SPDES ID

N Y R 2 0 A

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

oint			pag ts r						e cove	er p	age.	•							N Y	R	2	0			<u> </u>	
Choo	se	on	e:																							
Th	is	rej	por	t i	s b	eiı	ng	sul	bmit	ted	l on	beh	alf	f of	an i	nd	iv	/idi	ıal I	ИS	4.					
Fi	11 ir	1 S	PDI	ES	ID	in 1	unn	er i	right 1	าลท	d co	rner														
	me						"PP				u v o															
Ł																										
) Th	is	rej	or	t i	s b	eiı	ng	sul	bmit	ted	on	beh	alf	of	a Si	ng	le	Eı	ıtity							
(P	er I	art	II.	Ео	f G	P-()-10	0-0	02)																	
Na	me	of S	ingl	e Eı	itity	<i>r</i>	1	-r								,						·				_
																İ										
													•			<u> </u>										
C TL	ا سا	۔ ۔۔!	. •.	. •	4		4	. T	-•	1	•	441			L _ 16		•		104							
) Th									e ing perm													2 if	`neo	ede	d.	
Th Pr		de (SPI)E	S II																	2 if	`ne	ede	d.	
Th Pr	ovi	de (SPI)E	S II					itte	d M		clu	ded :			ер	ort.				2 if	neo	ede	d.	
Th Pr	ovi	de (SPI oali	DES	S II) o		nch	perm	itte	d M	S4 in	clu	ded :	n th	is r	ер	ort.	Use	pa	ge 2	Ι.	1	1	d.	
Th Pr	ovi	de (SPI oali	DES	S II) o		nch	perm	itte	d M	S4 in	clu	ded :	n th	is r	ер	ort.	Use	pa	ge 2	Ι.	1	1	d.	
Th Pr	ovi	de (SPI oali	DES	S II) o		nch	perm	itte	d M	S4 in	clu	ded :	n th	is r	ер	ort.	Use	pa	ge 2	Ι.	1	1	d.	
Pr Na C	ovi	de S	SPI oali	DES	S II) o		nch	t o	r	d M	S4 in	clu	ded :	n th	is r	ер	ort.	Use	i j	ge 2	Ι.	1	1	d.	
Pr Na C	me d	de S	SPI oali	DES	S II) o		nch	t o	r	m m DES I	S4 in	clu	e e	n th	is r	ер	ort.	Use a 1	i j	ge 1	Ι.	0	1	d.	
Pr Na C SPI	ovi me d h	de sof C	SPI oali m	DES tion u	S II	g	f ea	S	perm	r SPE N	m m DES I	S4 in w a	t	e e	n th	is re	ер	ort.	Use a 1	page page	t 2	j	0	n		
Pr Na C SPI	ovieme o	de sof C	SPI oali m	DES tion u	S II	g	f ea	S	perm	r SPE N	m m DES I	S4 in w a	t	e A	n th	is re	ер	ort.	Use a 1 SPDE N Y	i i S ID R	t 2	j	0	n		1
Pr Na C SPI N SPI N	DES	de S of C e e S ID R	SPI oali m	DES	S II	9 9 0	8 8	s 1	t o	SPE N SPE N	m m DES I	S4 in w a D R 2 D R 2	clu	e A	n th	is re	ер	ort.	Use a 1 SPDE N Y	i i R	t 2	0	O A	n 1	6	1
Pr Na C SPI N SPI N	DES Y	de Sof Control of Cont	SPI oali m	DES	S II	9 9 0	8 8	s 1	t o	SPE N SPE N	m m DES I Y I DES I Y I DES I	S4 in w a D R 2 D R 2	clu	e A	n th	is re	ер	ort.	Use a 1 SPDE N Y SPDE N Y	i i R R R R R R R R R R R R R R R R R R	t 2	0	O A	n 1	6	
Pr Na C SPI N SPI N	DES Y DES	de sof C e e R ID R	SPI oali	DES	S II	9 0 1	8 0	s 1	t o	SPE N SPE N	m m DES I Y I DES I Y I DES I	S4 in w a D R 2 D R 2 D R 2	clude	e A (n th	3 8	ер	ort.	Use a 1 sppe N Y Sppe N Y Sppe	i i R R R R R R R	t 2 2 2	0	O A	1 1	6	
Pr Na C SPI N SPI N	DES Y DES Y	de sof C e e R ID R	SPI oali	DES	S II	9 0 1	8 0	s 1	t o	SPE N SPE N	m m DES I Y I DES I Y I DES I	S4 in w a D R 2 D R 2 D R 2	clude	e A (n th	3 8	ер		Use a 1 SPDE N Y SPDE N Y SPDE N Y	i i R R R R R R R R R R R R R R R R R R	t 2 2 2	0	O A	1 1	6	3
Pr Na C SPI N SPI N SPI N	DES Y DES Y	de i of C e e i of ID R i ID R i ID R	SPI oali m	DEStion u u 0	S III	9 g 0 1 1 0	8 0	1 5 9	perm	SPE N SPE N SPE N	m m DES I Y I DES I Y I DES I	S4 in w a D C C C C C C C C C		A A	n th	3 8 4	ер		BPDE N Y SPDE N Y SPDE	i i R R R R R R R R R	t 2 2 2 2	0 0	A	1 1	6	

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

This report is being submitted for the reporting period ending March 9, 2 0 2 3 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPD	ES.	ID				
Name of MS4/Coalition	Chemung Stormwater Coalition	N	7	R	2	0		1

									7	Wa	tei	r C)ua	lit	y]	<u> re</u>	nd	<u>ls</u>											
The info	rmation	ı in	this	sec	ctio	n is	be	ing	rep	orte	ed (che	ck (one]):														
○ On be ● On be H		a co	oalit	ion				but	ted	to 1	this	re	por	t?	0	1	3												
1. Has rela One	ted to					_					•	_						_			•	,	~		eas	sure Ye		•	No
If Yes, c	hoose o	one	of t	he f	follo	owi	ng																						
O Report	t(s) atta	iche	d to	the	e an	nua	ıl re	por	·t																				
○ Web F	Page(s) Please			-	•			-						ere :	rep	ort((s) (can	be	aco	ess	sed	- n	ot l	non	ne p	age	3.	
								<u> </u>																		<u></u>			
													 		<u></u>			<u> </u>	·					 					
	URL		i		<u> </u>	L	L	l	L	1		L					ļ <u>.</u>	<u> </u>			L	ļ			1				
	URL																												
																	-												
	URL	1											1									i							

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

		SPI	<u> JES</u>	<u>ID</u>						
Name of MS4	Town of Elmira	N	Y	R	2	0	A	1	6	8

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Jo	oint	Rep	ort,	ent	er c	oali	tion	naı	ne:																		
С	h	е	m	u	n	g		S	t	0	r	m	W	a	t	е	r	С	0	а	1	i	t	i	0	n	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

		SPI	ES	ID						
Name of MS4	Town of Elmira	N	Y	R	2	0	А	1	6	8

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

Firs	t Na	ame														MI		Las	st Na	ame									
D	a	V	i	d														S	u	1	1	i	v	a	n				
Titl	е																												
Т	0	W	n		S	u	р	е	r	V	i	s	0	r															
Ado	lres	S																					•			 			
1	2	5	5		W			M	а	t	е	r		S	t	r	е	е	t										
City	/										•									S	tate		Zip						
E	1	m	i	r	а															1	.1	Y					_		
еМа	ail																												
Pho	ne																	Coı	unty										
()				-										С	h	е	m	u	n	g					

Phone

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **Section 2 - Contact Information** Important Instructions - Please Read Contact information must be provided for <u>each</u> 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: O Principal Executive Officer/Chief Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3
Name of MS4 Town of Elmira SPDES ID N Y R 2 0 A 1 6 8
Section 2 - Contact Information
Important Instructions - Please Read
Contact information must be provided for <u>each</u> 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:
O Principal Executive Officer/Chief Elected Official
O Duly Authorized Representative
O Local Stormwater Public Contact
O Stormwater Management Program (SWMP) Coordinator
• Report Preparer
First Name MI Last Name
N i k o l e Watts
Title
Stormwater Educator
Address
8 5 1 C h e m u n g S t r e e t
City State Zip
Horseheads NY
eMail n i k o l e @ c h e m u n g s w c d . c o m
n i k o l e @ c h e m u n g s w c d . c o m
(

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 2 3

SPDES ID

Name of	MS	4 T	'ow	n of l	Elmi	ra																N	Y	R	2	0	A	1	6	8
Section	n 3 ·	- P	ar	tn:	er	In	for	m	ati	on																				
Did your											to	con	nple	ete s	om	e o	r all	pe	rmi	t re	qui	rem	ent	s du	irin	g th	is r	epo	rtin	g
period?													-					•			•				•	() Ye	es	0	No
If Yes, c	_											_									_									
Subn		_							_							-														
accep coali																											ne			
If No, pr																CCI	101	Car	J11 1	VID	T 11	1 (11		Oan	LIO	:1.				
Partner/Co																														
C h e	1		aiii N	g		S	t	0	r	m	W	а	t	е	r		С	0	а	1	i	t	i	0	n	ļ	Γ.	T		
Partner/Co	⊥ palitic	on N	arr		∟ :on't						<u>.</u>		<u> </u>				L.				l	1			<u> </u>	r ID	 - Tf	⊥ fant	lica	hle.
																						N	Y	R	2	0				
Address				1		l	-l	I		l		<u> </u>	-	<u> </u>	1	1		.1		1	J		1	J	I		Щ.	L	L	
8 5 1		С	h	е	m	u	n	g		S	t	r	е	е	t															
City	JI_					L		1			!	L		I				S	tate		Zip	I	L		1					
Hor	s	e	h	е	a	d	s											1	1 7	7	1	4	8	4	5	_				
eMail																							1							
n i k	0	1	e	9	O	h	e	m	u	n	g	s	W	С	d		С	0	m											
Phone				,		,									,	-	۵ آ	co 11	v D	indi	na	A cre	am	ont i	in ac	2001	don			
(60	7	$) \lfloor$	7	9	6	-	2	2	1	6														V.G			Ye		0	No
What tag	1za /w	n (145)	041	aih:	:1:+;	00	040	aha	1400	1	ith	+hi.		a sa t sa	O# 1	(0.0	- N	1 N /	1 0	مام	1	Dao	~**		~**	1 1/1.	.14.	.1.	Тос	119
What tas	K5/10	sp	OII	510	11111	.08	ale	8116	1160	ıw	ш	UIII	s pa	11 (1)	CI (9.9	5. IV.	1171	13	CHC	. 100	F10	gra	11118	OI	IVI L	ուդ)1C	1 as	KS):
• MM1	M	u	1	t	i	р	1	е		t	a	s	k	s		s	е	е		S	W	M	Р							
▲ N/N/2	M		1	t	i	'n	1			+			k							S	W	M	Р	 						
• MM2		u				р		е		t	a	S	Λ.	S		S	е	е		5	VV	М	P	<u></u>			<u> </u>			
MM3	M	u	1	t	i	р	1	е		t	a	s	k	s		s	е	е		S	W	M	Р							
• MM4	М	u	1	t	i	n	1	е		t	а	s	k	s		s	е	e		s	W	М	Р							
• IVIIVI4		<u>u</u>				р					a			3						2	L VV	141	F						Ш	
MM5	M	u	1	t	i	р	1	е		t	а	s	k	s		s	е	е		S	W	М	Р							
 MM6 	М	u	1	t	i	р	1	е		t	a	s	k	s		s	е	е		S	W	М	p							
- 1,11110			-			۲							<u> </u>										<u> </u>	<u>L</u>	Ш			Ш		
Addition	al ta	sks	/re	espo	ons	ibil	litie	es																						
O Wate														zem	ieni	t Pi	raci	tice	s re	equ	ire	d fo	r N	1S4	s ir	ı in	npa	irec	t	
wate	rshe	ds	inc	cluc	led	in	GP	-0-	08-	002	2 Pa	art	IX.																	
																	_													-

MS4 Municipal Compliance Certification(MCC) Form

	MCC form for period ending March 9, 202	3
ı		SPDES ID
Name of MS4	Town of Elmira	NYR20A168

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 David	MI	Last Name Sullivan									
Title (Clearly print title of individual signing report) Town Supervisor											
Maved Lellioon			Date	; 3	/ <u>[</u> 1	. 5]/	2	0	2	3

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 3 & 3 \end{vmatrix}$

Name of MS4/Coalition Chemung Stormwater Coalition	SPDES ID N Y R 2 0
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1 	3
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
• Construction Sites	• Pesticide and Fertilizer Application
General Stormwater Management Information	Pet Waste Management
 Household Hazardous Waste Disposal 	Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	O Trash Management
O Smart Growth	O Vehicle Washing
O Storm Drain Marking	Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	O None
Other	
2. Specific audiences targeted during this reporting period:	
Public Employees Contractors	
● Residential ○ Developers	
O Businesses • General Public	
O Restaurants O Industries	
○ Other: • Agricultural	
Other .	

This report is being submitted for the reporting period ending March 9, 2023

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

SPDES ID

Name	of M	1S4/	Coa	litio	on C	Chen	nung	Sto	rmwa	ater C	Coali	tion											N	Y	R	2	0				
3. V	Wh <i>a</i> his			_			-								e to	o a	chi	eve	ed	uca	ıtio	n a	nd	ou	tre	ach	go	als	du	ırin	ıg
• Co	nstr	ucti	on S	Site	Op	pera	itor	s T	rain	ed														# Tı	rain	ed				5	9
O Di	rect	Ma	ilin	gs																			#	Ma	ilin	gs					
○ Ki	osks	or	Oth	er l	Disj	play	/S																# 1	Loc	atio	ns					
O Lis	st-S€	erve	S																					# I	n Li	ist					
Ó Ma	ailin	g Li	ist																					# I	n Li	ist					
○ Ne	wsp	ape	r A	ds o	or A	rtic	eles																#]	Day	s Rı	ın					
Pu	blic	Ev	ents	/Pr	esei	ntat	ions	S															# 2	Atte	nde	es		6	2	6	3
• Sc	hool	Pro	ogra	ım																			# /	Atte	nde	es		2	8	0	0
O TV	7 Sp	ot/P	rog	ran	1																		#]	Day	s Rı	ın					
• Pri	inted	l Ma	ater	ials	: :																Т	otal	# D	istri	ibute	ed		1	8	0	0
	Loca	ation	s (e.	g. li	ibrai M	ries,	tow 4	n of	fices				u	n	i	t	i	e	s								I				
	h	a	v	e	-	s	t	0	r		w	a	t	e	r																
	b	r	0		h	u	r	e		h	a	n	d	0	u	t	s			_											
						<u>u</u>	-			**		11					3														
○ Otl	her:																														
• We	eb P	age:		Pro	vid	le s	pec	ific	we	b ac	ldre	esse	S - 1	not	hor	ne j	page	e. (Con	tinı	ie o	n ne	ext	pag	e if	ado	ditio	nal	l sp	ace	is
UR	RT.	_			edec									,			_		,										_		
W	W	W	•	С	h	е	m	u	n	g	s	t	0	r	m	W	a	t	е	r		0	r	g							
		ļ					<u> </u>								<u>.</u>																
													<u> </u>	<u> </u>																	
UR		Т.	1	_		,	T ,	T	1			T _		1	1	Ι,		1						, ,		,					
h		t	<u> - </u>	s	:	/		W		W	•	f	а	С	е	b	0	0	k	•	С	0	m		С	h	е	m	u	n	g
S	;	0	r	m	W	а	t	е	r			<u> </u>			 				ļ	 											
												<u>L</u> .		L																	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

																					_			SPL)E9	עו						
Naı	ne c	of M	S4/	Coa	litic	on	hem	ung	Stori	nwat	er C	oaliti	on											N	Y	R	2	0				
	W url		Pag	ge c	con	't.:		Pro	ovi	de s	spec	cifi	c w	eb	ado	lres	ses	- n	ot	hor	ne j	pag	e.									
	h	t	t	р	s	:	/	/	W	W	w		С	h	е	m	u	n	g	s	t	0	r	m	W	а	t	е	r	р	r	0
	j	е	С	t	s		С	0	m																							
					<u> </u>			<u> </u>	 																							
	URL	,	L	J		I	1		I	1	L	I	l	l	I		1	L	I	L	l					1						
	С	h	е	m	u	n	g	С	0	u	n	t	У	n	У		g	0	v	/	3	4	8	/	s	t	0	r	m	w	а	t
	е	r	_	m	s	4	_	i	n	f	0	r	m	а	t	i	0	n														
	URL		L	L	I					L	·	L		l	l		l															
	h	0	r	s	е	h	е	a	d	s	•	0	r	g	/	V	i	1	1	а	g	е	/	р	а	g	е	/	a	n	n	u
	а	1	_	m	s	4	_	s	t	0	r	m	W	а	t	е	r	_	r	е	р	0	r	t,	s							
												 																				
	URL	,		<u></u>	L	I		L		I			I		I		1			L.,	1											
	t	0	W	n	0	f	е	1	m	i	r	a		С	0	m	/	р	0	s	t	С	a	t	е	g	0	r	У		р	h
	р	?	С	=	b	u	i	1	d	i	n	g	С	0	d	е	s															
						ļ																										
	URL	,	İ	L	I	J	L	1				L	<u> </u>				1															
	W	W	W		С	i	t	У	0	f	е	1	m	i	r	а		n	е	t	/	?	р	a	g	е		i	d	=	4	8
	4	6																														
																		-														
	URL	,			L	L	I	I	·)	I	1	1.		ł			l												J
	W	W	W		е	1	m	i	r	a	h	е	i	g	h	t	s	V	i	1	1	a	g	е	•	С	0	m	/	S	t	0
	r	m	W	а	t	е	r	/																								
	uri.	,	I	l	L	L	<u> </u>	L	l	l	I		L		L		l			i	L	I									1	
	h	t	t	р	s	:	/	/	w	w	W		h	0	r	s	е	h	е	а	d	s		0	r	g	/	С	0	d	е	/
	р	a	g	е	/	7	_	s	i	m	р	1	е	_	s	t	е	р	s	_	С	1	е	а	n		W	а	t	е	r	
		,				İ			ļ		<u> </u>																					

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

If submittin	g this form as part of a joint report on behalf of a coalition	lear	ve S	SPD	ES	ID l	olan	ık.	
		SPI	DES	ID					
Name of MS4/Coalition	Chemung Stormwater Coalition	N	Y	R	2	0			

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.

This past year we visited 47 different classrooms and summer programs to educate youth on stormwater. There were 8 meetings held with stakeholder and politicans, We also information tables at 10 community events.

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

1800 brochures and information packets were given to each MS4 community

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

1 8 0 0

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

Continue to create networking opportunities, cultivate partnerships throughout the county, host and attend events as well as hand out information and communicate with community members.

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Chemung Stormwater Coalition Ν Y R 2 0 Name of MS4/Coalition Minimum Control Measure 2. Public Involvement/Participation The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition 3 How many MS4s contributed to this report? 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply: Cleanup Events # Events 8 O Comments on SWMP Received #Comments Community Hotlines Phone # 6 6 2 2 1 Phone # Phone # Phone # Phone # Phone # Phone # Phone # Phone # Phone # Phone # O Community Meetings # Attendees Plantings Sq. Ft. O Storm Drain Markings # Drains # Attendees Stakeholder Meetings 119 Volunteer Monitoring # Events Other: 2. Was public notice of availability of this annual report and Stormwater Management Yes \bigcirc No Program (SWMP) Plan provided? O List-Serve # In List

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

O Newspaper Advertising

TV/Radio Notices

Other:

Days Run

Days Run

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 3

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

Nar	ne c	f M	[S4/	Coa	litio	on	hem	ung	Storr	nwat	er Co	oaliti	ion											N	Y	R	2	0				
2.		eas					eci	ific	ad	dre	ess(es)	wł	1er	e n	otic	e(s) c:	an Ì	be :	acc	ess	ed	- n	ot ł	ıon	ne j	pag	ge.			
	W	W	W		С	h	е	m	u	n	g	s	t	0	r	m	W	а	t	е	r	р	r	0	j	е	С	t	s		С	0
	m	/	m	s	4	_	а	n	n	u	а	1	-	r	е	р	0	r	t		h	t	m	1								
ı	URL	,							T								·	,	Т									T	,			
	е	1	m	i	r	a	h	е	i	g	h	t	s	V	i	1	1	а	g	е	•	С	0	m	/	n	0	t	i	С	е	s
	/	m	s	4	_	а	n	n	u	a	1		r	е	р	0	r	t	/													
																			_													
ſ	URL		<u> </u>	-			Ι	I	Γ				1			Γ	T		Γ	1	Γ			ı		l			r	, , , , , , , , , , , , , , , , , , ,	T.	1
ļ	С	i	t	У	0	f	е	1	m	i	r	a	•	n	е	t	/	?	р	а	g	е	_	i	d	=	9	7	5			
				<u> </u>		<u> </u>		<u> </u>																								
				<u></u>						_					<u></u>	<u> </u>																
	URL		I	-	Γ.	Γ	Ι	i	1	Γ		Γ.	Ι	l	Γ	Ţ——	_			Ι,				Γ,								
	С	h =	е	m	<u> </u>	n	g	С	0	u	n	t	У	n	У	•	g	0	V	/	4	1	3	/	m	S	4	_	а	n	n	u
	a	1	_	r	е	р	0	r	t	<u> </u>]	<u> </u>		<u> </u>					<u></u>		-										
						<u></u>																						<u> </u>				
	URL h		~			h		_	d				<u></u>	~	,	.,	i	1	1	_	~		/	'n		~	_	/		n	n	,,
		0	r	S	е	4	е _	a		s	•	0	r	g	/	V				a	g	e	/	p	a	g	е	/	a	n	n	u
[a	1		m	s	-1		S	t	0	r	m	W	а	t	е	r		r	е	р	0	r	t	S							
į,	URL		l		<u> </u>	ļ	<u> </u>										<u></u>															
	h	t	t	р	:	/	/	W	W	w		С	h	е	m	u	n	g	s	t	0	r	m	W	a	t	е	r		0	r	g
į																																
[
1	URL					L	I		L	l		I			l	l	I														l	

Name of MS4/Coalition Chemung Stormwater Coalition

MS4 Annual Report Form

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

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

SPDES ID

Y R 2 0

Ν

Vhe rog	rar	n S	W]	ΜP) P	lan	ı ar	nd s	sub	mi	t co	mı	mei	nts	on	tho	ose	do	cun	nen	ts?	1								
nter het																													.d	
54/C				ffic	e:e										•) A:	nnu	al I	Rep	ort		S	WN	1P]	Plar	1	• (Con	nme	31
Dep	artı h	nen e	t m	u	n	g		S	t	0	r	m	w	а	t	е	r											T	T	Γ
Ado				-			L	L	L	L			L	<u> </u>	L	LI	L	l	Ш							L	L		L	L
8	5	1		C	h	е	m	u	n	g		S	t	r	е	е	t													
City	/						T		L			L		I		1			<u></u> -		Zip				T	1			I	L
Н	0	r	s	е	h	е	a	d	s								[]	N :	Y							_	L			
Pho							T	1				Γ.	1																	
(6	0	7)	7	9	6	-	2	2	1	6																		
rary Ado	r Ires	S	1		,	·			1			r	T	т) A ı	nnu	al I	Rep	ort		S'	WN	1P]	Plar	1	0	Con	nme	Э: Т
																											L			
City	/							 T					 			1		_	_	 I	Zip					1		T		T
																	L									-	L			
Pho	ne	· · · · ·	Г	١,		Γ		1			· .		1																	
()		L		-																						
ner Add	ires	S													•) A	nnu	al I	Rep	ort		S	WM	1P]	Plar	1	• (Con	nme	3
A	1	1		M	S	4		Т	0	W	n	/	V	i	1	1	a	g	е	/	С	i	t	У		Н	a	1	1	
City	/	I	·													1	г		·—-		Zip				T	1	_			T
																										-	L			
Pho	ne					_		1				T	1		_	,		_	_											
()				-																						
eb Pa	age	UR	L:							•						A	nnu	al I	Rep	ort		S	WN	1P]	Plar	1	0	Con	nme	9
h	t	t	р	:	/	/	W	W	w		С	h	е	m	u	n	g	s	t	0	r	m	W	a	t	е	r		0	
g																														
					<u> </u>		<u> </u>	<u> </u>			<u>. </u>	<u> </u>							\Box			_				_	\vdash	 	H	- Inches
DI	<u> </u>		L	1.	<u> </u>	_ : c		1.1.				<u> </u>		<u></u>							224		+	10.04				<u> </u>		
ail	ease	e pr	OVI	ae	spe	:C111	ic a	laai	ress	01	paş	ge v	νne	эге	гер	Ort	car	1 06	e ac	ces	sea	l - I	101	поі	ne	pag		Cor	nme	2
n	i	k	0	1	е	9	С	h	е	m	u	n	g	s	W	С	d		С	0	m									
									Ī				<u> </u>																	Ī
	l					'													L									\perp	<u> </u>	1

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 2 & 3 \end{bmatrix}$

	SPDES ID
Name of MS4/Coalition Chemung Stormwater Coalition	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 4 / 1 8 / 20 23
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	g a joint report, answer 5.b
5 a Was an Annual Danaut muhlia maating hald in this was attention	
5.a. Was an Annual Report public meeting held in this reporting	g period? Yes No
If Yes, what was the date of the meeting?	
If No, is one planned?	○ Yes • No
5.b. Was an Annual Report public meeting held for all MS4s con	ntributing 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.	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

			SPDES II)	
Name of MS4/Coalition C	hemung Stormwater Coalition		N Y R	2 0	
	ess Toward Measurable				
	t on your progress and programwater Management Programal pages as needed.		_	_	Part
A. Briefly summariz	e the Measurable Goal ic	dentified in the S	WMPP in this re	eporting peri	iod.
1	h our stakeholders and par Continue the rain barrel pr	-	events. Continue	the water qua	ality
B. Briefly summariz	e the observations that in	ndicated the over	all effectiveness	of this Meas	urable
1	t collection events with gr naceutical Take Back day,				
C. How many times	was this observation mea	sured or evaluat	ed in this report	ing period?	
		ı			8
D. Has your MS4 ma	nde progress toward this	measurable goal		ex.: samples/par	
				• Yes	
E. Is your MS4 on so	chedule to meet the deadl	line set forth in tl	he SWMPP?	• Yes	○ No
-	e the stormwater activitions to the stormwater activitions are impossible to the stormwater activities.	_	0		
Continue to hold clear organizations.	n up events as well as conf	tinuing our partne	rship work with lo	ocal	
·					

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

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

SPDES ID

Name of MS4/Coalition Chemung Stormwater Coalition	N Y R 2 0
Minimum Control Measure 3	3. Illicit Discharge Detection and Elimination
The information in this section is being reported	ed (check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed t 	to this report? 1 3
1. Enter the number and approx. percent	ent of outfalls mapped: 1 6 0 9 # 1 0 0 %
2. How many of these outfalls have been reporting period (outfall reconnaissa	n screened for dry weather discharges during this ence inventory)?
3.a. What types of generating sites/sewers reporting period?	sheds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
○ Cross-Connections	Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
○ Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	None
○ Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2023

												SPI)ES	чD						
Name of MS4/Coalition Cher	nung Storn	nwater C	Coalition									N	Y	R	2	0				
3.b.What types of illic	it disch	arges	have	e bec	en fo	und	du	ring	g thi	s re	por	ting	g po	erio	od?					
Broken Lines From San	nitary Se	ewer		0	Indus	trial	Co	nnec	ction	S										
O Cross Connections				O	Inflo	w/Inf	iltra	ation	1											
O Failing Septic Systems					Pump	Stat	tion	Fai	lure											
O Floor Drains Connected	d To Sto	rm Se	wers	0	Sanit	ary S	Sewe	er O	verf	lows										
Illegal Dumping				\odot	Strai	ght P	ipe	Sew	ver D	isch	arge	es								
Other:				0	None	;														
4. How many illicit d reporting period?	ischarg	es/po	tentia	al ill	egal	conn	iec1	tion	s ha	ve l	eer	ı de	tec	ted	i du	ırin	ıg t	his		1
5. How many illicit d	ischarg	es ha	ve be	en c	onfi	med	l du	ırin	g th	is r	epo	rtin	g p	eri	i od '	?				1
6. How many illicit d period?7. Has the storm sewer																	epo [1
If No, approximatel			_			-						_		yu :				9	8	NO 용
8. Is the above inform Is this information If Yes, provide URI Please provide specifical	availab L(s):	ole on	the v	web'	?	ap(s)) ca	n be	e acc	cesso	ed -	not	ho	me	: pa	0	Ye Ye		○1 •1	
																			T	
URL																				
									-											
																		ļ		

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 3

URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page URL URL URL URL URL URL URL UR						_															7			SP	DES	ID						_
Please provide specific address of page where map(s) can be accessed - not home page URL URL URL UURL	ne	of N	1S4	/Coa	alitic	on C	hem	ung	Stori	nwat	er C	oaliti	on											N	Y	R	2	0				
Please provide specific address of page where map(s) can be accessed - not home page URL URL URL UURL																																
URL URL URL URL								. c.		1.1		- c			1.			(1			1		- 4 1	1					
URL URL URL			se	pro	via	ie s	pec	21110	c ac	ıar	ess	OI	pa	ge v	wn	ere	ma	ıp(:	s) c	an	be	acc	ess	sea	- n	οτ .	nor	ne j	pag	zе		
URL URL		T	T	Τ							Τ																					
URL URL	<u> </u>	+-		 	<u> </u>	I	<u> </u>			<u>I</u> T		I I		<u> </u>	<u> </u>	<u> </u>			 	<u> </u>	<u> </u>	 	Ī	<u> </u>	<u> </u>	<u> </u>						L
URL URL		<u> </u>				ļ	<u></u>		<u> </u>	<u> </u>		<u> </u>					<u> </u>		<u> </u>	<u></u>		<u> </u>	ļ		<u> </u>	<u> </u>	<u> </u>	<u></u>	Ļ	<u></u>		Ĺ
JRL JRL																																
URL	UR	L																														
URL				1																												
URL		Ī	Ī	Ī																												Ī
JRL		+	 		1			-		<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u></u>	<u> </u>	<u> </u>	I		<u> </u>	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>		<u> </u>			
JRL				<u></u>						<u> </u>										ļ	l	L				-						L
	JR	L T	Т	1				T	Т				1	1	1	1		Ι	· .		1	1	_							T 1		Γ
			ļ		<u> </u>															<u> </u>												L
							·																									ĺ
									<u> </u>						<u> </u>																	=
				<u> </u>		<u> </u>		I	<u> </u>	<u></u>					<u> </u>	.l	l	ļ		<u> </u>								Ll		L		-
JRL	JK	L	T						T							1			l		Ī							<u> </u>				
URL			<u> </u>	<u> </u>	<u> </u>				<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		<u> </u>			l I			<u> </u>	<u> </u> 							-
JRL		<u> </u>														<u> </u>																_
	JR.	L		•							•	•		•				•					•									
																																_
			Ï						<u> </u>																							Ξ
	-		<u> </u>					<u> </u>	_				l			<u> </u>	<u> </u>		 	<u> </u>												=
						,																					L	İ				_
	a _]	ppr	'0V	ed f	for	all	no	n-t	rad	litic	ona	l V	TS4	s c	ont	trib	uti	ng	to	thi	s re	po	rt?						Ye	es	0	
																						_									C)
																ing	g to	thi	is r	epo	ort	cer	tifi	ed							\bigcirc	
If Yes, has every traditional MS4 contributing to this report certified that this law is	U	4u1	v al	CIIL	w	CAR	U 14	13	171	vut	JI 1	טט	ו ביווי	⊔a\	₩ .										4	≠ I	CS		/ IN	U	\cup	1
approved for all non-traditional MS4s contributing to this report? If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? Yes Yes	V	Vha	ıf n	erc	ent	of	sta	ff i	in r	ele	vai	ıt n	ากร่	itin	ns	and	i da	na	rtn	ner	ıts l	hac	re	cei	ved	TT	П	č tr	·air	ine	, ?	
If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○	•		Р	J. U	~111		J. 14		1	-10	,	F	וטטי	UXU				.Lu	.4 (1)						, cu			<i>_</i> , ti		Τ.	0	
If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? • Yes • No • What percent of staff in relevant positions and departments has received IDDE training?																															\perp	_

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

II Sublittii	ing this form as part of a joint report on bena		
	Champa Samuel Carlo	SPDES ID	
Name of MS4/Coalition	Chemung Stormwater Coalition	N Y R 2 0	
12. Evaluating Pro	gress Toward Measurable Goals MCN	М 3	
identified in your S	oort on your progress and project plans to tormwater Management Program Plan (Sitional pages as needed.	ward achieving measurable goals SWMPP), including requirements in Part	
A. Briefly summa	rize the Measurable Goal identified in	the SWMPP in this reporting period.	
	em updated with appropriate outfall inspenses investigating the 1 IDDE complaints.	ection data. Utilized the provisions of the	a)
B. Briefly summai Goal.	rize the observations that indicated the	e overall effectiveness of this Measurah	ole
and municipal staff office for further in	were investigated. This IDDE was correct are starting to recognize what an illicit of formation. This is a big improvement that tention to. 276 outfalls were inspected the	discharge is and contact the Coalition at stormwater is now recognized as	
C. How many time	es was this observation measured or ev	valuated in this reporting period?	
			6
D 11		(ex.: samples/participa	ants/
D. Has your MS4 i	made progress toward this measurable	e goal during this reporting period? ● Yes ○ N	Vo.
E. Is vour MS4 on	schedule to meet the deadline set fortl		10
,		• Yes ON	10
	ize the stormwater activities planned t ng cycle (including an implementation		
when new outfalls a expanded urbanized	the electronic inspection program for out are located within the urbanized area and I area from the 2010 Census. Employ the t discharge is detected.	finalize sewershed mapping within the	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

Naı	me of MS4/Coalition Chemung Stormwater Coalition	N Y R	. 2 ()	
	Minimum Control Measures of Construction Site and Post-Construction		ļ		
	Constitution Site and 1 ost Constitu	chon Control	•		
Th	e 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 3				
1a	. Has each MS4 contributing to this report adopted a law, or mechanism that provides equivalent protection to the NYS Stormwater Discharges from Construction Activities?				, ○ No
	Stormwater Discharges from Construction Activities;			• ies	O NO
1b	. Has each Town, City and/or Village contributing to this re equivalent to a NYSDEC Sample Local Law for Stormwat Sediment Control through either an attorney cerfification Analysis Workbook?	er Management or using the NY	and I	Erosion	
	If Yes, Towns, Cities and Villages provide date of equivalent	NYS Sample Loc		w. 3/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure	e in place?		• Yes	O No
3.	How many Construction Stormwater Pollution Prevention reviewed in this reporting period?	Plans (SWPPPs	s) hav	e been	1 2
4.	Does your MS4/Coalition have a mechanism for receipt an comments related to construction SWPPPs?		of pu Yes	blic ○ No	O NT
	If Yes, how many public comments were received during this	reporting period?)		0
5.	Does your MS4/Coalition provide education and training f SWPPP process?	or contractors a		the loca ● Yes	al O 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	#	2	O No Authority
Stop Work Orders	#		O No Authority
O Criminal Actions	#		O No Authority
O Termination of Contracts	#		O No Authority
O Administrative Fines	#		○ No Authority
O Civil Penalties	#		○ No Authority
O Administrative Orders	#		○ No Authority
O Enforcement Actions or Sanctions	#		
Other	#		O No Authority

This report is being submitted for the reporting period ending March 9, 2023

Na	me of MS4/Coalition Chemung Stormwater Coalition NYR20	
	Minimum Control Measure 4. Construction Site Stormwater Runo	off Control
·Th	ne 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 3	
1.	How many construction projects have been authorized for disturbances of one during this reporting period?	acre or more
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisdiction
3.	What percent of active construction sites were inspected during this reporting	period? ONT
4.	What percent of active construction sites were inspected more than once?	1 0 0 % ONT 1 0 0 %
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?	the NYS O No O NT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prever (SWPPs) of construction projects that are subject to MS4 review and approva	
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made avapublic review?	
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	d.

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Chemung Stormwater Coalition Y R 2 0 6. con't.: Submit additional pages as needed. MS4/Coalition Office Department $C \mid h \mid e \mid m \mid u \mid n$ S t 0 r m w а t е t Address 5 1 8 h S е m u n g t r е е t Zip City Н 4 h d 8 е е Ν 4 Phone 6 9 6 2 2 1 6 O Library Address City Zip Phone Other Address 1 j i а 0 b S t е S City Zip Phone • Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL h u n t r t j С e m g S 0 m W a е r р r е t S С o m 0 URL

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

r				SPDES ID		
Name of MS4/Coalition C	Chemung Stormwater Coalition			N Y R 2	0	
7. Evaluating Progr	ress Toward Measura	ble Goals MCM	4			
	rt on your progress and rmwater Management onal pages as needed.			_	_	Part
A. Briefly summariz	ze the Measurable Go	al identified in t	he SWMPP	in this repor	ting peri	iod.
1	nd sediment control pl . Complete periodic in	Ţ.		_	•	1
B. Briefly summariz Goal.	ze the observations th	at indicated the	overall effec	ctiveness of tl	nis Meas	urable
	ruction site inspections ng period with 7 receiv					
					•	
C. How many times	was this observation	measured or eva	luated in th	is reporting	period?	
						9 2
						ticipants/event
D. Has your MS4 ma	ade progress toward	this measurable	goal during	this reportin	<u> </u>	
T. In second MCA and se	ala adamba 4a aa aa 44b a d	JU 4 41 41 41 41 41 41 41 41 41 41 41 41 41 41 41	to the CVV	#TDYDO	• Yes	O NO
E. Is your MS4 on so	cneaute to meet the a	eadiine set iorth	in the SWIV	TPP?	• Yes	○ No
F. Briefly summariz	te the stormwater acti g cycle (including an i			oals of this M		
	nd sediment control plant. Complete periodic in	•		_	•	i

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

				SPDES ID	
Name of MS4/Coalitio	n Chemung Stormwate	r Coalition		N Y R	2 0
<u>Minimum</u>	Control Mea	sure 5. Post	:-Constructio	on Stormwater N	<u> Ianagement</u>
The information in the	his section is bein	g reported (che	ck one):	,	
On behalf of an inOn behalf of a coaHow n	dividual MS4 alition nany MS4s cont	ributed to this	report? 1	3	
1. How many and	what type of pos	st-construction	stormwater ma	magement practices eporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
Alternative Practice	ces		8		
• Filter Systems			4		
• Infiltration Basins			9		
Open Channels					
Ponds			8		
○ Wetlands					
○ Other					
2. Do you use an BMPs, inspecti			ıbase, spreadsl	neet) to track post-	construction • Yes • No
3. What types of a Development/E					ipact
O Building Codes	O Municipal Co	omprehensive P	lans		
Overlay Districts	Open Space I	Preservation Pro	ogram		
○ Zoning	• Local Law or	· Ordinance			
○ None	O Land Use Re	gulation/Zoning	5		
O Watershed Plans	Other Compr	ehensive Plan			
Other:					

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

	<u>-</u>			SP	DES	\mathbf{m})				
Nar	me of MS4/Coalition Chemung Stormwater Coalition			N	Y	R	2	0			
4a.	a. Are the MS4s contributing to this report involv	ved in a regiona	al/watersh	ed v	vide	p]	anr	ing	effor	t?	
									Yes	\circ	No
4b.	Does the MS4 have a banking and credit system	n for stormwat	er manage	me	nt p	ra	ctic				
								0	Yes	•]	No
4c.	e. Do the SWMP Plans for each MS4 contributing and approval of banking and credit of alternat			_				t pr		?	No
4d.	I. How many stormwater management practices reporting period?	have been impl	emented a	ıs p	art (of 1	this	sys	tem ii	this	5
5.	What percent of municipal officials/MS4 staff training on Low Impace Development (LID), B Infrastructure principles in this reporting periods.	etter Site Desig		_					ittend		%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

	SPDES ID
Name of MS4/Coalition Chemung Stormwater Coalition	N Y R 2 0
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans towal identified in your Stormwater Management Program Plan (SWI III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the	e SWMPP in this reporting period.
Review Post Construction SWPPPs for every site that disturbs inventory of post construction stormwater management facilities permitting under the SPDES General Permit. Inspect each invention minimum of once every 3 years and complete the associated in	es for sites that have received entoried post construction practice a
B. Briefly summarize the observations that indicated the ov Goal.	verall effectiveness of this Measurable
30 Post construction stormwater management practices were in GIS mapping was updated. 12 SWPPPs were reviewed.	nspected. Reports were filled out and
C. How many times was this observation measured or evaluation	nated in this reporting period? 4 2 (ex.: samples/participants/ev
D. Has your MS4 made progress toward this measurable go	
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 r the next reporting cycle (including an implementation sc	neet the goals of this MCM during
Review Post Construction SWPPPs for every site that disturbs inventory of post construction stormwater management facilities permitting under the SPDES General Permit. Inspect each inventinium of once every 3 years and complete the associated in	es for sites that have received entoried post construction practice a

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

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

		_	SPI	DES	ID				
Name of MS4/Coalition	Chemung Stormwater Coalition		N	Y	R	2	0		
		_							

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	<u></u>

How many MS4s contributed to this report?

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment

Operation/Activity/Facility performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? vears? Street Maintenance..... • Yes ○ No • Yes O No Bridge Maintenance..... O Yes • No • Yes No Winter Road Maintenance....

• Yes ○ No • Yes \bigcirc No Salt Storage..... • Yes ○ No • Yes \bigcirc No Solid Waste Management..... O Yes ● No ○ Yes No New Municipal Construction and Land Disturbance.. • Yes ○ No • Yes O No Right of Way Maintenance..... O Yes No No Yes ● No ○ Yes No Marine Operations..... O Yes Hydrologic Habitat Modification..... O Yes ● No ○ Yes No Parks and Open Space..... • Yes ○ No • Yes O No Municipal Building..... • Yes ○ No • Yes \bigcirc No Stormwater System Maintenance..... O Yes ● No ○ Yes No Vehicle and Fleet Maintenance....

Yes ○ No • Yes \bigcirc No Other..... O Yes ○ No ○ Yes \bigcirc No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

	SP.	DES	ID					
Name of MS4/Coalition Chemung Stormwater Coalition	N	Y	R 2	0				
2. Provide the following information about municipal operations go	od h	ious	ekee	ping	g pi	rog	ram	ıs:
Parking Lots Swept (Number of acres X Number of times swept)		# A	Acres				4	5
• Streets Swept (Number of miles X Number of times swept)		# N	Ailes		2	1	3	0
 Catch Basins Inspected and Cleaned Where Necessary 			#			3	3	2
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 			#			2		
O Phosphorus Applied In Chemical Fertilizer		#	Lbs.					\neg
O Nitrogen Applied In Chemical Fertilizer		#	Lbs.					
Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	of	# Ac	res			3	1].[0
3. How many stormwater management trainings have been provide	d to	mur	nicip	al e	mp	lov	ees	
during this reporting period?			•					9
4. What was the date of the last training?	0 4]/[1 4]/	2	0	0	2
5. How many municipal employees have been trained in this reporti	ng p	erio	d?					
6. What percent of municipal employees in relevant positions and d stormwater management training?	epar	tme	nts r	ecei	ive	0 .	0	%

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 3$

		SPDES ID								
Name of MS4/Coalition	Chemung Stormwater Coalition	N Y R 2 0								
7. Evaluating Pro	gress 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 summar	rize the Measurable Goal identified in the S	WMPP in this reporting p	eriod.							
Complete self audits for select municipal facilities (minimum of once ever 3 years). Complete training for appropriate employees in accordance with written procedures. Monitor and record the number of street miles swept, catch basins inspected and cleaned, the acres of parking lots swept, tons of fertilizer spread and acres of pesticides used.										
B. Briefly summar Goal.	rize the observations that indicated the over	all effectiveness of this Me	asurable							
	es conducted self-assessments of their highwa nicipal employee training's were held and 86 st	•	1							
C. How many time	es was this observation measured or evaluat	ed in this reporting period	?							
			9 8							
D. Has your MS4	made progress toward this measurable goal	· · · · · · · · · · · · · · · · · · ·	participants/events; od?							
F Is your MS4 on	schedule to meet the deadline set forth in the	● Ye	s O No							
E. 18 your WIS4 on	schedule to meet the deadline set forth in the	e Switte: ● Yes	s O No							
~	rize the stormwater activities planned to me ing cycle (including an implementation sche	3	luring							
training for appropring number of street mi	ts for select municipal facilities (minimum of criate employees in accordance with written profiles swept, catch basins inspected and cleaned, read and acres of pesticides used.	ocedures. Monitor and record	d the							