



# MS4 Annual Report Cover Page

MCC form for period ending March 9, 

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

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

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

SPDES ID

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|





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

MCC form for period ending March 9, 

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

Name of MS4 

|                     |
|---------------------|
| TOWN OF CANANDAIGUA |
|---------------------|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name 

|   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| C | H | R | I | S | T | O | P | H | E | R |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

 MI 

|   |
|---|
| I |
|---|

 Last Name 

|   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|
| J | E | N | S | E | N |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|

Title 

|   |   |   |  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |  |   |   |
|---|---|---|--|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--|---|--|---|---|---|---|--|---|---|
| M | S | 4 |  | P | R | O | G | R | A | M |  | C | O | O | R | D | I | N | A | T | O | R |  | - |  | C | O | D | E |  | E | N |
|---|---|---|--|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--|---|--|---|---|---|---|--|---|---|

Address 

|   |   |   |   |  |   |   |   |   |   |   |  |   |  |   |   |   |  |   |   |  |   |   |   |   |  |  |  |  |  |  |  |
|---|---|---|---|--|---|---|---|---|---|---|--|---|--|---|---|---|--|---|---|--|---|---|---|---|--|--|--|--|--|--|--|
| 5 | 4 | 4 | 0 |  | R | O | U | T | E | S |  | 5 |  | A | N | D |  | 2 | 0 |  | W | E | S | T |  |  |  |  |  |  |  |
|---|---|---|---|--|---|---|---|---|---|---|--|---|--|---|---|---|--|---|---|--|---|---|---|---|--|--|--|--|--|--|--|

City 

|   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| C | A | N | A | N | D | A | I | G | U | A |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 State 

|   |   |
|---|---|
| N | Y |
|---|---|

 Zip 

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| 1 | 4 | 4 | 2 | 4 | - |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

eMail 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| C | J | E | N | S | E | N | @ | T | O | W | N | O | F | C | A | N | A | N | D | A | I | G | U | A | . | O | R | G |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

Phone 

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ( | 5 | 8 | 5 | ) | 3 | 1 | 5 | - | 3 | 0 | 8 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

 County 

|   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| O | N | T | A | R | I | O |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|





## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4 TOWN OF CANANDAIGUA

SPDES ID  
NYR20A546

### 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

CANANDAIGUALAKEWATERSHEDCOUNCI

Partner/Coalition Name (con't.)

L-KEVINOLVANY

SPDES Partner ID - If applicable

NYR20

Address

250SALTONSTALLSTREET

City

CANANDAIGUA

State

NY

Zip

14424 -    

eMail

KLO@CANANDAIGUANEWYORK.GOV

Phone

( 585 ) 396 - 3530

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 MULTIPLETASKS
- MM2 MULTIPLETASKS
- MM3 MULTIPLETASKS
- MM4 MULTIPLETASKS
- MM5 MULTIPLETASKS
- MM6 MULTIPLETASKS

Additional tasks/responsibilities

- Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.







### MS4 Annual Report Form

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

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

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

SPDES ID

Name of MS4/Coalition 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| T | O | W | N | O | F | C | A | N | A | N | D | A | I | G | U | A |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|

### 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

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

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| c | a | n | a | n | d | a | i | g | u | a | l | a | k | e | . | o | r | g | / | p | u | b | l | i | c | a | t | i | o |  |
| n | s |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

URL

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| c | a | n | a | n | d | a | i | g | u | a | l | a | k | e | . | o | r | g | / | u | p | d | a | t | e | s |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |

URL

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

URL

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







**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

TOWN OF CANADNAIGUA

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 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 public presentations to local community groups, continue the watershed education program for school children, to update education materials, update website materials, and to maintain kiosks.

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

The Town's partnership with the Watershed Association has provided numerous educational and outreach opportunities for our community. They have educated over 1,500 students, distributed over 5,500 mailings, maintained a library of information, both on-line and at various locations throughout the Town.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 1 | 2 |
|--|--|---|---|

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

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

Yes    No

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

Yes    No

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

The Town will continue its partnership with the Watershed Association. Their contributions to the education of our community is outstanding. School programs will continue. Education materials will be continuously updated. A class on illicit discharge identification will be offered to Town Employees.

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| T | O | W | N | O | F | C | A | N | A | N | D | A | I | G | U | A |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|

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

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

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

How many MS4s contributed to this report? 

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

#### 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- Cleanup Events # Events 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 2 |
|--|--|--|--|---|
- Comments on SWMP Received # Comments 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|
- Community Hotlines Phone # ( 

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

 ) 

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

 - 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Phone # ( 

|   |   |   |
|---|---|---|
| 5 | 8 | 5 |
|---|---|---|

 ) 

|   |   |   |
|---|---|---|
| 3 | 1 | 5 |
|---|---|---|

 - 

|   |   |   |   |
|---|---|---|---|
| 3 | 0 | 8 | 8 |
|---|---|---|---|

Phone # ( 

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

 ) 

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

 - 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Phone # ( 

|   |   |   |
|---|---|---|
| 5 | 8 | 5 |
|---|---|---|

 ) 

|   |   |   |
|---|---|---|
| 3 | 9 | 4 |
|---|---|---|

 - 

|   |   |   |   |
|---|---|---|---|
| 1 | 1 | 2 | 0 |
|---|---|---|---|

Phone # ( 

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

 ) 

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

 - 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Phone # ( 

|   |   |   |
|---|---|---|
| 5 | 8 | 5 |
|---|---|---|

 ) 

|   |   |   |
|---|---|---|
| 3 | 9 | 6 |
|---|---|---|

 - 

|   |   |   |   |
|---|---|---|---|
| 3 | 6 | 3 | 0 |
|---|---|---|---|

Phone # ( 

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

 ) 

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

 - 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Phone # ( 

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

 ) 

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

 - 

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

Phone # ( 

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

 ) 

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

 - 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Phone # ( 

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

 ) 

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

 - 

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

Phone # ( 

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

 ) 

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

 - 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Community Meetings # Attendees 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Plantings Sq. Ft. 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Storm Drain Markings # Drains 

|  |  |   |   |
|--|--|---|---|
|  |  | 3 | 3 |
|--|--|---|---|
- Stakeholder Meetings # Attendees 

|  |   |   |   |
|--|---|---|---|
|  | 2 | 1 | 2 |
|--|---|---|---|
- Volunteer Monitoring # Events 

|  |  |  |   |
|--|--|--|---|
|  |  |  | 4 |
|--|--|--|---|
- Other: 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C | O | N | S | E | R | V | A | T | I | O | N | B | O | A | R | D | M | E | E | T | I | N | G | S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

- List-Serve # In List 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Newspaper Advertising # Days Run 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- TV/Radio Notices # Days Run 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Other: 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| T | O | W | N | D | E | V | E | L | O | P | M | E | N | T | O | F | F | I | C | E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

# MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

|                     |
|---------------------|
| TOWN OF CANANDAIGUA |
|---------------------|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|

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

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

URL

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|
| t | o | w | n | o | f | c | a | n | a | n | d | a | i | g | u | a | . | o | r | g | / | p | a | g | e | . | a | s | p | ? | i |  |  |  |  |  |
| d | = | 1 | 0 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |

URL

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

URL

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

URL

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

URL

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

URL

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

URL

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





**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

|                     |  |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|--|
| TOWN OF CANANDAIGUA |  |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|--|

|          |   |   |   |   |   |   |   |   |  |
|----------|---|---|---|---|---|---|---|---|--|
| SPDES ID |   |   |   |   |   |   |   |   |  |
| N        | Y | R | 2 | 0 | A | 5 | 4 | 6 |  |

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

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

|   |   |
|---|---|
| 0 | 5 |
|---|---|

 / 

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

 / 

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

**4.b. For how many days was/will this report be posted?**

|   |   |   |
|---|---|---|
| 3 | 6 | 5 |
|---|---|---|

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**  Yes  No

If Yes, what was the date of the meeting?

|   |   |
|---|---|
| 0 | 6 |
|---|---|

 / 

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

 / 

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

If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**  Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**  Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 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.

The exists public involvement through out various board meetings (Town Board, Conservation Board, Watershed Stakeholder meetings). After COVID, attendance at our meetings has increased. We have been able to hold more events and more residents have been in attendance. Drain marking has be reinstated and is active. We have had multiple cleanup events at our beaches and parks.

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

Volunteers have been actively monitoring clarity and water quality. Watershed and Town websites have been updated. Public meetings and presentations have had increased attendance.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 1 | 2 |
|--|--|---|---|

(ex.: samples/participants/events)

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

Yes     No

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

Yes     No

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

New subdivisions will receive storm drain markings. Board meetings will continue to provide opportunities for the public to comment and provide presentations to the public. The Town's partnerships with the Watershed Association and Watershed Council will continue.







## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

|                     |
|---------------------|
| TOWN OF CANANDAIGUA |
|---------------------|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|

### 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 Watershed Association continuously investigates and maps the watershed. Additional outfalls associated with new developments are mapped. property transfers require onsite wastewater system inspections. over 100 reports received this year. Over 20 systems required repair/replacement.

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

Compliance and inspection reports from new on-site wastewater laws are continuously received. Ontario County Soil & Water partnership with the Town has produced a large increase in inspection reports and subsequent identification of failed systems. Over 20 systems have been issued permits for replacement and repair.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 1 | 2 |
|--|--|---|---|

(ex.: samples/participants/events)

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

Yes     No

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

Yes     No

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

Mapping of new outfalls. Watershed Council will continue to map watershed areas. Wastewater mailings and inspection requests will be mailed out. mandatory inspections will continue.

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

|                     |
|---------------------|
| TOWN OF CANANDAIGUA |
|---------------------|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|

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

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

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

How many MS4s contributed to this report? 

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

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

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

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  09/2004    03/2006    NT

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

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

|  |  |   |
|--|--|---|
|  |  | 8 |
|--|--|---|

**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? 

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

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

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

- Notices of Violation # 

|  |  |  |  |  |   |
|--|--|--|--|--|---|
|  |  |  |  |  | 3 |
|--|--|--|--|--|---|

 No Authority
- Stop Work Orders # 

|  |  |  |  |  |   |
|--|--|--|--|--|---|
|  |  |  |  |  | 1 |
|--|--|--|--|--|---|

 No Authority
- Criminal Actions # 

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

 No Authority
- Termination of Contracts # 

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

 No Authority
- Administrative Fines # 

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

 No Authority
- Civil Penalties # 

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

 No Authority
- Administrative Orders # 

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

 No Authority
- Enforcement Actions or Sanctions # 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|
- Other # 

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

 No Authority

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

|                     |
|---------------------|
| TOWN OF CANANDAIGUA |
|---------------------|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 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 disturbances of one acre or more during this reporting period?**

|  |  |   |
|--|--|---|
|  |  | 8 |
|--|--|---|

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

|  |   |   |
|--|---|---|
|  | 1 | 8 |
|--|---|---|

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

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

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

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

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



## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|

### 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 has a comprehensive plan review process which involves coordinated review with Town Engineering, Watershed Council, Town Board, Environmental Board, Development Staff, outside referrals, and public comment/review. The Town maintains a database of all SWPPPs and inspection reports. Permits holders must provide electronic copies of inspection reports to the Town. Stormwater Management Officers routinely inspect active sites.

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

Database of inspections and reports is maintained continuously. Town received over 350 inspections reports during this period. Weekly inspections are completed by SMOs.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 1 | 2 |
|--|--|---|---|

(ex.: samples/participants/events)

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

Yes     No

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

Yes     No

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

Town staff to document inspections and upload reports to database. Project review by all involved parties will continue. Partnership with Watershed Council and Engineering will continue.



**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

|                     |
|---------------------|
| TOWN OF CANANDAIGUA |
|---------------------|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|

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

Yes  No

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

Yes  No

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

Yes  No

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

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

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

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 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.**

Active projects are routinely monitored and inspections documented. Systems from new projects have been added to database. Inactive projects have been inspected and closed.

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

Field inspections have resulted in the maintenance and repair of existing facilities. Several structures required vegetation removal. No facilities required full clean-out. Dormant projects are being reviewed and close-out initiated.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 1 | 2 |
|--|--|---|---|

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

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

Yes    No

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

Yes    No

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

Town will continue inspections and maintain facilities. Privately owned facilities will be monitored and owner's notified if maintenance is required. New facilities will be added to database and agreements/easements will be adopted and filed.

**MS4 Annual Report Form**

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

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

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

Name of MS4/Coalition 

|                     |
|---------------------|
| TOWN OF CANADNAIGUA |
|---------------------|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 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 MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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

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

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

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

|                     |
|---------------------|
| TOWN OF CANANDAIGUA |
|---------------------|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|

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

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

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 3 | 5 |
|--|--|--|---|---|
  
- Streets Swept (Number of miles X Number of times swept) # Miles 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 7 | 0 |
|--|--|--|---|---|
  
- Catch Basins Inspected and Cleaned Where Necessary # 

|  |  |   |   |
|--|--|---|---|
|  |  | 2 | 4 |
|--|--|---|---|
  
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 8 |
|--|--|--|--|---|
  
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|
  
- Pesticide/Herbicide Applied # Acres 

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
|  |  |  |  |  |  | . |  |
|--|--|--|--|--|--|---|--|

  
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 1 |
|--|--|--|--|---|

4. What was the date of the last training? 

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

 / 

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

 / 

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

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

|  |  |   |
|--|--|---|
|  |  | 1 |
|--|--|---|

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

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

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

TOWN OF CANADNAIGUA

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|

### 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.

Routine maintenance of roadways, parking lots, catch basins, and storm-water infrastructure will continue. Town staff will continue to inspect and provide what repairs and maintenance is required to infrastructure.

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

Town does not utilize any pesticides or weed killers. Existing storm-water infrastructure that is owned and/or maintained by the Town are clean and well maintained. Privately owned facilities are continuously monitored.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 1 | 2 |
|--|--|---|---|

(ex.: samples/participants/events)

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

Yes     No

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

Yes     No

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

Inspections will continue. Cleaning of infrastructure will continue.

### MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

|                     |
|---------------------|
| TOWN OF CANANDAIGUA |
|---------------------|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|

### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? 

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

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

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

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

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

If N/A, go to question 3.

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

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

 %

Estimate what percentage was mapped in this reporting period. 

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

 %

## MS4 Annual Report Form

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

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

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

Name of MS4/Coalition 

|                     |
|---------------------|
| TOWN OF CANANDAIGUA |
|---------------------|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 5 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|

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? 

|   |   |   |
|---|---|---|
| 1 | 1 | 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? 

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

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 | 2 |
|---|---|---|---|

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

Name of MS4/Coalition 

|                     |
|---------------------|
| TOWN OF CANANDAIGUA |
|---------------------|

SPDES ID  

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

- 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