

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

423

*(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).**

Develop additional public education brochures - as needed.
Continue to display public education materials in municipal buildings and libraries.
Update webpage as needed with new educational materials.
Continue to reinforce the messages conveyed with printed materials & displays with use of additional media when funding is available.

6932504403

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Distribute Grades K-12 education packages.
Participate in educational programming.
Conduct annual Rain Barrel Painting Contest for schools/community groups in Erie/Niagara Counties.

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

Due to COVID-19 pandemic, all school-based education and involvement initiatives were canceled.

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

0

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

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

Teacher education packages are a bi-ennial BMP. ◉ 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).**

Education packages will be updated & distributed March 2021 - March 2022 reporting cycle to resume biennial implementation.
Participate in all scheduled school science fairs/events, Niagara County's Environmental Field Days.
Conduct annual Rain Barrel Painting Contest for K-12 schools/groups in Erie and Niagara County in Fall 2021.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Utilize public education display for outreach & education for at least two local community events or set up public education display in a prominent location in a municipal building. Mount a permanent wall plaque in a municipal building frequented by the public.
Utilize public education display for outreach & education at regional community events.

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

Set up/maintain public education display and mounted wall plaque in prominent locations in a municipal building frequented by the public.

Due to COVID-19 pandemic, all public education display/activities at regional/ community events were canceled.

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

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).**

Plan to use public education display at two local community events/locations by March 9, 2022 and/or continue use of public education display and permanently mounted wall plaque in prominent locations in a municipal building frequented by the public.
Plan to use public education display at up to 25 regional community events by March 9, 2022.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Post PSAs on WNY Stormwater Coalition webpage.
Use PSAs at public meetings, in school programs and at community events as appropriate.

DIY videos on rain barrel use/home composting; building a rain barrel; winterizing a rain barrel; and, pop bottle rain garden demonstration.

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

PSAs on webpage (www.erie.gov/stormwater).
DIY videos on rain barrel use/home composting (647): https://fb.watch/4ty_vNXRLf/
building a rain barrel (1200): https://fb.watch/4ty_vNXRLf/
winterizing a rain barrel (155): https://fb.watch/4tz63_piOH/
pop bottle rain garden demonstration (222): virtual event

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

2224

*(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 to promote PSAs addressing stormwater pollution and water quality protection in WNY. Use videos and/or PSAs at public education venues. Continue to pursue funding opportunities to use local media outlets to educate the public.

4961183103

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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: 107

● Comments on SWMP Received — # Comments: 39

○ Community Hotlines — Phone # ( ) -

Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -

● Community Meetings (All WNYSC meetings open to public) — # Attendees: 137

○ Plantings — Sq. Ft.

○ Storm Drain Markings — # Drains

○ Stakeholder Meetings — # Attendees

○ Volunteer Monitoring — # Events

● Other: HouseholdHazardousWasteEvents

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

○ List-Serve — # In List

○ Newspaper Advertising — # Days Run

○ TV/Radio Notices — # Days Run

○ Other:

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

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

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

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

URL

URL: www.erie.gov/stormwater

URL

URL

URL

URL

URL

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition ERIE COUNTY

SPDES ID NYR20A272

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

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

URL

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5441172015

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

**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: ERIE COUNTY DEPT. OF ENV. & PLNG

Address: 95 FRANKLIN ST. 10TH FLOOR

City: BUFFALO NY Zip: -

Phone: ( ) -

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other ○ Annual Report ● SWMP Plan ● Comments

Address: 95 Franklin Street Room 1076

City: Buffalo NY Zip: 14202 -

Phone: (716) 858-7583

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

www.erie.gov/stormwater

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

● eMail ○ Comments

mary.macswan@erie.gov

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

**4.a. If this report was made available on the internet, what date was it posted?**
Leave blank if this report was not posted on the internet. __ / __ / ____

**4.b. For how many days was/will this report be posted?** 365

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

**5.a. Was an Annual Report public meeting held in this reporting period?** ○ Yes ● No
If Yes, what was the date of the meeting? __ / __ / ____

If No, is one planned? ○ Yes ● No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?** WNY Stormwater Coalition - April 2021 ● Yes ○ No

If No, is one planned for each? ○ Yes ○ No

**6. Were comments received during this reporting period?** ○ Yes ● No
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

2013032775

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Identify key individuals and groups who are interested in/or affected by the permitting program. Groups identified include: Erie County Environmental Management Council; Niagara County Environmental Management Council; municipal Conservation Advisory Committees; Buffalo Niagara Waterkeeper; Erie and Niagara County's Soil & Water Conservation Districts; Erie County Water Quality Committee.

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

Periodic reports to Erie/Niagara County Environmental Management Councils; MS4 Conservation Advisory Committees; Erie County Water Quality Committee. Participation of Erie and Niagara County Soil & Water Conservation Districts (4); Buffalo Niagara Waterkeeper (1); PUSH Buffalo (0) in WNYSC monthly meetings, SWMP and Annual Report review, trainings and activities.

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

5

*(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 periodic reports to Erie/Niagara County Environmental Management Councils; MS4 Conservation Advisory Committees; Erie County Water Quality Committee. Continue to encourage participation of Buffalo Niagara Waterkeeper; Erie County Soil & Water Conservation District; Niagara County Soil & Water Conservation District, PUSH Buffalo and MS4 Conservation Advisory Committee members in WNYSC monthly meetings, trainings & activities.

2013032775

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Provide public with an ongoing opportunity to inspect Stormwater Management Program Plan (SWMPP) and review/comment. Present the draft Annual Report at a meeting that is open to the public and/or on the internet to solicit public review and comment.
Provide public notice about the presentation in accordance with State Open Meetings Law or other local public notice requirements.

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

Number of known SWMPP reviews/comments (39 DIY video viewers evaluated the DIY Rain Barrel demonstration as a Public Engagement strategy).
Number of attendees at public meeting (WNYSC: 27; MS4: TBD).
Number of known Annual Report reviews/comments (0)
Number of known webpage reviews (0).

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

66

*(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 to provide public with an ongoing opportunity to inspect SWMPP and review/comment.
Continue to present the draft Annual Report at a meeting that is open to the public and/or on the internet to solicit public review and comment.

2013032775

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Inform and encourage residents about opportunities to participate in stormwater pollution prevention programming including: community clean up initiatives such as Household Hazardous Waste collections, Great American Clean Ups; Buffalo Niagara Waterkeeper Spring/Fall Shoreline Clean Up and Keep America Beautiful Fall Beach Sweep; and, annual Erie-Niagara County Rain Barrel and Compost Bin Sales.

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

Number of Household Hazardous Waste collections (3 events plus continuous "by-voucher" collection); number of participants (2,581)
Number of clean up events (107); number of participants (578)
Number of Rain Barrels/Composters sold (380); number of participants (245)

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

Number of participants: 3404

*(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).**

Erie County: Publish a notice in local paper & Erie County Household Hazardous Waste webpage to notify residents of the Collection events. Niagara County: Educate residents on options for disposal of household hazardous waste, location, schedule and guidelines for facilities accepting the waste (year-round;ongoing). Annual rain barrel/composter sale.
Continue to track community clean up events and other stormwater related community involvement.

2013032775

# MS4 Annual Report Form

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Incorporate feedback mechanism into WNYSC and/or MS4 webpage

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

Number of responses received.

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

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).**

Continue to provide feedback option on webpage in the form of a name/contact number and public comment forms.

2013032775

# MS4 Annual Report Form

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Identify Contact Person for Stormwater Program.

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

Stormwater Management Officer appointed/designated and listed in SWMPP.
Stormwater Management Officer listed in MS4 Reference Guide on WNY Stormwater Coalition webpage.

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

N/A

*(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).**

Identify Stormwater Management Officer in SWMPP, update as needed.
Identify Stormwater Management Officer in MS4 Reference Guide on WNY Stormwater Coalition webpage, update as needed.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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:** 1080 # 100 %

**2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?** 115

**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
○ 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
○ Other:
● None

○ Sewersheds:

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2021

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

Name of MS4/Coalition ERIE COUNTY

SPDES ID NYR20A272

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

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

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

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

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

**7. Has the storm sewershed mapping been completed in this reporting period?** ○ Yes ● No

If No, approximately what percent was completed in this reporting period? %

100% (2010 UA) 70% (2000 UA)

**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

https://erieny.maps.arcgis.com/apps/webappviewer/index.html?id=717984bd03e74f23b0296461e3ea9957

URL

# MS4 Annual Report Form

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

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

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

URL

URL

URL

URL

URL

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

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

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

No additional DPW staff trained during the reporting year %

9126383899

# MS4 Annual Report Form

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Update outfall data and map as needed.

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

Outfall inspections according to schedule.
New outfalls added as located or at time of completion.
Timely updates to outfall data.
GIS outfall map is current.

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

115

*(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 outfall inspections according to schedule.
Continue to update existing information/add new outfalls as needed.
Continue to maintain and update GIS outfall map.

# MS4 Annual Report Form

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Outfall Reconnaissance Inventory (ORI) - routine dry weather visual inspections of outfalls.

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

Number of outfall inspections completed.

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

115

*(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).**

Plan to inspect at least 20% of outfalls.

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# MS4 Annual Report Form

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Pollutant source tracking procedures to detect and address non-stormwater discharges, including illegal dumping, as needed in response to public complaints or by scheduled inspection of outfalls.

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

Number of outfalls sampled/trackdown investigations conducted.

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

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).**

Plan to sample outfalls discharging during dry weather to determine presence of pollutants.
Plan to conduct trackdown sampling/investigation as needed.

# MS4 Annual Report Form

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

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

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

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

How many MS4s contributed to this report? ___

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

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

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

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

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

**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

Via NYS 4 Hour Erosion & Sediment Control Training

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

| | | | |
|---|---|---|---|
| ○ Notices of Violation | # | | ● No Authority |
| ○ Stop Work Orders | # | 0 | ○ No Authority |
| ○ Criminal Actions | # | | ● No Authority |
| ○ Termination of Contracts | # | 0 | ○ No Authority |
| ○ Administrative Fines | # | | ● No Authority |
| ○ Civil Penalties | # | | ● No Authority |
| ○ Administrative Orders | # | | ● No Authority |
| ○ Enforcement Actions or Sanctions | # | 0 | |
| ○ Other | # | | ● No Authority |

9445612573

# 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: ERIE COUNTY

SPDES ID: NYR20A272

## 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?** 3

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 3

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

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.

7482169883

# MS4 Annual Report Form

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

**6. con't.:**

Submit additional pages as needed.

○ MS4/Coalition Office

Department: ERIE COUNTY DEPT. OF PUBLIC WKS

Address: 95 FRANKLIN STREET, ROOM 1400

City: BUFFALO NY Zip: -

Phone: ( ) -

○ Library

Address:

City: Zip: -

Phone: ( ) -

○ Other

Address:

City: Zip: -

Phone: ( ) -

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

URL:

URL:

7935007876

# 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: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Conduct SWPPP review for all permitted construction sites to ensure consistency with State and local erosion and sediment control requirements and NYS Design Standards.

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

Number of SWPPPs approved.

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

3

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

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

● Yes ○ No

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

● Yes ○ No

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

Continue to conduct SWPPP review for all permitted construction sites to ensure consistency with State and local erosion and sediment control requirements and NYS Design Standards.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Conduct inspections of permitted construction sites that discharge stormwater to the MS4 as often as needed to ensure compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020).
Issue enforcement actions to owners/operators of construction sites that are not in compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020).

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

Number of active construction sites and inspections performed for each.
Number and type of enforcement actions.

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

Construction sites inspected by qualified consultant personnel as part of construction inspection contracts NT MS4 _____ (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 to conduct inspections of permitted construction sites that discharge stormwater to the MS4 as often as needed to ensure compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020). Continue to issue enforcement actions to owners/operators of construction sites that are not in compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020).

7935007876

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Provide the public with an opportunity to review and comment on proposed design plans and construction projects.

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

Number of projects presented for public review and comment.

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

Formal presentations only used on certain projects. All projects available for review at DPW offices.

(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 to provide the public with an opportunity to review and comment on proposed design plans and construction projects.

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# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

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

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

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

How many MS4s contributed to this report? ___

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

| | # Inventoried | # Inspections | # Times Maintained |
|---|---|---|---|
| ○ Alternative Practices | | | |
| ○ Filter Systems | | | |
| ○ Infiltration Basins | | | |
| ○ Open Channels | | | |
| ○ Ponds | | | |
| ○ Wetlands | | | |
| ○ Other | | | |

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

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

○ Building Codes ○ Municipal Comprehensive Plans

○ Overlay Districts ○ Open Space Preservation Program

○ Zoning ○ Local Law or Ordinance

● None NT MS4 ○ Land Use Regulation/Zoning

○ Watershed Plans ○ Other Comprehensive Plan

○ Other:

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

**4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?**

○ Yes ● No

**4b. Does the MS4 have a banking and credit system for stormwater management practices?**

○ Yes ● No

**4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?**

○ Yes ● No

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

0

**5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?**

0 %

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# MS4 Annual Report Form

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Develop an inventory and inspection program for post-construction stormwater management practices.

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

Inventory of post-construction stormwater management practices.
Number of post-construction stormwater management practices inspected.

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

7

*(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).**

Maintain inventory of all post-construction stormwater management practices.
Plan to inspect 20% of post-construction stormwater management practices per year.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID6: NYR20A272

## 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.**

Conduct maintenance on post-construction stormwater management practices as needed.

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

Number and type of post-construction stormwater management practices maintained.

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

7

*(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 to conduct maintenance on post-construction stormwater management practices as needed.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

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

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

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

How many MS4s contributed to this report? ___

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

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

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

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

| | | |
|---|---|---|
| ○ Parking Lots Swept (Number of acres X Number of times swept) | # Acres | |
| ● Streets Swept (Number of miles X Number of times swept) | # Miles | 647 |
| ● Catch Basins Inspected and Cleaned Where Necessary | # | 299 |
| ● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary | # | 7 |
| ○ Phosphorus Applied In Chemical Fertilizer | # Lbs. | |
| ○ Nitrogen Applied In Chemical Fertilizer | # Lbs. | |
| ○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) | # Acres | . |

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?** 14

**4. What was the date of the last training?** 03/08/2021

**5. How many municipal employees have been trained in this reporting period?** 2

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?** 100 %

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Inspect catch basins and clean as needed.

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

Number of catch basins inspected.

Number of catch basins cleaned.

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

299

*(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 to inspect catch basins and clean as needed.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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

Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Conduct street sweeping.

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

Number of miles of street swept.

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

647

*(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 to sweep streets.

# MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2021**

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Name of MS4/Coalition: ERIE COUNTY

SPDES ID: NYR20A272

## 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.**

Create an inventory of operations/activities/facilities that are subject to environmental assessment requirement.
Conduct environmental assessment of each operation/activity/facility every three years.

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

Number of environmental assessments performed.

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

5

*(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).**

Conduct environmental assessment of each operation/activity/facility every three years.

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N/A

# MS4 Annual Report Form

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

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

Name of MS4/Coalition ____

SPDES ID NYR20A___

## Additional Watershed Improvement Strategy Best Management Practices

N/A

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

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

How many MS4s contributed to this report? ____

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

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

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

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

   If N/A, go to question 3.

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

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

# MS4 Annual Report Form

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

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

Name of MS4/Coalition _____

SPDES ID N Y R 2 0 A ___

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

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

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

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

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

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

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

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

○ No Projects Planned

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

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

# MS4 Annual Report Form

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

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

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

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

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

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