

# **TOWN OF ORCHARD PARK**

**SPDES GENERAL PERMIT FOR  
STORMWATER DISCHARGES  
SMALL MUNICIPAL SEPARATE STORM SEWER (MS4s)  
SPDES #NYR20A137**



**REPORTING PERIOD  
MARCH 9, 2020 – MARCH 10, 2021**

**STORMWATER PHASE II ANNUAL REPORT**

File #2014.014



MS4 Annual Report Cover Page

MCC form for period ending March 9, 2021

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

SPDES ID  
 NYR 20A 137

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

T o w n o f O r c h a r d P a r k

OR

- This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

OR

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

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

Name of Coalition

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

SPDES ID

NYR 20A

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2021

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

SPDES ID  
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, 2021

Name of MS4

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply: Duplicate this page as needed to include information for each contact.

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2021

Name of MS4

SPDES ID

## 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  MI  Last Name

Title

Address

City  State  Zip  -

eMail

Phone  County





# MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2021

Name of MS4

SPDES ID  

N	Y	R	2	O	A	1	3	7
---	---	---	---	---	---	---	---	---

## Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Yes  No

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

W e s t e r n N Y S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (con't.)

c / o E r i e C o u n t y D E P

SPDES Partner ID - If applicable

N Y R 2 0

Address

9 5 F r a n k l i n S t r e e t

City

B u f f a l o

State Zip

N Y 1 4 2 0 2 -

eMail

m a r y . m a c s w a n @ e r i e . g o v

Phone

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

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 M u l t i p l e T a s k s
- MM2 M u l t i p l e T a s k s
- MM3 M u l t i p l e T a s k s - T r a i n i n g & E d
- MM4 T r a i n i n g & E d u c a t i o n
- MM5 T r a i n i n g & E d u c a t i o n
- MM6 T r a i n i n g & E d u c a t i o n

Additional tasks/responsibilities

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

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

MCC form for period ending March 9, 2021

Name of MS4

SPDES ID  
N Y R 2 0 A 1 3 7

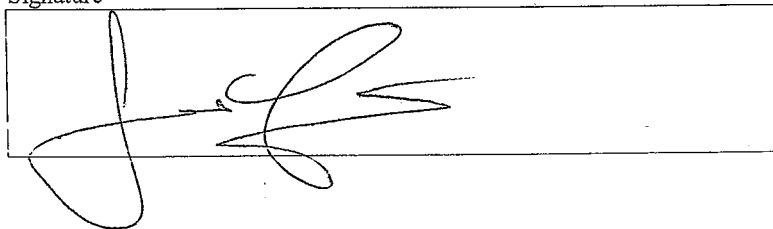
**Section 4 - Certification Statement**

"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 Officeat:

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 2 1

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 1 3 7

**Water Quality Trends**

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

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

How many MS4s are contributed to this report?

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

Yes  No

If Yes, choose one of the following

- Report(s) attached to the annual report
- Web Page(s) where report(s) is/are provided below

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

URL  


URL  


URL  


URL  


# MS4 Annual Report Form

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

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

Name of MS4/Coalition:

SPDES ID

## Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

### 1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- Construction Sites
- General Stormwater Management Information
- Household Hazardous Waste Disposal
- Illicit Discharge Detection and Elimination
- Infrastructure Maintenance
- Smart Growth
- Storm Drain Marking
- Green Infrastructure/Better Site Design/Low Impact Development
- Other:
- Pesticide and Fertilizer Application
- Pet Waste Management
- Recycling
- Riparian Corridor Protection/Restoration
- Trash Management
- Vehicle Washing
- Water Conservation
- Wetland Protection
- None

S	t	o	r	m	w	a	t	e	r		M	a	n	a	g	e	m	e	n	t		P	r	a	c	t	i	c	e	s		
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--

Other

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

- Public Employees
- Contractors
- Residential
- Developers
- Businesses
- General Public
- Restaurants
- Industries
- Other:
- Agricultural

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

Other

### MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

T	o	w	n	o	f	O	r	c	h	a	r	d	P	a	r	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

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

- |   |                     |   |   |   |   |   |   |
|---|---------------------|---|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained    | # Trained           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td>7</td><td>6</td></tr></table>   |   |   |   | 7 | 6 |
|   |                     |   | 7 | 6 |   |   |   |
| <input type="radio"/> Direct Mailings                                   | # Mailings          | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>     |   |   |   |   |   |
|   |                     |   |   |   |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays               | # Locations         | <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"/> List-Serves                                       | # In List           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>     |   |   |   |   |   |
|   |                     |   |   |   |   |   |   |
| <input type="radio"/> Mailing List                                      | # In List           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>     |   |   |   |   |   |
|   |                     |   |   |   |   |   |   |
| <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 checked="" type="radio"/> Public Events/Presentations DIY Videos | # Attendees         | <table border="1" style="display: inline-table;"><tr><td></td><td>1</td><td>0</td><td>2</td><td>4</td></tr></table> |   | 1 | 0 | 2 | 4 |
|   | 1                   | 0   | 2 | 4 |   |   |   |
| <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>4</td><td>2</td><td>3</td></tr></table>           |   | 4 | 2 | 3 |   |
|   | 4                   | 2   | 3 |   |   |   |   |

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

M	S	4		P	u	b	l	i	c		B	u	i	l	d	i	n	g	s
K	i	o	s	/	D	i	s	p	l	a	y	s							
L	i	b	r	a	r	y		3	7	E	r	i	e		4	N	i	a	g
C	o	u	n	t	y		S	W	C	D	s								

Other:

T	r	a	i	n	i	n	g	-	E	d		H	a	n	d	o	u	t	s
---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---

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

URL

w	w	w	.	e	r	i	e	.	g	o	v	/	s	t	o	r	m	w	a	t	e	r								

URL

w	w	w	.	o	r	c	h	a	r	d	p	a	r	k	n	y	.	o	r	g	/									
d	e	p	a	r	t	m	e	n	t	s	/	s	t	o	r	m	w	a	t	e	r	-								
m	a	n	a	g	e	m	e	n	t																					

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

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

URL


URL


URL


URL


URL


URL


URL


**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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.**

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

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

Pollutants of Concern: sediment/silt; pathogens; floatables; phosphorous Waterbodies of Concern: Smokes Creek & Tributaries, Green Lake Geographic Areas of Concern: Water shed areas associated with Smokes Creek and Green Lake Target Audiences: households; developers; contractors;
---

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

			4
--	--	--	---

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

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

Yes    No

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

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

**MS4 Annual Report Form**

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

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

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 Orchard Park

SPDES ID

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

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

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

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

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

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

Maintained records of number of educational materials distributed. Due to COVID no brochures were distributed in the Orchard Park Municipal Building.

Rain barrel display at Niagara County DMV site - Niagara Falls.

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

4	2	3
---	---	---

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

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



**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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.**

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

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

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

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

			0
--	--	--	---

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

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

Teacher education packages are a bi-ennial BMP.

Yes  No

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

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



**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

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

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

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

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

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

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

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

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

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).**

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

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

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

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

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

Post PSAs on WNY Stormwater Coalition webpage.

Use PSAs at public meetings, in school programs and at community events as appropriate.

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

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

PSAs on webpage ([www.erie.gov/stormwater](http://www.erie.gov/stormwater)).

DIY videos on rain barrel use/home composting (647): [https://fb.watch/4ty\\_vNXRLf/](https://fb.watch/4ty_vNXRLf/)

building a rain barrel (1200): [https://fb.watch/4ty\\_vNXRLf/](https://fb.watch/4ty_vNXRLf/)

winterizing a rain barrel (155): [https://fb.watch/4tz63\\_piOH/](https://fb.watch/4tz63_piOH/)

pop bottle rain garden demonstration (222): virtual event

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

2	2	2	4
---	---	---	---

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

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

Yes  No

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

Yes  No

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

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

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition: 

T	o	w	n	o	f	O	r	c	h	a	r	d	P	a	r	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 2. Public Involvement/Participation**

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

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

How many MS4s contributed to this report? 

--	--	--

**1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:**

- Cleanup Events # Events 

	1	0	7
--	---	---	---
- Comments on SWMP Received # Comments 

		3	9
--	--	---	---
- Community Hotlines Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

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

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--

Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

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

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--

Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

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

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--

Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

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

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--

Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Community Meetings (All WNYSC meetings open to public) # Attendees 

	1	3	7
--	---	---	---
- Plantings Sq. Ft. 

2	4	6	
---	---	---	--
- Storm Drain Markings # Drains 

--	--	--	--
- Stakeholder Meetings # Attendees 

--	--	--	--
- Volunteer Monitoring # Events 

--	--	--	--
- Other: 

H	o	u	s	e	h	o	l	d	H	a	z	a	r	d	o	u	s	W	a	s	t	e	E	v	e	n	t	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

- List-Serve # In List 

--	--	--	--
- Newspaper Advertising # Days Run 

--	--	--	--
- TV/Radio Notices # Days Run 

--	--	--	--

Other: 

T	o	w	n	o	f	O	r	c	h	a	r	d	P	a	r	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

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

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

URL

URL

URL

URL

URL

URL

URL



### MS4 Annual Report Form

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

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

Name of MS4/Coalition  SPDES ID

**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

Address

City            Zip  
          -

Phone  
          -

Library  Annual Report  SWMP Plan  Comments

Address  
  
 City Zip  
          -

Phone  
          -

Other  Annual Report  SWMP Plan  Comments

Address

City            Zip  
          -

Phone  
          -

Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition:

SPDES ID  
N Y R 2 0 A 1 3 7

**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.

09 / 20 / 2020

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

3 6 5

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?

05 / 20 / 2020

If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? WNY Stormwater Coalition - April 2021**

Yes  No

If No, is one planned for each?

Yes  No

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

Yes  No

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



**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

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

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

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

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

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

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

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

			5
--	--	--	---

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

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

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

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

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

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

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

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

Number of known SWMPP reviews/comments (39 DIY video viewers evaluated the DIY Rain Barrel demonstration as a Public Engagement strategy).  
Number of attendees at public meeting (WNYSC: 27; MS4: 21).  
Number of known Annual Report reviews/comments (MS4: 0)  
Number of known webpage reviews (MS4: 0).

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

		6	6
--	--	---	---

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

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

Yes  No

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

Yes  No

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

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

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

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

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

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

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

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

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

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

Number of participants: 

3	4	0	4
---	---	---	---

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

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

Yes  No

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

Yes  No

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

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

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

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

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

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

Incorporate feedback mechanism into WNYSC and/or MS4 webpage

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

Number of responses received.

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

			0
--	--	--	---

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

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

Yes    No

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

Yes    No

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

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

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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.**

Designate Town Engineer as Stormwater Management Officer (SMO) and Building Inspector as Assistant Stormwater Management Officer (ASMO). The SWMP and the Annual Report will be made available in the Engineer Department and the Town Clerks Office for the full year. SWMP and the Annual Report will be available for public inspection at two (2) Town Board meetings in May, provide public notice about presentation in accordance with State Open Meeting Law.

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

Published a notice in the local paper and Towns web site notifying residents of there opportunity to review the SWMP and annual report at the Municipal Building.

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

2	N/A
---	-----

(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

Continue to notify residents of the ability to review and make comments on the Annual Report and the Towns SWMP. Continue to present draft Annual Report at two Town Board meetings each year.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 1 3 7

**Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:  #  %

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

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- Auto Recyclers  
 Building Maintenance  
 Churches  
 Commercial Carwashes  
 Commercial Laundry/Dry Cleaners  
 Construction Vehicle Washouts  
 Cross-Connections  
 Distribution Centers  
 Food Processing Facilities  
 Garbage Truck Washouts  
 Hospitals  
 Improper RV Waste Disposal  
 Industrial Process Water  
 Other:
- Landscaping (Irrigation)  
 Marinas  
 Metal Plateing Operations  
 Outdoor Fluid Storage  
 Parking Lot Maintenance  
 Printing  
 Residential Carwashing  
 Restaurants  
 Schools and Universities  
 Septic Maintenance  
 Swimming Pools  
 Vehicle Fueling  
 Vehicle Maint./Repair Shops  
 None

L i g h t   I n d u s t r i a l

Sewersheds:



### MS4 Annual Report Form

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

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

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 Orchard Park	+
----------------------	---

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

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

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

URL


URL


URL


URL


URL


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

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

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

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

 %



**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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 (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.**

Town conducted 67 outfall reconnaissance inspections using the WNYSC and EPA IDDE manuals

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

Inspected 67 outfalls for 2020

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

67			
----	--	--	--

*(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).**

Continue scheduled outfall inspections for 2021  
Continue to update existing information/add new outfalls as needed.  
Continue to maintain and update GIS outfall map.

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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 Town will continue to use dry weather visual inspections of outfalls and respond to and follow up on public complaints. Information received from employees are followed up and from scheduled outfall inspections.

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

No trackdown investigations were conducted by the Town this reporting period. The Town received 4 complaints of possible sewer discharges. Nothing found.

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

4			
---	--	--	--

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

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

Yes    No

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

Yes    No

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

Plan to inspect at least 20% of outfalls.

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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 (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.**

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

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

Number of outfalls sampled 0.  
Trackdown investigation conducted 4, Nothing found.

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

4			
---	--	--	--

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

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

Yes    No

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

Plan to conduct trackdown sampling/investigation as needed.

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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?**

8		
---	--	--

**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  
Via NYS 4 Hour Erosion & Sediment Control Training

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

- |  |   |   |  |  |  |  |  |                                    |
|--|---|---|--|--|--|--|--|------------------------------------|
| <input type="radio"/> Notices of Violation             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Stop Work Orders                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Criminal Actions                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Termination of Contracts         | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Administrative Fines             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Civil Penalties                  | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Administrative Orders            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input type="radio"/> No Authority |
|  |   |   |  |  |  |  |  |                                    |
| <input type="radio"/> Other                            | # | <table border="1"><tr><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	2	1
---	---	---	---

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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? 

2		
---	--	--

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

1	2	
---	---	--

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, 2021

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 Orchard Park

SPDES ID: NYR20A137

**6. con't.:**

Submit additional pages as needed.

MS4/Coalition Office

Department

T o w n o f O r c h a r d P a r k

Address

4 2 9 5 S o u t h B u f f a l o S t r e e t

City

O r c h a r d P a r k

NY

Zip

-

Phone

( ) -

Library

Address

City

Zip

-

Phone

( ) -

Other

Address

City

Zip

-

Phone

( ) -

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

URL

URL

**MS4 Annual Report Form**

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

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

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 Orchard Park

SPDES ID

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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 Town will continue to enforce the SWPPP review program it has in place for all commercial and subdivision projects that result in land disturbance of greater or equal to one acre. Inspections will continue for all construction sites that discharge stormwater to the Town as needed. Enforcement actions will continue to owners/operators and contractors of permitted construction sites that are not in-compliance. +

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

Number of SWPPPs approved 3, Number of active construction sites, commercial two (2), subdivisions five (5), Town projects one (1), total number of inspections performed 171.

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

1	7	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).**

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



**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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 (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.**

The will continue to use the planning and engineering review process to provide the public with an opportunity to review and comment on proposed design plans and construction projects.

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

Number of projects reviewed by the Town Board, Planning Board, Conservation Board and the Engineering Department 10. The Planning Board held 9 meetings that where open to the public.

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

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).**

Continue to issue enforcement actions to owners/operators of construction sites that are not in compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020). Continue to provide the public with an opportunity to review and comment on proposed designs plans and construction projects.

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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.**

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

**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).**



**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

- 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? 

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

0		
---	--	--

 %

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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.**

Continue to maintain post-construction stormwater map. Highway Department will continue to maintain construction stormwater facilities. Maintain records of Town owned post-construction stormwater facilities. Inspect stormwater facilities for compliance with post-construction regulation.

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

Inspected and maintained 42 basins and 14 ponds.  
Inventory of post-construction stormwater management practices.

**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).**

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

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID6  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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.**

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

**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).**

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

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

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID  

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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 

5	1			
---	---	--	--	--
- Catch Basins Inspected and Cleaned Where Necessary # 

1	0			
---	---	--	--	--
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

8	4			
---	---	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

1	2	6		
---	---	---	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

			2	.1
--	--	--	---	----

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

			1	4
--	--	--	---	---

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

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

1		
---	--	--

**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, 

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

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 Orchard Park
----------------------

SPDES ID

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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.**

Maintain salt storage facility, clean and rebuild municipal catch basin, clean and maintain stormwater facilities, and continue to operate the Town's compost center.

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

The Town has cleaned and repaired 10 catch basins.

**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).**

Continue to inspect catch basins and clean as needed.

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

Conduct street sweeping of roads, streets and parking lots.

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

188 streets and roads swept, 51 miles with 393 cubic feet of material swept.

**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).**

Continue to sweep streets.

**MS4 Annual Report Form**

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

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

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 Orchard Park
----------------------

SPDES ID

N	Y	R	2	0	A	1	3	7
---	---	---	---	---	---	---	---	---

**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 (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.**

Conduct brush and leaves pickup.

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

Number of truck loads of brush 4,874 loads.  
Number of truck loads of leaves 1,024 loads.  
Number of compost material processed (leaves) 11,775 CY.

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

3			
---	--	--	--

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

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

Yes  No

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

Continue to pickup brush and leaves throughout the Town.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID  

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

**Additional Watershed Improvement Strategy Best Management Practices**

N/A

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

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

How many MS4s contributed to this report?

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

MS4 Description	Answer	Check NA	(POC)
<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,

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

Name of MS4/Coalition

SPDES ID  
NYR20A

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

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

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

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

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

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

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

7d. What percent of projects planned in previous years have been completed?    %  
 No Projects Planned

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

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

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID

N  Y  R  2  0  A

9. Has your MS4/Coalition developed and implemented a program of native planting?  
 Yes  No  N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?  
 Yes  No  N/A
11. Does your MS4/Coalition have a pet waste bag program?  
 Yes  No  N/A
12. Does your MS4/Coalition have a program to manage goose populations?  
 Yes  No  N/A