



**MS4 Annual Report Cover Page**

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

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

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## MS4 Annual Report Cover Page

MCC form for period ending March 9, 

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### Required Forms

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices*.

### Reporting Requirements

- \* **Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.**
- \* **Joint reports may be submitted by permittees with legally binding agreements as follows:**
  - > *Each* MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
  - > A coalition may submit information on behalf of its members as follows:
    1. Submit one form for each of the Minimum Measures (and if required, *Additional Watershed Improvement Strategy Best Management Practices*) on behalf of all the MS4s in the coalition, or
    2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

**The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.**

### Instructions for completing forms

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.







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

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

Name of MS4 Village of Central Square

SPDES ID  
N Y R 2 0 A 4 0 3

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name  
M i c h a e l           A v e r y

Title  
S u p e r i n t e n d e n t , D P W

Address  
P O B o x 5 0 9

City State Zip  
C e n t r a l S q u a r e N Y 1 3 0 3 6 -

eMail

Phone County  
( 3 1 5 ) 6 6 8 - 2 5 5 8 O s w e g o

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

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

Name of MS4 Village of Central Square

SPDES ID

N Y R 2 0 A 4 0 3

**Section 2 - Contact Information**Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
- Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name

D a v i d

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Last Name

H a n n y

Title

M a n a g i n g E n v . S c i e n t i s t

Address

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City

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1 3 2 2 0 -

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( 3 1 5 ) 4 5 7 - 5 2 0 0

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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

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**4. Evaluating/Measuring Progress MCM 1**

What indicators do you use to evaluate the overall effectiveness of your Education and Outreach Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**   
(year)      **Frequency:**   
(ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**   
(year)      **Frequency:**   
(ex.: annual, monthly, biweekly)

#   
(ex.: samples/participants/events)

**Results:**

**Submit additional pages as needed.**









**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 

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| Village of Central Square |
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**4. 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.

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

**5.a. Was an Annual Report public meeting held in this reporting period?**  Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**  Yes  No

If No, is one planned for each?

Yes  No

**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

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**6. Evaluating/Measuring Progress MCM 2**

What indicators do you use to evaluate the overall effectiveness of your Public Involvement/Participation Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**

(year)

**Frequency:**

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

Attendance at public events has increased 200% since 2005.

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**

(year)

**Frequency:**

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

The Village has opted to post the annual report rather than host a formal presentation per the MS4 permit. Comments will be addressed as they are received and will be reported on next year's annual report.

**Submit additional pages as needed.**







**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

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**12. Evaluating/Measuring Progress MCM 3**

What indicators do you use to evaluate the overall effectiveness of your Illicit Discharge Elimination Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**

(year)

**Frequency:**

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

Since 2005, the number of annual inspections has doubled. We have developed a tracking system and illicit discharges that have been identified are being eliminated, on average, within a week of discovery.

\* This indicator is provided as an example only.

**Indicator:**

**Began Tracking:**

(year)

**Frequency:**

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

Of the outfalls inspected, none exhibited dry weather flows. Therefore, no illicit discharges were investigated in Year 6 except that already noted (floor drain connected to storm sewer system).

Submit additional pages as needed.

**MS4 Annual Report Form**

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Name of MS4/Coalition 

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| Village of Central Square |
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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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**1. Has each Town, City and/or Village contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equal protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

If Yes, provide date of equivalent NYS Sample Local Law.  09/2004  03/2006

**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?**

|  |  |   |
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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

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

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

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

- Notices of Violation # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|

 No Authority
- Stop Work Orders # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|

 No Authority
- Criminal Actions # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|

 No Authority
- Termination of Contracts # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|

 No Authority
- Administrative Fines # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|

 No Authority
- Civil Penalties # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|

 No Authority
- Administrative Orders # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|

 No Authority
- Other # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|

 No Authority

**MS4 Annual Report Form**

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

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 0 | 9 |
|---|---|---|---|

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 Central Square |
|---------------------------|

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 4 | 0 | 3 |
|---|---|---|---|---|---|---|---|---|

**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|
2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

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

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

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

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

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

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 | 0 | 9 |
|---|---|---|---|

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 Central Square |
|---------------------------|

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 4 | 0 | 3 |
|---|---|---|---|---|---|---|---|---|

**7. Evaluating/Measuring Progress MCM 4**

What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

|                         |
|-------------------------|
| Percent SWPPPs reviewed |
|-------------------------|

**Began Tracking:**

|      |
|------|
| 2005 |
|------|

(year)

**Frequency:**

|                 |
|-----------------|
| Upon submission |
|-----------------|

(ex.: annual, monthly, biweekly)

#

|           |
|-----------|
| 50 SWPPPs |
|-----------|

(ex.: samples/participants/events)

**Results:**

|   |
|---|
| 100% of SWPPPs were reviewed. 50% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards. |
|---|

\* This indicator is provided as an example only.

**Indicator:**

|  |
|--|
| # of construction sites requiring enforcement action |
|--|

**Began Tracking:**

|      |
|------|
| 2008 |
|------|

(year)

**Frequency:**

|          |
|----------|
| Annually |
|----------|

(ex.: annual, monthly, biweekly)

#

|   |
|---|
| 0 |
|---|

(ex.: samples/participants/events)

**Results:**

|   |
|---|
| There is no active construction currently occurring in the Village in Year 6. |
|---|

Submit additional pages as needed.



**MS4 Annual Report Form**

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

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 0 | 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 | 4 | 0 | 3 |
|---|---|---|---|---|---|---|---|---|

**4. Evaluating/Measuring Progress MCM 5**

What indicators do you use to evaluate the overall effectiveness of your Post-Construction Stormwater Management Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**

(year)

**Frequency:**

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

During this reporting period, we experienced average rainfall, but DPW records show that the number of incidences of flooding in the business district fell 25%. This is attributable to increased inspection and maintenance of post construction BMPs.

*\* This indicator is provided as an example only.*

**Indicator:**

**Began Tracking:**

(year)

**Frequency:**

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

Inspections will begin during Year 7. All permanent stormwater management practices will be inventoried and inspected by an outside consulting firm, and maintenance recommendations will be sent to the Village.

**Submit additional pages as needed.**

**MS4 Annual Report Form**

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

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|---|---|---|---|
| 2 | 0 | 0 | 9 |
|---|---|---|---|

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 Central Square |
|---------------------------|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 4 | 0 | 3 |
|---|---|---|---|---|---|---|---|---|

**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.**

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

**MS4 Annual Report Form**

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

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 0 | 9 |
|---|---|---|---|

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 Central Square |
|---------------------------|

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 4 | 0 | 3 |
|---|---|---|---|---|---|---|---|---|

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

- |   |         |  |   |   |  |   |   |
|---|---------|--|---|---|--|---|---|
| <input type="radio"/> Parking Lots Swept  | # Acres | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> |   |   |  |   | 1 |
|   |         |  |   | 1 |  |   |   |
| <input type="radio"/> Streets Swept   | # Miles | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>7</td></tr></table> |   |   |  |   | 7 |
|   |         |  |   | 7 |  |   |   |
| <input type="radio"/> Catch Basins Inspected and Cleaned Where Necessary  | #       | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>5</td><td>0</td></tr></table> |   |   |  | 5 | 0 |
|   |         |  | 5 | 0 |  |   |   |
| <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>0</td></tr></table> |   |   |  |   | 0 |
|   |         |  |   | 0 |  |   |   |
| <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>0</td></tr></table> |   |   |  |   | 0 |
|   |         |  |   | 0 |  |   |   |
| <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>0</td></tr></table> |   |   |  |   | 0 |
|   |         |  |   | 0 |  |   |   |
| <input type="radio"/> Pesticide/Herbicide Applied As Pure Product   | # Lbs.  | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |   |   |  |   | 0 |
|   |         |  |   | 0 |  |   |   |

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

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 2 |
|--|--|--|--|---|

**4. What was the date of the last training?**

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | / | 2 | 8 | / | 2 | 0 | 0 | 9 |
|---|---|---|---|---|---|---|---|---|---|

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

|  |   |   |
|--|---|---|
|  | 1 | 5 |
|--|---|---|

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

|  |   |   |   |
|--|---|---|---|
|  | 7 | 5 | % |
|--|---|---|---|

**MS4 Annual Report Form**

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

|   |   |   |   |
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| 2 | 0 | 0 | 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

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 4 | 0 | 3 |
|---|---|---|---|---|---|---|---|---|

**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

**Example\*:**

**Indicator:**

**Began Tracking:**

(year)

**Frequency:**

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.

\* This indicator is provided as an example only.

**Indicator:**

**Began Tracking:**

(year)

**Frequency:**

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

**Results:**

Planning and zoning still requires training, but all DPW and Police Department personnel received training. This leaves less than 25% of the relevant stormwater personnel who have yet to receive training.

Submit additional pages as needed.

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2009

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 Central Square

SPDES ID  
NYR20A403

### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?    

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

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

**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.  N A %

Estimate what percentage was mapped in this reporting period.  N A %

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

**MS4 Annual Report Form**

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

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 0 | 9 |
|---|---|---|---|

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 Central Square |  |  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|--|

 SPDES ID 

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 4 | 0 | 3 |
|---|---|---|---|---|---|---|---|---|

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

|                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | N | A |
|--------------------------|---|---|

 %
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) 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
7. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A
- 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
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