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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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

The Ontario-Wayne Stormwater Coalition

SPDES ID
NYR20A110
NYR20A098
NYR20A293

SPDES ID
NYR20A249
NYR20A491

SPDES ID
NYR20A391

SPDES ID
NYR20A400

SPDES ID
NYR20A290

SPDES ID
NYR20A491

Cover Page 1 of 2
MS4 Annual Report Cover Page

MCC form for period ending March 9, 2019

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

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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

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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

Name of MS4: Town of Farmington
SPDES ID: NYR20A110

First Name: Paul
MI: V
Last Name: Crandall

Title: Stormwater Management Officer

Address: 985 Hook Road
City: Farmington
State: NY
Zip: 14425

eMail: hwy2@townoffarmingtonny.com

Phone: (315) 986-5540
County: Ontario
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).
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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: Peter
MI: V
Last Name: Ingalsbe

Title: Town Supervisor

Address: 1000 County Road #8
City: Farmington
State: NY
Zip: 14425

eMail: supervisor@townoffarmingtonny.com

Phone: (315) 986-8193

Name of MS4: Town of Farmington
SPDES ID: NYR 20A1 10
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.

**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**
The Ontario-Wayne Stormwater Coalition

**SPDES Partner ID - If applicable**
NYR20

**Address**
480 North Main Street

**City**
Canandaigua

**State**
NY

**Zip**
14424

**eMail**
Ontswcdest@rochester.rr.com

**Phone**
(585) 396-1450

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 Public Education & Outreach
- MM2 Pub. Involvement/Participation
- MM3 IDDE
- MM4 Construction Compliance
- MM5 Post-Construction Compliance
- MM6 Pollution Prevention Training

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, 2019

Name of MS4: Town of Farmington
SPDES ID: NYR20A110

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: Peter
MI: In
Last Name: ngalhb

Title (Clearly print title of individual signing report): Town Supervisor

Signature

Date: 05/08/2019

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

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

MCC Page 4
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2019

Name of MS4: Town of Macedon
SPDES ID: NYR20A391

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:
- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

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The Ontario-Wayne Stormwater Coalition
Section 2 - Contact Information

Important Instructions - Please Read

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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

Name of MS4: Town of Macedon

SPDES ID: NYR20A391

First Name: Scott
MI: W
Last Name: Allen

Title: Town Engineer

Address: 32 Main Street

City: Macedon
State: NY
Zip: 14502

Phone: (315) 986-5932
Email: buildinginspector@macedontown.net

County: Wayne
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).
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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

Name of MS4: Town of Macedon

SPDES ID: NYR20A391

First Name: Kimberly
MI: D
Last Name: Boyd
Title: Stormwater Specialist, CPMSM
Address: 10 Lift Bridge Lane East
City: Fairport
State: NY
Zip: 14450
Phone: (585) 377-7360
County: Monroe

MCC Page 2
Section 2 - Contact Information

Important Instructions - Please Read

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

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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

Name of MS4: Town of Macedon

SPDES ID: NYR20A391

Section 2 - Contact Information

First Name: Cassandra
MI: N
Last Name: Pagano

Title: Town Supervisor

Address: 32 Main Street

City: Macedon
State: NY
Zip: 14502

County: Wayne

Phone: (315) 986-5932

MCC Page 2
MS4 Municipal Compliance Certification (MCC) Form
MCC form for period ending March 9, 2019

Name of MS4: **Town of Macedon**

SPDES ID: **NYR20A391**

**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.

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<td>(585) 396 - 1450</td>
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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** Public Education & Outreach
- **MM2** Public Involvement/Participation
- **MM3** IDDE
- **MM4** Construction Compliance
- **MM5** Post-Construction Compliance
- **MM6** Pollution Prevention Training

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, 2019**

Name of MS4: TOWN OF MACEDON

SPDES ID: NYR20A391

**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: CASSANDRA

MI: N

Last Name: PAGANO

Title: TOWN SUPERVISOR

Signature: [Signature]

Date: 02/14/2019

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

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

MCC Page 4
Name of MS4: Ontario County Highway Department

SPDES ID: NYR20A400

Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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The Ontario-Wayne Stormwater Coalition

MCC form for period ending March 9, 2019
Section 2 - Contact Information

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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
John

MI

Last Name
Berry

Title
DPTY COMMISSIONER of Public Works

Address
2962 County Road 48

City
Canandaigua

State
NY

Zip
14424

Phone
585-396-4990

MCC Form for period ending March 9, 2019

Name of MS4
Ontario County Highway Department

SPDES ID
NYR20A400

Ontario County Highway Department

John Berry
DPTY COMMISSIONER of Public Works
2962 County Road 48
Canandaigua NY 14424 9553
john.berry@co.on tario.ny.us
585 396 4990 Ontario
Section 2 - Contact Information

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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: William
MI: C
Last Name: Wright

Title: Commissioner of Public Works

Address: 2962 County Road 48, Canandaigua, NY 14424

City: Canandaigua
State: NY
Zip: 14424-9553

eMail: bill.wright@co.ontario.ny.us

Phone: (585) 396-4000

Name of MS4: Ontario County Highway Department

SPDES ID: NYR20A400

MCC form for period ending March 9, 2019
**MS4 Municipal Compliance Certification (MCC) Form**

**MCC form for period ending March 9, 2019**

Name of MS4: **Ontario County Highway Department**

SPDES ID: **NYR20A400**

### 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.

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

- **MM1** Public Education & Outreach
- **MM2** Public Involvement/Participation
- **MM3** IDDE
- **MM4** Construction Compliance
- **MM5** Post-Construction Compliance
- **MM6** Pollution Prevention Training

**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, 2019

Name of MS4: **Ontario County Highway Department**

SPDES ID: **NYR20A400**

**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**: William

**MI**: C

**Last Name**: Wright

**Title**: (Clearly print title of individual signing report) **Commissioner of Public Works**

**Signature**

**Date**: 04/17/2019

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

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505
Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

<table>
<thead>
<tr>
<th>The Ontario-Wayne Stormwater Coalition</th>
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</tbody>
</table>
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

Name of MS4: Town of Ontario

SPDES ID: NYR20A098

Town of Ontario

2019

NYR20A098

MCC form for period ending March 9, 2019

First Name: Adam

MI: 

Last Name: Cummings

Title: Town Engineer

Address: 2200 Lake Road

City: Ontario

State: NY

Zip: 14519

Phone: 615542941

eMail: acumings@ontariotown.org

County: Wayne

MCC Page 2
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2019

Name of MS4: Town of Ontario

SPDES ID: NYR20A098

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).

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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

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank</td>
<td></td>
<td>Robusto</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Town Supervisor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1850 Ridge Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>NY</td>
<td>14519</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>eMail</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:supervisor@ontariotown.org">supervisor@ontariotown.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>(315) 524-7105 x 100</td>
</tr>
</tbody>
</table>

MCC Page 2
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
coa tion. It is not necessary to include a separate sheet for each MS4 in the coalition.
If No, proceed to Section 4 - Certification Statement.

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
collaboration. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Name of MS4: Town of Ontario

<table>
<thead>
<tr>
<th>Partner/Coalition Name</th>
<th>The Ontario - Wayne Stormwater Coalition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>480 North Main Street, Canandaigua, NY 14424</td>
</tr>
<tr>
<td>eMail</td>
<td><a href="mailto:Ontswcd1@rochester.rr.com">Ontswcd1@rochester.rr.com</a></td>
</tr>
<tr>
<td>Phone</td>
<td>(585) 396 - 1450</td>
</tr>
</tbody>
</table>

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

- MM1 Public Education & Outreach
- MM2 Public Involvement/Participation
- MM3 IDDE
- MM4 Construction Compliance
- MM5 Post-Construction Compliance
- MM6 Pollution Prevention Training

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, 2019

Name of MS4: Town of Ontario

SPDES ID: NYR20A098

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: Frank

Middle Initial: M

Last Name: Robusto

Title: (Clearly print title of individual signing report) Town Supervisor

Signature: [Signature]

Date: 05/14/2019

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

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505
Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part I.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

The Ontario-Wayne Stormwater Coalition
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

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>Keith</td>
<td></td>
<td>Maynard</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stormwater Program Manager</td>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>85 E. Main Street</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
<tr>
<td>Victor</td>
<td>NY</td>
<td>14564</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>eMail</th>
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<tbody>
<tr>
<td><a href="mailto:kmaynard@town-victor-ny.us">kmaynard@town-victor-ny.us</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td>(585) 942-5035</td>
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</table>

Name of MS4: Town of Victor
SPDES ID: NYR20A249
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2019

Name of MS4: Town of Victor

SPDES ID: NYR20A249

Section 2 - Contact Information

Important Instructions - Please Read

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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: Jack
MI: F
Last Name: Marren

Title: Town Supervisor

Address: 85 East Main Street
City: Victor
State: NY
Zip: 14564

eMail: supervisor@town-victor-ny.us

Phone: (585) 742-5020

County: Ontario

MCC Page 2
**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**

The Ontario-Wayne Stormwater Coalition

**SPDES ID**

NYR20

**Address**

480 North Main Street

**City**

Canandaigua

**State**

NY

**Zip**

14424

**eMail**

Ontswcd1@rochester.rr.com

**Phone**

(585) 396-1450

**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 Public Education & Outreach
- [ ] MM2 Pub. Involvement/Participation
- [ ] MM3 IDEE
- [ ] MM4 Construction Compliance
- [ ] MM5 Post-Construction Compliance
- [ ] MM6 Pollution Prevention Training

**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, 2019

Name of MS4: Town of Victor

SPDES ID: NYR20A249

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: Jack
MI
Last Name: Marron

Title: (Clearly print title of individual signing report)
Town Supervisor

Signature:

Date: 04/12/2019

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

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

Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

The Ontario-Wayne Stormwater Coalition

SPDES ID: NYR20A290
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2019

Name of MS4: Village of Victor
SPDES ID: NYR20A290

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).
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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: John
MI: C
Last Name: Turner

Title: Director of Public Works

Address: 60 East Main Street

City: Victor
State: NY
Zip: 14564

eMail: dpwdirector@villageofvictor.org

Phone: (585) 924-3311

County: Ontario
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).
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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

Name of MS4: Village of Victor

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary</td>
<td>A</td>
<td>Hadden</td>
</tr>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
<tr>
<td>Mayor</td>
<td>60 East Main Street</td>
<td>Victor</td>
<td>NY</td>
<td>14564</td>
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<th>Phone</th>
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<tbody>
<tr>
<td><a href="mailto:mayor@villageofvictor.org">mayor@villageofvictor.org</a></td>
<td>(585) 924-3311</td>
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<tbody>
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</table>

MCC Page 2
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

The Ontario-Wayne Stormwater Coalition

Address

480 North Main Street

City

Canandaigua

State

NY

Zip

14424

eMail

Ontswcd1@rochester.rr.com

Phone

(585) 396-1450

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 Public Education & Outreach
- MM2 Pub. Involvement/Participation
- MM3 IDDE
- MM4 Construction Compliance
- MM5 Post-Construction Compliance
- MM6 Pollution Prevention Training

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, 2019

Name of MS4: Village of Victor

SPDES ID: NYR20A290

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: Gary
MI: A
Last Name: Hadden

Title (Clearly print title of individual signing report): Mayor

Signature: [Signature]

Date: 04/18/2019

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

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

MCC Page 4
MS4 Municipal Compliance Certification (MCC) Form
MCC form for period ending March 9, 2019

Name of MS4: Town of Walworth

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ An Annual Report for a single MS4
○ A Single Entity (Per Part II.E of GP-0-10-002)
● A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

The Ontario-Wayne Stormwater Coalition
Section 2 - Contact Information

Important Instructions - Please Read

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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 include 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

Name of MS4: Town of Walworth

First Name: Norman
MI: F
Last Name: Druschel

Title: Building Inspector

Address: 3600 Lorraine Drive

City: Walworth
State: NY
Zip: 14568

eMail: bldgingisp@townofwalworthny.gov

Phone: (315) 986-1400

County: Wayne
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).
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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

Name of MS4: Town of Walworth
SPDES ID: NYR20A293

First Name: Susie
MI: C
Last Name: Jacobs

Title: Town Supervisor

Address: 3600 Lorraine Drive

City: Walworth
State: NY
Zip: 14568

eMail: townsupervisor@townofwalworthny.gov

Phone: (315) 986-1400

County: Wayne
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
The Ontario-Wayne Stormwater Coalition

Address
480 North Main Street

City Canandaigua
State NY Zip 14424

eMail Ontswcd1@rochester.rr.com

Phone (585) 396-1450

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.

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

- MM1 Public Education & Outreach
- MM2 Pub. Involvement/Participation
- MM3 IDDE
- MM4 Construction Compliance
- MM5 Post-Construction Compliance
- MM6 Pollution Prevention Training

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, 2019

Name of MS4: Town of Walworth

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: Susie
MI: C
Last Name: Jacobs
Title: Town Supervisor

Signature: 
Date: 04/01/2019

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

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

MCC Page 4
Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part I.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

<table>
<thead>
<tr>
<th>The Ontario-Wayne Stormwater Coalition</th>
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</table>
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2019

Name of MS4: Wayne County Highway Department

SPDES ID: NYR20A491

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: Brian
MI: 
Last Name: Frey
Title: Assistant Engineering Manager
Address: 7227 Route 31
City: Lyons
State: NY
Zip: 14489
eMail: bfrey@co.wayne.ny.us
Phone: (315) 946-5600

Wayne County Highway Department

MCC Page 2
Name of MS4: Wayne County Highway Department

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: Steven
MI: M
Last Name: Leroy
Title: Chairman of the Bd of Supervisors
Address: 26 Church Street
City: Lyons
State: NY
Zip: 14489
eMail: sleroy@co.wayne.ny.us
Phone: (315) 946-5400

MCC Page 2
Name of MS4: Wayne County Highway Department

SPDES ID: NYR20A491

**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**
The Ontario-Wayne Stormwater Coalition

**Address**
480 North Main Street, Canandaigua, NY 14424

**eMail**
Ontswcd1@rochester.rr.com

**Phone**
(585) 396-1450

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? - Yes

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

- MM1 Public Education & Outreach
- MM2 Pub. Involvement/Participation
- MM3 IDDE
- MM4 Construction Compliance
- MM5 Post-Construction Compliance
- MM6 Pollution Prevention Training

Additional tasks/responsibilities

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

**First Name**
Steven

**MI**
M

**Last Name**
LeRoy

**Title** (Clearly print title of individual signing report)
Chairman of the Bd of Supervisors

**Signature**

**Date**
03/25/2019

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

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

This report is being submitted for the reporting period ending March 9, 2019.

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

Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition  
SPDES ID: NYR20

**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? 8

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

URL

URL
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019.

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

Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition

SPDES ID: NYR 20

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? ☐ 8

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:
  - Public
  - Pre-Construction
  - Meetings

2. Specific audiences targeted during this reporting period:

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

MCM 1 Page 1 of 4
3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

- Construction Site Operators Trained
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program
- Printed Materials:
  
<table>
<thead>
<tr>
<th>Locations (e.g. libraries, town offices, kiosks)</th>
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<tbody>
<tr>
<td>Town Halls</td>
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<tr>
<td>61</td>
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- Other:
  
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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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<th>URL</th>
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</thead>
<tbody>
<tr>
<td><a href="http://www.owsc.org/page/home-owners">http://www.owsc.org/page/home-owners</a></td>
</tr>
</tbody>
</table>
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2019.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition
SPDES ID: NYR20

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

http://www.owsc.org/page/business/owners
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019.

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

Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition

SPDES ID: NYR20

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 Coalition continued to attend community events and provide brochures, chip clips, coloring books, community signs, newsletters, school programs, and an informational website promoting stormwater education and awareness. The Coalition began exploring a Mass Media Campaign to improve its public education and outreach program. The Coalition continued to update their website to provide FAQ and information for Construction Site Owners and Contractors.

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

Over the past reporting period Coalition members have reported an increase in the number of trainings for contractors, direct mailings, the number of kiosks/displays, List-Serve membership, public event/presentation attendees and the number of brochures distributed. The Coalition's website recorded 4,162 website views. There were 568 respondents from the Causewave Community Partner's Water Quality Survey.

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).

The Coalition plans to continue previous activities as described above. The Coalition plans to continue working with Causewave Community Partners to identify future: goals, audience, partnerships, strategies and tactics to improve our Public Outreach and Education program.
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2019.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: The Ontario Wayne Stormwater Coalition

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? 8

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
☐ Comments on SWMP Received
☐ Community Hotlines
☐ Community Meetings
☐ Plantings
☐ Storm Drain Markings
☐ Stakeholder Meetings
☐ Volunteer Monitoring
☐ Other:

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<th>Phone #</th>
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# Attendees 1 2 3

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<tr>
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<th># Comments</th>
<th># Drains</th>
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<tbody>
<tr>
<td>9</td>
<td>0</td>
<td>2 0 3 1 6</td>
</tr>
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2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

☒ Yes  ☐ No

<table>
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<tr>
<th>List-Serve</th>
<th># In List</th>
<th>Newspaper Advertising</th>
<th># Days Run</th>
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</thead>
<tbody>
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<td>3 6 5</td>
<td></td>
<td>1 2</td>
</tr>
</tbody>
</table>

☐ TV/Radio Notices

☐ Other: Town Board Meetings

☐ 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, 2019.

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

Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition

SPDES ID: NYR20

2. URL(s) con't.:

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

URL:

http://www.owscc.org/
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition
SPDES ID: NYR20

2. URL(s) con't.:
Please provide specific address(es) where notices can be accessed - not home page.

URL

URL

URL

URL

URL

URL
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending **March 9, 2019**

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

Name of MS4/Coalition: The Ontario Wayne Stormwater Coalition

SPDES ID: NYR20

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**
- Ontario-Wayne Stormwater Coalition

**Address**
- 480 North Main Street

**City**
- Canandaigua

**Zip**
- NY 14424

**Phone**
- (585) 396-1450

**Library**
- Annual Report
- SWMP Plan
- Comments

**Address**

**City**

**Zip**

**Phone**

**Other**
- Annual Report
- SWMP Plan
- Comments

**Address**

**City**

**Zip**

**Phone**

**Web Page URL:**

http://www.owsc.org/page/final-annual-reports

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

**eMail**

ontswcd1@rochester.rr.com

MCM 2 Page 4 of 6
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2019.

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

Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition

SPDES ID: NYR20

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.
   
   Yes  No

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

   Yes  No
   365

5.a. Was an Annual Report public meeting held in this reporting period?
   If Yes, what was the date of the meeting?

   Yes  No

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

   Yes  No

6. Were comments received during this reporting period?
   If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

   Yes  No
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 Coalition began working with Causewave Community Partners to develop a plan for education, outreach, and messaging. The OWSC website continues to provide a link to the combined MS4 Annual Report and an avenue for the public to submit comments.

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

The Coalition did not receive any comments on the previous year's annual report. The tire recycling event collected 700 tires. The number of clean-up events reported by individual MS4s increased. Coalition member's individual public event activities were posted on the OWSC's website calendar. The number of plantings remained steady from the previous year. The Coalition noted an increase in attendance at community and stakeholder meetings.

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

11

(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 Coalition plans to continue previous activities as described above. The Coalition will research purchasing storm drain markers and add information to the OWSC website. The Coalition plans to continue working with Causewave Community Partners to identify future: goals, audience, partnerships, strategies and tactics to improve our Public Involvement and Participation Program. The Coalition offered a $100 sponsorship to each MS4 which is available for a clean up event.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019.

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

Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition

SPDES ID: NYR 20

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? 8

1. Enter the number and approx. percent of outfalls mapped: 1288 # 82%

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 673

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:

Roadside Ditches

Sewersheds:

Co Rd. 11 - Jones Rd Subwatershed
3.b. What types of illicit discharges have been found during this reporting period?

- Broken Lines From Sanitary Sewer
- Cross Connections
- Failing Septic Systems
- Floor Drains Connected To Storm Sewers
- Illegal Dumping
- Other: Leaf Litter Dumping
- Industrial Connections
- Inflow/Infiltration
- Pump Station Failure
- Sanitary Sewer Overflows
- Straight Pipe Sewer Discharges
- None

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 28

5. How many illicit discharges have been confirmed during this reporting period? 27

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 25

7. Has the storm sewershed mapping been completed in this reporting period? Yes

   If No, approximately what percent was completed in this reporting period? 60%

8. Is the above information available in GIS? Yes

   Is this information available on the web? Yes

   If Yes, provide URL(s):

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

   URL

   URL
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2019.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition
SPDES ID: NYR20

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page
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? 90%
12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Continue to identify outfalls and detect for illicit discharges. If an illicit discharge is detected, the source is to be identified and eliminated. Continue mapping storm sewershed boundaries. The Coalition has hired an intern for the summer to conduct dry weather screening and to continue identifying potential illicit discharges. The coalition has a GPS unit to map the outfalls and storm sewersheds. Continue IDDE training for municipal staff.

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

The Coalition members continued to map outfalls, reporting that 82% of outfalls were mapped. The number of outfalls inspected remained consistent. 28 illicit discharges were confirmed in the last reporting period and 25 were eliminated. The percentage of employees trained for IDDE remained steady at 90%.

C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/events)

11

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).

Coalition members plan to follow IDDE Standard Operating Procedures (SOPs). Coalition members plan to utilize the shared summer intern to map outfalls, conduct dry weather screening, and to identify potential illicit discharges. The Coalition will continue to offer an annual IDDE training session to each MS4 for their municipal staff.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019.
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition

SPDES ID: NYR20

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? 8

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? 39

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? 8

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No
6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<table>
<thead>
<tr>
<th>Enforcement Action</th>
<th>Number</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
<td>9</td>
<td>No Authority</td>
</tr>
<tr>
<td>Stop Work Orders</td>
<td>3</td>
<td>No Authority</td>
</tr>
<tr>
<td>Criminal Actions</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Termination of Contracts</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Fines</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Civil Penalties</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Orders</td>
<td>0</td>
<td>No Authority</td>
</tr>
<tr>
<td>Enforcement Actions or Sanctions</td>
<td>5</td>
<td>No Authority</td>
</tr>
<tr>
<td>Other</td>
<td>3 7</td>
<td>No Authority</td>
</tr>
</tbody>
</table>
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition

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? [ ] [ ] 8

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? [ ] 44

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? [ ] 56

3. What percent of active construction sites were inspected during this reporting period? ○ NT [ ] 84%

4. What percent of active construction sites were inspected more than once? ○ NT [ ] 84%

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, 2019

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

<table>
<thead>
<tr>
<th>Name of MS4/Coalition</th>
<th>The Ontario-Wayne Stormwater Coalition</th>
<th>SPDES ID</th>
<th>NYR20</th>
</tr>
</thead>
</table>

6. **con't.:**

Submit additional pages as needed.

- **MS4/Coalition Office**
  - Department: Ontario-Wayne Stormwater Coalition
  - Address: 480 North Main Street
  - City: Canandaigua
  - Zip: NY 14424
  - Phone: (585) 396-1450

- **Library**
  - Address:
  - City: Canandaigua
  - Zip: NY 14424
  - Phone: (585) 396-1450

- **Other**
  - Address:
  - City: Canandaigua
  - Zip: NY 14424
  - Phone: (585) 396-1450

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

<table>
<thead>
<tr>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

MCM 4 Page 2 of 3
7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

Continue to review the E&SC Plans & SWPPPs and conduct site inspections for all projects that disturb more than 1 acre. Utilize trained in-house staff and contracted qualified inspectors. Ensure all sites comply with the design of the approved SWPPPs and E&SC plan. Continue to educate owners/operators and contractors at pre-construction meetings. Explore new training opportunities for MS4 Officials as they become available through the DEC and Soil & Water Conservation Districts.

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

The Coalition continued to sponsor E&SC training for each MS4, (2) employees per member. Individual MS4s inspected 84% of the construction sites with over an acre of disturbance with 84% visited more than once during the reporting period. Coalition members increased enforcement actions and interaction with construction site compliance. No new training opportunities were provided by the DEC.

C. How many times was this observation measured or evaluated in this reporting period? 11

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 Coalition has increased training sponsorship funds to $500 for each MS4 to apply towards stormwater training. Additional funds allow MS4s to increase the level of training for employees. The Coalition plans to continue the intern program to help MS4s with construction site inspections. Each MS4 member is to continue educating owners/operators and contractors at pre-construction meetings. The Coalition may consider sponsoring a portion of the 4-Hour DEC training events.
Minimum Control Measure 5. Post-Construction Stormwater Management

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? [ ] 8

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

<table>
<thead>
<tr>
<th>Practice Type</th>
<th># Inventoried</th>
<th># Inspections</th>
<th># Times Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Practices</td>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Filter Systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infiltration Basins</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Open Channels</td>
<td>3</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>Ponds</td>
<td>91</td>
<td>301</td>
<td>13</td>
</tr>
<tr>
<td>Wetlands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ● Yes ○ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

● Building Codes ○ Overlay Districts
● Municipal Comprehensive Plans ○ Open Space Preservation Program
● Zoning ○ Local Law or Ordinance
● Other Comprehensive Plan ○ Land Use Regulation/Zoning
○ Watershed Plans ○ Other Comprehensive Plan
● Other: NYS Design Manual/GI
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019.

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Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition

SPDES ID: NYR 20

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?
   17

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?
   43 %
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 update SWMF inventories to include all SWMFs implemented through March 9, 2019. Continue inspections and maintenance as necessary and per the individual SWPPPs. Report and repair any deficiencies found on MS4 owned practices and work with private owners to repair deficiencies found on privately owned practices. Explore ideas for self-reporting from privately owned practices. Continue efforts to increase LID, BSD, and GI training for MS4 officials.

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

MS4 members continue to inventory SWMFs. The number of inspections increased by 2.5 over the past reporting period. The number of times SWMFs were maintained, remained consistent. The percentage of staff trained for Low Impact Development, Better Site Design, and Green Infrastructure has increased from 30% to 43% over the past reporting period.

C. How many times was this observation measured or evaluated in this reporting period? 11

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).

Coalition members will continue to inspect and maintain (as needed) post-construction control facilities. The Coalition will continue to provide an intern to assist members with post-construction control inspections.
**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
- [x] On behalf of a coalition

How many MS4s contributed to this report? 8

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.

<table>
<thead>
<tr>
<th>Operation/Activity/Facility</th>
<th>Addressed in SWMP?</th>
<th>Self-Assessment performed within the past 3 years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Bridge Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Winter Road Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Salt Storage</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Solid Waste Management</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>New Municipal Construction and Land Disturbance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Right of Way Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Marine Operations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hydrologic Habitat Modification</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Parks and Open Space</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Municipal Building</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Stormwater System Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2019.

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

Name of MS4/Coalition: The Ontario-Wayne Stormwater Coalition

SPDES ID: NYR20

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

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

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

4. What was the date of the last training?  

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

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

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.

Each MS4 within the Coalition will continue to implement their adopted SWMPP. If needed, each MS4 will complete necessary self-assessments of their operations, activities, and facilities by March 9, 2019. MS4 employees will continue to receive pollution prevention/good housekeeping training by the MS4 or by the OWSC. The Draft MS4 Permit has not yet been adopted.

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

The number of street miles that were swept quadrupled to 6,309 miles. This may have been due to new equipment and improved tracking of miles swept. The number of catch basins cleaned was fewer than the previous reporting period. Increased street sweeping may have resulted in fewer catch basins needing cleaning. The number of SWMFs maintained was consistent with the previous year. The number of stormwater trainings and number of employees trained increased.

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

(ex.: samples/participants/events)

1 2

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).

Each MS4 within the Coalition will continue to implement their adopted SWMPP. The Coalition plans to continue to offer annual good housekeeping/pollution prevention training to each MS4 member. The Coalition will continue to monitor updates with the Draft MS4 permit in order to remain proactive in complying with new requirements.