





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

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Ashland

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
V e r n		R o b i n s o n
Title		
S u p e r v i s o r		
Address		
3 6 6 3 S i x t h S t r e e t		
City		State Zip
W e l l s b u r g		N Y 1 4 8 9 4 -
eMail		
t a s h l a n d @ s t n y . r r . c o m		
Phone		County
( 6 0 7 ) 7 3 2 - 0 7 2 3		C h e m u n g

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



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

MCC form for period ending March 9, 

2	0	1	6
---	---	---	---

Name of MS4 

T	o	w	n	o	f	A	s	h	l	a	n	d
---	---	---	---	---	---	---	---	---	---	---	---	---

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 (con't.) SPDES Partner ID - If applicable  

C	o	a	l	i	t	i	o	n
---	---	---	---	---	---	---	---	---

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

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  
( 

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, 2016

Name of MS4

SPDES ID  
N Y R 2 0 A 0 8 1

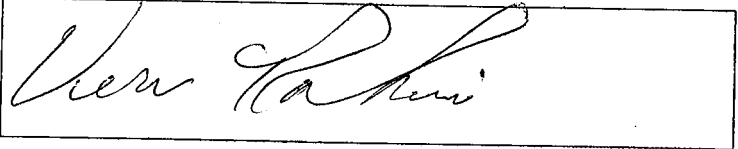
**Section 4 - Certification Statement**

"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  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	6
---	---	---	---

Name of MS4 

T	o	w	n	o	f	B	i	g	F	l	a	t	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	0	6	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 

T	i	m	o	t	h	y									
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

 MI 

--

 Last Name 

G	i	l	b	e	r	t									
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Title 

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

Address 

4	7	6		M	a	p	l	e		S	t	r	e	e	t																					
---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City 

B	i	g		F	l	a	t	s																												
---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

1	4	8	1	4	-						
---	---	---	---	---	---	--	--	--	--	--	--

eMail 

t	g	i	l	b	e	r	t	@	b	i	g	f	l	a	t	s	n	y	.	g	o	v															
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone 

(	6	0	7	)	5	6	2	-	8	4	4	3
---	---	---	---	---	---	---	---	---	---	---	---	---

 County 

C	h	e	m	u	n	g																															
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

MCC form for period ending March 9, 2 0 1 6

Name of MS4 

SPDES ID

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

MI

Last Name

Title

Address

City

State

Zip

eMail

Phone

County

## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 

2	0	1	6
---	---	---	---

Name of MS4 

T	o	w	n	o	f	B	i	g	F	l	a	t	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	0	6	5
---	---	---	---	---	---	---	---	---

### 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, 2016

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.

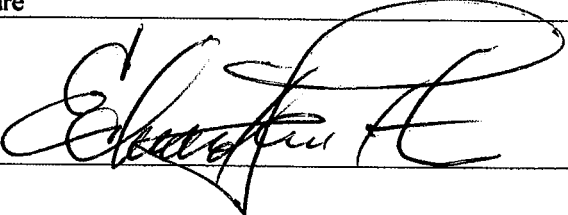
First Name

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, 2 0 1 6

Name of MS4

SPDES ID  
N Y R 2 0 A 0 9 3

Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

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

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

If Joint Report, enter coalition name:

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

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

2	0	1	6
---	---	---	---

Name of MS4 

City of Elmira									
----------------	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	0	9	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

T	h	o	m	a	s										
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

S	k	e	b	e	y										
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Title

D	i	r	e	c	t	o	r		C	o	d	e		E	n	f	o	r	e	c	m	e	n	t							
---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Address

1	0	1		W	.		2	n	d		S	t	r	e	e	t																
---	---	---	--	---	---	--	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

E	l	m	i	r	a																										
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

N	Y
---	---

Zip

1	4	9	0	1	-						
---	---	---	---	---	---	--	--	--	--	--	--

eMail

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

Phone

(	6	0	7	)		7	3	7	-	5	6	5	4
---	---	---	---	---	--	---	---	---	---	---	---	---	---

County

C	h	e	m	u	n	g																									
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

MCC form for period ending March 9, 2 0 1 6

Name of MS4

SPDES ID  
N Y R 2 0 A 0 9 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  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 6

Name of MS4

SPDES ID  
N Y R 2 0 A 0 9 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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2016

Name of MS4

SPDES ID  

N	Y	R	2	0	A	0	9	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

Partner/Coalition Name (cont.)

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 6

Name of MS4

SPDES ID  
N Y R 2 0 A 0 9 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, 2 0 1 6

Name of MS4

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 *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 6

Name of MS4

SPDES ID

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2 0 1 6

Name of MS4

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 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
J e s s i c a	B	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, 2016

Name of MS4

SPDES ID  

N	Y	R	2	0	A	1	6	8
---	---	---	---	---	---	---	---	---

**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 6

Name of MS4

SPDES ID  
N Y R 2 0 A 1 6 8

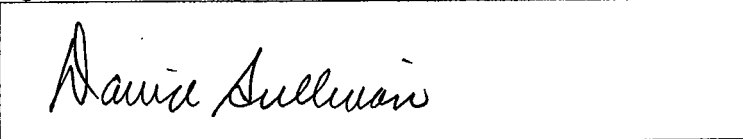
**Section 4 - Certification Statement**

"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 6

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

M a r g a r e t

MI

Last Name

S m i t h

Title

M a y o r

Address

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

City

E l m i r a H e i g h t s

State

N Y

Zip

1 4 9 0 3 -

eMail

Phone

( 6 0 7 ) 7 3 4 - 7 1 5 3

County

C h e m u n g

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

MCC form for period ending March 9, 2 0 1 6

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 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 3      C h e m u n g

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

MCC form for period ending March 9, 2 0 1 6

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 B 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, 2016

Name of MS4

SPDES ID  

N	Y	R	2	0	A	1	0	5
---	---	---	---	---	---	---	---	---

**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, 2016

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.

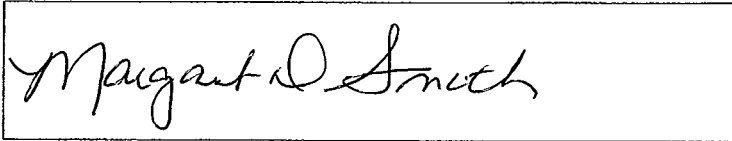
First Name

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, 2016

Name of MS4 

SPDES ID

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

MI

Last Name

Title

Address

City

State

Zip

eMail

Phone

County

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

MCC form for period ending March 9, 2 0 1 6

Name of MS4 

SPDES ID

N Y R 2 0 A 0 8 8

**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, 2016

Name of MS4:

SPDES ID: N Y R 2 0 A 0 8 8

#### 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, 2016

Name of MS4

SPDES ID  
N Y R 2 0 A 0 8 8

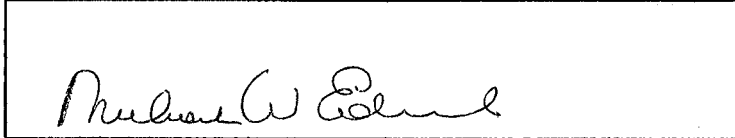
**Section 4 - Certification Statement**

"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, 2016

Name of MS4

SPDES ID  

N	Y	R	2	0	A	1	0	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

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, 2016

Name of MS4 Village of Horseheads

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  
L o u i s e           M c I n t o s h

Title (Clearly print title of individual signing report)  
M a y o r

Signature  
*Louise McIntosh*

Date  
04 / 18 / 2016

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 6

Name of MS4 Village of Millport

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  
K e n R i p l e y

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

Address  
4 2 4 6 M a i n S t r e e t

City State Zip  
M i l l p o r t N Y 1 4 8 6 4 -

eMail

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

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

MCC form for period ending March 9, 

2	0	1	6
---	---	---	---

Name of MS4 

Village of Millport
---------------------

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
J e s s i c a	B	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, 2016

Name of MS4

SPDES ID  

N	Y	R	2	0	A	0	2	9
---	---	---	---	---	---	---	---	---

**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, 2016

Name of MS4 Village of Millport

SPDES ID

NYR20A029

**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  
R o b e r t B e C r a f t

Title (Clearly print title of individual signing report)  
M a y o r

Signature  
*Robert A Belcraft*

Date  
04 / 19 / 2016

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 6

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, 2016

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, 2016

Name of MS4

SPDES ID  
N Y R 2 0 A 1 0 4

#### 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, 2 0 1 6

Name of MS4

SPDES ID  
N Y R 2 0 A 1 0 4


**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, 2016

Name of MS4

SPDES ID  
N Y R 2 0 A 0 8 2

Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

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

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

If Joint Report, enter coalition name:

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

C o a l i t i o n

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4

SPDES ID  
N Y R 2 0 A 0 8 2

## 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 6

Name of MS4

SPDES ID  
N Y R 2 0 A 0 8 2

**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	6
---	---	---	---

Name of MS4

Town of Veteran

SPDES ID

N	Y	R	2	0	A	0	8	2
---	---	---	---	---	---	---	---	---

**Section 3 - Partner Information**

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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	a	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.

--

3165331518

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

MCC form for period ending March 9, 2 0 1 6

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

W i l l i a m

MI

Last Name

W i n k k y

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature

*William Q Winkky*

Date

0 4 / 1 0 / 2 0 1 6

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, 2016

Name of MS4

SPDES ID  
N Y R 2 0 A 1 2 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, 2 0 1 6

Name of MS4 Village of Wellsburg

SPDES ID  
N Y R 2 0 A 1 2 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  
N a n c y C r a i g

Title  
C l e r k

Address  
3 6 6 3 S i x t h S t r e e t

City State Zip  
W e l l s b u r g N Y 1 4 8 6 4 -

eMail

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



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

MCC form for period ending March 9, 2016

Name of MS4 Village of Wellsburg

SPDES ID

N Y R 2 0 A 1 2 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

J e s s i c a

MI

B

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, 2016

Name of MS4

SPDES ID  
N Y R 2 0 A 1 2 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 (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, 

2	0	1	6
---	---	---	---

Name of MS4 

Village of Wellsburg
----------------------

SPDES ID

N	Y	R	2	0	A	1	2	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	MI	Last Name
M a l c o l m		C o l e s

Title (Clearly print title of individual signing report)

M a y o r
-----------

Signature

<i>Malcolm L Cole</i>
-----------------------

Date

0	4	/	2	6	/	2	0	1	6
---	---	---	---	---	---	---	---	---	---

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

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
T h o m a s	J	S a n t u l l i
Title		
C o u n t y   E x e c u t i v e		
Address		
2 0 3   L a k e   S t r e e t		
City	State	Zip
E l m i r a	N Y	1 4 9 0 2 -
eMail		
t s a n t u l l i @ c h e m u n g . n y . u s		
Phone	County	
( 6 0 7 ) 7 3 7 - 2 9 1 2	C h e m u n g	

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

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Chemung County DPW

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

J e s s i c a

MI

B

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, 2016

Name of MS4

SPDES ID  

N	Y	R	2	0	A	4	7	6
---	---	---	---	---	---	---	---	---

**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, 2016

Name of MS4 Chemung County Department of Public Works

SPDES ID  
N Y R 2 0 A 4 7 6

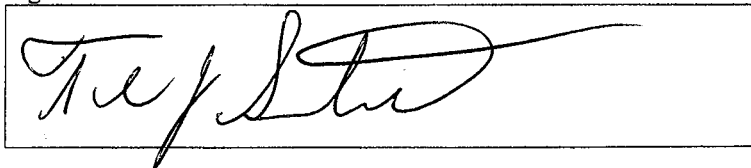
**Section 4 - Certification Statement**

"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  
04/11/2016

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 6

Name of MS4

SPDES ID  
N Y R 2 0 A 3 2 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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County



# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4

SPDES ID  
N Y R 2 0 A 3 2 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  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2016

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

Partner/Coalition Name (cont.)

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 6

Name of MS4

SPDES ID

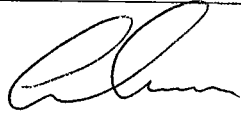
**Section 4 - Certification Statement**

"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, 2 0 1 6

Name of MS4

SPDES ID

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

MCC form for period ending March 9, 2 0 1 6

Name of MS4

SPDES ID  
N Y R 2 0 A 4 7 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  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 6

Name of MS4 Chemung County Solid Waste Transfer Station

SPDES ID

N Y R 2 0 A 4 7 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	MI	Last Name
J e r r y		L e o n e
Title		
R e g i o n a l E n g i n e e r		
Address		
1 8 7 9 R o u t e 5 2 0		
City	State	Zip
S t a n l e y	N Y	1 4 5 6 1 -
eMail		
J e r r y . L e o n e @ c a s e l l a . c o m		
Phone	County	
( 6 0 7 ) 4 3 5 - 9 9 9 6	C h e m u n g	

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

MCC form for period ending March 9, 2016

Name of MS4 Chemung County Solid Waste Transfer Station

SPDES ID  
N Y R 2 0 A 4 7 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 (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   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   Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  No  
( 6 0 7 ) 7 9 6 - 2 2 1 6

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.

[Empty box for additional information]

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

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Chemung County Solid Waste Transfer Station

SPDES ID

N Y R 2 0 A 4 7 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

M i c h a e l

MI

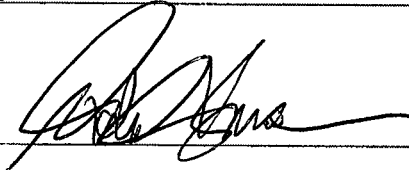
Last Name

K r u s e n

Title (Clearly print title of individual signing report)

D e p u t y C o u n t y E x e c u t i v e

Signature



Date

04 / 18 / 2016

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

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

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

- Construction Site Operators Trained # Trained 

		1	4	4
--	--	---	---	---
- Direct Mailings # Mailings 

		2	0	8
--	--	---	---	---
- Kiosks or Other Displays # Locations 

				8
--	--	--	--	---
- List-Serves # In List 

--	--	--	--	--
- Mailing List # In List 

8	9	6	5	0
---	---	---	---	---
- Newspaper Ads or Articles # Days Run 

--	--	--	--	--
- Public Events/Presentations # Attendees 

		9	1	5
--	--	---	---	---
- School Program # Attendees 

		9	1	5
--	--	---	---	---
- TV Spot/Program # Days Run 

		2	0	3
--	--	---	---	---
- Printed Materials: Total # Distributed 

	2	7	4	2
--	---	---	---	---

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

A	l	l	M	S	4	m	u	n	i	c	i	.	b	l	d	g	
p	u	b	l	i	c	e	v	e	n	t	s	,	h	u	m	a	n
s	e	r	v	i	c	e	s	b	l	d	g	.					
c	o	u	n	t	y	f	a	i	r								

Other:

1	6	6	3	h	i	t	s	o	n	w	e	b	s	i	t	e
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

URL

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

URL

w	w	w	.	c	i	t	y	o	f	e	l	m	i	r	a	.	n	e	t	/	p	u	b	l	i	c	-	w	o	r	k	
s	/	s	t	o	r	m	w	a	t	e	r	-	m	a	n	a	g	m	e	n	t											

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 cont.: Provide specific web addresses - not home page.

URL  

h	t	t	p	:	/	/	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  

h	t	t	p	:	/	/	e	l	m	i	r	a	h	e	i	g	h	t	s	.	o	r	g	/	i	n	d	e	x	.	p
h	p	?n=	M	a	i	n	.	S	t	o	r	m	w	a	t	e	r														

URL  

h	t	t	p	:	/	/	t	o	w	n	o	f	h	o	r	s	e	h	e	a	d	s	.	o	r	g	/	p	o	s	t
.	p	h	p	?p	i	d	+	1	6																						

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  

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

URL  

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

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

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

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

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

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

- Distribute brochures at public events
- Continue to be involved in school and public events utilizing the EnviroScope or other stormwater demonstration models.
- Develop a pet waste education campaign
- Develop a How to Guide to Building Rain Gardens

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

2742 brochures were distributed at public events. There is large interest shown in rain barrels, the how to build a rain garden, composting and pet waste clean up. 157 How to Build a Rain Garden Brochures, 544 Pet waste brochures, 410 pet waste disposal bag key chains, 145 Yard Waste fliers. The educational stormwater commercials aired 203 days over this reporting year. Facebook is utilized to promote events and provide stormwater tips and facts.

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

4	2	0	1
---	---	---	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?**
 Yes    No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

- Public Workshop on How to Build a Rain Garden
- Re-design of www.chemungstormwater.org to make it more user friendly
- Continue education on yard waste and pet waste pollution
- Continue Rain Barrel Program
- Implement Rain Garden Demonstration Projects/Education

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

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

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

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

How many MS4s contributed to this report? 14

#### 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 28
- Comments on SWMP Received # Comments
- Community Hotlines
  - Phone # (607) 737-5268 Phone # (607) 737-5750
  - Phone # ( ) - Phone # ( ) -
  - Phone # ( ) - Phone # ( ) -
  - Phone # ( ) - Phone # ( ) -
  - Phone # ( ) - Phone # ( ) -
- Community Meetings # Attendees
- Plantings Sq. Ft.
- Storm Drain Markings # Drains
- Stakeholder Meetings # Attendees 243
- Volunteer Monitoring # Events 10
- Other:

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

- List-Serve # In List
- Newspaper Advertising # Days Run
- TV/Radio Notices # Days Run
- Other: Municipal Board Meeting Announ

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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.bigflatsny.gov/sites/bigflatsny/files/101/ms4-2015.pdf

URL

www.townofhorseheads.org

URL

www.horseheads.org/uploads/DPW/stormwaterreport15part1.pdf and part2.pdf

URL

www.townofsouthport.com/fireflowd.php

URL

www.chemungcounty.com/index.asp?pageId=673

URL

www.chemungstormwater.org

URL



### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2016

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									
Chemung County Stormwater Coalition	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">N</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">R</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table>	N	Y	R	2	0				
N	Y	R	2	0						

**3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?**

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

<input checked="" type="radio"/> MS4/Coalition Office	<input checked="" type="radio"/> Annual Report <input checked="" type="radio"/> SWMP Plan <input checked="" type="radio"/> Comments
Department	
C h e m u n g   C o u n t y   S t o r m w a t e r   C o a l i	
Address	
8 5 1   C h e m u n g   S t r e e t	
City	Zip
H o r s e h e a d s	N Y   1 4 8 4 5 -
Phone	
( 6 0 7 ) 7 9 6 - 2 2 1 6	

<input type="radio"/> Library	<input type="radio"/> Annual Report <input type="radio"/> SWMP Plan <input type="radio"/> Comments
Address	
City	Zip
	-
Phone	
(   )   -	

<input checked="" type="radio"/> Other	<input checked="" type="radio"/> Annual Report <input checked="" type="radio"/> SWMP Plan <input checked="" type="radio"/> Comments
Address	
A l l   M S 4   T o w n / v i l l a g e / c i t y   h a l l s	
City	Zip
	-
Phone	
(   )   -	

<input checked="" type="radio"/> Web Page URL:	<input checked="" type="radio"/> Annual Report <input type="radio"/> SWMP Plan <input type="radio"/> Comments
w w w . c h e m u n g c o u n t y . c o m / i n d e x . a s p	
? p a g e I D = 3 9 5   a n d   ? P a g e I D = 4 2 5	

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

<input checked="" type="radio"/> eMail	<input checked="" type="radio"/> Comments
j b v e r r i g n i @ s t n y . r r . c o m	

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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

**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
---	---

 / 

2	7
---	---

 / 

2	0	1	5
---	---	---	---

**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
---	---

 / 

1	8
---	---

 / 

2	0	1	5
---	---	---	---

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

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

**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.**

Continue to work with our partners on hosting and co-hosting clean up events.  
 Continue Water Quality monitoring program.  
 Continue rain barrel and compost bin program.

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

-26 Rain Barrels and 28 compost bins distributed in Chemung County  
 -Chemung County MS4s hosted Pharmaceutical Days, 2 household hazardous waste collections, 1 tire day collection, 1 electronic collection, 22 Stream clean up events  
 -10 volunteer monitoring sampling days were conducted by Chemung County WQCC and SLPWA

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

		9	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).**

-Continue Rain Barrel and Compost Program  
 -Develop Rain Garden demonstration projects and work with local organizations/groups on installation.  
 -Work with groups on collection events.  
 -Continue water quality monitoring program.







**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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

**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

- Develop electronic inspection process for outfall inspections.
- Update sewershed mapping for communities with expanded urbanized areas from 2010 census.
- Keep mapping system updated with appropriate outfall inspection data.
- 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.**

An electronic inspection was developed for outfall inspections. We were able to complete 446 outfall inspections. WNY Stormwater conference asked us to speak at their conference to other MS4 communities about the system that was created.

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

	4	4	6
--	---	---	---

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

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

Yes    No

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

Yes    No

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

- Update sewershed mapping for communities with expanded urbanized areas from the 2010 census.
- Keep mapping system updated with appropriate outfall inspection data.
- Employ the provisions of the IDDE SOP in the advent that an illicit discharge is detected.

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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

**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?**

	2	0
--	---	---

**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? 

--	--	--

**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 # 

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

 No Authority
- Stop Work Orders # 

--	--	--	--	--

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--

 No Authority
- Other # 

--	--	--	--	--

 No Authority

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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

**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? 

	1	1
--	---	---

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

	1	3
--	---	---

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

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

 %

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

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

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

A l l j o b s i t e s

City

Zip

-

Phone

( ) -

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

URL

w w w . c h e m u n g c o u n t y . c o m / i n d e x . a s p

? 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	6
---	---	---	---

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

**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 greater than 1 acre (within the MS4 jurisdiction)  
 -Complete periodic inspections during construction sites disturbing over 1 acre of soil.  
 -Conduct the NYS DEC 4 Hour Erosion and Sediment Control Contractor training 2 times per year.

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

-Reviewed 20 SWPPPs.  
 -Completed 113 construction inspections on 15 active construction sites  
 -Conducted 3 NYS DEC 4 Hour Erosion and Sediment Control Contractor training. 144 contractors were trained.

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

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

*(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 greater than 1 acre (within the MS4 jurisdiction)  
 -Complete periodic inspections during construction sites disturbing over 1 acre of soil.  
 -Conduct the NYS DEC 4 Hour Erosion and Sediment Control Contractor training 2 times per year.

### MS4 Annual Report Form

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

2	0	1	6
---	---	---	---

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

### Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? 

	1	4
--	---	---

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

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Filter Systems	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>			
<input checked="" type="radio"/> Infiltration Basins	<table border="1" style="display: inline-table;"><tr><td></td><td>2</td><td></td></tr></table>		2		<table border="1" style="display: inline-table;"><tr><td></td><td>2</td><td>0</td></tr></table>		2	0	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>			
	2											
	2	0										
<input checked="" type="radio"/> Open Channels	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td></td><td></td><td>5</td></tr></table>			5	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>			
		5										
<input checked="" type="radio"/> Ponds	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td></td><td>1</td><td>5</td></tr></table>		1	5	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>			
	1	5										
<input type="radio"/> Wetlands	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>			
<input type="radio"/> Other	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>			

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

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

- Building Codes       Municipal Comprehensive Plans
- Overlay Districts     Open Space Preservation Program
- Zoning                     Local Law or Ordinance
- None                       Land Use Regulation/Zoning
- Watershed Plans       Other Comprehensive Plan

Other:

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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

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

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

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

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

--	--	--

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

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

 %

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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. 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 Post construction stormwater management plans for every site that disturbs 1 acre or more.  
 -Maintain an inventory of post construction stormwater management facilities for sites that have received permitting under the SPDES General Permit  
 -Inspect each inventoried post construction stormwater practice a minimum of once every 5 years and complete associated inspection report.

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

-19 Post-Construction SWPPPs were reviewed.  
 -42 Post-Construction stormwater management practices were inspected. Reports were filled out and GIS mapping system was updated.

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

		6	1
--	--	---	---

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

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

Yes    No

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

Yes    No

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

-Review Post construction stormwater management plans for every site that disturbs 1 acre or more.  
 -Maintain an inventory of post construction stormwater management facilities for sites that have received permitting under the SPDES General Permit  
 -Inspect each inventoried post construction stormwater practice a minimum of once every 5 years and complete associated inspection report.

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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

**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
---	---

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2016

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  
NYR20    

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres   92
- Streets Swept (Number of miles X Number of times swept) # Miles 4273
- Catch Basins Inspected and Cleaned Where Necessary #  439
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
- Phosphorus Applied In Chemical Fertilizer # Lbs.  2000
- Nitrogen Applied In Chemical Fertilizer # Lbs.  5750
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres   15.0

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**   11

**4. What was the date of the last training?** 01 / 12 / 2016

**5. How many municipal employees have been trained in this reporting period?** 183

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?** 100 %

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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

**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 (minimum of once every 3 years)  
 -Complete training for appropriate employees in accordance with written procedures for "Employee Training for Stormwater Pollution Prevention and Good Housekeeping"  
 -Monitor and record the number of street miles swept , catch basins inspected and cleaned, the acres of paring lots swept, tons of fertilizer spread, acres of pesticides used.

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

- 11 municipal trainings were held and 183 employees trained  
 -10 self-audits of municipal facilities were completed

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

	1	9	3
--	---	---	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
 Yes    No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

-Update/Develop Good Housekeeping manual.-Complete self audits for select municipal facilities  
 -Complete training for appropriate employees in accordance with written procedures for "Employee Training for Stormwater Pollution Prevention and Good Housekeeping"  
 -Monitor and record the number of street miles swept , catch basins inspected and cleaned, the acres of paring lots swept, tons of fertilizer spread, acres of pesticides used.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

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

### 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?

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

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
<b>Oscawana Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>LI 27 Embayments</b>	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

**1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?**  Yes  No  N/A

**2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?**  Yes  No  N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.    %

Estimate what percentage was mapped in this reporting period.    %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID							
N	Y	R	2	0			

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

