

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

SPDES ID								
N	Y	R	2	0	A	5	4	6

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

[illegible]

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

[illegible]

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

[illegible]

SPDES ID								
N	Y	R	2	0	A			

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4 | TOWN OF CANANDAIGUA

SPDES ID

N	Y	R	2	0	A	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)
- A Joint Report

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

If Joint Report, enter coalition name:

[illegible]

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

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

Name of MS4

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

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

C	O	D	E		E	N	F	.		O	F	C	.		-		P	.	E	.									
---	---	---	---	--	---	---	---	---	--	---	---	---	---	--	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--

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) FormMCC form for period ending March 9,

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

Name of MS4

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

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

K	E	V	I	N															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

O	L	V	A	N	Y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

W	A	T	E	R	S	H	E	D		M	A	N	A	G	E	R		C	P	E	S	C		C	P	S	W	Q								
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--

Address

2	0	5		S	A	L	T	O	N	S	T	A	L	L		S	T	R	E	E	T														
---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

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

State

N	Y
---	---

Zip

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

eMail

K	L	O	@	C	A	N	A	N	D	A	I	G	U	A	N	E	W	Y	O	R	K	.	G	O	V											
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Phone

(5	8	5)	3	9	6	-	3	6	3	0
---	---	---	---	---	---	---	---	---	---	---	---	---

County

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

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF CANANDAIGUA

SPDES ID

N Y R 2 0 A 5 4 6

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C A N A N D A I G U A L A K E W A T E R S H E D

Partner/Coalition Name (con't.)

C O U N C I L - K . O L V A N Y

SPDES Partner ID - If applicable

Address

2 5 0 S A L T O N S T A L L S T R E E T

City

C A N A N D A I G U A

State

N Y

Zip

1 4 4 2 4 -

eMail

K L O @ C A N A N D A I G U A N E W Y O R K . G O V

Phone

(5 8 5) 3 9 6 - 3 6 3 0

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.? ☐ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 M U L T I P L E T A S K S

● MM2 M U L T I P L E T A S K S

● MM3 M U L T I P L E T A S K S

● MM4 M U L T I P L E T A S K S

● MM5 M U L T I P L E T A S K S

● MM6 M U L T I P L E T A S K S

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF CANANDAIGUA

SPDES ID

N Y R 2 0 A 5 4 6

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C A N A N D A I G U A L A K E W A T E R S H E D

Partner/Coalition Name (con't.)

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

SPDES Partner ID - If applicable

Address

4 8 0 N O R T H M A I N S T R E E T

City

C A N A N D A I G U A

State

N Y

Zip

1 4 4 2 4 -

eMail

O N T S W C D 6 @ R O C H E S T E R . R R . C O M

Phone

(5 8 5) 3 9 6 - 9 7 1 6

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☐ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

☐ MM1

☐ MM2

☒ MM3 I N S P E C T I O N S

☒ MM4 I N S P E C T I O N S

☐ MM5

☐ MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF CANANDAIGUA

SPDES ID

N Y R 2 0 A 5 4 6

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C A N A N D A I G U A L A K E W A T E R S H E D A S S O C .

Partner/Coalition Name (con't.)

N A D I A H A R V I U E X

SPDES Partner ID - If applicable

Address

P O B O X 3 2 3

City

C A N A N D A I G U A

State

N Y

Zip

1 4 4 2 4 -

eMail

N A D I A . H A R V I U E X @ F L C C . E D U

Phone

(5 8 5) 3 9 4 - 5 0 3 0

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 S C H O O L P R O G R A M - E D U C A T I O N

☒ MM2 S T A K E H O L D E R M E E T I N G S

☐ MM3

☐ MM4

☐ MM5

☐ MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF CANANDAIGUA

SPDES ID

N Y R 2 0 A 5 4 6

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

T W N C A N A N D A I G U A E N V I R O C O N S B O A R D

Partner/Coalition Name (con't.)

J O Y C E M A R T H A L L E R

SPDES Partner ID - If applicable

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

J M A R T H A L L E R @ F R O N T I E R . C O M

Phone

(5 8 5) 3 9 4 - 1 1 2 0

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? ☐ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

☐ MM1

☒ MM2 S T A K E H O L D E R M E E T I N G S

☐ MM3

☐ MM4

☐ MM5

☐ MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 | TOWN OF CANANDAIGUA

SPDES ID

N	Y	R	2	0	A	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

P	A	M	E	L	A									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

MI

7

Last Name

H	E	L	M	I	N	G								
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

[illegible]

Signature

Date _____

--	--	--	--

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

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	/	w	a	t	e	r	s	h	e	d	/
w	p	-	c	o	n	t	e	n	t	/	u	p	l	o	a	d	s	/	2	0	1	5	/	0	3	/	W	a	t
e	r	s	h	e	d	-	p	l	a	n		3	-	2	1	5	-	l	o	w	.	p	d	f					

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

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

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

--	--	--

1. Targeted Public Education and Outreach Best Management Practices

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

- Construction Sites
- General Stormwater Management Information
- Household Hazardous Waste Disposal
- Illicit Discharge Detection and Elimination
- Infrastructure Maintenance
- Smart Growth
- Storm Drain Marking
- Green Infrastructure/Better Site Design/Low Impact Development
- Pesticide and Fertilizer Application
- Pet Waste Management
- Recycling
- Riparian Corridor Protection/Restoration
- Trash Management
- Vehicle Washing
- Water Conservation
- Wetland Protection

○ Other:

[illegible]

Other

☐ None

2. Specific audiences targeted during this reporting period:

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

s	t	u	d	e	n	t	s	,		N	Y	S		W	e	t	l	a	n	d	s		F	o	r	u	m						
---	---	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--

Other

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

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

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

● Construction Site Operators Trained

Trained

				7
--	--	--	--	---

● Direct Mailings

Mailings

	9	6	5	0
--	---	---	---	---

● Kiosks or Other Displays

Locations

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

● List-Serves

In List

		9	5	0
--	--	---	---	---

● Mailing List

In List

	3	3	0	0
--	---	---	---	---

● Newspaper Ads or Articles

Days Run

			1	5
--	--	--	---	---

● Public Events/Presentations

Attendees

		9	3	5
--	--	---	---	---

● School Program

Attendees

	1	8	3	0
--	---	---	---	---

● TV Spot/Program

Days Run

				9
--	--	--	--	---

● Printed Materials:

Total # Distributed

	7	1	0	0
--	---	---	---	---

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

T	O	W	N		H	A	L	L		-		D	E	V		O	F	F	
L	I	B	R	A	R	Y													
W	A	T	E	R	S	H	E	D		C	O	U	N	C	I	L			

● Other:

W	A	T	E	R	S	H	E	D		S	I	G	N	S					
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--

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

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

c	a	n	a	n	d	a	i	g	u	a	l	a	k	e	.	o	r	g	/	w	a	t	e	r	s	h	e	d	/	w	p
-	c	o	n	t	e	n	t	/	u	p	l	o	a	d	s	/	2	0	1	5	/	0	3	/	W	a	t	e	r	s	h
e	d	-	P	l	a	n		3	-	2	1	5	-	l	o	w	.	p	d	f											

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

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

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

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 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 pollution and prevention.

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

The Watershed Education Program continued its efforts and reached approximately 1800 students and an additional 30 students participated in a planting/clean up event. The educational kiosks were maintained throughout the year. The Town of Canandaigua and the Watershed Council both updated their websites. Numerous public presentations were held, including a large event in October 2015 on the blue green algae event. An educational flyer was sent to 2300 residents in their water bill.

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 educational material within the websites and Town locations is constantly being monitored and updated. Materials are being distributed through the Town's monthly emails to residents. The schools educational outreach programs will continue throughout the next years. The Watershed Council is continuously updating their website and distributing educational materials and information. The entire team of Town Operators will be attending DEC 4-hr course on April 7th.

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

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

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

Name of MS4/Coalition

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

w	w	w	.	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

e	c	o	d	e	3	6	0	.	c	o	m	/	d	o	c	u	m	e	n	t	s	/	p	u	b	/	C	A	0	6	1
4	/	M	i	n	u	t	e	s	/	?	s	u	b	C	a	t	e	g	o	r	y	=	T	O	W	N	+	B	O	A	R
D																															

URL

URL

URL

URL

URL

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

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

2. URL(s) con't.:

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

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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

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

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

[● MS4/Coalition Office](#)
[● Annual Report](#)
[● SWMP Plan](#)
[● Comments](#)

Department

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

Address	Value	Comment
00000000	00000000	
00000001	00000000	
00000002	00000000	
00000003	00000000	
00000004	00000000	
00000005	00000000	
00000006	00000000	
00000007	00000000	
00000008	00000000	
00000009	00000000	
0000000A	00000000	
0000000B	00000000	
0000000C	00000000	
0000000D	00000000	
0000000E	00000000	
0000000F	00000000	
00000010	00000000	
00000011	00000000	
00000012	00000000	
00000013	00000000	
00000014	00000000	
00000015	00000000	
00000016	00000000	
00000017	00000000	
00000018	00000000	
00000019	00000000	
0000001A	00000000	
0000001B	00000000	
0000001C	00000000	
0000001D	00000000	
0000001E	00000000	
0000001F	00000000	
00000020	00000000	
00000021	00000000	
00000022	00000000	
00000023	00000000	
00000024	00000000	
00000025	00000000	
00000026	00000000	
00000027	00000000	
00000028	00000000	
00000029	00000000	
0000002A	00000000	
0000002B	00000000	
0000002C	00000000	
0000002D	00000000	
0000002E	00000000	
0000002F	00000000	
00000030	00000000	
00000031	00000000	
00000032	00000000	
00000033	00000000	
00000034	00000000	
00000035	00000000	
00000036	00000000	
00000037	00000000	
00000038	00000000	
00000039	00000000	
0000003A	00000000	
0000003B	00000000	
0000003C	00000000	
0000003D	00000000	
0000003E	00000000	
0000003F	00000000	
00000040	00000000	
00000041	00000000	
00000042	00000000	
00000043	00000000	
00000044	00000000	
00000045	00000000	
00000046	00000000	
00000047	00000000	
00000048	00000000	
00000049	00000000	
0000004A	00000000	
0000004B	00000000	
0000004C	00000000	
0000004D	00000000	
0000004E	00000000	
0000004F	00000000	
00000050	00000000	
00000051	00000000	
00000052	00000000	
00000053	00000000	
00000054	00000000	
00000055	00000000	
00000056	00000000	
00000057	00000000	
00000058	00000000	
00000059	00000000	
0000005A	00000000	
0000005B	00000000	
0000005C	00000000	
0000005D	00000000	
0000005E	00000000	
0000005F	00000000	
00000060	00000000	
00000061	00000000	
00000062	00000000	
00000063	00000000	
00000064	00000000	
0000006		

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						N	Y	1	4	4	2	4	-					
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	---	---	---	---	---	---	---	---	--	--	--	--	--

Phone

$$\begin{pmatrix} 5 & 8 & 5 \end{pmatrix} \begin{pmatrix} 3 & 9 & 4 \end{pmatrix} - \begin{pmatrix} 1 & 1 & 2 & 0 \end{pmatrix}$$

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

[illegible]

City

--	--	--	--	--

Phone

$$(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

☒ Other ☒ Annual Report ☒ SWMP Plan ☐ Comments

Address

W	A	T	E	R	S	H	E	D		C	O	U	N	C	I	L		2	0	5		S	A	L	T	O	N	S	T	A
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---

City

C	A	N	A	N	D	A	I	G	U	A							N	Y	1	4	4	2	4	-						
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Phone

$$\begin{pmatrix} 5 & 8 & 5 \end{pmatrix} \begin{pmatrix} 3 & 9 & 6 \end{pmatrix} - \begin{pmatrix} 3 & 6 & 3 & 0 \end{pmatrix}$$

☒ Web Page URL:
 ☒ Annual Report
 ☒ SWMP Plan
 ☐ Comments

www.townofcanandaigua.org/page.

a	s	p	?	i	d	=	1	0	4
---	---	---	---	---	---	---	---	---	---

[illegible]

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

● eMail ● Comments

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

[illegible]

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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	3
---	---

 /

2	5
---	---

 /

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

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?

--	--

 /

--	--

 /

--	--	--	--

If No, is one planned?

☒ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☐ No

If No, is one planned for each?

☐ Yes ☐ No

6. Were comments received during this reporting period?

☐ Yes ☐ No

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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.

Town Board Meetings will continue to provide information, and documentation to the public, and provide a venue for public comment. The Town's website will be continuously updated and provide contact information for public comment. The Town's ECB committee also provides a forum for public comments regarding stormwater impacts

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

The Town Board and Development Office received increased public involvement through emails and participation in Board Meetings. Clean Up events were held through the Council. The Watershed Program was the major team member which providing opportunities for public involvement. The Town and Watershed Program continuously updated their respective websites.

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 Storm Drain Marking program that was planned for the past year will take place this summer. Town Board meetings will actively discuss the Stormwater Program, solicit public participation at planned events, and provide opportunities for public comment during meetings.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

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

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

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

			3	0
--	--	--	---	---

 #

	5	0
--	---	---

 %

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

	3	0
--	---	---

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

☐ Auto Recyclers

☐ Building Maintenance

☐ Churches

☒ Commercial Carwashes

☒ Commercial Laundry/Dry Cleaners

☒ Construction Vehicle Washouts

☒ Cross-Connections

☐ Distribution Centers

☒ Food Processing Facilities

☐ Garbage Truck Washouts

☐ Hospitals

☒ Improper RV Waste Disposal

☒ Industrial Process Water

☐ Other:

☒ Landscaping (Irrigation)

☒ Marinas

☐ Metal Plateing Operations

☒ Outdoor Fluid Storage

☒ Parking Lot Maintenance

☐ Printing

☒ Residential Carwashing

☒ Restaurants

☒ Schools and Universities

☒ Septic Maintenance

☒ Swimming Pools

☒ Vehicle Fueling

☒ Vehicle Maint./Repair Shops

☐ None

☐ Sewersheds:

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

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

3.b. What types of illicit discharges have been found during this reporting period?

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

O	V	E	R		L	O	A	D	E	D		P	R	I	V	A	T	E		O	N	-	S	I	T	E				
---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		9
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		9
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		9
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?
☐ Yes ☒ No

If No, approximately what percent was completed in this reporting period?

	5	0	%
--	---	---	---

8. Is the above information available in GIS?
☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

Please provide specific address of page where map(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	2	8																											

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

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

8. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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

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

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

	2	5	%
--	---	---	---

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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 outfall mapping process will be completed by the end of the summer 2016. Laws have been written and are currently within the review and approval process. Anticipated adoption of the laws is summer of 2016. Additional laws pertaining to the mandatory routine inspection of on-site wastewater systems are in the process of being reviewed by the Town.

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

All parties have been actively reviewing and modifying the proposed laws. Code Enforcement and the Watershed Inspectors have inspected and assisted owners in remedying illicit discharges. Watershed Inspectors continued their on-site wastewater inspection program and have provided over 50 inspection reports to the Town during this reporting period.

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 outfall mapping process will be completed by the end of the summer 2016. Anticipated adoption of the laws is summer of 2016.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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?

		5
--	--	---

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:

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>6</td></tr></table>					6	<input type="radio"/> No Authority
				6				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>2</td></tr></table>					2	<input type="radio"/> No Authority
				2				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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?

	1	5
--	---	---

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

	1	3
--	---	---

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

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

 %

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

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

 %

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

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

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

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

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

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

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

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

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

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

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

N	Y
---	---

Zip

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

Phone

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

○ Library

Address

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

City

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

--	--

Zip

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

Phone

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

○ Other

Address

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

City

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

--	--

Zip

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

Phone

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

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

URL

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

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

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

URL

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

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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 coordination with Town Development Office, Town Boards, Watershed Staff, and Town Engineering, prior to approvals being granted. The Town anticipates adoption of new Erosion and Sediment Control laws during the Summer of 2016. The Watershed Staff, MS4 Coordinator, and Code Enforcement Officer routinely assist contractors in compliance with their SWPPP, and perform routine inspections.

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

The past year has seen an increase in contractor compliance with their SWPPP plans. Town enforcement completes routine inspections of all active SWPPP permits. All active permits are required to provide weekly electronic copies of inspections to the Town. Laws have been drafted and are currently in review. Anticipated adoption of laws is the summer of 2016.

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).

Laws are in review and anticipated to be adopted in the summer of 2016. The Town review and approval process is being documented and formalized for distribution to applicants.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

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

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?		
---	--	--

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

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Filter Systems	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Infiltration Basins	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Open Channels	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Ponds	<div><div></div><div>2</div><div>2</div></div>	<div><div></div><div>2</div><div>2</div></div>	<div><div></div><div></div><div>3</div></div>
<input type="radio"/> Wetlands	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Other	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

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

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

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

[illegible]

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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 Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	2	0
--	---	---

 %

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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.

A standard post-construction SWMF agreement has been drafted and is in the approval process. Post Construction Stormwater laws are in review and anticipated to be adopted within the summer of 2016. Existing SWMFs throughout the Town have been inspected and added to a GIS database.

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

The majority of the SWMFs (90%) have been identified and inspected during this reporting period. The Highway Supervisor, Watershed Staff, and Code Enforcement are enacting a process for the routine inspection and maintenance of the facilities.

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 post-construction stormwater laws are in review and anticipated approval is in the Summer of 2016. The Stormwater Management Officer (code enforcement officer) will continue to work along side the Watershed group and inspect/maintain existing Management Facilities.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

			1	5
--	--	--	---	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			2	5
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			2	0
--	--	--	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			1	0
--	--	--	---	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

			0	.	
--	--	--	---	---	--

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

				2
--	--	--	--	---

4. What was the date of the last training?

0	2	/	1	8	/	2	0	1	6
---	---	---	---	---	---	---	---	---	---

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

		7
--	--	---

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

	2	0	%
--	---	---	---

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

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.

The Town has minimized use of fertilizers and other chemicals on Town property/parks. The Town routinely sweeps and maintains the roadways and stormwater system. Alternative methods of snow melt are utilized on roadways in close proximity to waterbodies. Salting has been reduced on the roadways. There has been multiple location within the Town where sanitary sewer has been installed, replacing the need for on-site wastewater systems.

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

The Town has minimized use of chemical/fertilizers/salt in many of its every day practices. Installation of sanitary sewer systems have reduced the chance of on-site wastewater system failures.

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 entire team of Town Operators will be attending DEC 4-hr course on April 7th. The Town will continue to update and maintain existing facilities. There will be an inventory created on pollutants of concern.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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)
NYC EOH Watershed	-	-	-
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
Onondaga Lake Watershed	-	-	-
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
Greenwood Lake Watershed	-	-	-
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
Oyster Bay	-	-	-
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
Peconic Estuary	-	-	-
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
Oscawana Lake Watershed	-	-	-
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
LI 27 Embayments	-	-	-
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	1	6
---	---	---	---

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

Name of MS4/Coalition

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?

--	--	--

 %
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	1	6
---	---	---	---

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

Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

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

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