





# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 8 1

## Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A

### Section 2 - Contact Information

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

### MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 8 1

#### 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

C h e m u n g   c o u n t y   s t o r m w a t e r

Partner/Coalition Name (cont.)

C o a l i t i o n

SPDES Partner ID - If applicable  
N Y R 2 0

Address

8 5 1   c h e m u n g   s t r e e t

City

H o r s e h e a d s

State

N Y

Zip

1 4 8 4 5 -

eMail

j b v e r r i g n i @ s t n y . r r . c o m

Phone

( 6 0 7 ) 7 9 6 - 2 2 1 6

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

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

- MM1 M u l t i p l e   T a s k s -   S e e   S W M P
- MM2 M u l t i p l e   T a s k s -   S e e   S W M P
- MM3 M u l t i p l e   T a s k s -   S e e   S W M P
- MM4 M u l t i p l e   T a s k s -   S e e   S W M P
- MM5 M u l t i p l e   T a s k s -   S e e   S W M P
- MM6 M u l t i p l e   T a s k s -   S e e   S W M P

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, 2014

Name of MS4 Town of Ashland

SPDES ID  
N Y R 2 0 A 0 8 1

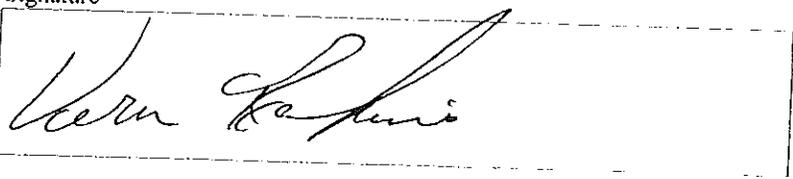
#### Section 4 - Certification Statement

"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 Vern MI R Last Name Robinson

Title (Clearly print title of individual signing report)  
Supervisor

Signature  


Date 04/09/2014

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

SPDES ID

Name of MS4

### Section 2 - Contact Information

Important Instructions - Please Read

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1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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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).

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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

First Name  MI  Last Name

Title

Address

City  State  Zip  -

eMail

Phone  County

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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID  

N	Y	R	2	0	A	0	6	5
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**Section 2 - Contact Information**

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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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID  

N	Y	R	2	0	A	0	6	5
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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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  

N	Y	R	2	0	A	0	6	5
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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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

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
- MM2
- MM3
- MM4
- MM5
- MM6

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, 2 0 1 4

Name of MS4

SPDES ID  
N Y R 2 0 A 0 6 5

**Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name  MI  Last Name

Title (Clearly print title of individual signing report)

Signature  


Date

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

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

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

MCC form for period ending March 9, 2014

Name of MS4 City of Elmira

SPDES ID

N Y R 2 0 A 0 9 3

**Section 2 - Contact Information**

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For each contact, select all that apply:

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name  
S u s a n J S k i d m o r e

Title  
M a y o r

Address  
3 1 7 E . C h u r c h S t r e e t

City State Zip  
E l m i r a N Y 1 4 9 0 1 -

eMail  
s s k i d o m o r e @ c i t y o f e l m i r a . n e t

Phone County  
( 6 0 7 ) 7 3 7 - 5 6 4 4 C h e m u n g

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  

N	Y	R	2	0	A	0	9	3
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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 9 3

**Section 2 - Contact Information**

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name	MI	Last Name
J e s s i c a		V e r r i g n i

Title
S t o r m w a t e r T e c h n i c i a n

Address
8 5 1 C h e m u n g S t r e e t

City	State	Zip
H o r s e h e a d s	N Y	1 4 8 4 5 -

eMail
j b v e r r i g n i @ s t n y . r r . c o m

Phone	County
( 6 0 7 ) 7 9 6 - 2 2 1 6	C h e m u n g

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  

N	Y	R	2	0	A	0	9	3
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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

C h e m u n g C o u n t y 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	Y	R	2	0				
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Address

8 5 1 C h e m u n g S t r e e t

City

H o r s e h e a d s State Zip  

N	Y	1	4	8	4	5	-		
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eMail

j b v e r r i g n i @ s t n y . r r . c o m

Phone

( 6 0 7 ) 7 9 6 - 2 2 1 6

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

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

- MM1 M u l t i p l e T a s k s - S e e S W M P
- MM2 M u l t i p l e T a s k s - S e e S W M P
- MM3 M u l t i p l e T a s k s - S e e S W M P
- MM4 M u l t i p l e T a s k s - S e e S W M P
- MM5 M u l t i p l e T a s k s - S e e S W M P
- MM6 M u l t i p l e T a s k s - S e e S W M P

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, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 9 3

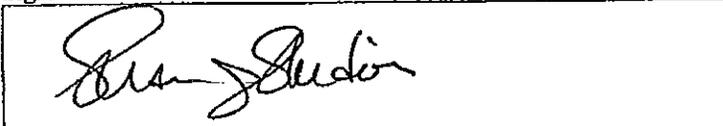
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First Name  MI  Last Name

Title (Clearly print title of individual signing report)

Signature  


Date  
 /  /

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

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

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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID  

N	Y	R	2	0	A	1	6	8
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**Section 2 - Contact Information**

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County





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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  

N	Y	R	2	0	A	1	6	8
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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

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C h e m u n g C o u n t y 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	Y	R	2	0				
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Address

8 5 1 C h e m u n g S t r e e t

City

H o r s e h e a d s State Zip  

N	Y	1	4	8	4	5	-		
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eMail

j b v e r r i g n i @ s t n y . r r . c o m

Phone

( 6 0 7 ) 7 9 6 - 2 2 1 6

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

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

- MM1 M u l t i p l e T a s k s - S e e S W M P
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- MM3 M u l t i p l e T a s k s - S e e S W M P
- MM4 M u l t i p l e T a s k s - S e e S W M P
- MM5 M u l t i p l e T a s k s - S e e S W M P
- MM6 M u l t i p l e T a s k s - S e e S W M P

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, 2 0 1 4

Name of MS4

SPDES ID

N Y R 2 0 A 1 6 8

**Section 4 - Certification Statement**

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First Name  MI  Last Name

Title (Clearly print title of individual signing report)

Signature

Date

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



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

MCC form for period ending March 9, 2014

Name of MS4 Village of Elmira Heights

SPDES ID  
N Y R 2 0 A 1 0 5

**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 MI Last Name  
K a r l C o o k

Title  
C o d e E n f o r c e m e n t O f f i c e r

Address  
2 1 5 E l m w o o d A v e n u e

City State Zip  
E l m i r a H e i g h t s N Y 1 4 9 0 3 -

eMail  
c o d e . e l m i r a h e i g h t s @ g m a i l . c o m

Phone County  
( 6 0 7 ) 7 3 4 - 7 1 5 6 C h e m u n g



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

MCC form for period ending March 9, 2014

Name of MS4 Village of Elmira Heights

SPDES ID  
N Y R 2 0 A 1 0 5

**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: J e s s i c a      MI:      Last Name: V e r r i g n i

Title: S t o r m w a t e r   T e c h n i c i a n

Address: 8 5 1   C h e m u n g   S t r e e t

City: H o r s e h e a d s      State: N Y      Zip: 1 4 8 4 5 -

eMail: j b v e r r i g n i @ s t n y . r r . c o m

Phone: ( 6 0 7 ) 7 9 6 - 2 2 1 6      County: C h e m u n g



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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 1 0 5

**Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name  MI  Last Name

Title (Clearly print title of individual signing report)

Signature  


Date

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

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

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

MCC form for period ending March 9, 

2	0	1	4
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Name of MS4 

Town of Horseheads
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SPDES ID

N	Y	R	2	0	A	0	8	8
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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
M i c h a e l	W	E d w a r d s

Title
S u p e r v i s o r

Address
1 5 0 W y g a n t R o a d

City	State	Zip
H o r s e h e a d s	N Y	1 4 8 4 5 -

eMail
s u p e r v i s o r @ t o w n o f h o r s e h e a d s . o r g

Phone	County
( 6 0 7 ) 7 3 9 - 7 6 0 5	C h e m u n g





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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  

N	Y	R	2	0	A	0	8	8
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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

C h e m u n g C o u n t y 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 Y R 2 0

Address

8 5 1 C h e m u n g S t r e e t

City

H o r s e h e a d s

State

N Y

Zip

1 4 8 4 5 -

eMail

j b v e r r i g n i @ s t n y . r r . c o m

Phone

( 6 0 7 ) 7 9 6 - 2 2 1 6

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

Yes  No

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

- MM1 M u l t i p l e T a s k s - S e e S W M P
- MM2 M u l t i p l e T a s k s - S e e S W M P
- MM3 M u l t i p l e T a s k s - S e e S W M P
- MM4 M u l t i p l e T a s k s - S e e S W M P
- MM5 M u l t i p l e T a s k s - S e e S W M P
- MM6 M u l t i p l e T a s k s - S e e S W M P

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, 2014

Name of MS4

SPDES ID

**Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

MI

Last Name

Title (Clearly print title of individual signing report)

Signature



Date

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

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

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 2 9

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County







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

MCC form for period ending March 9, 

2	0	1	4
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Name of MS4 

Village of Millport
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SPDES ID  

N	Y	R	2	0	A	0	2	9
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**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 

R	O	B	E	R	T														
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 MI 

G
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 Last Name 

B	E	C	R	A	F	T													
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Title (Clearly print title of individual signing report)  

M	A	Y	O	R															
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Signature  

<i>Robert A. BeCrafft</i>
---------------------------

Date  

0	4	/	2	2	/	2	0	1	4
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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 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2014

Name of MS4 Village of Horseheads

SPDES ID  
N Y R 2 0 A 1 0 3

**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: J e s s i c a MI: Last Name: V e r r i g n i

Title: S t o r m w a t e r T e c h n i c i a n

Address: 8 5 1 C h e m u n g S t r e e t

City: H o r s e h e a d s State: N Y Zip: 1 4 8 4 5 -

eMail: j b v e r r i g n i @ s t n y . r r . c o m

Phone: ( 6 0 7 ) 7 9 6 - 2 2 1 6 County: C h e m u n g



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

MCC form for period ending March 9, 2 0 1 4

Name of MS4

SPDES ID

N Y R 2 0 A 1 0 3

**Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name  MI  Last Name

Title (Clearly print title of individual signing report)

Signature

Date

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

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

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  

N	Y	R	2	0	A	1	0	4
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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

Title

Address

City       State   Zip      -

eMail

Phone         -     County

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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 1 0 4

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County





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

MCC form for period ending March 9, 

2	0	1	4
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Name of MS4 

Town of Southport
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SPDES ID

N	Y	R	2	0	A	1	0	4
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**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

D	A	V	I	D															
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MI

J
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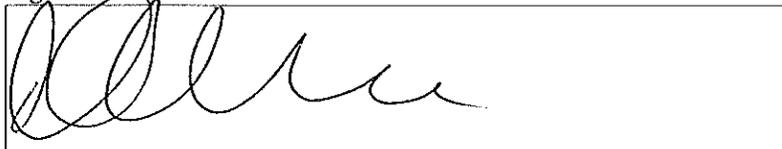
Last Name

S	H	E	E	M															
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Title (Clearly print title of individual signing report)

S	U	P	E	R	V	I	S	O	R		T	O	W	N		O	F		S	O	U	T	H	P	O	R	T											
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Signature



Date

0	4	1	1	0	1	2	0	1	4
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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 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 0 8 2

**Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name  MI  Last Name

Title (Clearly print title of individual signing report)

Signature  


Date

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

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









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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  

N	Y	R	2	0	A	1	2	1
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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

C h e m u n g   C o u n t y   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	Y	R	2	0
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Address

8 5 1   C h e m u n g   S t r e e t

City

H o r s e h e a d s      State      Zip  

N	Y	1	4	8	4	5
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eMail

j b v e r r i g n i @ s t n y . r r . c o m

Phone

( 6 0 7 ) 7 9 6 - 2 2 1 6

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

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

- MM1 M u l t i p l e   T a s k s -   S e e   S W M P
- MM2 M u l t i p l e   T a s k s -   S e e   S W M P
- MM3 M u l t i p l e   T a s k s -   S e e   S W M P
- MM4 M u l t i p l e   T a s k s -   S e e   S W M P
- MM5 M u l t i p l e   T a s k s -   S e e   S W M P
- MM6 M u l t i p l e   T a s k s -   S e e   S W M P

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, 2014

Name of MS4 Chemung County Department of Public Works

SPDES ID

N Y R 2 0 A 4 7 6

**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
A n d r e w		A v e r y
Title		
C o m m i s s i o n e r o f P u b l i c W o r k s		
Address		
8 0 3 C h e m u n g S t r e e t		
City	State	Zip
H o r s e h e a d s	N Y	1 4 8 4 5 -
eMail		
a a v e r y @ c o . c h e m u n g . n y . u s		
Phone	County	
( 6 0 7 ) 7 3 9 - 3 8 9 6	C h e m u n g	





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

MCC form for period ending March 9, 2014

Name of MS4 Chemung County Department of Public Works

SPDES ID

NYR 20A 476

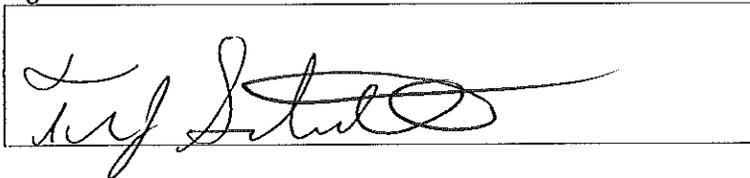
**Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name MI Last Name  
T h o m a s J S a n t u l l i

Title (Clearly print title of individual signing report)  
C o u n t y E x e c u t i v e

Signature  


Date  
04/28/2014

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

2	0	1	4
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Name of MS4 

Elmira	Corning	Regional	Airport
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SPDES ID

N	Y	R	2	0	A	3	2	3
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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
W i l l i a m	E	D e G r a w J r
Title		
D i r e c t o r o f O p e r a t i o n s		
Address		
2 7 6 S i n g S i n g R o a d		
City		State Zip
H o r s e h e a d s		N Y 1 4 8 4 5 -
eMail		
b d e g r a w @ c o . c h e m u n g . n y . u s		
Phone		County
( 6 0 7 ) 7 3 9 - 5 6 2		C h e m u n g



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

MCC form for period ending March 9, 2014

Name of MS4

SPDES ID  
N Y R 2 0 A 3 2 3

**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

C h e m u n g C o u n t y 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 Y R 2 0

Address

8 5 1 C h e m u n g S t r e e t

City

H o r s e h e a d s State Zip  
N Y 1 4 8 4 5 -

eMail

j b v e r r i g n i @ s t n y . r r . c o m

Phone

( 6 0 7 ) 7 9 6 - 2 2 1 6

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

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

- MM1 M u l t i p l e T a s k s - S e e S W M P
- MM2 M u l t i p l e T a s k s - S e e S W M P
- MM3 M u l t i p l e T a s k s - S e e S W M P
- MM4 M u l t i p l e T a s k s - S e e S W M P
- MM5 M u l t i p l e T a s k s - S e e S W M P
- MM6 M u l t i p l e T a s k s - S e e S W M P

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, 2 0 1 4

Name of MS4

SPDES ID

**Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

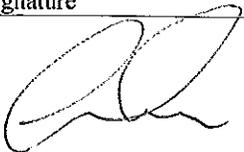
First Name

MI

Last Name

Title (Clearly print title of individual signing report)

Signature



Date

Send completed form and any attachments to the DEC Central 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, 

2	0	1	4
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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 

Chemung County Stormwater Coalition
-------------------------------------

SPDES ID  

N	Y	R	2	0					
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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="display: inline-table;"><tr><td></td><td></td><td>1</td><td>9</td><td>9</td></tr></table>  |   |   | 1 | 9 | 9 |
|  |                     | 1   | 9 | 9 |   |   |   |
| <input checked="" type="radio"/> Direct Mailings                     | # Mailings          | <table border="1" style="display: inline-table;"><tr><td></td><td>7</td><td>7</td><td>2</td><td>5</td></tr></table> |   | 7 | 7 | 2 | 5 |
|  | 7                   | 7   | 2 | 5 |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td>6</td></tr></table>    |   |   |   |   | 6 |
|  |                     |   |   | 6 |   |   |   |
| <input type="radio"/> List-Serves                                    | # In List           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>     |   |   |   |   |   |
|  |                     |   |   |   |   |   |   |
| <input type="radio"/> Mailing List                                   | # In List           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>     |   |   |   |   |   |
|  |                     |   |   |   |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles                      | # Days Run          | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>     |   |   |   |   |   |
|  |                     |   |   |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td></td><td>2</td><td>0</td><td>0</td><td>2</td></tr></table> |   | 2 | 0 | 0 | 2 |
|  | 2                   | 0   | 0 | 2 |   |   |   |
| <input checked="" type="radio"/> School Program                      | # Attendees         | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>6</td><td>2</td><td>6</td></tr></table>  |   |   | 6 | 2 | 6 |
|  |                     | 6   | 2 | 6 |   |   |   |
| <input checked="" type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="display: inline-table;"><tr><td></td><td>1</td><td>0</td><td>6</td><td>3</td></tr></table> |   | 1 | 0 | 6 | 3 |
|  | 1                   | 0   | 6 | 3 |   |   |   |
| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td></td><td>1</td><td>4</td><td>5</td><td>2</td></tr></table> |   | 1 | 4 | 5 | 2 |
|  | 1                   | 4   | 5 | 2 |   |   |   |

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

-	A	l	l	T	o	w	n	H	a	l	l	s					
-	K	i	o	s	k	s											
-	S	t	o	r	m	w	a	t	e	r	O	f	f	i	c	e	
-	C	o	n	s	e	r	v	a	t	i	o	n	C	a	b	i	n

Other:

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

URL  

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m																														

URL  

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p	a	=	4	4	3	a	n	d	4	0	2	,	4	4	2	,	4	5	3	,	4	6	7	,						
3	9	8	,	4	0	4	,	4	0	3																				

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2014

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

URL

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i	l	d	i	n	g	-	c	o	d	e	s	/																				

URL

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s	/	s	t	o	r	m	w	a	t	e	r	-	m	a	n	a	g	e	m	e	n	t										

URL

w	w	w	.	t	o	w	n	o	f	e	l	m	i	r	a	.	c	o	m	/	b	u	i	l	d	i	n	g	c	o	d
e	s	.	p	h	p																										

URL

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n	d	e	x	.	p	h	p	?	n	=	M	a	i	n	.	S	t	o	r	m	w	a	t	e	r						

URL

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s	p	?	p	a	g	e	I	d	=	1	2																				

URL

w	w	w	.	h	o	r	s	e	h	e	a	d	s	.	o	r	g	/	i	n	d	e	x	.	p	h	p	?	n	=	D
P	W	.	S	t	o	r	m	w	a	t	e	r																			

URL

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d	.	p	h	p																											

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

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

URL  
www.villageofwellburg.com/blog/  
?page-id=453

URL  
www.facebook.com/TownofHorsheads  
CodeEnforcement

URL

URL

URL

URL

URL

### MS4 Annual Report Form

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

2	0	1	4
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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 

Chemung County Stormwater Coalition
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SPDES ID  

N	Y	R	2	0				
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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.

Maintain a stormwater education booth at the Chemung Fair. Conduct workshops on "green" yard care and composting. Produce written public education info. and distribute this information to the municipality's Town Hall, Village, or City Hall. Maintain stormwater website, including posting the MS4 annual report. Conduct youth education programs including Conservation Field Days and school programs. Maintain stormwater demonstration projects at the conservation cabin. Distribute

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

Stormwater Education was provided at Conservation Field Days Events, Big Flats Elementary Science Expo, Corning Museum of Glass Family Science Day and BOCES to educate and train the Envirothon team. Demonstration area has been maintained. Facebook page continuously updated. Commercials aired throughout the year on 5 channels. Display was present at the fair. Demonstration area was maintained. Stormwater brochures were mailed to local businesses. The public is starting to

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

4	0	8	0
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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 with the Measurable Goals in "A" above. Additionally, updated MS4 websites with current stormwater information (throughout the year). Distribute newsletter articles to each MS4 for their municipal newsletters. Get printed brochures and stormwater materials into public libraries.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition Chemung County Stormwater Coalition

SPDES ID  
N Y R 2 0

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

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

URL

www.chemungcounty.com/index.asp?  
pageID=395

URL

www.chemungcounty.com/index.asp?  
pageID=425

URL

www.facebook.com/chemungstormwater

URL

URL

URL

URL





**MS4 Annual Report Form**

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

2	0	1	4
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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 

Chemung County Stormwater Coalition
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SPDES ID 

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

**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	4
---	---

 / 

2	0	1	3
---	---	---	---

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

3	6	5
---	---	---

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

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

Yes  No

If Yes, what was the date of the meeting?

1	1
---	---

 / 

0	7
---	---

 / 

2	0	1	3
---	---	---	---

If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

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

Yes  No

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

**MS4 Annual Report Form**

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

2	0	1	4
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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 

Chemung County Stormwater Coalition
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SPDES ID  

N	Y	R	2	0				
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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.**

Maintain rain barrel program. Participate in Tire collection Day. Partner with Chemung Co. on Household Hazardous Waste collection and Pharmaceutical take back programs. Partner with Friends of the Chemung River on streambank clean-ups. Coordinate with the Chemung County WQCC regarding surface water monitoring program.

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

1 Household Hazardous Waste Collection event was held: 1200 participants. 4 Pharmaceutical Collection events (2 sites for Spring and Fall) with 585 participants. 1 Tire Collection Event with 25 participants. 14 Stream/River Clean Ups with over 650 volunteers cleaning up over 3.5 tons of trash. 3 Water Quality Sampling events where they sampled 12 sites for each event. The Town of Horseheads collect electronics for recycling annually. This reporting year they collected 14 tons of

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

2	4	6	0
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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).**

We will continue working on the measurable goals listed above in Section A. Additionally we will work on getting a volunteer group together to mark storm drains.







**MS4 Annual Report Form**

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

2	0	1	4
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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 

Chemung County Stormwater Coalition
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SPDES ID  

N	Y	R	2	0				
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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.**

Maintain storm sewer system mapping and update this mapping as needed. Maintain mapping and associated database for storm sewer outfalls. Inspect each storm sewer outfall a minimum of once every five years and complete associated reports. Employ the provisions of the IDDE SOP in the advent that an illicit discharge is detected.

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

321 dry weather outfall inspections performed, 16 outfalls were identified as not being outfalls, and 3 new outfalls were identified. 5 Pollution Prevention commercials were developed and have aired 1063 times on 5 TV stations in the Southern Tier. Pollution Prevention Training was held for 36 parks department and temporary/seasonal MS4 employees. NYS DEC audited 6 of our MS4s. These audits included outfall inspections. No violations were

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

1	4	3	9
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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).**

We will continue with the goals listed in Section A. Additionally we would like to get more of the pollution prevention brochures out to the public. We are working on developing an Illegal Dumping door hanger. In 2014 we will be developing an electronic outfall inspection process to link with our ArcGis mapping system.

**MS4 Annual Report Form**

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

2	0	1	4
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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

Chemung County Stormwater Coalition

SPDES ID

N	Y	R	2	0					
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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? 

	1	4
--	---	---

**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?**

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

**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

**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 # 

				4
--	--	--	--	---

 No Authority
- Stop Work Orders # 

				1
--	--	--	--	---

 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 # 

				1
--	--	--	--	---
- Other # 

--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

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

2	0	1	4
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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 

Chemung County Stormwater Coalition
-------------------------------------

SPDES ID  

N	Y	R	2	0				
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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	4
--	---	---

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

		7
--	--	---

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

	1	2
--	---	---

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

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

 %

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

	7	5
--	---	---

 %

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, 2014

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

Name of MS4/Coalition Chemung County Stormwater Coalition

SPDES ID  
N Y R 2 0

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

C h e m u n g C o . S t o r m w a t e r C o a l i t i o

Address

8 5 1 C h e m u n g S t r e e t

City

H o r s e h e a d s

Zip

N Y

1 4 8 4 5 -

Phone

( 6 0 7 ) 7 9 6 - 2 2 1 6

Library

Address

City

Zip

-

Phone

( ) -

Other

Address

j o b t r a i l e r s a t i n d i v i d u a l s i t e

City

Zip

-

Phone

( ) -

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

URL

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? p a g e I d = 5 7 0

URL

w w w . c h e m u n g s t o r m w a t e r p r o j e c t s . c  
o m

**MS4 Annual Report Form**

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

2	0	1	4
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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				
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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.**

Review the erosion and sediment control plan for every site that disturbs 1 acre or more (within MS4 jurisdiction). Complete periodic inspection during construction of sites disturbing 1 acre or more, to verify compliance to their accepted E & S Control Plan, in accordance with the Standard Operating Procedure for Municipal Construction Inspections. Conduct the NYSDEC 4 hour Contractor Training in Erosion and Sediment Control (a minimum of twice per year).

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

21 Erosion and Sediment Control Plans were reviewed. 46 construction site inspections were performed. 6- 4 Hour Erosion and Sediment Control courses were offered with 199 people trained. [www.chemungstormwaterprojects.com](http://www.chemungstormwaterprojects.com) was developed to give a place for consultants, contractors and MS4s a place to go for all information on the approved stormwater projects. Inspection reports are posted on the site as well. Site receives well over 300 hits per month.

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

	2	7	2
--	---	---	---

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Review the erosion and sediment control plan for every site that disturbs 1 acre or more within MS4 jurisdiction (ongoing in 2014-2015). Complete periodic inspection during construction of sites disturbing 1 acre or more, to verify compliance to their accepted E & S Control Plan, in accordance with the SOP for Municipal Construction Inspections (ongoing in 2014-2015). Conduct the NYSDEC 4 hour Contractor Training in Erosion and Sediment Control at least once. Maintain inspection reports for the public on [www.chemungstormwaterprojects.com](http://www.chemungstormwaterprojects.com)



**MS4 Annual Report Form**

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

2	0	1	4
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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 

Chemung County Stormwater Coalition
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SPDES ID  

N	Y	R	2	0				
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

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

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?  

1	0	0
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 %

**MS4 Annual Report Form**

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

2	0	1	4
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Name of MS4/Coalition 

Chemung County Stormwater Coalition
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SPDES ID  

N	Y	R	2	0				
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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.**

Review the Post-Construction SWPPP for every site over 1 ac. of disturbance within the MS4 jurisdiction. Maintain an inventory of post construction stormwater management practices that have been under SPDES permit coverage. Inspect each inventoried post construction stormwater management facility a minimum of once every 3 years and fill out an inspection report.

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

20 Post-Construction SWPPPs have been reviewed.  
9 Post-Construction stormwater management facilities were inspected.  
The GIS post-construction layer has been updated and maintained.  
A Standard Operating Procedure (SOP) was developed for the inspecting Post-Construction Stormwater Practices.

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

		2	9
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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 to review the Post-Construction SWPPP for every site over 1 ac. of disturbance within the MS4 jurisdiction. Maintain an inventory of post construction stormwater management practices that have been under SPDES permit coverage since 2003. Inspect each inventoried post construction stormwater management facility a minimum of once every 3 years and fill out an inspection report.

**MS4 Annual Report Form**

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

2	0	1	4
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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 

Chemung County Stormwater Coalition																			
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SPDES ID  

N	Y	R	2	0															
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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	4
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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 checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Street Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No

**MS4 Annual Report Form**

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

2	0	1	4
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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 

Chemung County Stormwater Coalition
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SPDES ID

N	Y	R	2	0				
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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 

		2	5	6
--	--	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

	7	5	0	5
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

	1	6	5	2
--	---	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				8
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

	4	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	5	.	9
--	--	---	---	---	---

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

				4
--	--	--	--	---

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

0	2	/	2	1	/	2	0	1	4
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**5. How many municipal employees have been trained in this reporting period?**

	6	2
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**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0	%
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**MS4 Annual Report Form**

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

2	0	1	4
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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

Chemung County Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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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.**

Complete self-audits for select municipal facilities a min. of once every 3 years. Complete training for appropriate employees in accordance with the Employee Training guide. Monitor and record the volume of street sweepings collected on an annual basis. Monitor and record the # of catch basins inspected and cleaned on an annual basis. Monitor and record the # of lane miles swept on an annual basis. Monitor and record the amount of fertilizer and pesticides utilized on an annual basis.

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

NYS DEC audited 6 MS4 communities in Chemung Country as part of their Chesapeake Bay Watershed Initiative. There were no major deficiencies found at any MS4 facility. 1 municipal facility had a self-audit performed this reporting year. 62 municipal employees were trained regarding stormwater management. This included 22 seasonal employees working for highway departments or at local parks for the 2013 summer.

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

		6	9
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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).**

We are in the process of re-writing the SWMP for each MS4. This task should be complete by Summer 2014. Complete self-audits for select municipal facilities a min. of once every 3 years. Complete training for appropriate employees in accordance with the Employee Training guide. Monitor and record the volume of street sweepings collected on an annual basis. Monitor and record the # of catch basins inspected and cleaned on an annual basis. Monitor and record the # of lane miles swept on an annual basis. Monitor and record the amount of fertilizer and pesticides utilized on an annual basis.

### MS4 Annual Report Form

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

2	0	1	4
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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 

Chemung County Stormwater Coalition																																							
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SPDES ID  

N	Y	R	2	0					
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### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? 

1	4
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**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, 

2	0	1	4
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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 

Chemung County Stormwater Coalition									
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SPDES ID  

N	Y	R	2	0					
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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, 

2	0	1	4
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Name of MS4/Coalition 

Chemung County Stormwater Coalition																			
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SPDES ID  

N	Y	R	2	0															
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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