



# 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 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 

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Name of MS4 

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**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name 

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

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| <input type="radio"/> Construction Site Operators Trained    | # Trained           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>           |   |   |   |   |   |   |
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| <input checked="" type="radio"/> Kiosks or Other Displays    | # Locations         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table>           |   |   |   |   | 1 |   |
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| <input checked="" type="radio"/> Public Events/Presentations | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td>1</td><td>7</td></tr></table>           |   |   |   | 1 | 7 |   |
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| <input type="radio"/> School Program                         | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>           |   |   |   |   |   |   |
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Locations (e.g. libraries, town offices, kiosks)

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

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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

|                    |
|--------------------|
| Town of Mount Hope |
|--------------------|

SPDES ID

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

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

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

|   |
|---|
| The Town has conducted various events including presentations at the local schools, Town wide clean up days and has placed numerous ads regarding the recycling programs. |
|---|

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

|   |
|---|
| Participation in the Towns recycling programs has jumped dramatically since instituting the electronics recycling program. Excellent participation in the Town wide clean up days. Less roadside waste. People spotted wearing stormwater t-shirts. |
|---|

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

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

|   |
|---|
| Continuing to promote the numerous recycling programs: electronics, waste oil, C&D, batteries. Also, continued clean up day programs. |
|---|



### 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

SPDES ID  
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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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**3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?**

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department  

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- Library  Annual Report  SWMP Plan  Comments

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- Other  Annual Report  SWMP Plan  Comments

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

- eMail  Comments

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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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| Town of Mount Hope |  |  |  |  |  |  |  |  |  |
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**4.a. If this report was made available on the internet, what date was it posted?**

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

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

|  |  |   |  |  |   |  |  |  |  |
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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

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

**MS4 Annual Report Form**

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

|   |   |   |   |
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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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| Town of Mount Hope |
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SPDES ID

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

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

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

|   |
|---|
| Encouraging increased participation in our recycling program and clean up days. Trying to expand the education getting organizations interested in the adopt-a-highway program. |
|---|

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

|  |
|--|
| Clean up days are very well attended and participation in the recycling programs has increased - especially the electronics recycling program. |
|--|

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

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

|  |
|--|
| The Town has met its goals and plans to continue to implement and encourage participation. |
|--|







**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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| Town of Mount Hope |
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SPDES ID

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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

|   |
|---|
| Continue to observe and monitor outfalls. |
|---|

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

|   |
|---|
| No discharge detected - effectively 100%. |
|---|

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

|  |   |   |   |
|--|---|---|---|
|  | 2 | 6 | 5 |
|--|---|---|---|

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

|  |
|--|
| Continue to observe outfalls and mapping of expanded MS4 outfalls. |
|--|

**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

Town of Mount Hope

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

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

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

How many MS4s contributed to this report? 

|  |  |  |
|--|--|--|
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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**

Yes    No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**

Yes    No    NT

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

09/2004    03/2006    NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**

Yes    No

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

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

Yes    No    NT

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

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

Yes    No

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

- Notices of Violation # 

|  |  |  |  |  |   |
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 No Authority
- Stop Work Orders # 

|  |  |  |  |  |   |
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 No Authority
- Criminal Actions # 

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 No Authority
- Termination of Contracts # 

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- Administrative Fines # 

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 No Authority
- Civil Penalties # 

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 No Authority
- Administrative Orders # 

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 No Authority
- Enforcement Actions or Sanctions # 

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 No Authority

**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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| Town of Mount Hope |
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

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

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

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

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 

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

 %

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

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

 %

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

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

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

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



**MS4 Annual Report Form**

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

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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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| Town of Mount Hope |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|

**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.**

Requiring compliance with SWMPP

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

Construction projects have remained in compliance.

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

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

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

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

Yes    No

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

Yes    No

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

Continue to review SWMPP requirements.



**MS4 Annual Report Form**

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

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Name of MS4/Coalition

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| Town of Mount Hope |
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SPDES ID

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

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

Yes  No

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

Yes  No

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

Yes  No

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

|  |  |   |
|--|--|---|
|  |  | 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?**

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

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| Town of Mount Hope |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|

**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.**

|  |
|--|
| Conducting inspection for post construction SWMPP's. |
|--|

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

|  |
|--|
| No violations or maintenance required. |
|--|

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

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

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

|  |
|--|
| Continue inspection of existing and new SWMPP's. |
|--|

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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| Town of Mount Hope |
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SPDES ID  

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|

**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 checked="" type="radio"/> Yes | <input type="radio"/> No |
| Street Maintenance.....                           | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Bridge Maintenance.....                           | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Winter Road Maintenance.....                      | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Salt Storage.....                                 | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Solid Waste Management.....                       | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| New Municipal Construction and Land Disturbance.. | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Right of Way Maintenance.....                     | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Marine Operations.....                            | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Hydrologic Habitat Modification.....              | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Parks and Open Space.....                         | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Municipal Building.....                           | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Stormwater System Maintenance.....                | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Vehicle and Fleet Maintenance.....                | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Other.....  | <input type="radio"/> Yes   | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

**MS4 Annual Report Form**

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

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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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| Town of Mount Hope |
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SPDES ID

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**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 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 8 | 9 |
|--|--|--|---|---|
- Catch Basins Inspected and Cleaned Where Necessary # 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 9 | 8 |
|--|--|--|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|
- 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?**

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

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

|  |  |   |  |  |   |  |  |  |
|--|--|---|--|--|---|--|--|--|
|  |  | / |  |  | / |  |  |  |
|--|--|---|--|--|---|--|--|--|

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

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

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

|  |  |   |   |
|--|--|---|---|
|  |  | 0 | % |
|--|--|---|---|

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

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|--------------------|
| Town of Mount Hope |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|

**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.**

|   |
|---|
| Clean and inspect catch basins streets swept as needed. |
|---|

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

|                                       |
|---------------------------------------|
| Less silt and debris in catch basins. |
|---------------------------------------|

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

|  |  |   |   |
|--|--|---|---|
|  |  | 3 | 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).**

|  |
|--|
| Continue to maintain these good practices. |
|--|

### MS4 Annual Report Form

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

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

Name of MS4/Coalition Town of Mount Hope

SPDES ID  
N Y R 2 0 A 2 4 5

### 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            | 1,2,3,4,5,6,7a-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             |
| <b>Onondaga Lake Watershed</b>  |                          |                        |                        |
| 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             |
| <b>Greenwood Lake Watershed</b> |                          |                        |                        |
| 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             |
| <b>Oyster Bay</b>               |                          |                        |                        |
| 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              |
| <b>Peconic Estuary</b>          |                          |                        |                        |
| 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 |
| <b>Oscawana Lake Watershed</b>  |                          |                        |                        |
| 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             |
| <b>LI 27 Embayments</b>         |                          |                        |                        |
| 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, 

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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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| Town of Mount Hope |
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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|

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? 

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

 %
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? 

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|
- 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,**

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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  

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|

**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