

## MS4 Annual Report Cover Page

MCC form for period ending March 9, 

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

SPDES ID

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**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		M	a	c	e	d	o	n																										
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**OR**

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

(Per Part ILE of GP-0-10-002)

Name of Single Entity

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**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


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**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, 2023

Name of MS4

SPDES ID  

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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	MI	Last Name
K i m	V	L e o n a r d

Title  
T o w n   S u p e r v i s o r

Address  
3 2   M a i n   S t r e e t

City	State	Zip
M a c e d o n	N Y	1 4 5 0 2 -

eMail  
m a c s u p e r @ m a c e d o n t o w n . n e t

Phone	County
( 3 1 5 ) 9 8 6 - 5 9 3 2	W a y n e

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

MCC form for period ending March 9, 

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Name of MS4 

Town of Macedon
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First Name	MI	Last Name
S c o t t		A l l e n

Title
C o d e   E n f o r c e m e n t   O f f i c e r / T o w n   E n g

Address
3 2   M a i n   S t r e e t

City	State	Zip
M a c e d o n	N Y	1 4 5 0 2 -

eMail
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Phone	County
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### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

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Name of MS4 

Town of Macedon
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First Name 

K	i	m	b	e	r	l	y								
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 Last Name 

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Title 

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City 

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 State 

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 Zip 

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eMail 

k	b	o	y	d	@	b	m	e	p	c	.	c	o	m																
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Phone 

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 County 

M	o	n	r	o	e										
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**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 

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Name of MS4 

Town of Macedon
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SPDES ID  

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**Section 3 - Partner Information**

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

O n t a r i o - W a y n e S t o r m w a t e r

Partner/Coalition Name (con't.)

C o a l i t i o n

SPDES Partner ID - If applicable

N A

Address

4 8 0 N o r t h M a i n S t r e e t

City

C a n a n d a i g u a

State

N Y

Zip

1 4 4 2 4 -

eMail

o n t s w c d 1 @ r o c h e s t e r . r r . c o m

Phone

( 5 8 5 ) 3 9 6 - 1 4 5 0

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

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

- MM1 P u b l i c E d u c a t i o n & O u t r e a c h
- MM2 P u b . I n v o l v e m e n t / P a r t i c i p a t i o n
- MM3 I D D E T r a i n i n g
- MM4 C o n s t r u c t i o n C o m p l i a n c e
- MM5 P o s t - C o n s t r u c t i o n C o m p l i a n c e
- MM6 P o l l u t i o n P r e v e n t i o n T r a i n i n g

Additional tasks/responsibilities

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

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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.

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Name of MS4/Coalition 

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## 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? 

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**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

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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 Macedon

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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:**

- |  |                     |   |   |   |   |   |   |
|--|---------------------|---|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;">4</td></tr></table>   |   |   |   |   | 4 |
|  |                     |   |   | 4 |   |   |   |
| <input type="radio"/> Direct Mailings                                | # Mailings          | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>    |   |   |   |   |   |
|  |                     |   |   |   |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;">2</td></tr></table>   |   |   |   |   | 2 |
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| <input type="radio"/> List-Serves                                    | # In List           | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>    |   |   |   |   |   |
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| <input type="radio"/> Mailing List                                   | # In List           | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>    |   |   |   |   |   |
|  |                     |   |   |   |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles                      | # Days Run          | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>    |   |   |   |   |   |
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| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;">1</td><td style="width: 15px; height: 15px;">9</td><td style="width: 15px; height: 15px;">6</td><td style="width: 15px; height: 15px;"></td></tr></table> |   | 1 | 9 | 6 |   |
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| <input type="radio"/> School Program                                 | # Attendees         | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>    |   |   |   |   |   |
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| <input type="radio"/> TV Spot/Program                                | # Days Run          | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>    |   |   |   |   |   |
|  |                     |   |   |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;">1</td><td style="width: 15px; height: 15px;">7</td><td style="width: 15px; height: 15px;">7</td><td style="width: 15px; height: 15px;"></td></tr></table> |   | 1 | 7 | 7 |   |
|  | 1                   | 7   | 7 |   |   |   |   |

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

T	o	w	n		H	a	l	l		K	i	o	s	k					
L	i	b	r	a	r	y				E	n	t	r	y					
M	a	r	i	n	a														
T	w	i	l	i	g	h	t			C	a	m	p	g	r	o	u	n	d

Other:

F	a	c	e	b	o	o	k												
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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, 

2	0	2	3
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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 Macedon
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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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 continued to work with the OWSC to develop outreach materials. The Town continued Facebook posts. Due to lack of personnel in the Recreation Department, the Macedon Messenger with stormwater information was not produced this past year. The Town re-evaluated pollutants of concern as they related to targeted audiences and geographic areas of concern and prioritized actions and education strategies by POC and sources.

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

Facebook followers increased from 157 to 168. 38 Chip clips were handed out with building permits or at public events. 177 Stormwater brochures and coloring books were taken from the Town Hall's kiosk or distributed at public events. 46 Pet waste bag holders were distributed with dog licenses or at public events. 8,000 pet wastes bags were distributed at 8 pet waste stations.

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

			6
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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 will continue to work with the OWSC to develop promotional and educational materials. The Town will continue Facebook posts and handing out promotional materials to target residents and businesses directly. The Town will create mailings and Facebook posts as per the strategies identified in the SWMPP.

## 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 Macedon
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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### 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 

				3
--	--	--	--	---
- Comments on SWMP Received # Comments 

				0
--	--	--	--	---
- Community Hotlines
 

Phone #	( <table border="1" style="display: inline-table;"><tr><td>3</td><td>1</td><td>5</td></tr></table> )	3	1	5	9 8 6	-	5 9 3 2	Phone # ( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> )				3 9 6	-	1 4 5 0												
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Phone #	( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> )				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				-	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				Phone # ( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> )				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				-	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
Phone #	( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> )				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				-	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				Phone # ( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> )				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				-	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
Phone #	( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> )				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				-	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				Phone # ( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> )				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				-	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
- Community Meetings # Attendees 

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- Plantings Sq. Ft. 

		3	0	5
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- Storm Drain Markings # Drains 

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

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

--	--	--	--
- Other: 

S	h	r	e	d	d	i	n	g	/	E	-	W	a	s	t	e	/	P	h	a	r	m	a	c	e	u	t	i	c
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#### 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: 

F	a	c	e	b	o	o	k	/	T	o	w	n	B	o	a	r	d	M	t	g	s
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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, 

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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 Macedon
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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## 2. URL(s) con't.:

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

URL

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URL

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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 Macedon																			
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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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

T o w n   H a l l

Address

3 2   M a i n   S t r e e t

City

M a c e d o n

N Y

Zip

1 4 5 0 2 -

Phone

( 3 1 5 ) 9 8 6 - 5 9 3 2

Library  Annual Report  SWMP Plan  Comments

Address

3 2   M a i n   S t r e e t

City

M a c e d o n

N Y

Zip

1 4 5 0 2 -

Phone

( 3 1 5 ) 9 8 6 - 5 9 3 2

Other  Annual Report  SWMP Plan  Comments

Address

4 8 0   N o r t h   M a i n   S t r e e t

City

C a n a n d a i g u a

N Y

Zip

1 4 2 4 -

Phone

( 5 8 5 ) 3 9 6 - 1 4 5 0

Web Page URL:  Annual Report  SWMP Plan  Comments

h t t p : / / w w w . m a c e d o n t o w n . n e t / m s 4 /

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

eMail  Comments

k b o y d @ b m e p c . c o m



## MS4 Annual Report Form

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

2	0	2	3
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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 Macedon
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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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.

0	5
---	---

 / 

1	0
---	---

 / 

2	0	2	3
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**4.b. For how many days was/will this report be posted?**

3	6	5
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This Report will be posted on the MS4 Website & the Joint Report on the Coalition Website.

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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 / 

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 / 

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If No, is one planned?

Yes  No

This Report will be announced at the May 11th Town Board Meeting and on the Facebook page.

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

Yes  No

If No, is one planned for each?

Yes  No

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

Yes  No

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

## MS4 Annual Report Form

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

2	0	2	3
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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 Macedon
-----------------

SPDES ID

N	Y	R	2	0	A	3	9	1
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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.

The Town announced the Annual Report and SWMPP at the Planning Board meeting and on Facebook. A representative from the Coalition attended the Lumberjack Festival and the Macedon Heritage Festival in September to hand out brochures and interact with attendees. The Town provided materials and advertised three Canal Clean Sweep events.

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

No comments were received regarding last year's Annual Report and SWMPP. 4,000 pounds of paper was shredded and recycled at the annual Lyons Bank shredding event. The E-Waste event collected approximately 9,700 pounds of electronics. The Pharmaceutical collection event was held at the Sheriff's office. Collection events are well received by the public. Three Canal Clean Sweep events were documented.

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

			6
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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 will announce the Annual Report and SWMPP at Town Board meeting and on Facebook. The Town will continue to provide or support the E-Waste, Shredding, and Pharmaceutical events. The Town will research a Household Hazardous Waste Collection event and a Rain Barrel Workshop. The Town will consider becoming a Paint Drop off center. The Town will continue supporting the Lumberjack Festival, Macedon Heritage Festival, and High Acres Waste Event.







## 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 Macedon
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SPDES ID

N	Y	R	2	0	A	3	9	1
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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.

Consultants began mapping outfalls, catch basins and manholes within the urbanized area in March of 2022. The current number of outfalls has increased to 81. Full outfall inspections were conducted on 59 outfalls in the 2022-2023 permit year. The Town resumed Agricultural Easement Inspections and completed 10 inspections, providing and opportunity to communicate with farmers regarding stormwater pollution from agricultural activities.

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

Fifty-nine outfall inspections were completed during the past reporting year. There were 5 outfalls that required additional monitoring. Four outfalls were eliminated as potential suspects of pollutants. One remaining outfall requires follow up. Highway employees continue to receive IDDE training in order to identify and report suspected discharges to their supervisor.

#### 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 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 will continue mapping outfalls, catch basins, and manholes located within urbanized areas. The Town will continue to inspect outfalls at the minimum rate of 100% every 5 years. The Town will continue Agricultural Easement Inspections. The Town is considering additional inspections next year for Auto Recyclers, Landscape/Gardening Centers, and Marinas.

## MS4 Annual Report Form

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

2	0	2	2
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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 Macedon
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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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? 

--

**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?**

		2
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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? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

#3: 2 - Reviews completed for Macedon Caliber Collision & Townhomes at Oakridge Glen

**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 # 

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

 No Authority
- Stop Work Orders # 

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

 No Authority
- Criminal Actions # 

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

 No Authority
- Termination of Contracts # 

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

 No Authority
- Administrative Fines # 

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

 No Authority
- Civil Penalties # 

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

 No Authority
- Administrative Orders # 

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

 No Authority
- Enforcement Actions or Sanctions # 

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 No Authority
- Other # 

					3
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 No Authority

Corrective Action Reminder Emails

DRAFT



**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 Macedon
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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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?  on  comes at  a  ridge  len  an  ortel  Corvette 

		2
--	--	---
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?  cert  ollo  ar  ood  ei  ts  C  icrotel  a  ridge  len  an  ortel Corvette 

		5
--	--	---
  3. What percent of active construction sites were inspected during this reporting period?  NT 

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

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

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

 %
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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



## MS4 Annual Report Form

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

2	0	2	2
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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 Macedon
-----------------

SPDES ID  

N	Y	R	2	0	A	3	9	1
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### 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.

Continued SWPPP reviews of new projects using the SWPPP Review checklist. Continued notifying the public that construction plans and SWPPPs were available to review at the Library. Continued to utilize the pre-construction checklist to educate developers and contractors about MS4 requirements for E&SC. Continued to obtain the 4 Hour DEC training cards from contractors to include in on-site SWPPPs. Continued implementing construction site inspections, per SOPs.

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

Two new construction stormwater permits were issued this permit year (2022-2023). There were five active construction sites, with zero reported public complaints. MS4 SWPPP inspections were conducted for a total of 33 inspections. The MS4 received 194 contractor inspections. Owners and Contractors were informed of deficiencies through emailed reports and summaries. Construction SWPPP inspections were received through email and reviewed regularly for corrective action status.

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

	1	9	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 review of new projects using the SWPPP Review checklist. Continue utilizing the pre-construction checklist to educate owners/operators and construction site personnel on MS4 requirements for E&SC. Continues MS4 SWPPP Inspections per SOP frequency. The Town will update the construction site SOP to include the 5 acre waiver review and approval requirements to include project close out requirements.



**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  

N	Y	R	2	0	A	3	9	1
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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?  an  fe  o  vette  io  on

		2
--	--	---

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
--	--	---

 %

DRAFT

**MS4 Annual Report Form**

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

2	0	2	2
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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 Macedon

SPDES ID

N	Y	R	2	0	A	3	9	1
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**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.**

Two new private facilities were installed during the permit year at Van Bortel Corvette. 5 Town owned SWMFs were inspected and corrective actions completed or are scheduled for completion. The Town continues to evaluate the best method for requiring inspections and maintenance of private post-construction controls.

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

Maintenance needed for the Town owned SWMFs was minor. The Town received zero complaints regarding the facilities. No flooding occurred. The Town continues to evaluate researching and discussing methods to implement a program to ensure long term operation and maintenance of post-construction controls.

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

			5
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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).**

Continue annual SWMF inspections of municipal facilities. Continue to inventory and map all SWMFs as they are discovered or added to the system. Research other methods for annual training for Planning Board members on post-construction controls and various principles including LID, BSD, and GI. Implement SMAs for future private facilities. Revise SOPs regarding inspections and maintenance of private facilities once method is finalized.

**MS4 Annual Report Form**

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

2	0	2	2
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	9	1
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**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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>

## MS4 Annual Report Form

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

2	0	2	2
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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 Macedon
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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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 

9	.	7		
---	---	---	--	--
- Streets Swept (Number of miles X Number of times swept) # Miles 

	1	2	4	1
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

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

				6
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

	2	8	0	0
--	---	---	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

		1	2		8
--	--	---	---	--	---

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

				2
--	--	--	--	---

4. What was the date of the last training? 

0	3
---	---

 / 

0	3
---	---

 / 

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

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

	1	4
--	---	---

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

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

 %



## MS4 Annual Report Form

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

2	0	2	2
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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 Macedon
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SPDES ID  

N	Y	R	2	0	A	3	9	1
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### 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.

Pollution Prevention & Good Housekeeping training continued for Highway employees. The Town continued to review Best Management Practices and the use of Standard Operating Procedures. The Town continued indoor storage of equipment and materials. Per the inventory and schedule, one Municipal Facility Assessment was conducted for the permit year, the Waste Water Treatment Plant was assessed.

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

MS4 employees continued annual Pollution Prevention & Good Housekeeping training and appear familiar with the concepts. Best Management Practices (BMPs) for the Town's facilities were reviewed and updated in April.

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

			3
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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 will continue P2 and Good Housekeeping training for Highway employees. They will continue using SOPs and BMPs. The Town will continue indoor storage of equipment and materials. Per the inventory and schedule, the Town will assess 24 facilities this upcoming year to include government offices, the Highway Department, the Building and Grounds facility, parks and recreation facilities, vacant parcels, and cemeteries, Assessments will be tailored for each facility.

### 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 Not Applicable

SPDES ID

### Additional Watershed Improvement Strategy Best Management Practices

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

**This section does not apply to the Town of Macedon.**

- 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 

Not Applicable																			
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SPDES ID 

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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,**

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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 

Not Applicable																			
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SPDES ID 

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- 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

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