

MS4 Annual Report Cover Page

MCC form for period ending March 9,

2	0	1	1
---	---	---	---

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

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	1
---	---	---	---

Name of MS4

Village of Central Square

SPDES ID

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

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name

M	i	c	h	a	e	l													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

--

 Last Name

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

C	e	n	t	r	a	l		S	q	u	a	r	e																									
---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	3	0	3	6	-				
---	---	---	---	---	---	--	--	--	--

eMail

c	e	n	t	r	a	l	s	q	u	a	r	e	v	i	l	l	a	g	e	c	l	e	r	k	@	c	n	y	m	a	i	l
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone

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

 County

O	s	w	e	g	o														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	1
---	---	---	---

Name of MS4

Village of Central Square

SPDES ID

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

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name

D	a	v	i	d															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

R

 Last Name

H	a	n	n	y															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

M	a	n	a	g	i	n	g		E	n	v	i	r	o	n	m	e	n	t	a	l		S	c	i	e	n	t	i	s	t	
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--

Address

2	9	0		E	l	w	o	o	d		D	a	v	i	s		R	o	a	d	,		B	o	x		3	1	0	7		
---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	--	---	---	---	---	--	--

City

S	y	r	a	c	u	s	e																													
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	3	2	2	0	-				
---	---	---	---	---	---	--	--	--	--

eMail

d	h	a	n	n	y	@	b	a	r	t	o	n	a	n	d	l	o	g	u	i	d	i	c	e	.	c	o	m						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Phone

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

 County

O	n	o	n	d	a	g	a												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 Village of Central Square

SPDES ID
N Y R 2 0 A 4 0 3

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C N Y R e g i o n a l P l a n n i n g a n d

Partner/Coalition Name (con't.)

D e v e l o p m e n t B o a r d

SPDES Partner ID - If applicable
N Y R 2 0

Address

1 2 6 N o r t h S a l i n a S t r e e t

City

S y r a c u s e

State

N Y

Zip

1 3 2 0 2 -

eMail

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

Phone

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

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

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

MM1 P u b l i c E d u c a t i o n / o u t r e a c h

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

CNYRPDB hosts an education program that addresses the impacts of phosphorus, nitrogen, and pathogens on waterbodies.

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

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.

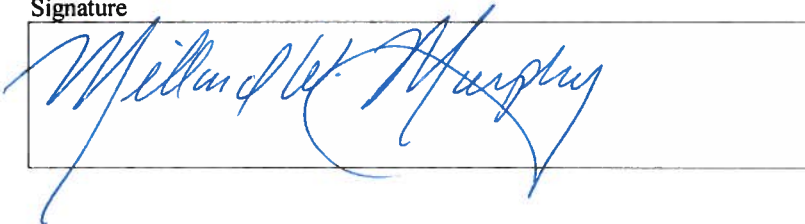
First Name

MI

Last Name

Title (Clearly print title of individual signing report)

Signature



Date

/ /

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

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

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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
---	---	---	---	---	---	---	---	---

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

- | | | | | | | | |
|--|---------------------|--|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Direct Mailings | # Mailings | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>4</td></tr></table> | | | | | 4 |
| | | | | 4 | | | |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>2</td><td>1</td><td>8</td></tr></table> | | | 2 | 1 | 8 |
| | | 2 | 1 | 8 | | | |
| <input checked="" type="radio"/> List-Serves | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>3</td></tr></table> | | | | | 3 |
| | | | | 3 | | | |
| <input checked="" type="radio"/> Mailing List | # In List | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>7</td></tr></table> | | | | | 7 |
| | | | | 7 | | | |
| <input checked="" type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> | | | | | 1 |
| | | | | 1 | | | |
| <input type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> School Program | # Attendees | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> TV Spot/Program | # Days Run | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td>1</td><td>3</td><td>8</td><td>5</td></tr></table> | | 1 | 3 | 8 | 5 |
| | 1 | 3 | 8 | 5 | | | |

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

L	i	b	r	a	r	i	e	s	,	S	c	h	o	o	l	s		
M	u	n	i	c	i	p	a	l		B	u	i	l	d	i	n	g	s
G	a	r	d	e	n		C	e	n	t	e	r	s					

Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

URL

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

URL

c	n	y	r	p	d	m	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	m	s	4	/	A	n	n	u	a
l	R	e	p	o	r	t	i	n	g	.	a	s	p																		

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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 Squiare

SPDES ID

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

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

URL

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

URL

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

URL

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

URL

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

URL

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

URL

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

URL

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

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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

URL

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

URL

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

URL

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

URL

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

URL

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

URL

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

URL

c	n	y	r	p	d	b	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	/	t	r	a	i	n	i	n	g	2	
0	1	1	.	a	s	p																										

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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

URL

v	i	l	l	a	g	e	o	f	c	e	n	t	r	a	l	s	q	u	a	r	e	-	n	y	.	u	s	/	l	i	v
e	/	e	n	v	i	r	o	n	m	e	n	t	/	m	s	4	-	i	n	f	o	.	p	h	p						

URL

v	i	l	l	a	g	e	o	f	c	e	n	t	r	a	l	s	q	u	a	r	e	-	n	y	.	u	s	/	l	i	v
e	/	e	n	v	i	r	o	n	m	e	n	t	/	d	o	c	s	/	y	e	a	r	-	7	-	m	s	4	-	2	0
1	0	.	p	d	f																										

URL

v	i	l	l	a	g	e	o	f	c	e	n	t	r	a	l	s	q	u	a	r	e	-	n	y	.	u	s	/	l	i	v
e	/	e	n	v	i	r	o	n	m	e	n	t	/	d	o	c	s	/	H	o	u	s	e	h	o	l	d	-	G	u	i
d	e	-	t	o	-	P	r	e	v	e	n	t	i	n	g	-	S	t	o	r	m	w	a	t	e	r	-	P	o	l	l

URL

u	t	i	o	n	.	p	d	f																						

URL

v	i	l	l	a	g	e	o	f	c	e	n	t	r	a	l	s	q	u	a	r	e	-	n	y	.	u	s	/	l	i	v
e	/	e	n	v	i	r	o	n	m	e	n	t	/	d	o	c	s	/	S	p	r	i	n	g		Y	a	r	d		a
n	d		L	a	w	n		c	a	r	e	.	p	d	f																

URL

v	i	l	l	a	g	e	o	f	c	e	n	t	r	a	l	s	q	u	a	r	e	-	n	y	.	u	s	/	l	i	v
e	/	e	n	v	i	r	o	n	m	e	n	t	/	d	o	c	s	/	F	o	o	d	.	p	d	f					

URL

v	i	l	l	a	g	e	o	f	c	e	n	t	r	a	l	s	q	u	a	r	e	-	n	y	.	u	s	/	l	i	v
e	/	e	n	v	i	r	o	n	m	e	n	t	/	d	o	c	s	/	P	o	o	l	s	.	p	d	f				

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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. 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.

Maintain a regional stormwater website and information library for reference and use by regulated MS4s and the general public in the Syracuse Urban Area.

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

The stormwater website is successfully functioning as a public education tool based on recorded number of "hits" during the current reporting period (19,996). This represents a 77% increase in web users over the previous program year. Monthly web user statistics show that both the municipal and general public pages are being accessed on a regular basis.

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

		1	2
--	--	---	---

*(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).

New information will continuously be added to the regional stormwater website to ensure the information presented is current relative to evolving program requirements and local needs.

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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. 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.

Provide direct information on topics of interest to construction contractors and developers through three direct informational mailings between June 2009 and May 2010.

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

Feedback from County Soil & Water Conservation staff responsible for conducting contractor training courses indicated that the information presented to local contractors through targeted mailings helped raise general awareness of evolving program responsibilities as reflected in comments and questions they received during training sessions.
--

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

			1
--	--	--	---

*(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).

A contractor "newsletter" will be developed (500 printed pieces) and distributed to local contractors and developers. Information will be presented relative to new and redevelopment design processes and considerations, runoff volume reduction practices, implications of new design standards on construction, etc. The newsletter will be mailed in June 2011.
--

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Develop a multi-page stormwater education supplement to the Syracuse Post Standard targeted toward the general public. The supplement will present basic information on stormwater pollutants, pathways, impacts, and controls and will be distributed within all home delivery and point-of-sale editions of the Post Standard sold in Madison, Onondaga, and Oswego Counties on a single day in Spring 2010.
--

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

The 4-page supplement to the Syracuse Post Standard was published April 22, 2010 as the centerfold of the Neighbors section. Excluding point-of-sale copies, the insert was delivered to 250,000 homes. An additional 300 copies were distributed to MS4s upon their request, and were made available at various municipal buildings and public events. Positive feedback from local water quality partners and the general public indicated that the level and quality of the piece were appropriate and useful.

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

9	9	9	9
---	---	---	---

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

A similar 4-page informational insert will be published in the Post Standard on April 26, 2011. The insert will be placed in a more prominent location within the main section of the newspaper for greater visibility.

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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. 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.

Conduct a follow-up to the 2007 SUA Stormwater Public Education Survey to assess the effectiveness of ongoing regional education and outreach efforts, and to identify areas in need of improvement.
--

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

The stormwater education survey was posted on Survey Monkey and publicized in various newsletters, websites, public libraries, and press releases to 55 local medial outlets in the SUA. 300 entries were returned and analyzed. Public feedback on past educational efforts formed the basis for modifying continuing public education programs. Recommendations made in the final survey analyses report have been incorporated into 2011 - 2012 public education program.
--

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

	3	0	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).

No specific follow-up to the survey is planned; however, recommendations from the survey report will continue to be implemented.
--

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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. 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 and/or modify and distribute existing education and outreach materials for primary target audiences. Topics may include low-phosphorus/no-phosphorus fertilizer, soil testing, pet waste, native plants to control erosion, and/or the dangers of discharging materials into storm sewers. Request feedback on these materials.

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

Three posters were designed, printed, and distributed to 69 public elementary, 29 public middle, and 24 public senior high schools in the SUA, along with information on stormwater education efforts and issues. Posters were displayed in public areas within each school building in May 2010. A landscaping, lawn, and garden care brochure and flyer was developed and distributed to commercial nurseries, garden shops, garden clubs, libraries, and municipal buildings.
--

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

	1	2	2
--	---	---	---

*(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).

Due to the lack of requested feedback and requests for additional materials and/or information, these activities have been deemed to be ineffective at the current level and have been suspended. They will be resumed if an appropriate funding source is identified that will support a major expansion of efforts. However, the primary messages will continue to be relayed through short articles in the "Green CNY" section of the Syracuse Post Standard.
--

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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

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

0	5	/	2	7	/	2	0	1	1
---	---	---	---	---	---	---	---	---	---

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

3	7	0
---	---	---

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?

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

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

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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 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.

The measurable goal tracked in Year 8 was the number of comments on the Year 7 annual report.

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

There were no comments on the Year 7 annual report.

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

			1
--	--	--	---

*(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).

The Village will continue to host the annual reports on their website via the MS4 web pages.
--

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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.

The measurable goal tracked during Year 8 was the number of dry-weather flows identified.

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

All outfalls were inspected during Year 8, and no dry-weather flows were identified.

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).

Outfall inspections will continue in Year 9, as the MS4 plans to inspect each outfall annually. Therefore, 100% of the outfalls will be inspected ahead of the schedule set by the MS4 permit.

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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 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 certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004 03/2006 NT

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

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

		1
--	--	---

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

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

		0
--	--	---

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

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

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

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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?

		1
--	--	---

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? NT

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

 %

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

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

 %

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

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

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

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

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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 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.

The measurable goal tracked during Year 8 was the number of construction sites requiring enforcement action.
--

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

No construction sites were active during the reporting period, so enforcement actions were not necessary.

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

			1
--	--	--	---

*(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).

One construction SWPPP was approved during Year 8, indicating that construction will likely take place during Year 9. Any enforcement action deemed necessary on the site will be reported in the Year 9 AR.
--

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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?

	2	5	%
--	---	---	---

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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.

The measurable goal tracked during Year 8 was the number of stormwater management practices inspected.
--

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

All stormwater management practices were inspected in Year 8.

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

			8
--	--	--	---

*(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).

Inspections and maintenance activities will continue in Year 9.

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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.

A measurable goal for Year 8 was identification of facilities which may require stormwater retrofits to improve stormwater controls or replace ineffective controls.
--

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

Preliminary analysis has identified two facilities within the MS4 that may be possibilities for stormwater retrofits.

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

			2
--	--	--	---

*(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).

In Year 9, additional information will be gathered to determine which of these are priority sites and, for those sites, what possible practices and/or mitigation strategies can be identified.

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input checked="" type="radio"/> Yes	<input 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	1	1
---	---	---	---

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:

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

				1
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

			1	6
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

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

				8
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

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

			0	.	0
--	--	--	---	---	---

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

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

				1
--	--	--	--	---

4. What was the date of the last training?

0	4	/	0	1	/	2	0	1	0
---	---	---	---	---	---	---	---	---	---

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?

	2	5	%
--	---	---	---

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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 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.

The measurable goal tracked during Year 8 was the number of training sessions provided to relevant staff.

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

One training session was provided to relevant staff (Code Enforcement and Highway Department). The Code Enforcement Officer for Central Square is the same Code Enforcement Officer for the Town of Hastings.

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

			1
--	--	--	---

*(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).

No training activities are planned at this time for Year 9; however, opportunities for training will be explored.

MS4 Annual Report Form

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

2	0	1	1
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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)
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,

2	0	1	1
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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,

2	0	1	1
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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