

**MS4 Annual Report Cover Page**

MCC form for period ending March 9,

2 0 2 2

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

SPDES ID  
 N Y R 2 0 A 3 9 5

**Choose one:**

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

T O W N O F C L A Y

**OR**

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

(Per Part II.E of GP-0-10-002)

Name of Single Entity

**OR**

**This is a joint report being submitted on behalf of a coalition.**

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

SPDES ID

N Y R 2 0 A

**MS4 Annual Report Cover Page****MCC form for period ending March 9, 2022**

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

SPDES ID

N Y R 2 0 A

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

**MCC form for period ending March 9, 2022**

Name of MS4 TOWN OF CLAY

### SPDES ID

N Y R 2 0 A 3 9 5

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 N 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 2 2

SPDES ID

Name of MS4 TOWN OF CLAY

N Y R 2 0 A 3 9 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

D A M I A N

MI

Last Name

U L A T O W S K I

Title

S U P E R V I S O R

Address

4 4 0 1 N Y R O U T E 3 1

City

C L A Y N Y 1 3 0 4 1

State

N Y

Zip

1 3 0 4 1

eMail

S U P E R V I S O R @ T O W N O F C L A Y . O R G

Phone

( 3 1 5 ) 6 5 2 - 3 8 0 0

County

O N O N D A G A

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

MCC form for period ending March 9,

2 0 2 2

Name of MS4 TOWN OF CLAY

SPDES ID

N Y R 2 0 A 3 9 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)
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5. Report Preparer (Consultants may provide company name in the space provided).

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For each contact, select all that apply:

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

First Name

M A R K

MI

Last Name

T E R R I T O

Title

C O M M I S S I O N E R   O F   P L A N N I N G   D E V

Address

4 4 0 1   N Y   R O U T E   3 1

City

C L A Y

State

N Y

Zip

1 3 0 4 1 -

eMail

M T E R R I T O @ T O W N O F C L A Y . O R G

Phone

( 3 1 5 ) 6 5 2 - 3 8 0 0

County

O N O N D A G A

**MS4 Municipal Compliance Certification(MCC) Form****MCC form for period ending March 9, 2 0 2 2**Name of MS4 **TOWN OF CLAY**

SPDES ID

**N Y R 2 0 A 3 9 5****Section 2 - Contact Information****Important Instructions - Please Read**Contact information must be provided for each of the following positions as indicated below:

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2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
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5. Report Preparer (Consultants may provide company name in the space provided).

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

For each contact, select all that apply:

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

First Name

**R O N A L D**

MI

**F D E T O T A I I**

Last Name

Title

**D E P A R T M E N T L E A D E R**

Address

**4 9 9 C O L E I L E E N C O L L I N S B L V D**

City

**S Y R A C U S E**

State

**N Y 1 3 2 1 2 -**

Zip

eMail

**R D E T O T A @ C S C O S . C O M**

Phone

**( 3 1 5 ) 4 5 5 - 2 0 0 0**

County

**O N O N D A G A**

**MS4 Municipal Compliance Certification (MCC) Form****MCC form for period ending March 9, 2 0 2 2**Name of MS4 **TOWN OF CLAY**

SPDES ID

N Y R 2 0 A 3 9 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 N Y S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 2 6 N . S a l i n a S t r e e t S u i t e 2 0 0

City

State

Zip

S y r a c u s e N Y 1 3 2 0 2 - 1 0 6 5

eMail

l d a r c y @ c n y r p d b . o r g

Phone

( 3 1 5 ) 4 2 2 - 8 2 7 6

Legally Binding Agreement in accordance  
with GP-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

MM2 C O M M U N I T Y H O T L I N E

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

Public education program includes an enhanced focus on the sources, impacts, and strategies for addressing phosphorus in the Onondaga Lake watershed.

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

MCC form for period ending March 9, 2022

Name of MS4 TOWN OF CLAY

### SPDES ID

N Y R 2 0 A 3 9 5

#### **Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to 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												
D	A	M	I	A	N										U	L	A	T	O	W	S	K	I

Title (Clearly print title of individual signing report)

S U P E R V I S O R

Signature

Date \_\_\_\_\_

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

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

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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

Name of MS4/Coalition TOWN OF CLAY

SPDES ID

## Water Quality Trends

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

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

How many MS4s are contributed to this report?

Table 1

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Yes  No

Yes  No

If Yes, choose one of the following

- Report(s) attached to the annual report
- Web Page(s) where report(s) is/are provided below

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

URL

URL

## URL

## URL

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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

Name of MS4/Coalition: CNY Stormwater Coalition

SPDES ID

## **Minimum Control Measure 1. Public Education and Outreach**

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

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

How many MS4s contributed to this report?

30

## 1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- Construction Sites
- General Stormwater Management Information
- Household Hazardous Waste Disposal
- Illicit Discharge Detection and Elimination
- Infrastructure Maintenance
- Smart Growth
- Storm Drain Marking
- Green Infrastructure/Better Site Design/Low Impact Development
- Other:
- Pesticide and Fertilizer Application
- Pet Waste Management
- Recycling
- Riparian Corridor Protection/Restoration
- Trash Management
- Vehicle Washing
- Water Conservation
- Wetland Protection
- None

Other

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

<input type="radio"/> Other	<input type="radio"/> Agricultural
<input type="radio"/> Other <input type="radio"/> Agricultural	

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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Name of MS4/Coalition CNY 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
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program

# Trained			
# Mailings			
Locations		3	5
# In List	7	5	0
# In List			
Days Run			1
Attendees		1	0
Attendees			
Days Run			
Distributed	9	9	9

Total # Distributed 9 9 9 9

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

m u n i c i p a l o f f i c e s  
e v e n t b o o t h s  
C o u n t y S W C D o f f i c e s  
C N Y R P D B

● Other:

## newspaper insert

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

URL

c n y r p d b . o r g / s t o r m w a t e r / ? s t o r m w a t  
e r - P h a s e - I I - o v e r v i e w - 8 9

URL

www.nysra.org/articles - from - the -  
g h i . h t m l

## MS4 Annual Report Form

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

2 0 2 2

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

Name of MS4/Coalition CNY Stormwater Coalition

### SPDES ID

N Y R 2 0

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

URL

http://www.cnryrpdbo.org/stormwater/?Stormwater-Phase-II-Overview - 89

JURIS

https://www.cnryrpdbo.org/stormwater/?Stormwater-Design-Standards-90

URL:

https://www.cnryrpdబ.օրգ/stormwater/  
er/?Syracuse-Urban-Area-Maps-78

URI

https://www.cnnyrpdb.org/stormwater/?Stormwater-links-97

LIPPI

ht t p s : / / w w w . c n y r p d b . o r g / s t o r m w a t  
e r / ? M S 4 - A n n u a l - R e p o r t i n g - R e q u i r e  
m e n t s - 9 2

LIBRI

h t t p s : / / w w w . c n y r p d b . o r g / s t o r m w a t  
e r / ? M S 4 - W o r k s h o p s - a n d - t r a i n i n g s -  
9 5

510

URL  
https://www.conyrypddb.org/stormwater  
er/?Stormwater - Library - 96

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022.

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Name of MS4/Coalition CNY Stormwater Coalition

SPDES ID  
N Y R 2 0

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

URL

c n y r p d b . o r g / s t o r m w a t e r / ? s o u r c e s -  
o f - c o n t a m i n a t i o n - i n - u r b a n - r u n o f f  
- 8 0

URL

c n y r p d b . o r g / s t o r m w a t e r / ? w o r k i n g -  
t o g e t h e r - 8 2

URL

https://www.cnnyrpdb.org/stormwater / ?Pollutants-of-concern - 79

JIRI

c n y r p d b . o r g / s t o r m w a t e r / ? g a r d e n s -  
a n d - g u t t e r s - n e w s l e t t e r - 1 0 7

LJBI

URL  
cnyrpdb.org / stormwater / ?construction - newsletter - 164

10

URL  
cnyrpdb.org / stormwater / ?illicit-discharge-hotline-85

## URL

http://www.cnnyrpdb.org/stormwater  
er/?Why-Worry-76

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0			
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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

A seasonally themed, electronic newsletter will be developed and distributed quarterly to interested individuals. The newsletter will maintain a focus on primary pollutants of concern in the SUA, stormwater processes, and will offer advice on reducing negative water quality impacts through simple actions. The newsletter will encourage participation in locally sponsored events that support stormwater management and protection efforts.

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

Gardens and Gutters was electronically distributed in 2 times in the reporting period. A distribution database averaging 170 individuals is continually updated to reflect new subscribers and current contacts. The newsletter is promoted at public events, on-line, in other hard copy materials, and through direct promotion with existing organizations and groups with a complimentary focus. Feedback indicates that the topics, graphics tone is appropriate for the target audience. Following

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

		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).**

Quarterly distribution of Gardens and Gutters will continue electronically in 2022. Additional efforts will be made to grow the distribution list. The newsletter will also be posted on the CNY stormwater website and made available in PDF format for inclusion on municipal websites, or for reprint and hard copy distribution. The newsletter will be promoted through social media and directly with complimentary stakeholder groups.

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition CNY 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 (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.**

Syracuse Post Standard Stormwater Pullout: Develop a 4-page pullout to be distributed in the main section of the daily Syracuse Post Standard newspaper that focuses on stormwater processes, impacts, issues of concern, primary pollutants of concern, and citizen generated solutions.

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

The pullout was published in April 22nd of 2021. As reported by the Post Standard, the insert reached 144,000 readers in a 7 county CNY distribution area.

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

			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).**

In the next year we will continue to digitally circulate the contents of this 4 page document and promote the information it contains online and through social media.

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition CNY 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 (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.**

CNY RPDB will conduct two training workshops for municipal representatives on topics selected to address current training and informational needs.

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

Training sessions for 2021-2022 continued to be limited to virtual sessions as a response to the Covid 19 Pandemic. Five online professional development training session were held: Post construction Stormwater Management Practices, Stormwater Filtration and infiltration Practices, Stormwater Ponds and Wetlands, Erosion and Sediment Control Practices, SWPP Preparation and Review. The CNY RPDB also maintained a membership to the Center for Watershed Protection and

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

			9
--	--	--	---

(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).**

Plans to reschedule an IDDE training are in progress and the 2022 Stormwater Virtual Training series is underway and will continue. CNY Stormwater Coalition members continue to have access to trainings through the Center for Watershed Protection. The Onondaga County Soil and Water Conservation district will continue to offer Erosion and Sediment control courses. Additional training opportunities related to the new general permit for MS4 will be undertaken this year as well.

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Name of MS4/Coalition CNY 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 (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Maintain a regional stormwater website and information library for reference and use by regulated MS4s and the general public in the Syracuse Urban Area.

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

The website received 6,018 views in this reporting period including 4,837 unique views. PDFs were opened 162 times suggesting that information displayed directly on the website is more likely to be viewed and consulted.

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

			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).**

The website will be updated and reorganized to reflect new information and evolving program requirements. Non-current information and materials will be deleted. The website will be promoted as an educational tool for the general public, municipalities and professionals.



**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2022**

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Name of MS4/Coalition

TOWN OF CLAY

SPDES ID

N Y R 2 0 A 3 9 5

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

URL

H	T	T	P	:	/	/	W	W	W	.	T	O	W	N	O	F	C	L	A	Y	.	O	R	G

URL


URL


URL


URL


URL


URL


## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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

**Name of MS4/Coalition** TOWN OF CLAY

## TOWN OF CLAY

SPDES ID

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

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

URL

URL

JURL

118

URL:

URL

URL

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **CNY Stormwater Coalition**SPDES ID  
N Y R 2 0 A 3 9 5**3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?**

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

**● MS4/Coalition Office** Annual Report  SWMP Plan  Comments

Department

P L A N N I N G &amp; D E V E L O P M E N T

Address

4 4 0 1 N Y R O U T E 3 1

City

C L A Y

Zip

N Y 1 3 0 4 1 -

Phone

( 3 1 5 ) 6 5 2 - 3 8 0 0

 Library

Address

 Annual Report  SWMP Plan  Comments

City

Zip

Phone

( [ ] ) [ ] - [ ] [ ]

 Other

Address

 Annual Report  SWMP Plan  Comments

City

Zip

Phone

( [ ] ) [ ] - [ ] [ ]

**● Web Page URL:** Annual Report  SWMP Plan  Comments

H T T P : / / W W W . T O W N O F C L A Y . O R G

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

**● eMail** Comments

P L A N N I N G @ T O W N O F C L A Y . O R G

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

N Y R 2 0 A 3 9 5

**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

0 5 / 2 7 / 2 0 2 2

**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?**

If Yes, what was the date of the meeting?

0 5 / 2 5 / 2 0 2 2

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 2 2**

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

Name of MS4/Coalition CNY Stormwater Coalition

SPDES ID

N Y R 2 0 A 3 9 5

**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.**

Due to Covid and the limitations it placed on public meetings and willing participants the Public Participation element was severely limited. The ongoing hot lines were maintained and operable.

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

Please see above.

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

--	--	--	--

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

If Covid begins to decrease events and public participation will increase.

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

**N Y R 2 0 A 3 9 5****Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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

On behalf of an individual MS4  
 On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. Enter the number and approx. percent of outfalls mapped: 

			3	7
--	--	--	---	---

 # 

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

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

	1	7
--	---	---

3.a.What types of generating sites/sewersheds were targeted for inspection during this reporting period?

<input type="radio"/> Auto Recyclers <input type="radio"/> Building Maintenance <input checked="" type="radio"/> Churches <input checked="" type="radio"/> Commercial Carwashes <input checked="" type="radio"/> Commercial Laundry/Dry Cleaners <input checked="" type="radio"/> Construction Vehicle Washouts <input type="radio"/> Cross-Connections <input checked="" type="radio"/> Distribution Centers <input type="radio"/> Food Processing Facilities <input type="radio"/> Garbage Truck Washouts <input type="radio"/> Hospitals <input type="radio"/> Improper RV Waste Disposal <input type="radio"/> Industrial Process Water <input type="radio"/> Other: <input type="radio"/> Sewersheds:	<input type="radio"/> Landscaping (Irrigation) <input type="radio"/> Marinas <input type="radio"/> Metal Plateing Operations <input checked="" type="radio"/> Outdoor Fluid Storage <input checked="" type="radio"/> Parking Lot Maintenance <input type="radio"/> Printing <input checked="" type="radio"/> Residential Carwashing <input checked="" type="radio"/> Restaurants <input type="radio"/> Schools and Universities <input checked="" type="radio"/> Septic Maintenance <input checked="" type="radio"/> Swimming Pools <input type="radio"/> Vehicle Fueling <input type="radio"/> Vehicle Maint./Repair Shops <input checked="" type="radio"/> None
--	--



## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2022.

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

**Name of MS4/Coalition** TOWN OF CLAY

**SPDES ID**

N Y R 2 0 A 3 9 5

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

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

URL

## URL

URL

## URL

## URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?  Yes  No

● Yes    ○ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?  Yes  No  NT

● Yes    ○ No    ○ NT

#### **11. What percent of staff in relevant positions and departments has received IDDE training?**

1	0	0	%
---	---	---	---

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

**N Y R 2 0 A 3 9 5****12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

The Town of Clay has mapped the locations of the outfalls within its boundary. The Town continues to work with CNYRPDB, OCWEP and the Onondaga County Soil & Water District to update outfall locations as new ones are introduced into the Town. There is an ongoing effort to map all catch basins and sewer pipes with the Town.

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

No known/identified illicit discharges were detected this permit year.

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

			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).**

The Town will continue to utilize this approach going forward.

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

N Y R 2 0 A 3 9 5

**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

On behalf of an individual MS4  
 On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

--	--	--

 4

**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? 

--	--	--

 7

**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:**

<input type="radio"/> Notices of Violation	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Stop Work Orders	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Criminal Actions	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Termination of Contracts	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Administrative Fines	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Civil Penalties	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Administrative Orders	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0	
				0				
<input type="radio"/> Other	#	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

N Y R 2 0 A 3 9 5

**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

--	--	--

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

		4
--	--	---

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

		9
--	--	---

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, 2022**

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

Name of MS4/Coalition **TOWN OF CLAY**SPDES ID  

N	Y	R	2	0	A	3	9	5
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**6. con't.:**

Submit additional pages as needed.

 **MS4/Coalition Office**

Department

P	L	A	N	N	I	N	G	&	D	E	V	E	L	O	P	M	E	N	T	O	F	F	I	C	E
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Address

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City

C	L	A	Y												N	Y	1	3	0	4	1	-					
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Phone

(	3	1	5	)	6	5	2	-	3	8	0	0
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 **Library**

Address

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City

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Zip

															-											
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Phone

(				)				-				
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 **Other**

Address

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City

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

Zip

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

Phone

(				)				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

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

URL


URL


**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

**N Y R 2 0 A 3 9 5****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.**

The Town of Clay has a formal, detailed project review and approval process for project development within the town. Each project requiring the preparation of a SWPPP is presented at a public meeting and reviewed in detail by the town's engineering consultant for conformance with town and NYSDEC requirements.

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

Town personnel and the town's engineering consultant ensure program compliance for each project with the approved documents and applicable codes during the design and construction phase.

**C. How many times was this observation measured or evaluated in this reporting period?****1 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).**

This process will remain the same during permit year 2022-2023.

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

**N Y R 2 0 A 3 9 5****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. 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
● Alternative Practices	5	5	
● Filter Systems	1 1	1 1	
● Infiltration Basins	1 5	1 5	
● Open Channels	2 2	2 2	6
● Ponds	6 6	6 6	3
● Wetlands	2	2	
○ Other			

**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:	

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**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

N	Y	R	2	0	A	3	9	5
---	---	---	---	---	---	---	---	---

**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?**

		4
--	--	---

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

		0	%
--	--	---	---

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

N	Y	R	2	0	A	3	9	5
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

The Town of Clay Highway Department has a work crew solely dedicated to inspecting and, if required, providing restoration and/or repair to the town's overland and underground storm water system. Additionally, the town's engineering consultant makes regular visits to the town owned and operated infrastructure to ensure continued compliance with the approved design and construction documents. Additional training/education opportunities for personnel was non-existent due to COVID-19.

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

The storm water infrastructure is operating at its design capacity. The occurrences of flooding and/or water quality violations are continually reduced and/or eliminated due to these efforts.

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

		1	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 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).**

This program and approach will continue through out the upcoming permit year. As the State recovers from the pandemic and educational/training programs are made available attendance from the town will increase in these programs.

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

**N Y R 2 0 A 3 9 5****Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

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

<b><u>Self-Assessment</u></b>
<b><u>Operation/Activity/Facility</u></b>
<b><u>performed within the past 3</u></b>

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

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

N Y R 2 0 A 3 9 5

**2. Provide the following information about municipal operations good housekeeping programs:** Parking Lots Swept (Number of acres X Number of times swept)# Acres 

				5
--	--	--	--	---

 Streets Swept (Number of miles X Number of times swept)# Miles 

		1	9	5
--	--	---	---	---

 Catch Basins Inspected and Cleaned Where Necessary# 

		1	3	8
--	--	---	---	---

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

			3	9
--	--	--	---	---

 Phosphorus Applied In Chemical Fertilizer# Lbs. 

--	--	--	--	--

 Nitrogen Applied In Chemical Fertilizer# Lbs. 

		4	3	5
--	--	---	---	---

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

				.	
--	--	--	--	---	--

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

			0
--	--	--	---

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

1 1 / 1 2 / 2 0 2 0

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

	0
--	---

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

1 0 0 %

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

N	Y	R	2	0	A	3	9	5
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

The Town of Clay continues to look at technologies and approaches to best utilize their work force and consumable materials. Fertilizers are applied at a minimum amount and frequency. The amount of fertilizers have been reduced this year from the previous. The Highway Department has a regimented overland and underground drainage inspection program to ensure the drainage facilities and conveyances are in compliance with their approved design criteria and functioning as per their

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

There continues to be reduced reported occurrences of property flooding during rainfall events.

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

			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 SWMPP?** Yes  No**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

The program will continue throughout permit year 2022-2023

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2022**

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

Name of MS4/Coalition **TOWN OF CLAY**SPDES ID  

N	Y	R	2	0	A	3	9	5
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**Additional Watershed Improvement Strategy Best Management Practices**

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

On behalf of an individual MS4  
 On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

**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.

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 %

Estimate what percentage was mapped in this reporting period.

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 %

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition **TOWN OF CLAY**

SPDES ID

N	Y	R	2	0	A	3	9	5
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**3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?**  Yes  No  N/A

**4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?**

		0	%
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**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?**

		0
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**7c. What percent of the projects included in 7b have been completed in this reporting period?**

			%
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**7d. What percent of projects planned in previous years have been completed?**

			%
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No Projects Planned

**8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?**  Yes  No  N/A

**8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?**  Yes  No  N/A

**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2 0 2 2**

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

Name of MS4/Coalition 

SPDES ID

N	Y	R	2	0	A	3	9	5
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**9. Has your MS4/Coalition developed and implemented a program of native planting?** Yes  No  N/A**10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?** Yes  No  N/A**11. Does your MS4/Coalition have a pet waste bag program?** Yes  No  N/A**12. Does your MS4/Coalition have a program to manage goose populations?** Yes  No  N/A