MS4 Annual Report Cover Page

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

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

SPI	DES	ID						
N	Y	R	2	0	A	5	4	6

Choose one:

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

Fill in SPDES ID in upper right hand corner.

ľ	Var	ne c		S4																			
	Т	0	W	N	0	F	C	A	N	А	N	D	А	I	G	U	A						

OR

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

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

Naı	ne c	of Si	ngle	e En	tity												

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	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 O A

MS4 Annual Report Cover Page

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

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

SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

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

	SPL	DES	ID						
Name of MS4 TOWN OF CANANDAIGUA	N	Y	R	2	0	А	5	4	6

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)
- O A Joint Report

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

If Jo	oint	Rep	ort,	ent	er c	oali	tion	nai	ne:										
																			Ш
																			$\overline{}$

MS4 Municipal Compliance Certification(MCC) Form

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

SP.	DES	S ID						
Name of MS4 TOWN OF CANANDAIGUA N	Y	R	2	0	A	5	4	6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

Firs	st Na	ame													_	MI		Las	t Na	ame											
С	А	Т	Н	Y														М	E	N	I	K	0	Т	Z						
Titl	e																														
Т	0	W	N		S	U	Р	Ε	R	V	I	S	0	R																	
Ado	lres	S																·		·											
5	4	4	0		R	0	U	Т	Е	S		5		A	N	D		2	0		W	Ε	S	Т							
			•											•	•																
Cit	У																			<u>S</u>	tate		Zip)		_		_			
Cit	A	N	А	N	D	А	I	G	U	А												Y	Zip 1	4	4	2	4	_			
	А	N	А	N	D	А	I	G	U	А															4	2	4	_			
С	А	N E	A	N	D K	A 0	I	G Z	U @	A	0	W	N	0	F	С	A	N	A						4 U	2 A	4	-	R	G	
C eM	A ail M			I							0	W	N	0	F	С			A	N	N :	Y	1	4					R	G	

MS4 Municipal Compliance Certification (MCC) Form

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

																			_			SPI	DES	ID						
Name of	MS	54 ¹	OW	/N O	F C	ANA	NDA	AIGU	JA													N	Y	R	2	0	А	5	4	6
Section	1 3	- P	ar	tne	er	Inf	for	m	atio	<u>on</u>																				
Did your period?	MS	4 w	ork	wit	th p	artı	ners	s/co	alit	ion	to c	com	ple	te s	om	e or	all	pei	mit	rec	quir	eme	ents	s du	ring	_	is re	_	_	g No
If Yes, c	omp	olet	e ir	ıfoı	rma	atio	n b	elo	w.																					
Subn	-									art	ner	. In	for	ma	tior	ı pı	ovi	ideo	l in	ot	her	for	ma	ts v	vill	no	t be	÷		
accep			-				_																				he			
coalit							•						-			et	for	eac	ch N	ЛS	4 in	the	e co	oali	tio	1.				
If No, pr	oce	ea t	0.5	sect	ior	14	- C	erti	ПС	atio	n S	tat	em	ent.	•															
Partner/Co	aliti	on N	am	e																										
CAN	A	N	D	A	I	G	U	A		L	А	K	Ε		W	A	Т	Ε	R	S	Η	E	D		С	0	M	M	I	S
Partner/Co		on N	lam	ne (c		T															1						- If	app	lica	ble
SIO	N		-		Т	Y	L	E	R		0	Н	L	E								N	Y	R	2	0				
Address																										_				
4 8 0		N	0	R	Т	Η		M	А	Ι	N		S	Т	R	E	Ε	Т												
City					1							1				1		St	ate	_	Zip					l				
CAN	A	N	D	A	I	G	U	A										N	1 X	-	1	4	4	2	4	-				
eMail																														
t y l	е	r	•	0	h	1	е	@	0	n	t	ន	W	С	d		С	0	m											
Phone		ſ				1					1						Ιe		v Ri	indi	nσ A	\ ore	eme	ent i	n ac	cor	dan	ce		
(5 8	5)	3	9	4	-	5	0	3	0												2 Pa					Ye		\circ	No
W/hat tag	1-0/-		0.12	aih:	:1:4:		040	a h		1	:4h	4 h :			on (·	. 1./	TN /F	1 C.	a h a	1	Dao	~**	***	0.44	N/L	.14:.	-1- '	Тоо	1 ₅₀ \9
What tas	KS/I	esp	OII	SIU	11111	ies i	are	SH	arec	1 W.	1111	um	s pa	ırtıı	er (e.g	,. IV	HVI	1 30	CHC	001	PIO	gra	шѕ	OI	IVIU	ոսբ	ле	1 as	KS):
• MM1	0	U	Т	R	E	А	С	Н		_		E	D	U	С	А	Т	I	0	N										
MM2	А	S	S	0	С	I	A	Т	I	0	N		М	E	Е	Т	I	N	G	S									\exists	
			_			_																							\dashv	
○ ММ3																														
○ MM 4																														
О ММ5																														
○ ММ6																														
٠ نام نام ۱		0.01-	a /	20	0.10	ik:	1:4:																							
Addition				•						_												1.0		. .						
○ Wate														zen	ieni	t Pi	raci	tice	s re	equ	irec	ı to	r N	154	S 11	1 1n	npa	ırec	1	
wate	13110	cus	1110	ciul	ıcu	111	JI	-U -	00-	002	<u>- 1</u> (uit.	1/1.													—	—		—	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, $2 \mid 0 \mid 2 \mid 1$

		 SPD	ES	ID						
Name of MS4 TOWN	OF CANANDAIGUA	N	Υ	R	2	0	А	5	4	6

Section 4 - Certification Statement

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

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

First Name	MI	Last Name
C A T H Y		M E N I K O T Z
Title (Clearly print title of individual signing report)		
T O W N S U P E R V I S O R		
Signature		
		Date

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

Submit Form

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

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$

	SPDES ID	
Name of MS4/Coalition TOWN OF CANANDAIGUA	N Y R 2 0 A 5 4 6	6

Name of M	IS4/	Coa	litic	on_¹	OWI		CA	1 1/1	\DA	1002	1											IN	1	К		U	А		4	0
										<u>v</u>	<u>Va</u>	<u>ter</u>	· Q	ua	lity	у <u>Т</u>	re	nd	<u>s</u>											
The infor	mat	ion	in 1	this	sec	ctio	n is	bei	ing	rep	orte	ed (che	ck o	one)	:														
On beh	alf	of a	a co	alit	ion				but	ed	to t	his	rep	ort	? [
relat	ed 1						_				-		_						_			P d a t e s								
If Yes, ch	oos	e o	ne o	of tl	he f	ollo	wir	ng	Water Quality Trends being reported (check one): diributed to this report? reduced any reports documenting water quality trends not, answer No and proceed to Minimum Control Measure ● Yes ○ No g I report dare provided below c address of page where report(s) can be accessed - not home page.																					
O Report	(s) a	atta	che	d to	the	e an	nua	l re	por	t																				
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 ○ N 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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □																														
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, 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 Cannandaig ualake.org/yupdates. URL Cannandaig ualake.org/publication URL Cannandaig ualake.org/publication URL URL URL URL																														
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 ○ No Section 19 Provided 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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □																														
	C	a	n	a	n	a	a	1	g	u	a		a	K	е	•	0	r	g	/	u	р	a	a	τ	е	ន			
	LIDI																													
			n	a	n	d	a	i	g	u	a	1	a	k	е		0	r	g	/	р	u	b	1	i	С	а	t	i	0
	n	s																												
	URL	,																												
	URL	,																												

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$

if submitting this form as part of a joint report on behan of	a coantion leave of DLo ID orank.
Name of MS4/Coalition TOWN OF CANANDAIGUA	SPDES ID N Y R 2 0 A 5 4 6
Minimum Control Measure 1. Public Ed	Jucation and Outreach
The information in this section is being reported (check one):	dediction and Outreach
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach	luring this reporting period:
• Construction Sites	• Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
 Household Hazardous Waste Disposal 	Recycling
O Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	● Trash Management
○ Smart Growth	O Vehicle Washing
O Storm Drain Marking	● Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
• Other:	○ None
C O M P O S T I N G Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ● Contractors	
ResidentialDevelopers	
● Businesses ● General Public	
○ Restaurants ○ Industries	
• Other: • Agricultural	
SCHOOLS	

Name of MS4/Coalition TOWN OF CANANDAIGUA

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during

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

SPDES ID

N Y R 2

0 A

5

th	is r	ep	ort	ing	pe	rio	d?	Ch	eck	all	tha	at a	ppl	ly:																	
O Cor	ıstru	ictio	on S	Site	Op	era	tors	s Tr	ain	ed													Ŧ	# Tr	aine	ed					
Direction	ect]	Mai	iling	gs																			#	Ma	ilin	gs		4	2	1	5
• Kio	sks	or (Oth	er I	Disp	olay	'S																#]	Loca	atio	ns					6
• List	t-Se	rves	S																					# I	n Li	st		1	5	0	1
Ma	iling	, Li	st																					# I	n Li	st			9	9	0
Nev	vspa	aper	· A	ds c	or A	rtic	eles																#]	Day	s Ru	ın					5
• Pub	olic	Eve	ents	/Pr	eser	ntat	ions	3															# /	Atte	nde	es			4	2	7
• Sch																es			6	8	3										
• TV	7 Spot/Program # Days Run															ın															
	7 Spot/Program # Days Run nted Materials: Total # Distributed															ed															
[Printed Materials: Locations (e.g. libraries, town offices, kiosks) Total # Distributed																														
[]	_	\pm	+		+	+	_	ㅂ	-		1		_				_		1	_											
	L	I	В	R	A	R	Y		4								_			_											
[W	A	Т	Е	R	S	H	E	D		0	F	F	Ι	С	E			4												
■ O(1)																															
• Oth		Z\ '	т.	F	R	q	н	E.	ח	,	R (\cap 1	гт .	N :	ח		C .	I (<u>.</u> 1	NT											
-		-									-						-		-												
• We		ige:			ovid edec	_	peci	fic	wel	b ac	ldre	sse	S - 1	not	hor	ne p	oage	e. (Con	tinu	ie o	n n	ext	pag	e if	ado	ditio	onal	l sp	ace	is
URI	a	n	a	n	d	a	i	g	u	a	n	е	W	У	0	r	k		g	0	v	/	v	е	r	t	i	С	a	1	/
s	i	t	е	s	/	%	7		A	3	8	8	F	0	5	2	-	E	1	В	1	_	4	C	A	4	_	8	5	2	7
-	A	8	В	В	4	6	3	2	0	В	В	9	%	7	D	/	U	P	L	0	A	D	S	/	W	A	Т	E	R		R
LIDI	<u> </u>		_	_	-		-	_			_				_				_			_									
D	0	С	S		W	I	Х	S	Т	А	Т	I	С		С	0	М	/	U	G	D	/	А	5	С	0	С	D		A	3
A	В	4	В	A	С	F	8	8	F	4	F	1	8	9	8	D	D	3	8	4	3	5	С	6	0	E	5	0	С	•	P
D	F																														
	-	1	-	-	-	-	-	-		-	-	_				-	_	_		-		-									

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$

						_															,			SPI	DES	ID						
Naı	ne o	of M	S4/	Coa	litic	on_T	OW	N OI	F CA	NAN	NDA:	IGU	A											N	Y	R	2	0	А	5	4	6
	W URL		Page con't.: Provide specific web addresses - not home page n a n d a i g u a l a k e . o r g / w a I S S U E S														e.															
	С	a	- I S S U E S														t	е	r	-	q	u	a	1	i	t						
	Y	-	I	S	S	U	Е	S																								
								,																								
	URI h		+	n		/	/	T.7	T.7	T.7		+		7.7	n		f			n		n	d	a	i	~	,,	a				
	11						/ Z												a	11	a	11	u	a		g	u	a	•	0	r	g
						•	73			<u> </u>				<u> </u>															Н			
	URL																															
	h	t	t	р	s	:	/	/	W	w	W	•	С	a	n	a	n	d	a	i	g	u	a	1	a	k	е	•	0	r	g	/
	Ε	D	U	С	А	Т	I	0	N																							
	URL																															T .
	h			-									С	a	n	a	n	d	a	i	g	u	a	1	a	k	е	•	0	r	g	
	P	U	В	L	I	С	А	Т	I	0	N	S																	Щ		<u> </u>	
	URL																															
	URL	,																														
																															<u></u>	
																															L	
																															L	
	URL	,																														
																														<u></u>		$oxed{oxed}$

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

	_	SPL)ES	עו						
Name of MS4/Coalition TOWN OF CANANDAIGUA		N	Y	R	2	0	А	5	4	6

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.

The goals of the Public Education and Outreach are to continue to provide public presentations to local community groups, to continue the Watershed Education Program to educate school children, to update educational materials in print and on websites, and to maintain educational kiosks with information on stormwater.

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

Due to the COVID19 pandemic, the public education and outreach was limited to mostly virtual events. However, the Town of Canandaigua has continued to participate in the Lake Friendly Lawn Care Initiative with multiple partners. The Watershed Education Program provided lessons via Zoom. The educational kiosks were maintained, and the Town and the Watershed Council put more stormwater content on their websites. Virtual presentations were given on water quality.

\sim	Harr many	times w	og thig oh	convetion	bourspage	AM AT	almatad	in this	nononting	namiad?
U.	How many	umes w	as uns ob	servauon	measureu	or ev	aiuateu	m uns	reporting	periou:

[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 plans to continue working on the lawn care education initiative with their partners. The Town will use its list serve to get information out to the public. The Town and Watershed Council's websites will be enhanced with more MS4 related material. Presentations will be given to the public. The school education program will continue.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$

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

Name of M	S4/Co	aliti	on	TOW	'N O	F CA	NAI	NDA	JGU	JA											N	Y	' R	2	C) A	5	4	6
	<u> </u>	Ain	im	ıun	n (Con	tr	ol	M	eas	sur	e 2	2.]	Pι	ublic	e Ir	1VO	lv	em	en	t/P	a	rtic	eip	ati	ion	i		
The infor	matic	n in	thi	is se	ecti	on is	s be	eing	g re	por	ted	(ch	eck	OI	ne):														
● On beh ○ On beh	alf o		oal	itio	n			ntr	ibu	ted	to	this	s re	po	ort? [
	lopn	ent	, ev	valı	uati	ion	an	d i	mp	rov	ven	ien	t of	f t	artic he St theck	tori	nw	ate	r N	A ar	nag				_	gra	m		
O Cleanu	p Ev	ents																				#	Eve	nts					
O Commo	ents o	on S	WN	ЛΡ	Rec	eive	ed														# C	Con	nme	nts					
Comm	unity	Hot	line	es]	Phone	#	()				_				
Phone	# (5	8	5)	3	1	5	-	3	0	8	8]	Phone	#	()				_				
Phone	# (5	8	5)	3	9	6	-	5	0	0	0]	Phone	#	()				_				
Phone	# (5	8	5)	3	9	4	-	3	3	0	0]	Phone	#	()				_				
Phone	# ()				-]	Phone	#	()				_				
Phone	# ()				-]	Phone	#	()				_				
• Comm	unity	Me	etin	ıgs																	# .	Atı	tende	ees			4	2	7
O Plantin	ıgs																						Sq.	Ft.					
O Storm	Drair	Ma	rki	ngs																		#	Drai	ins					
• Stakeh	older	Me	etin	ıgs																	# .	Atı	tende	ees			3	1	4
Volunt	eer N	1oni	tori	ing																		#	Eve	nts				5	8
Other:	E	В	,		Т	0	W	N		В	0	A	R	I	D,		D	R	A	I	N	A	G	E		С	0	М	
2. Was	_								•		this	an	nu	al	repo	rt	and	l Si	tor	mw	ato	er	Ma	na	_	men • Y		0	No
O List-Se	erve																					#	In L	ist					
O Newsp	aper	Adv	erti	ising	g																# :	Da	ıys R	un					
○ TV/Ra	dio N	lotic	es																		# :	Da	ıys R	un					
• Other:	ТС	W	N		Н	А	L	L																					

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$

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 CANANDAIGUA

SPDES ID

NYR2

0 A 5 4 6

			cor			eci	fic	ad	dre	ess(es)	wh	ere	e ne	otic	e(s) ca	an l	be a	acc	ess	ed	- n	ot l	on	ne j	pag	ge.			
IRI	, I							1		1																			_	_	7
t	0	W	n	0	f	С	a	n	a	n	d	a	i	g	u	a	•	0	r	g	/	р	a	g	е		a	s	р	?	
d	=	1	0	4																											
IRI	_																														
																														L	
																													L	<u></u>	
																														L	
RI	, 																												_		
RI	<u></u>							1		1																					
IRI	,														ı															I	
IRI	<u>,</u>							1		1					I																
IRI																															
																													<u> </u>	L	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$

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 CANANDAIGUA

SPDES ID

N Y R 2

0 A

5

Pleas	e pro	on't.: ovide	e sp	eci	fic	ad	dre	ess(es)	wh	ere	e no	otic	es	can	be	ac	ces	sed	l - 1	ot	ho	me	pa	ge.		
																											Т
JRL		•			•	•				•		•		•		•	•						•		•		_
	\vdash																									_	H
			-																								_
JRL																											
																											H
JRL																											
			+																								T
JRL																											
	\vdash		\vdash																							_	H
																											_
JRL																											
																											L
	\vdash																										T
JRL																											_
																											Ħ
			\vdash				_																			_	L

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$

Name of MS4/Coalition TOWN OF CANANDAIGUA

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

SPDES ID

NYR2

0 A 5 4

3. W					_						_							-	_	Sto				M	ana	age	me	nt			
Eı	nter	ad	dre	ess/	con	itac	t in	fo	and	l se	lect	t rac	dio	bu	ttoı	ı to	ino	lica	ate	wh	ich	do	cun	nen	t is	ava	aila	ble	an	d	
																				it ac											
• MS					Offic	e										•	A	nnu	al 1	Rep	ort		S	WN	1 P 1	Plar	ı	• (Con	nme	nts
	Dep					Б	Б	7.7	Б	т		Ъ	ъ./г	17	N.T.	т			Б	П	_		п								
	T Ado	O	W	IN		D	Е	V	Е	L	0	Р	M	Ε	N	Т		0	F	F	Ι	С	Ε								
	5	4	4	0		R	0	U	Т	E	S		5		А	N	D		2	0		W	E	S	Т						
	City		_							_							_					Zip									
	С	А	N	А	N	D	А	I	G	U	А								N	Y		•					-				
	Pho				1]					1																	
	(5	8	5)	3	1	5	-	3	0	8	8																		
O Libi	(5 8 5) 3 1 5 - 3 0 8 8 City City Zip - 3 0 8 8															nts															
	City	7		-						1				1		1						Zip									
																											-				
	Pho	ne			1.				1					1																	
	()				-																						
Oth	er) A	nnu	al]	Rep	ort		S	WN	1P 1	Plar	ı	\circ	Con	ıme	nts
	Phone																														
	C:4-																					7:									
	City	/																				Zip					_				
	∟ Pho	ne																L													
	()				-																						
• Wel	b Pa	age	UR	L:) A	nnu	al I	Rep	ort		S	WN	1 P]	Plar	l	\circ	Con	ıme	nts
	t	0			0	f	С	а	n	а	n	d	a	i	g		a			r		/	р	a	g	е	•		s	р	?
	i	d	=	1	0	4																									
	Dle	286	nr	Ovi	ide	sne	cif	ic a	ddı	200	of	nac	TE V	whe	ore	ren	ort	Cat	h h	e ac	Ces	sed	_ _ r	ot	hor	me i	nac	TP.			
○ eMa		asc	, br	OVI	iuc	spc	CII	ic a	uui	CSS	01	paş	gev	WIIC	510	тер	ΟΙ	Cai	1 00	c ac	CES	scc	1 - 1.	ΙΟι	1101	iic j	pag		Con	nme	nts
																															\dashv

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

		SPL	<u>ES ID</u>	1					
Name of MS4/Coalition TOWN OF CANANDAIGUA		N	YR	2	0	A	5	4	6
4.a. If this report was made available on the internet, what da	te was it	t p o	sted?)					
Leave blank if this report was not posted on the internet.	0	5	/ 0	3	/	2	0	2	1
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 submitt	ing a joir	nt re	eport,	ans	wer	5.t	o		
5.a. Was an Annual Report public meeting held in this report	ing perio	od?				Yes	S	0]	No
If Yes, what was the date of the meeting?	0	5	/ 1	7	/	2	0	2	1
If No, is one planned?					0	Yes	S	0]	No
5.b. Was an Annual Report public meeting held for all MS4s	contribu	tin	g to t	his	rep	ort	du	ırin	g
this reporting period?						Yes	S	0]	No
If No, is one planned for each?					0	Yes	S	0]	No
6. Were comments received during this reporting period?					0	Yes	S	•]	No
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.									

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

		SPL	DES	ΙD						
Name of MS4/Coalition	TOWN OF CANANDAIGUA	N	Y	R	2	0	А	5	4	6

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.

One goal is to maintain public involvement through various Town Boards, Committees and stakeholder groups. Additional goals were to maintain Local Stormwater Public Contacts and Coordinator, continue updating the Town website, and to continue community involvement in drain marking and clean up events.

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

The public stayed involved in stormwater management through discussions at public meetings and presentations. The Drainage Committee, consisting of residents and Town staff, continues to meet bimonthly to discuss stormwater issues. Volunteers monitored water clarity and water quality. The Watershed Program acted as a key contact for stormwater for the public. The Town website was updated.

\boldsymbol{C}	How many	, times	was this	observa	tion n	neasured	or e	valuated	in this	renorting	neriod?
\sim	HOW Many	unics	was tills	UDSCI VA	ион н	ncasui cu	UI C	vaiuaicu	111 (1119	i cpui ung	periou.

			1	0	
samp	les/	part	tici	pant	:s/events

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

4	V	00	\bigcirc	NΙΩ

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

Yes	\circ No)

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

Storm drain marking will be completed in sections of the MS4. In addition, stakeholders will continue to be encouraged to discuss stormwater at Town Board meetings and to continue work in the Town Environmental Conservation Board and on the Drainage Committee. Community Hotlines will be maintained. Partnerships with the Watershed Council and Association to engage the public in volunteer events and monitoring will continue.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition TOWN OF CANANDAIGUA	N Y R 2 0 A 5 4 6
Minimum Control Measure 3. 1	Ilicit 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 the 	nis report?
1. Enter the number and approx. percent of	of outfalls mapped: 23# 100%
2. How many of these outfalls have been so reporting period (outfall reconnaissance	ereened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
O Auto Recyclers	Landscaping (Irrigation)
O Building Maintenance	Marinas
○ Churches	O Metal Plateing Operations
 Commercial Carwashes 	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	 Parking Lot Maintenance
 Construction Vehicle Washouts 	○ Printing
○ Cross-Connections	 Residential Carwashing
O Distribution Centers	Restaurants
○ Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
O Industrial Process Water	○ Vehicle Maint./Repair Shops
• Other:	○ None
S T O R M W A T E R F A	CILITIES
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name	of M	S4/0	Coal	litio	n_T	OWN	N OF	CA	NAN	DAI	GUA	1											N	Y	R	2	0	A	5	4	6
3.b.V	Wha	ıt ty	ype	s of	f ill	lici	t di	iscł	ıarş	ges	ha	ve	bee	en f	ou	nd	du	rin	g tl	nis	rep	ort	ing	g pe	erio	od?					
O Bro	oken	Lin	nes :	Fro	m S	Sani	itar	y S	ewe	r			0	Ind	ustr	ial	Co	nne	ctio	ns											
O Cro	oss (Con	nec	tion	ıs									Infl	OW/	/Inf	iltra	itio	n												
• Fai	ling	Sep	otic	Sy	ster	ns							0	Pun	np S	Stat	ion	Fai	ilur	e											
○ Flo	or I	Prain	ns (Con	nec	ted	То	Sto	orm	Se	wer	S	0	San	itar	y S	ew	er C)ve	rflov	WS										
• Ille	gal	Dur	npi	ng									0	Stra	aigh	nt P	ipe	Sev	ver	Dis	cha	rge	S								
Otl		me		:11:	ioit	dia	seh	OPA	ros/:	not	ton	tial		Noi		onn	0.001	Hor	ng k			000	do	too	otod	l da			hic		
	tow epoi		•				SCII	arę	ges/	poi	len	uai	1111	ega	II C	OHI	ieci	1101	18 1	iavo	e Do	een	ue	iec	ieu	u	ш	ıg t	шѕ		2
	•																											l			
5. H	Iow	ma	ny	illi	icit	dis	sch	arg	ges]	hav	ve l	ee:	n c	onf	irn	ned	dı	ırir	ng t	this	re	roq	tin	g p	eri	od	?				2
6. H			ıny	illi	icit	dis	sch	arg	ges/i	ille	gal	co	nn	ecti	ion	s h	ave	be	en	eliı	nin	ate	ed d	lur	ing	g th	is 1	ep	ort	ing	
p	eric	oa :																													2
7. H											_				_					_		•	_		od?		0	Ye	s	•	No
11	f No	, ap	pro)X11	maı	ery	WI	nat	per	cen	II W	as	COL	прі	ete	u II	ım	1S T	ерс	гин	ıg p	eri	oa :						5	0	%
8. I																												Ye	s	0	No
	s thi f Ye								ble	on	th	e w	'eb'	?													•	Ye	S	0	No
	ease						` ′		ess	of	pag	ge v	whe	ere	ma	p(s)) ca	ın b	e a	cce	sse	d -	not	ho	me	pa	ge.				
UR					_ 			 					_								,		_	_			_				_
t	+	W	n	0	f	С	a	n	a	n	d	a	i	g	u	a	•	0	r	g	/	р	a	g	е	•	a	s	р	?	i
d	=	1	2	8																									\blacksquare		
UR	L																														
	1																														
																											Ш		\square		

This report is being submitted for the reporting period ending March 9, 2 0 2 1

																Г	SPDE:		_		_	_	
e of MS4/	Coaliti	on To	OWN (OF CA	.NANI	DAIGU	JA										N Y	R	2	0	Α	5	4
URL(s) Please			vocifi	ic od	ldro	ee o	f na	ao v	_v hor	me	m(s	a) e	on l	ha s	100	200	nd - r	of.	hon	20 T	200		
T Tease J JRL	JIOVIC	ic st	JCCIII	ic ac	iui C	33 U	г ра	ge v	/ IICI (1116	ıh(:	s) C	aii i	DC a	icc	2330	u - 1	ioi .	шоп	ոշ ֈ	Jag	,C	
										+					_								H
										+					4		+						L
JRL																							
																							Ī
JRL																							
										+					_								
										<u> </u>					_		<u> </u>						
JRL																							
										+					\dashv		+						
																							L
JRL																							Г
										+					<u> </u>		+						L
Has an	IDDI	lav	v had	n o	dont	od f	or o	ach	trad	itio	nal	М	S/1 4	hne	/or	ha	va II	וחנ	Thi	roce	h	I PO	c 1
approv					_												VC 11	,,,,	- Pi		Ye		(
	has ev	ery	trad	litio	nal I	MS4	cor	ıtril	outin	g to	th	is r	epo	rt (ert	ifie	ed th	at t	his		is is		
If Yes, lequival		-																	Zes .		N		

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 1$

		SPDES ID
Name of MS4/Coalition	TOWN OF CANANDAIGUA	N Y R 2 0 A 5 4 6
	ogress Toward Measurable Goals MC	MM 3
dentified in your S	port on your progress and project plans tormwater Management Program Plan (itional pages as needed.	oward achieving measurable goals (SWMPP), including requirements in Part
A. Briefly summa	rize the Measurable Goal identified in	n the SWMPP in this reporting period.
based on guidelines mapping.	s of what actually is classified as an out	
*	nance for inspection of wastewater syst and all alternate systems.	ems during property transfer, all systems
B. Briefly summa Goal.	rize the observations that indicated th	ne overall effectiveness of this Measurable
Compliance and in	tion law has provided many opportuniti spection reports are documented and fil ibuted per wastewater law.	
C. How many time	es was this observation measured or o	evaluated in this reporting period?
) Has your MSA	made progress toward this measurab	(ex.: samples/participants/ev
D. Has your MS4	made progress toward this measurab	
•	made progress toward this measurab a schedule to meet the deadline set for	ole goal during this reporting period?
E. Is your MS4 on	n schedule to meet the deadline set for	ole goal during this reporting period? O Yes O No The in the SWMPP? O Yes O No
E. Is your MS4 on	n schedule to meet the deadline set for	ole goal during this reporting period? O Yes O No The in the SWMPP? O Yes O No I to meet the goals of this MCM during

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$

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

		SPL	DES	ID						
Name of MS4/Coalition	TOWN OF CANANDAIGUA	N	Y	R	2	0	А	5	4	6

Minimum Control Measures 4 and 5.

	Construction Site and Post-Construction Control	
The	e information in this section is being reported (check one):	
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?	
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	\bigcirc No
	equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. © 09/2004 © 03/2006	○ NT ○ 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?	7
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?	O NT
	If Yes, how many public comments were received during this reporting period?	0
5.	Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? • Yes	al O No

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

O Notices of Violation	#			0	O No Authority
O Stop Work Orders	#			0	O No Authority
O Criminal Actions	#			0	O No Authority
O Termination of Contracts	#			0	O No Authority
O Administrative Fines	#			0	O No Authority
O Civil Penalties	#			0	O No Authority
O Administrative Orders	#			0	O No Authority
O Enforcement Actions or Sanctions	#			0	
Other	#			0	O No Authority

This report is being submitted for the reporting period ending March 9, |2| 0 |2| 1

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

N Y R 2 0 A 5 4 6

Name of MS4/Coalition TOWN OF CANANDAIGUA	N Y R 2 0 A 5 4 6
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 during this reporting period?	disturbances of one acre or more
2. How many construction projects disturbing at least one addring this reporting period?	cre were active in your jurisdiction

3. What percent of active construction sites were inspected during this reporting period? \bigcirc NT 0 | %

4. What percent of active construction sites were inspected more than once? \circ NT 0 | %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS **Construction Stormwater Inspection Manual?** Yes

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 \bigcirc No \bigcirc NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$

				_															_			SPI	DES	ID						
Name	of MS4	/Coa	alitio	on	гоw	N O	F CA	NAI	NDA	IGU	A											N	Y	R	2	0	А	5	4	6
	6. con't.: Submit additional pages as needed.																													
• MS	54/Coal	litio	n C	Offic	ce																									
	Depart															1														
	CA	N	A	N	D	A	I	G	U	A		Т	0	W	N		Н	A	L	L										
	Addres	SS																												
	5 4	4	0		R	0	U	Т	E	S		5		&		2	0		W	E	S	Т								
	City	1																			Zip					1	_			
	CA	N	A	N	D	А	I	G	U	A							N	1 A	_		1	4	5	1	3	-				
	Phone	I _	Ι_	1		_					_																			
	(5	8	5)	3	1	5	-	3	0	8	8																		
O Lib																														
	Addres	SS				1																					_			
																					7.									
	City																				Zip]			\neg	
	Dlagara																									_				
	Phone /			١																										
	(<i>)</i>				_																						
Oth																														
	Addres	SS																							_		_		\neg	\neg
	City																				Zip				$\overline{}$]			$\overline{}$	\neg
																										_		Ш		
	Phone /)																										
	(_)				-																						
○ We	b Page	UF	RL(s):	P	lea	se p	rov	ide	spe	cifi	ic a	ddre	ess	whe	ere	SW	PPI	Ps c	an	be a	acce	esse	ed -	not	hor	me j	page	e.	
	URL																													_
																										\exists		\equiv	\exists	\dashv
	URL																												\neg	\neg
																												T	Ī	ī

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$

Name CMGA/G a livical TOWN OF CANANDAIGUA	SPDES ID N Y R 2 0 A 5 4 6
Name of MS4/Coalition TOWN OF CANANDAIGUA	
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
The Town has a comprehensive plan/SWPPP review process who Engineering, Watershed Council, Planning Board, Environmenta development staff) The Town maintains a detailed repository of a reports. Town Stormwater Management Officers routinely inspect	all Conservation Board, and all project SWPPPS and inspection
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
The Town has completed over 100 site inspections and received for review.	275 third party inspection reports
C. How many times was this observation measured or evalua	ted in this reporting period?
	1 2
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/events I during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	eet the goals of this MCM during
All incoming projects will be reviewed for compliance by all par routine inspections will be increased.	rtners. Documentation of Town

This report is being submitted for the reporting period ending March 9, 2 0 2 1

				SPDES ID	
Name of MS4/Coalition	TOWN OF CANAND	AIGUA		N Y R	2 0 A 5 4 6
Minimum (Control Meas	sure 5. Post-	-Construction	on Stormwater N	<u>Management</u>
The information in th	is section is being	g reported (chec	ek one):		
On behalf of an incOn behalf of a coalHow m		ibuted to this r	report?		
				anagement practices reporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practice	es				
• Filter Systems		5	5		
• Infiltration Basins		7	7		
Open Channels					
Ponds		7 6	2 6	3	
O Wetlands					
Other					
2. Do you use an o BMPs, inspecti		_	base, spreads	sheet) to track post-	•construction • Yes ○ No
3. What types of a Development/B		-		-	npact
Building Codes	• Municipal Co	omprehensive Pl	lans		
Overlay Districts	Open Space I	Preservation Pro	ogram		
Zoning	• Local Law or	Ordinance			
○ None	• Land Use Re	gulation/Zoning	;		
Watershed Plans	• Other Compr	ehensive Plan			
Other:					

This report is being submitted for the reporting period ending March 9, 2 0 2 1

			SPI	DES I	D					
Nan	ne of MS4/Coalition TOWN OF CANANDAIGUA		N	Y	R	2	0 2	4 5	4	6
4a.	Are the MS4s contributing to this report involved in a regional/v	vatershe	d w	ide	pla	nni	_			
4b.	Does the MS4 have a banking and credit system for stormwater	managei	mei	nt pi	act	ice		Yes	0	No
				1				Yes		No
4c.	Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a stor	-					pra		?	No
4d.	How many stormwater management practices have been implent reporting period?	nented as	s pa	art o	f th	is:	syste	m ir	n thi	is
5.	What percent of municipal officials/MS4 staff responsible for pr training on Low Impace Development (LID), Better Site Design Infrastructure principles in this reporting period?	_	_					tend	ed	%

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

		SPL	JES	עו						
Name of MS4/Coalition	TOWN OF CANANDAIGUA	N	Y	R	2	0	А	5	4	6

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.

New stormwater systems from new projects/developments have been inspected and documented. Database of stormwater facilities, inspection reports, and SWPPPs is continuously monitored and updated. Multiple inactive projects have been closed out and maintenance agreements approved and filed with County.

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

Based on field inspection of facilities, Town highway department has cleaned and maintained several structures and removed debris and overgrowth. Based on feedback during audit, Town is actively worked to close out several inactive/dormant permits.

	Law mony	timag w	a thia	abconvotion	magazinad a	n avaluated	in this	nononting popied?
v.	пом шапу	umes wa	is uns	observation	measureu o	r evaluateu	111 11115	reporting period?

(ex.: samples/participants/events)

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

• Yes O 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).

Staff will continue to inspect and maintain facilities. The few inactive/dormant projects will be closed out and documented. Expansion of drainage districts will be investigated to secure funding for maintenance of facilities.

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

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

		SPD	DES	ID						
Name of MS4/Coalition	TOWN OF CANANDAIGUA	N	Y	R	2	0	А	5	4	6

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):
On behalf of an individual MS4On behalf of a coalition
How many MS4s contributed to this report?

Other..... O Yes

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

Self-Assessment

 \bigcirc No

● No ○ Yes

Operation/Activity/Facility performed within the past 3 **Operation/Activity/Facility** vears? Addressed in SWMP? Street Maintenance..... 9 Yes ○ No • Yes \bigcirc No Bridge Maintenance.... O Yes ● No ○ Yes \bigcirc No Winter Road Maintenance.... • Yes ○ No • Yes \bigcirc No Salt Storage..... • Yes ○ No • Yes \bigcirc No Solid Waste Management..... • Yes ○ No • Yes \bigcirc No New Municipal Construction and Land Disturbance.. • Yes ○ No • Yes \bigcirc No Right of Way Maintenance....

Yes \bigcirc No ● No ○ Yes Marine Operations.... O Yes \bigcirc No Hydrologic Habitat Modification..... O Yes ● No ○ Yes \bigcirc No ○ No Yes \bigcirc No Parks and Open Space....

Yes ○ No • Yes Municipal Building..... • Yes \bigcirc No \bigcirc No Stormwater System Maintenance..... • Yes ○ No • Yes ○ No • Yes \bigcirc No Vehicle and Fleet Maintenance.....

Yes

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$

	SPDES ID)				
Name of MS4/Coalition TOWN OF CANANDAIGUA	N Y R	2	0 A	5	4	6
2. Provide the following information about municipal operations god	od housek	eep	ing p	rogi	ran	1 S:
 Parking Lots Swept (Number of acres X Number of times swept) 	# Acı	res			5	1
• Streets Swept (Number of miles X Number of times swept)	# Mi	les		7	8	5
● Catch Basins Inspected and Cleaned Where Necessary		#			2	2
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 		# [3
O Phosphorus Applied In Chemical Fertilizer	# L1	os.				
O Nitrogen Applied In Chemical Fertilizer	# Ll	os.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acre	s			•	
3. How many stormwater management trainings have been provided	l to muni	cipa	l emp	loy	ees	
during this reporting period?						0
4. What was the date of the last training?	/		/			
5. How many municipal employees have been trained in this reporting	ng period	?				0
6. What percent of municipal employees in relevant positions and destormwater management training?	epartment	ts re	ceive	5	0	%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$

Name of MS4/Coalition	TOWN OF CANANDAIGUA		N Y R	2 0 A 5 4 6
7. Evaluating Pro	ogress Toward Measurable Goals MC	CM 6		
identified in your St	port on your progress and project plans to tormwater Management Program Plan (litional pages as needed.		_	_
A. Briefly summar	rize the Measurable Goal identified i	n the SWMPP	in this repo	orting period.
	ntinue to address any issues with storms. Routine maintenance of roadways, pa			
B. Briefly summar Goal.	rize the observations that indicated th	ne overall effec	tiveness of	this Measurable
issues discovered h	es which are owned and/or maintained have been addressed. Stormwater infrasticilities are chemical/pesticide free.	•		
C. How many time	es was this observation measured or	evaluated in th	•	g period? 1 2 : samples/participants/ever
D. Has your MS4	made progress toward this measurab	ole goal during		ing period?
E. Is your MS4 on	n schedule to meet the deadline set for	rth in the SWM	IPP?	Yes ○ NoYes ○ No
	rize the stormwater activities planned	d to meet the go	oals of this	
•	ing cycle (including an implementation	on schedule).		G
the next report	•			

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$

		SPI	DES	ID						
Name of MS4/Coalition	TOWN OF CANANDAIGUA	N	Y	R	2	0	A	5	4	6

or check NA as Answer	s indicated in the table Check NA 10,11,12 5,10,11,12	(POC) - Phosphorus
Answer - 4,5,6,7a-d,8a,8b,9 4,7a-d,8a,8b,9	Check NA - 10,11,12	(POC)
Answer - 4,5,6,7a-d,8a,8b,9 4,7a-d,8a,8b,9	Check NA - 10,11,12	(POC)
- 1,5,6,7a-d,8a,8b,9 1,7a-d,8a,8b,9	10,11,12	-
1,7a-d,8a,8b,9		
1,7a-d,8a,8b,9		1 Hospitorus
		Phosphorus
,, , -	3,4,5,10,11,12	Phosphorus
-	-	-
-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
-	-	-
7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
-	-	-
_ , , , , ,		Pathogens
-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
-	-	-
		Pathogens and Nitrogen
		Pathogens and Nitrogen
<u>-d,8a,9</u>	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
-	-	
		Phosphorus
		Phosphorus
a-d,8a,9	2,3,5,80,10,11,12	Phosphorus -
70 40 10 11 12	5 6 9a 9b	Pathogens
		Pathogens
		Pathogens
777	-d,8a,9 -d-d,8a,9 -d-d,8a,9 -d-d,9,10,11,12 -d,9,10,11,12	rd,8a,9 2,3,4,5,8b,10,11,12 rd-d,8a,9 2,3,5,8b,10,11,12 rd-d,8a,9 2,3,5,8b,10,11,12 rd-d,8a,9 2,3,5,8b,10,11,12 rd-d,9,10,11,12 2,3,5,6,8a,8b rd,9,10,11,12 2,3,5,6,8a,8b rd,9 2,3,4,5,8a,8b,10,11,12 rd,8a,9,10,11,12 2,3,5,6,8b rd,8a,9 2,3,4,5,8b,10,11,12 rd-d,8a,9 2,3,4,5,8b,10,11,12 rd-d,8a,9 2,3,5,8b,10,11,12 rd-d,8a,9 2

This report is being submitted for the reporting period ending March 9, $2 \ 0 \ 2 \ 1$

		SPDES ID		
Na	me of MS4/Coalition TOWN OF CANANDAIGUA	N Y R 2	0 A	5 4 6
3.	Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	ce System (infrastructi • Yes	ure) Insp O No	oection ○ N/A
4.	Estimate the percentage of on-site wastewater treatment and maintained or rehabilitated as necessary in this repo	•	en inspec	2 ted 3 %
5.	Has your MS4/Coalition developed a program that proving NYSDEC SPDES General Permit for Stormwater Discha (GP-0-08-001) to reduce pollutants in stormwater runoff disturb five thousand square feet or more?	arges from Constructi	on Activ	vities
6.	Has your MS4/Coalition developed a program to address runoff from new development and redevelopment project equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Act the New York State Stormwater Design Manual Enhance Standards?	ets that disturb greate the NYS DEC SPDES ctivities (GP-0-08-001	r than o General), includ	r l
7a	Does your MS4/Coalition have a retrofitting program to phosphorus/nitrogen/pathogen loading?	reduce erosion or ○ Yes	No	O N/A
7 b	.How many projects have been sited in this reporting per	iod?		
	. What percent of the projects included in 7b have been co	•	ting per	iod? %
7d	.What percent of projects planned in previous years have	•		<u>%</u>
8a	.Has your MS4/Coalition developed and implemented a to procedures policy that addresses proper fertilizer applications?	urf management prac		
8b	.Has your MS4/Coalition developed and implemented a to procedures policy that addresses proper disposal of gras municipally owned lands?			O N/A

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$

		PDES ID		
Name of MS4/Coalition TOWN OF CANANDAIGUA		N Y R	2 0 A	5 4 6
9. Has your MS4/Coalition developed and implemented a pr	rogram of 1	-	0	
		\bigcirc Yes	• No	\bigcirc N/A
10. Has your MS4/Coalition enacted a local law prohibiting p	et waste oi	_		
prohibiting goose feeding?		• Yes	\circ No	\bigcirc N/A
11. Does your MS4/Coalition have a pet waste bag program?		• Yes	s O No	O N/A
12. Does your MS4/Coalition have a program to manage goos populations?	se	○ Yes	s • No	O N/A