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

Name of MS4

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

Name of Single Entity

[illegible]

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

Name of Coalition

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

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

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Name of MS4 TOWN OF CLAY

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Section 1 - MCC Identification Page

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

If Joint Report, enter coalition name:

[illegible]



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

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

Name of MS4 TOWN OF CLAY

SPDES ID

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**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

D A M I A N

MI

M

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

State

N Y

Zip

1 3 0 4 1 -

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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

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

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

Name of MS4 TOWN OF CLAY

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- ☐ 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 P L A N N I N G / D E V E L O P M E N T

Address

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City

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Phone

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

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

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

Name of MS4 TOWN OF CLAY

SPDES ID

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**Section 2 - Contact Information**

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1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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☐ Duly Authorized Representative  
☐ Local Stormwater Public Contact  
☐ Stormwater Management Program (SWMP) Coordinator  
☒ Report Preparer

First Name

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Title

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

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City

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

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

Name of MS4 TOWN OF CLAY

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**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C 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

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City

S y r a c u s e

State

N Y

Zip

1 3 2 0 2 - 1 0 6 5

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Phone

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

☒ 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-0-08-002 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, 2 0 2 3

Name of MS4 TOWN OF CLAY

SPDES ID

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**Section 4 - Certification Statement**

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

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

First Name

M A R K

MI

M

Last Name

T E R R I T O

Title (Clearly print title of individual signing report)

S T O R M W A T E R M A N A G E M E N T O F F I C E R

Signature



Date

0 6 / 0 1 / 2 0 2 3

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, 2023

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

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## 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?

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

☐ 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

[illegible]

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# MS4 Annual Report Form

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Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

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### 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?

|  |   |   |
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## 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

[illegible]

Other

**2. Specific audiences targeted during this reporting period:**

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

[illegible]

Other



**MS4 Annual Report Form**

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CNY Stormwater Coalition

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

☐ Construction Site Operators Trained

# Trained

|  |  |  |  |  |
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☐ Direct Mailings

# Mailings

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☒ Kiosks or Other Displays

# Locations

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☒ List-Serves

# In List

|  |  |   |   |   |
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☐ Mailing List

# In List

|  |  |  |  |  |
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☒ Newspaper Ads or Articles

# Days Run

|  |  |  |  |   |
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☒ Public Events/Presentations

# Attendees

|  |  |   |   |   |
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☐ School Program

# Attendees

|  |  |  |  |  |
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☐ TV Spot/Program

# Days Run

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☒ Printed Materials:

Total # Distributed

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

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☒ Other:

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

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**MS4 Annual Report Form**

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

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Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

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**MS4 Annual Report Form**

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Name of MS4/Coalition

CNY Stormwater Coalition

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

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

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

Maintain a 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 4,698 views in this reporting period including 3,641 unique views. PDFs were opened 167 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?**

|  |  |  |   |
|--|--|--|---|
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(ex.: samples/participants/events)

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

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.



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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. In addition to the 150 email subscribers, the newsletter is promoted on social media and on websites of partner organizations. Feedback indicates that the topics, graphics tone is appropriate for the target audience. The reach of this newsletter is expanded by watershed groups outside of the SUA that distribute the publication to their members.

##### 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 transition to a shorter form and more frequent email blast in 2023. This will allow more regular communication and for smaller amount of information to be shared at one time which is consistent with current marketing strategies.

**MS4 Annual Report Form**

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CNY Stormwater Coalition

SPDES ID

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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.**

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 2022-2023 continued as virtual sessions. Five online professional development training session were held. The CNY RPDB also maintained a membership to the Center for Watershed Protection and circulated announcements of online training opportunities available through this platforms. Three of these sessions were screened in the office and municipal representatives were invited to view and discuss them together including one session on IDDE.

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

8

(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, CNY RPDB plans to continue the Training sessions and maintain an membership to the Center for Watershed Protection. Quarterly coalition meetings will include short training opportunities related to program requirements.



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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.**

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 of 2022. As reported by the Post Standard, the insert reached 108,000 readers in a 7 county CNY distribution area.

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

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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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. In the next year we will transition to digital outreach tools using email list serve and social media accounts and will not be running a print add.



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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.

Use social media to share information about Stormwater pollution prevention with a general audience. Reach should be measured by number of views. This was a new measure for 2022-2023.

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

In this reporting period, posts from the CNY Stormwater twitter account had a total of 4152 views. Information shared through this platform included notices of upcoming events, information on phosphorus reduction, proper lawn care and other stormwater pollution prevention tips.

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

4 1 5 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).

In the next period we plan to continue regular use of existing social media account with at least 2 posts a month and to expand to an additional platform in 2024.



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

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

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

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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**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.

|   |   |   |   |   |   |   |   |   |   |
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| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 2 | 3 |
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**4.b. For how many days was/will this report be posted?**

|   |   |   |
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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?

|  |  |   |  |  |   |  |  |  |  |
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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, 

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

With the relaxation of rules due to Covid attendance was greater than the prior year. Attendance levels have not reached levels prior to Covid. 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?**

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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Covid and its impact are still impacting public attendance levels. It is unsure how MCM 2 will evolve in the future.

## MS4 Annual Report Form

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

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

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| Name of MS4/Coalition | TOWN OF CLAY |
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### 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:**

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

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

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

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○ Sewersheds:

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TOWN OF CLAY

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

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☒ Yes    ☐ No

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%

☐ Yes      ☒ No

☐ Yes      ☒ No

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

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

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

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

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

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

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

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

TOWN OF CLAY

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

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

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

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?**

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(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

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, 

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Name of MS4/Coalition

TOWN OF CLAY

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

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

|  |  |  |
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**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?**

|  |  |   |
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**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?

|  |  |   |
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☒ Yes ☐ No



**6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:**

|                                                        |   |                                                                                   |  |   |  |  |   |                                    |
|--------------------------------------------------------|---|-----------------------------------------------------------------------------------|--|---|--|--|---|------------------------------------|
| <input type="radio"/> Notices of Violation             | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>4</td></tr></table> |  |   |  |  | 4 | <input type="radio"/> No Authority |
|                                                        |   |                                                                                   |  | 4 |  |  |   |                                    |
| <input type="radio"/> Stop Work Orders                 | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table> |  |   |  |  | 1 | <input type="radio"/> No Authority |
|                                                        |   |                                                                                   |  | 1 |  |  |   |                                    |
| <input type="radio"/> Criminal Actions                 | # | <table border="1"><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"><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"><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"><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"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> |  |   |  |  | 0 | <input type="radio"/> No Authority |
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| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> |  |   |  |  | 0 | <input type="radio"/> No Authority |
|                                                        |   |                                                                                   |  | 0 |  |  |   |                                    |
| <input type="radio"/> Other                            | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> |  |   |  |  | 0 | <input type="radio"/> No Authority |
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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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

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

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

How many MS4s contributed to this report? 

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

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

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

|   |   |   |
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 %

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

|   |   |   |
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 %

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, 

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

Name of MS4/Coalition 

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**6. con't.:**

Submit additional pages as needed.

☒ MS4/Coalition Office

Department

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☐ Library

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**MS4 Annual Report Form**

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

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Name of MS4/Coalition

TOWN OF CLAY

SPDES ID

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

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

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

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?**

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|  |  | 1 | 7 |
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(ex.: samples/participants/events)

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

This process will remain the same during permit year 2023-2024.

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How many MS4s contributed to this report?

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☒ Yes ☐ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

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

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

|  |  |   |
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**MS4 Annual Report Form**

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

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Name of MS4/Coalition

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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?**

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

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

This program and approach will continue through out the upcoming permit year. As the State and local agencies recover 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, 

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Name of MS4/Coalition

TOWN OF CLAY

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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

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

| <u>Operation/Activity/Facility</u>                | <u>Addressed in SWMP?</u>            |                                     | <u>Self-Assessment</u>                                                   |                          |
|---------------------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------------------------------------------|--------------------------|
|                                                   |                                      |                                     | <u>Operation/Activity/Facility</u><br><u>performed within the past 3</u> |                          |
|                                                   |                                      |                                     | <u>years?</u>                                                            |                          |
| 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 3

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Name of MS4/Coalition

TOWN OF CLAY

SPDES ID

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

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres 

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

|  |  |   |   |   |
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- ☒ Catch Basins Inspected and Cleaned Where Necessary # 

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

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- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

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

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

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

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

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|  |  | 0 |
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**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

|   |   |   |   |
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**MS4 Annual Report Form**

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

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Name of MS4/Coalition

TOWN OF CLAY

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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 evaluate technologies and approaches to best utilize their work force and consumable materials. Fertilizers are applied at a minimum amount and frequency. 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 original design. This year no pesticides were applied.

**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?**

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(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

The program will continue throughout permit year 2023-2024

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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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? 

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

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

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?

☒ Yes   ☐ No   ☐ N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

☐ Yes   ☐ No   ☒ N/A

If N/A, go to question 3.

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

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 %

Estimate what percentage was mapped in this reporting period.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 %



**MS4 Annual Report Form**

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

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 2 | 3 |
|---|---|---|---|

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 |
|---|---|---|---|---|---|---|---|---|

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 |
|--|--|---|

 %
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? 

|  |  |   |
|--|--|---|
|  |  | 4 |
|--|--|---|
- 7c. What percent of the projects included in 7b have been completed in this reporting period? 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 %
- ☒ No Projects Planned
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☒ Yes ☐ No ☐ N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☒ Yes ☐ No ☐ N/A



**MS4 Annual Report Form**

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

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 2 | 3 |
|---|---|---|---|

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Name of MS4/Coalition

TOWN OF CLAY

SPDES ID

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

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