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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition: Town of Mount Hope

SPDES ID: NYR20A245

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	3
● Streets Swept (Number of miles X Number of times swept)	# Miles	14
● Catch Basins Inspected and Cleaned Where Necessary	#	
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	1
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 3 / 12 / 2012

5. How many municipal employees have been trained in this reporting period? 16

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