# OF AMILE STATE OF AMI

# **TOWN OF AMHERST**

#### **ENGINEERING DEPARTMENT**

#### **ERIE COUNTY - NEW YORK**

#### JEFFREY S. BURROUGHS, P.E. - TOWN ENGINEER

May 7, 2021

#### RE: Town of Amherst Year 18 Annual Stormwater Report

Enclosed, please find a draft copy of the Town of Amherst Municipal Compliance Certification (MCC) Form and the Stormwater Management Program Annual Report for the period ending March 9, 2021.

Should you have any questions, please contact me directly at (716) 631–7154 or <a href="mailto:vreberholt@amherst.ny.us">vreberholt@amherst.ny.us</a>.

Sincerely,

Vaishali Reberholt, PE, CPESC Stormwater Management Officer

#### **MS4 Annual Report Cover Page**

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

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

SPI	DES	ID						
N	Y	R	2	0	А	1	2	2

#### **Choose one:**

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

Fill in SPDES ID in upper right hand corner.

Naı	ne c	of M	S4																	
Т	0	W	n	0	f	А	m	h	е	r	ន	t								

#### **OR**

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

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

Ν	an	ne o	t S1	ngle	e En	ιτιτν													

#### OR

SPDES ID

N Y R

2 0 A

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

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

Naı	ne o	of Co	oali	tion																					
																									〓
	-				!		-					-	-	-											
SPI	DES	ID						1	S	PD]	ES I	ID_	_			_	_	SPI	DES	ID					
N	Y	R	2	0	A				:	N	Y	R	2	0	A			N	Y	R	2	0	A		

N	Y	R	2	0	А			N	Y	R	2	0	А			N	Y	R	2	0	А	
SPI	DES	ID						SPI	DES	ID						SPI	DES	ID				
N	Y	R	2	0	A			N	Y	R	2	0	A			N	Y	R	2	0	A	
SPI	DES	ID						SPI	DES	ID						SPI	DES	ID				
N	Y	R	2	0	A			N	Y	R	2	0	А			N	Y	R	2	0	А	
SPI	DES	ID						SPI	DES	ID						SPI	DES	ID				
N	Y	R	2	0	A			N	Y	R	2	0	А			N	Y	R	2	0	А	
SPI	DES	ID					1	SPI	DES	ID						SPI	DES	ID				
N	Y	R	2	0	A			N	Y	R	2	0	Α			N	v	R	2	Ο	A	

SPDES ID

N | Y | R | 2 | 0 | A

SPDES ID

YR

# MS4 Annual Report Cover Page

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

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

SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A

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

		SPL	)ES	ID						
Name of MS4	Town of Amherst	N	Y	R	2	0	А	1	2	2

Each MS4 must submit an MCC form.

#### **Section 1 - MCC Identification Page**

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

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

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

If Jo	oint	Rep	ort,	ent	er c	oali	tion	naı	ne:										
																			il
																			=
																			il
																			il

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

		SPL	DES	ID						
Name of MS4	Town of Amherst	N	Y	R	2	0	А	1	2	2

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

Firs	st Na	ame														ΜI		Las	t Na	ame										
В	r	i	а	n												J		K	u	1	р	a								
Titl	e																													
Т	0	W	n		S	u	р	е	r	V	i	s	0	r																
Ado	lres	S																												
5	5	8	3		M	a	i	n		S	t	r	е	е	t															
City	У																			S	tate	;	Zip	)						
City W	i	1	1	i	a	m	s	v	i	1	1	е										Y	Zip	4	2	2	1	_		
	i	1	1	i	a	m	S	V	i	1	1	е													2	2	1	_		
W	i	1 u	1	i	a	m @	s	v m	i	1 e	1	е	t		n	У	•	u	S						2	2	1	] <b>-</b>		
W eMa	i ail k		1										t	•	n	У	•	u Cou		I					2	2	1	] <b>-</b>		

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

		SPI	DES	ID						
Name of MS4	Town of Amherst	N	Y	R	2	0	A	1	2	2

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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:

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

Firs	st Na	ame														MI		Las	t Na	ame										
V	a	i	ន	h	а	1	i											R	е	b	е	r	h	0	1	t				
Titl	e																													
S	t	0	r	m	W	a	t	е	r		М	а	n	а	g	е	m	е	n	t		0	f	f	i	С	е	r		
Ad	dres	s																											 _	
1	1	0	0		N	•		F	0	r	е	s	t		R	d														
Cit	У																			S	tate		Zip	)				_		
Cit <sub>y</sub>	j	1	1	i	a	m	s	v	i	1	1	е										Y	Zip 1	4	2	2	1	_		
	i	1	1	i	a	m	S	V	i	1	1	е													2	2	1	] -		
W	i	1 e	1 b	i	a	m	s	v	i	1 @	1 a	e m	h	е	r	S	t	•	n						2	2	1	_		
W eM	i ail r		l b										h	е	r	S		Cou		У У	1 .	Y	1		2	2	1	_		

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

Section 3 - Partner Information Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting criod?  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.  Setting To a line line line line line line line line	ne of MS4 Town of Amherst							
old your MS4 work with partners/coalition to complete some or all permit requirements during this reporting eriod?  Yes ON f 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. FNo, proceed to Section 4 - Certification Statement.  Artners/CoalitionName			N Y	R 2	0	A	1 2	2
old your MS4 work with partners/coalition to complete some or all permit requirements during this reporting eriod?  Yes ON f 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. FNo, proceed to Section 4 - Certification Statement.  Artners/CoalitionName	ction 3 - Partner Information							
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.    According   Section   Secti		nit require	ements	durin	g thi	is rej	portin	ıg
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.  artner/CoalitionName					0	Yes	s C	) Nc
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. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet of reach MS4 in the coalition. It is not necessary to include a separate sheet of reach MS4 in the coalition. It is not necessary to include a separate sheet of reach MS4 in the coalition. It is not necessary to include a separate sheet of reach MS4 in the coalition. It is not necessary to include a separate sheet of reach MS4 in the coalition.  SPDES Partner ID.—If applicable to proper include a separate sheet of reach MS4 in the coalition.  SPDES Partner ID.—If applicable to proper include a separate sheet of reach MS4 in the coalition.  SPDES Partner ID.—If applicable to proper include a separate sheet of reach MS4 in the coalition.  SPDES Partner ID.—If applicable to proper include a separate sheet of reach MS4 in the coalition.  SPDES Partner ID.—If applicable to proper include a separate sheet of reach MS4 in the coalition.  SPDES Partner ID.—If applicable to proper include a separate sheet of reach MS4 in the coalition.  SPDES Partner ID.—If applicable to proper include a separate sheet of reach MS4 in the coalition.  SPDES Partner ID.—If applicable to proper include a separate sheet of reach MS4 in the coalition of the proper include a separate sheet of reach MS4 in the coalition of reach MS4 in the coalition of the proper include a separ	•	1 .	<b>c</b> ,	•1	1 .	. 1		
coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. It is not not proceed to Section 4 - Certification Statement.    Author   Coalition Name   Cool   Coal	1 1							
f No, proceed to Section 4 - Certification Statement.    artner/CoalitionName	1 1					IIC		
N   e   s   t   e   r   n   N   Y   S   t   o   r   m   w   a   t   e   r   C   o   a   1   t   t   t   o   n	•							
artner/Coalition Name (con't.)  C	er/CoalitionName							
C	estern NY Stormwater	Co	a 1	i t	i	0	n	
ditional tasks/responsibilities    State   Zip   N Y	er/Coalition Name (con't.)	S	SPDES	Partne	er ID	- If a	pplica	abl
State   Zip   N   Y   1   4   2   0   2   -   N   M   N   Y   1   4   2   0   2   -   N   M   N   N   N   N   N   N   N   N	/ o	J.	1 Y	R 2	0			
State Zip    N   Y   1   4   2   0   2   -	ess							
Mail	5 Franklin Street							
Mail  m a r y . m a c s w a n @ e r i e . g o v  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes O N  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Task  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  T r a i n i n g & E d u c a t i o n  MM5  T r a i n i n g & E d u c a t i o n  MM6  T r a i n i n g & E d u c a t i o n  MM6  T r a i n i n g & E d u c a t i o n  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	Sta <sup>1</sup>				¬ г			_
m a r y . m a c s w a n @ e r i e . g o v  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes O N  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Task  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 T r a i n i n g & E d u c a t i o n  MM5 T r a i n i n g & E d u c a t i o n  MM6 T r a i n i n g & E d u c a t i o n  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	ı f f a l o N	Y 1	4 2	0 2	_			
Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes ON What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Task MM1 Multiple Task S MM2 Multiple Task S MM3 Multiple Task S MM3 Multiple Task S MM4 Training & Education  MM5 Training & Education  MM6 Training & Education  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired								_
Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?    What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Task MM1    Multiple Tasks    MM2    Multiple Tasks    MM3    Multiple Task    MM4    Training & Education    MM5    Training & Education    MM6    Training & Education    MM6    MM6    MM6    Matershed Improvement Strategy Best Management Practices required for MS4s in impaired	a r y . m a c s w a n @ e r i e . g o v							L
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Task  MM1 Multiple Tasks  MM2 Multiple Tasks  MM3 Multiple Tasks  MM4 Training & Education  MM5 Training & Education  MM6 Training & Education  MM6 Training & Education  MM6 Training & Education  MM6 Training & Education  MM7 MM8 MM9 MM9 MM9 MM9 MM9 MM9 MM9 MM9 MM9	Legally	Binding Ag	greeme	nt in a	ccor	dance		
MM1 Multiple Tasks  MM2 Multiple Tasks  MM3 Multiple Tasks  Training & Education  MM5 Training & Education  MM6 Training & Education  MM6 Training & Education  MM6 Training & Education  MM7 MM6 Training & Education  MM8 MM9 MM9 MM9 MM9 MM9 MM9 MM9 MM9 MM9	$7 \mid 1 \mid 6 \mid $ <b>)</b> $\mid 8 \mid 5 \mid 8 \mid - \mid 7 \mid 5 \mid 8 \mid 3 \mid$ with GP	<b>'-</b> 0-08-002 ]	Part IV	.G.?		Yes		N
MM2 Multiple Tasks — Training & Education — MM4 Training & Education — MM5 Training & Education — MM6 Training & Education — MM7	at tasks/responsibilities are shared with this partner (e.g. MM1	School P	rograi	ns or	Mu	ltipl	e Tas	sks
MM2 Multiple Tasks — Training & Education — MM4 Training & Education — MM5 Training & Education — MM6 Training & Education — MM7	M1 Multiple Tasks							Γ
MM3 Multiple Tasks - Training & Education  MM4 Training & Education  MM5 Training & Education  MM6 Training & Education  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired								
MM4 Training & Education  MM5 Training & Education  MM6 Training & Education  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	M2 Multiple Tasks							L
MM5 Training & Education  MM6 Training & Education  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	M3 Multiple Tasks - T:	r a i	n i	n g		&	E	d
MM6 Training & Education  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	M4 Training & Educati	o n						
Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	M5 Training & Educati	o n						Ī
Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	M6 Training s Educati	o n						T
Watershed Improvement Strategy Best Management Practices required for MS4s in impaired	1910   1   1   a   1   11   11   9     a     E   U   U   C   a   C   I   C							
when show improvement should be a minimum of the should be a shoul							1	
watersneds included in GP-0-08-00/ Part 18	litional tasks/responsibilities		C 1 4	(1/1 1			rad	
waterbrieds included in G1 V VV VV2 1 art 171.	litional tasks/responsibilities	required	for M	S4s 1	n ın	npan	icu	

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

		SPL	)ES	ID						
Name of MS4	Town of Amherst	N	Y	R	2	0	А	1	2	2

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

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

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

First Name	MI	Last Name
B r i a n	J	K u 1 p a
Title (Clearly print title of individual <u>signing</u> report)		
Town Supervisor		
Signature		Date

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

## **Submit Form**

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

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

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

			_				1		<i>J</i>		1						_			SPI	DES	ID						
Name of M	S4/Coa	alitio	on_T	own o	of Am	herst	t													N	Y	R	2	0	А	1	2	2
								7	<u> Va</u>	ter	· Q	<u>ua</u>	lity	yΊ	re	nd	<u>S</u>											
The inform	nation	in	this	sect	ion	is b	eing	rep	orte	ed (	che	ck c	one)	:														
<ul><li>On beha</li><li>On beha</li><li>Ho</li></ul>		a cc	alit	ion			ribu	ted	to t	his	rep	ort	? [															
1. Has t relate One.						_			-		_						_			_				eas	ure Ye		•	No
If Yes, che	oose o	ne (	of tl	he fo	llov	ving	5																					
O Report(s	s) atta	che	d to	the	ann	ual	repo	rt																				
O Web Pa				_			_																					
]	Pleas	e pr	ovi	de s <sub>l</sub>	pec	ific	add	ress	of	pag	ge v	vhe	re 1	rep	ort(	(s) (	can	be	acc	ess	sed	- n	ot h	on	ne p	age	e.	
Ţ	JRL																											
Ţ	JRL																											
Ī						Ť																						
Ţ	JRL																											
						İ																						
						$\top$																	П					$\Box$
<u>.                                    </u>	JRL	-																										<u> </u>
					-			_	_	1															$\overline{}$	-		

Other

# **MS4 Annual Report Form**

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

	SPDES ID
Name of MS4/Coalition Town of Amherst	N Y R 2 0 A 1 2 2
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	
1. Targeted Public Education and Outreach Best Management	ent Practices
Check all topics that were included in Education and Outreach d	luring this reporting period:
• Construction Sites	<ul> <li>Pesticide and Fertilizer Application</li> </ul>
• General Stormwater Management Information	Pet Waste Management
<ul> <li>Household Hazardous Waste Disposal</li> </ul>	○ Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	● Trash Management
○ Smart Growth	<ul><li>Vehicle Washing</li></ul>
○ Storm Drain Marking	<ul><li>Water Conservation</li></ul>
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
• Other:	○ None
Stormwalter Management	Practices
2. Specific audiences targeted during this reporting period:	
● Public Employees ● Contractors	
<ul><li>Residential</li><li>Developers</li></ul>	
○ Businesses	
○ Restaurants ○ Industries	
○ Other: ○ Agricultural	

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

Name	of M	[S4/	Coa	litio	on_	Γowr	of A	Amhe	rst														N	Y	R	2	0	А	1	2	2
3. V	Vha nis 1			_			-								e to	o a	chi	eve	ed	uca	tio	n a	nd	out	tre	ach	ı <b>go</b>	als	du	rin	ıg
• Co	nstrı	ıcti	on S	Site	o Oj	pera	ator	s T	rain	ed													#	#Tr	ain	ed				7	6
O Dir	ect	Ma	ilin	gs																			#	Ma	ilin	gs					
• Kio	sks	or	Oth	er ]	Dis	play	ys																# I	Loca	atio	ns					0
O Lis	t-Se	rve	S																					# I:	n Li	ist					
○ Ma	iling	g Li	ist																					# I:	n Li	ist					
• Ne	wspa	ape	r A	ds o	or A	Arti	cles																# I	Day	s Rı	un					1
• Pul	olic	Ev	ents	s/Pr	ese	ntat	ions	S	DI	ΥV	ide	os											# /	Atte	nde	es		1	0	2	4
	nool	Pro	ogra	ım																			# /	Atte	nde	es					
$\circ$ TV	Spo	ot/P	rog	ran	n																		# I	Day	s Rı	un					
• Pri																					To	otal	# Di	istri	but	ed			4	2	3
	Loca	tion S	s (e 4	.g. l	ibra P	ries, u	tow	n of	fices	, kio C			u	i	1	d	i	n	g	s											
	K	i	0	s	k	s	/	D	i		р	1	_	У	s				3												
	L	i	b	r	a	r	У	_	3	7	E	r	i	e		4	N	i	a	g											
	С	0	$\dashv$	n	t	У		S	W		D	s																			
• Otl	$\sqcup$										[		[																		
	Т	r	a	i	n	i	n	g	-	E	D		Н	a	n	d	0	u	t	s											
● We		age	•		ovio ede		pec	ific	we	b ac	ldre	esse	S - 1	not	hor	ne	pag	e. (	Con	tinu	ie o	n ne	ext j	pag	e if	ado	ditic	onal	l sp	ace	is
W		W		е	r	i	е		g	0	v	/	s	t	0	r	m	W	а	t	е	r									
					T																										
_																															
UR	L																														

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

e of MS4/Coalition To	own of Amherst		NY	R	2	0	A	1	2
Web Page con't.:	Provide specific web addresses - not home p	age.							
JRL									
TRL									
IDI									
JRL									
JRL									
JRL									
JRL									
								_	

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

		SPDES ID
Name of MS4/Coalition	Town of Amherst	N Y R 2 0 A 1 2 2
Traine of Wis4/ Coantion	ч	
4. Evaluating Pro	ogress Toward Measurable Goals MCM 1	
identified in your S	port on your progress and project plans toward tormwater Management Program Plan (SWMI itional pages as needed.	
A. Briefly summa	rize the Measurable Goal identified in the S	WMPP in this reporting period.
Identification of Po Target Audiences	ollutants of Concern; Waterbodies of Concern;	Geographic Areas of Concern;
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
Waterbodies of Co Geographic Areas	ern: sediment/silt; pathogens; floatables; phosp ncern: Ellicott Creek and Ransom Creek of Concern: watershed of Ellicott and Ransom households; developers; contractors; small but	Creek
C. How many tim	es was this observation measured or evalua	4
D. Has your MS4	made progress toward this Measurable Goa	(ex.: samples/participants/events
D. Hus your wis i	made progress toward this irreasurable do	● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in t	he SWMPP? • Yes • No
•	rize the stormwater activities planned to me ing cycle (including an implementation sche	e e
	POCs, waterbodies of concern, geographic are s via public education and outreach.	eas of concern and target audiences.

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

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

SI	DES	ID						
Name of MS4/Coalition Town of Amherst	Y	R	2	0	А	1	2	2

#### 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.

Develop additional/update existing public education materials addressing stormwater pollution prevention for general public, target businesses/activities and schools. Prepare posters that can be placed within municipal buildings, libraries, and schools. Maintain a webpage to educate the public on stormwater pollution prevention, the MS4 SWMPP and involvement opportunities. Display/distribute public education materials and posters in municipal buildings and libraries.

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

Maintained records of number of educational materials distributed.
Rain barrel display at Niagara County DMV site - Niagara Falls.

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

			4	2	3	
(ex.:	samp	les/	'part	tici	pant	s/events

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

• Yes O No

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

● Yes ○ No

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

Develop additional public education brochures - as needed.

Continue to display public education materials in municipal buildings and libraries.

Update webpage as needed with new educational materials.

Continue to reinforce the messages conveyed with printed materials & displays with use of additional media when funding is available.

Fall 2021.

# MS4 Annual Report Form

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

If submitting this form as part of a joint report on behalf of	
Town of Amherst	SPDES ID    N   Y   R   2   0   A   1   2   2
ame of MS4/Coalition Town of Amnerst	NINZOAIZZ
. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward dentified in your Stormwater Management Program Plan (SWM II.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the	SWMPP in this reporting period.
Distribute Grades K-12 education packages. Participate in educational programming. Conduct annual Rain Barrel Painting Contest for schools/comm Counties.	unity groups in Erie/Niagara
B. Briefly summarize the observations that indicated the over Goal.	erall effectiveness of this Measurable
Due to COVID-19 pandemic, all school-based education and in	volvement initiatives were canceled.
C. How many times was this observation measured or evaluation	ated in this reporting period?  (ex.: samples/participants/e
D. Has your MS4 made progress toward this Measurable Go	oal during this reporting period? • Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in	the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to m the next reporting cycle (including an implementation sch	8
Education packages will be updated & distributed March 2021 resume biennial implementation.  Participate in all scheduled school science fairs/events, Niagara Conduct annual Rain Barrel Painting Contest for K-12 schools/	County's Environmental Field Days.

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

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

		SPL	)ES	ID						
Name of MS4/Coalition	Town of Amherst	N	Y	R	2	0	А	1	2	2

#### 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.

Utilize public education display for outreach & education for at least two local community events or set up public education display in a prominent location in a municipal building. Mount a permanent wall plaque in a municipal building frequented by the public.

Utilize public education display for outreach & education at regional community events.

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

Set up/maintain public education display and mounted wall plaque in prominent locations in a municipal building frequented by the public.

Due to COVID-19 pandemic, all public education display/activities at regional/ community events were canceled.

	Harry many	timas was	a thia	absorvation	maggined or	ovaluated	in this	nonouting n	owiod?
v.	пом шапу	umes was	5 tills	observation	measured or	evaluateu	III UIIS	reporting po	eriou:

					0	
x.:	samp	les/	part	ici	pant	s/events

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

Vec	$\bigcirc$ No

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

• Ye	es	) No
------	----	------

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

Plan to use public education display at two local community events/locations by March 9, 2022 and/or continue use of public education display and permanently mounted wall plaque in prominent locations in a municipal building frequented by the public.

Plan to use public education display at up to 25 regional community events by March 9, 2022.

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

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

	SPDES ID
Name of MS4/Coalition Town of Amherst	N Y R 2 0 A 1 2 2

#### 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.

Post PSAs on WNY Stormwater Coalition webpage.

Use PSAs at public meetings, in school programs and at community events as appropriate.

DIY videos on rain barrel use/home composting; building a rain barrel; winterizing a rain barrel; and, pop bottle rain garden demonstration.

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

PSAs on webpage (www.erie.gov/stormwater).
DIY videos on rain barrel use/home composting (647): https://fb.watch/4ty-vNXRLf/building a rain barrel (1200): https://fb.watch/4ty-vNXRLf/winterizing a rain barrel (155): https://fb.watch/4tz63-piOH/pop bottle rain garden demonstration (222): virtual event

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

				2	4	
(ex.:	samp	les/	'part	ici	pant	:s/events

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

• Yes O No

2 2 2 4

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).

Continue to promote PSAs addressing stormwater pollution and water quality protection in WNY. Use videos and/or PSAs at public education venues. Continue to pursue funding opportunities to use local media outlets to educate the public.

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

Name of MS4/Coalition Town of Amherst			N	1 X	R	2	0	A	1	2	2
Minimum Control Measure 2. Public	[nvol	vem	ent/	'Pa	rtic	ipa	ıtio	<u>)n</u>			
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 particip development, evaluation and improvement of the Sto (SWMP) Plan during this reporting period? Check a	rmwa	ter N	Tana					ran	1		
<ul><li>Cleanup Events</li></ul>				#	Even	ts			1	0	7
<ul> <li>Comments on SWMP Received</li> </ul>			#	Con	nmen	ts				3	9
○ Community Hotlines Phone #	(			)			-				
Phone # ( Phone #	(			)			-				
Phone # ( Phone #	(			)			-				
Phone # ( Phone #	(			)			-				
Phone # ( Phone #	(			)			-				
Phone # ( Phone #	(			)			-				
• Community Meetings (All WNYSC meetings open to public)	)		#	# Att	ende	es			1	3	7
<ul><li>Plantings</li></ul>					Sq. F	t.		1	5	3	0
O Storm Drain Markings				#	Drair	1s					
O Stakeholder Meetings			#	# Att	ende	es					
O Volunteer Monitoring				#	Even	ts					
Other: HouseholldHazardou	ı s V	v a	s t	е	E	v	е	n	t	s	
2. Was public notice of availability of this annual repor Program (SWMP) Plan provided?	t and	Stori	mwa	ter	Maı	1ag	,	ent Ye			No
○ List-Serve				#	In Li	st					
O Newspaper Advertising			#	# Da	ys Ru	ın					
○ TV/Radio Notices			#	# Da	ys Ru	ın					
Other:											
• Web Page URL: Enter URL(s) on the following two pages	•										

Name of MS4/Coalition Town of Amherst

## **MS4 Annual Report Form**

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

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

SPDES ID

NYR2

0 A 1 2 2

	eas			ı't.: ⁄ide		eci	ific	ad	dre	ess(	es)	wł	ier	e n	otic	e(s	) ca	an l	be :	acc	ess	ed ·	- ne	ot l	ıon	1e j	oag	je.			
h	t	t	р	:	/	/	w	W	w		а	m	h	е	r	s	t		n	У		u	s	/	р	d	f	/	е	n	T
i	n	е	е	r	i	n	g	/	е	n	v	i	r	0	n	m	е	n	t	а	1	/	s	t	0	r	m	W	a	t	T
r	r	е	р	0	r			р	d																						İ
JRI W	w	w		е	r	i	е		g	0	v	/	s	t	0	r	m	w	а	t	е	r									T
IDI																															
JRI h	t	t	р	:	/	/	W	W	W		m	0	d	е	r	n	r	е	С	У	С	1	i	n	g	r	е	W	а	r	
s		С	0	m																											Ī
																															-
JRL																															
7111																															
JRI					-		-																ļ	ļ	-		ļ	-	ļ		-
JRI	_																														
JRI	,																														
																															_
																															  -

**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. SPDES ID Y R 2 Ν 0 A Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

Name of MS4/Coalition Town of Amherst

## **MS4 Annual Report Form**

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

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

SPDES ID

N Y R 2 0 A 1 2 2

3. W																				Sto cun				M	ana	age	me	nt			
																				whi									an	d	
• MS					ffic	e											A	nnu	al l	Rep	ort		S	WN	<b>1</b> P ]	Plar	ı	• (	Con	nme	nts
	Dep E	n	g	i	n	е	е	r	i	n	g		D	е	р	a	r	t	m	е	n	t									
	Add	lres	S																												_
	1	1	0	0		N			F	0	r	е	s	t		R	d														
	City																					Zip									_
	W	i	1	1	i	a	m	ន	V	i	1	1	е					]	N .	Y							-				
	Pho (	ne 7	1	6	)	6	3	1	_	7	1	5	4																		
O Libi	l ( rarv	,			,									J			) <b>Δ</b>	ทกบ	al l	Rep	ort		S'	W.	<b>/IP</b> 1	Plar	1	$\cap$ (	Con	nme	ente
O Libi	Add	lres	S														<i>-</i> A	IIIIu	.a1 1	ССР	OIt			V V 1V	11 ]	1a1	1			ımıc	illo
	<u> </u>																					- ·								Ш	
	City	7																Г	$\top$			Zip						$\overline{}$			
																											-				
	Pho	ne			1									1																	
	(				)				-																						
Oth	er Add	lres	c														) <b>A</b>	nnu	al l	Rep	ort		S	WN	1P ]	Plar	ı	• (	Con	nme	ents
	9	5	3	F	r	a	n	k	1	i	n		S	t	r	е	е	t													
	City	7																				Zip									
	В	u	f	f	a	1	0											]	N .	Y							-				
	Pho	ne														-	ı														
	(	7	1	6	)	8	5	8	-	7	5	8	3																		
• Wel	o Pa	age	UR	L:													) <b>A</b>	nnu	al l	Rep	ort		S	WN	1P ]	Plar	1	0	Con	nme	ents
	w	W	W		a	m	h	е	r	s	t		n	У		u	s														
	w	W	W		е	r	i	е		g	0	v	/	s	t	0	r	m	W	a	t	е	r								
	D1				1				11					1			4		1					4	1				Ш	Ш	
• eMa		ase	e pr	OV1	ae	spe	C111	ic a	aar	ess	01	pa	ge v	wne	ere	rep	orı	car	1 06	e ac	ces	sed	ı - n	101	поі	ne	pag		Con	nme	ents
	v	r	е	b	е	r	h	0	1	t	@	а	m	h	е	r	S	t		n	У		u	s							
	m	a	r	У		m	a		s			n	@	е	r	i	е		g	0	V										

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

	SPDES ID		
Name of MS4/Coalition Town of Amherst	N Y R	2 0 A 1	2 2
4.a. If this report was made available on the internet, what da	ite was it posted?		
Leave blank if this report was not posted on the internet.	0 5 / 1	0 / 2 0	2 1
4.b. For how many days was/will this report be posted?			1 8
If submitting a report for single MS4, answer 5.a If submitt	ing a joint report, a	answer 5.b	
5.a. Was an Annual Report public meeting held in this report	ing period?	○ Yes	○ No
If Yes, what was the date of the meeting?	0 5 / 1	7 / 2 0	2 1
If No, is one planned?		○ Yes	○ No
5.b. Was an Annual Report public meeting held for all MS4s	0	is report d	aring
this reporting period? WNY Stormwater Coalition - April	il 2021	Yes	○ No
If No, is one planned for each?		○ Yes	○ No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.		○ Yes	○ No

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

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

	_ S	PDES	SID						
Name of MS4/Coalition Town of Amherst		N Y	R	2	0	А	1	2	2

#### 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.

Identify key individuals and groups who are interested in/or affected by the permitting program. Groups identified include: Erie County Environmental Management Council; Niagara County Environmental Management Council; municipal Conservation Advisory Committees; Buffalo Niagara Waterkeeper; Erie and Niagara County's Soil & Water Conservation Districts; Erie County Water Quality Committee.

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

Periodic reports to Erie/Niagara County Environmental Management Councils; MS4 Conservation Advisory Committees; Erie County Water Quality Committee. Participation of Erie and Niagara County Soil & Water Conservation Districts (4); Buffalo Niagara Waterkeeper (1); PUSH Buffalo (0) in WNYSC monthly meetings, SWMP and Annual Report review, trainings and activities.

C.	How many	times wa	s this d	observation	measured or	· evaluated	in this	reporting period?	?
$\sim$ .	IIO W IIII	CITILES III	o cirio	obser therein	illeusul cu oi	Cimination	III CIIIS	reporting period	•

				5	
samp	les/	part	tici	pant	s/events

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

$\overline{}$	-			
- (		$V_{ec}$	$\bigcirc$ No	

(ex.

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

<b>T</b> 7	$\sim$ 1 T
Yes	$\bigcirc$ No
1 03	$\sim$ 110

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

Continue periodic reports to Erie/Niagara County Environmental Management Councils; MS4 Conservation Advisory Committees; Erie County Water Quality Committee. Continue to encourage participation of Buffalo Niagara Waterkeeper; Erie County Soil & Water Conservation District; Niagara County Soil & Water Conservation District, PUSH Buffalo and MS4 Conservation Advisory Committee members in WNYSC monthly meetings, trainings & activities.

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

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

Name of MS4/Coalition Town of Amherst N Y R 2 0	A 1 2	2 2

#### 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.

Provide public with an ongoing opportunity to inspect Stormwater Management Program Plan (SWMPP) and review/comment. Present the draft Annual Report at a meeting that is open to the public and/or on the internet to solicit public review and comment.

Provide public notice about the presentation in accordance with State Open Meetings Law or other local public notice requirements.

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

Number of known SWMPP reviews/comments (39 DIY video viewers evaluated the DIY Rain Barrel demonstration as a Public Engagement strategy).

Number of attendees at public meeting (WNYSC: 27; MS4: TBD).

Number of known Annual Report reviews/comments (0)

Number of known webpage reviews (0).

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

0 0 6 6
---------

(ex.: samples/participants/events)

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

$\supset N$	o
	) N

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

Yes		No
1 62	$\sim$	INU

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

Continue to provide public with an ongoing opportunity to inspect SWMPP and review/comment. Continue to present the draft Annual Report at a meeting that is open to the public and/or on the internet to solicit public review and comment.

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

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

	DIL		עני						
Name of MS4/Coalition Town of Amherst	N	Y	R	2	0	А	1	2	2

#### 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.

Inform and encourage residents about opportunities to participate in stormwater pollution prevention programming including: community clean up initiatives such as Household Hazardous Waste collections, Great American Clean Ups; Buffalo Niagara Waterkeeper Spring/Fall Shoreline Clean Up and Keep America Beautiful Fall Beach Sweep; and, annual Erie-Niagara County Rain Barrel and Compost Bin Sales.

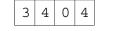
# B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Number of Household Hazardous Waste collections (3 events plus continuous "by-voucher" collection); number of participants (2,581)

Number of clean up events (107); number of participants (578)

Number of Rain Barrels/Composters sold (380); number of participants (245)

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



(ex.: samples/participants/events)

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

$\supset N$	o
	) N

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

Yes		No
1 62	$\sim$	INU

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

Erie County: Publish a notice in local paper & Erie County Household Hazardous Waste webpage to notify residents of the Collection events. Niagara County: Educate residents on options for disposal of household hazardous waste, location, schedule and guidelines for facilities accepting the waste (year-round;ongoing). Annual rain barrel/composter sale.

Continue to track community clean up events and other stormwater related community involvement.

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

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

SPDES ID

Name of MS4/Coalition	Town of Amherst			NY	R 2 0	A I	1 2	2
'			J L					
7. Evaluating Prop	gress Toward Measurable Goals	MCM 2						
identified in your St	ort on your progress and project pl ormwater Management Program F tional pages as needed.		_		_		ı Par	t
A. Briefly summar	rize the Measurable Goal identif	ied in the S	WMPP in	n this	reportii	ıg pe	riod.	
Incorporate feedbac	k mechanism into WNYSC and/o	r MS4 web <sub>l</sub>	page					
B. Briefly summar Goal.	rize the observations that indicat	ed the over	all effecti	ivenes	s of this	Mea	sura	ble
Number of respon	ses received.							
C. How many time	es was this observation measured	l or evalua	ted in this	s repoi	rting pe	riod?	?	
Ç				•	01			0
						_		pants/events
D. Has your MS4 i	made progress toward this meas	urable goal	l during t	his rej		perio O Yes		No
E. Is your MS4 on	schedule to meet the deadline se	et forth in t	he SWMI	PP?		. 100		
v						Yes	$\circ$	No
·	ize the stormwater activities plang cycle (including an implement		0	als of t	this MC	M dı	uring	5
Continue to provide comment forms.	e feedback option on webpage in the	ne form of a	n name/con	ntact n	umber a	nd pu	ıblic	

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

Name of MS4/Coalition	Town of Amherst	SPDES ID           N         Y         R         2         0         A         1         2         2
7. Evaluating Pro	ogress Toward Measurable Goals MCM 2	
identified in your S	port on your progress and project plans toward tormwater Management Program Plan (SWM itional pages as needed.	
A. Briefly summa	rize the Measurable Goal identified in the S	SWMPP in this reporting period.
Identify Contact Pe	erson for Stormwater Program.	
B. Briefly summa Goal.	rize the observations that indicated the ove	erall effectiveness of this Measurable
	gement Officer appointed/designated and liste gement Officer listed in MS4 Reference Guid	
C. How many tim	es was this observation measured or evalua	N/A
D. Has your MS4	made progress toward this measurable goa	(ex.: samples/participants/events al during this reporting period?
E. Is your MS4 or	schedule to meet the deadline set forth in	
•	rize the stormwater activities planned to ming cycle (including an implementation sch	eet the goals of this MCM during
	er Management Officer in SWMPP, update as er Management Officer in MS4 Reference Gu s needed.	

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

Name of MS4/Coalition Town of Amherst	N Y R 2 0 A 1 2 2
Minimum Control Measure 3	Illicit Discharge Detection and Elimination
The information in this section is being reported  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	<b>of outfalls mapped:</b> 4 6 2 # 1 0 0 %
2. How many of these outfalls have been s reporting period (outfall reconnaissance)	screened for dry weather discharges during this te inventory)?
3.a. What types of generating sites/sewersh reporting period?	eds were targeted for inspection during this
O Auto Recyclers	○ Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	Residential Carwashing
O Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	O Swimming Pools
○ Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	

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

Name	of M	S4/0	Coal	litio	n T	own	of A	mhei	rst														N	Y	R	2	0	A	1	2	2
3.b.\	Wha	ıt ty	ype	s o	f il	lici	t di	iscł	ıar	ges	ha	ve	bee	en f	fou	nd	du	rin	g tl	nis	rep	ort	ing	g pe	erio	od?					
O Br	oken	Lir	nes	Fro	m S	San	itar	y S	ewe	r				Ind	ustr	ial	Co	nne	ctio	ns											
O Cr	oss (	Con	nec	tior	ıs									Infl	OW/	/Inf	iltra	itio	n												
○ Fa	iling	Sep	ptic	Sy	ster	ns								Pur	np S	Stat	ion	Fai	ilur	e											
O Flo	or I	rai	ns (	Con	nec	ted	То	Sto	orm	Sev	wer	S	0	San	itar	y S	ew	er C	)ve1	rflo	WS										
• Ille	egal	Duı	mpi	ng									0	Stra	aigh	nt P	ipe	Sev	ver	Dis	cha	rge	S								
Ot!				•11	• • • •	1.						4. 1		Noı											4 1						
4. I	tow epoi						sch	arg	ges/	pot	ten	tial	111	ega	II C	onr	1ec1	tior	is h	av	e b	een	de	tec	tea	l di	ırıı	ig t	his	,	
	·F		-8 r																												0
5. I	łow	ma	any	ill	icit	di	sch	arg	ges	hav	ve l	oee	n c	onf	irn	ned	l dı	ıriı	ıg t	his	re	por	tin	g p	eri	oď	?				0
6. H	low eric		any	ill	icit	di	sch	arg	ges/	ille	gal	l co	nn	ecti	ion	s h	ave	be	en	eliı	mir	ate	ed o	dur	ing	g th	is 1	rep	ort	ing	0
	f No	, ap	pro	oxi	mat	tely	wl	nat	per	cen	ıt w	as	cor	npl	-					-		,			od?	•		Ye	9	0	] ~
8. I I	s the s thi																											Ye Ye			No No
	f Ye						` ′																								
P] UR	lease L	pr	ovi	de	spe	cif	ic a	.dd1	ess	of	pag	ge v	whe	ere	ma	p(s)	) ca	ın b	e a	cce	sse	d -	not	ho	me	pa	ge.				
h		t	р	s	:	/	/	е	r	i	е	n	У		m	a	р	S	•	а	r	С	g	i	S	•	С	0	m	/	
a	р	р	s	/	W	е	b	a	р	р	v	i	е	W	е	r	/	i	n	d	е	х	•	h	t	m	1	?	i	d	=
7	1	7	9	8	4	b	d	0	3	е	7	4	f	2	3	b	0	2	9	6	4	6	1	е	3	е	a	9	9	5	7
UR	.L																														
	<u> </u>																														

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

																			-			SPI	DES	ID						
lame of N	MS4/0	Coali	itioı	n To	own	of A	mhe	rst														N	Y	R	2	0	A	1	2	2
8. UR					• • •	:c:		ldu	000	o <b>f</b>	ma	~~ *	v.b.		****	m ( c	.) _	a w	<b>h</b> a			ha	***	<b>-4</b> Ĭ	han					
URL	ase p	rov	Iue	s st	jec	шс	au	lur	ess	01	paş	ge v	WIIt	ere	Ша	th(s	s) c	an	be	acc	ess	eu	- 11	ՍԼ I	1011	ле ј	yag	,e		
			_																						$\vdash$	$\Box$				
																										$\square$	_	Ш		
URL											1																			
																									Н					
																												Ш		
URL																														
																										Ш				
URL																														
		_	_																						$\vdash$					
																										ш				
URL												1		1											_					
																								_						
) II		IDD	NE	lar	L			J	4.0.6	ı c		l	4		4: 0	1	NA	C 4		d/a	. la		ID		7		ماء		. <b>.</b>	
9. Has	rove																						IL	זעי	p bı		eat Ye		S DO	
"РР	1010	<b></b>						*****	0110		10		011		,	5	••	<b>U</b>	<i>.</i>	Po							10	<i>,</i> 0		1 1
10. If Y	es, l	ias (	eve	ery	tra	adi	tioı	nal	M	<b>S4</b>	con	ıtri	but	ting	g to	th	is r	ерс	ort	cer	tifi	ied	tha	ıt t	his	lav	v is	;		
	ivale																	-						Y			) N		$\circ$	N'
11. Wh	at p	erce	ent	of	sta	ıff i	in r	ele	val	nt p	os	itio	ns	and	d d	epa	rtn	ner	ıts	has	re	cei	ved	II	)DI	I tr	'air	ing	<b>g?</b>	7
																											1	_ 0	0	]

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

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

SPDES ID

Name of MS4/Coalition	Town of Amherst	N Y R 2 0 A 1 2 2
12. Evaluating Pro	gress Toward Measurable Goals MCM 3	
identified in your St	ort on your progress and project plans toward formwater Management Program Plan (SWMI tional pages as needed.	
A. Briefly summar	ize the Measurable Goal identified in the S	WMPP in this reporting period.
Update outfall data	and map as needed.	
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
C. How many time	es was this observation measured or evaluat	ted in this reporting period?
		0
D. Has your MS4	made progress toward this measurable goal	(ex.: samples/participants/events) during this reporting period?
·	2	● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in t	he SWMPP? ● Yes ○ No
-	rize the stormwater activities planned to me ing cycle (including an implementation sche	eet the goals of this MCM during
Continue to update	spections according to schedule. existing information/add new outfalls as need in and update GIS outfall map.	led.

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

	SPDES ID
Name of MS4/Coalition Town of Amherst	N Y R 2 0 A 1 2 2
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	2
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Outfall Reconnaissance Inventory (ORI) - routine dry weather vi	sual inspections of outfalls.
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Number of outfall inspections completed.	
C. How many times was this observation measured or evaluation	ted in this reporting period?
c. How many times was this observation measured of evalua	o
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal	
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	the SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me	
the next reporting cycle (including an implementation scho	0
100 % of outfall were inspected to 2020. Plan to inspect at least 2	20% of outfalls in 2021

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

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

SPDES ID

Name of MS4/Coalition	Town of Amherst	N Y R 2 0 A 1 2 2
12. Evaluating Pro	gress Toward Measurable Goals MCM 3	
identified in your St	oort on your progress and project plans toward tormwater Management Program Plan (SWM itional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the S	SWMPP in this reporting period.
	ncking procedures to detect and address non-standard needed in response to public complaints or by	
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
Number of outfalls	sampled/trackdown investigations conducted	
C. How many time	es was this observation measured or evalua	ted in this reporting period?
		(ex.: samples/participants/event
D. Has your MS4	made progress toward this measurable goa	0 1 01
		○ Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in t	the SWMPP?
•	rize the stormwater activities planned to mo	eet the goals of this MCM during
1 -	falls discharging during dry weather to determ ckdown sampling/investigation as needed.	ine presence of pollutants.

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

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

		SPI	DES	ID						
Name of MS4/Coalition	Town of Amherst	N	Y	R	2	0	А	1	2	2

# Minimum Control Measures 4 and 5.

	Construction Site and Post-Construction Control		
The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a	. Has each MS4 contributing to this report adopted a law, ordinance or other remechanism that provides equivalent protection to the NYS SPDES General Postormwater Discharges from Construction Activities?		○ No
1b	.Has each Town, City and/or Village contributing to this report documented the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDE Analysis Workbook?	d Erosion EC Gap	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local I	Law. 03/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	○ No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) he reviewed in this reporting period?	ave been	3 0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of processing comments related to construction SWPPPs?  • Yes		O NT
	If Yes, how many public comments were received during this reporting period?		0
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process? Via NYS 4 Hour Erosion & Sediment Control Training	t the loca ● Yes	al O No

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

<ul><li>Notices of Violation</li></ul>	#			4	O No Authority
O Stop Work Orders	#				O No Authority
O Criminal Actions	#				O No Authority
○ Termination of Contracts	#				O No Authority
O Administrative Fines	#				O No Authority
O Civil Penalties	#				O No Authority
O Administrative Orders	#				O No Authority
O Enforcement Actions or Sanctions	#				
Other	#				O No Authority

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

Nar	me of MS4/Coalition Town of Amherst N Y R 2	0 A 1	2 2
	Minimum Control Measure 4. Construction Site Stormwater Run	off Con	<u>trol</u>
The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1.	How many construction projects have been authorized for disturbances of one during this reporting period?	acre or 1	more 8
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	ır jurisd	3 4
3.	What percent of active construction sites were inspected during this reporting	period?	
4.	What percent of active construction sites were inspected more than once?	1 0	
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?  • Yes	e the NY	S O NT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preve (SWPPPs) of construction projects that are subject to MS4 review and approv	al?	
	• Yes  If your MS4 is Non-Traditional, are SWPPPs of construction projects made as public review?	○ No ⁄ailable f ○ Yes	○ NT or • No
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	ed.	

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

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

SPDES ID

of MS	S4/0	Coa	litic	n	own	of A	Amhe	erst														Ν	Y	R	2	0	A	1	2	2
on't.	.:																													
ubm	it a	add	itic	ona	l pa	ige	s as	ne	ede	ed.																				
54/Cc	oali	tion	ı O	ffic	e																									
	artn	nen																												
		g	i	n	е	е	r	i	n	g		D	е	р	а	r	t	m	е	n	t									
			0		NT.			- T-				~	_		Ъ	٦														
		U	U		IN	•		Г	0	Т	е	5	L		K	u					7in									
	i	1	1	i	a	m	s	v	i	1	1	е					N	1 A	Z		1	4	2	2	1	_				
Phon	ne																-									ı				
(	7	1	6	)	6	3	1	-	7	1	5	4																		
rary																														
Addı	ress	S													1				1											
																					<u>_</u>									
City																					Zıp									
Dhan																	L									_				
<b>1</b>	16			١				_																						
\ _				<i>)</i>																										
Addi	ress	S																												
City																					Zin									
																										_				
Phon	ne																		_							, ,				
(				)				-																						
b Pa	ge	UR	L(s	s):	P	leas	se p	rov	ide	spe	cifi	c a	ddr	ess	whe	ere S	SW	PP	Ps c	an	be a	acce	esse	d -	not	hor	ne j	pag	e.	
URL																														
h	t	t	р	:	/	/	W	W	W	•	a	m	h	е	r	s	t	•	n	У	•	u	S	/	р	d	f	/	е	n
g	i	n	е	е	r	i	n	g	/	Ф	n	V	i	r	0	n	m	е	n	t	a	1	/	ಬ	t	0	r	m	W	a
t	е	r	р	1	a	n		р	d	f																				
			•																											
URL							_													_	_									
URL																														
URL																														
	on't ubm  44/Cc Depa  Add  City W Phor ([ City Add  City City Add  City City Add  URL A  B  G  G  G  G  G  G  G  G  G  G  G  G	on't.: ubmit a  34/Coali Departi E n  Address 1 1  City W i  Phone ( 7  crary  Address  City  Phone (	on't.: ubmit add  34/Coalition Departmen E n g Address 1 1 0 City W i 1 Phone ( 7 1 Grary Address City Phone (	on't.:  ubmit addition  Ad/Coalition Of Department  E   n   g   i  Address  1   1   0   0  City  W   i   1   1  Phone  (   7   1   6  Trary  Address  City  Phone  (          Department  Address  Uty  Phone  (        Department  Address  Uty  Phone  (        Department  Address  Uty  Phone  (        Department  Address  Uty  Uty  Uty  Uty  In   t   t   p  In   g   i   n   e	on't.:  ubmit additiona  64/Coalition Office Department  E n g i n  Address  1 1 0 0  City  W i 1 1 1 i  Phone  ( 7 1 6 )  rary  Address  City  Phone  (	on't.:  ubmit additional particle  64/Coalition Office  Department  E n g i n e  Address  1 1 0 0 N  City  W i 1 1 i a  Phone  ( 7 1 6 ) 6  rary  Address  City  Phone  (	on't.:  ubmit additional page:  64/Coalition Office  Department  E n g i n e e  Address  1 1 0 0 N .  City  W i 1 1 1 i a m  Phone  ( 7 1 6 ) 6 3  rary  Address  City  Phone  (	on't.:  ubmit additional pages as  34/Coalition Office  Department  E n g i n e e r  Address  1 1 0 0 N .  City  W i 1 1 i a m s  Phone  ( 7 1 6 ) 6 3 1  rary  Address  City  Phone  (	Second   Condition   Conditi	on't.:  ubmit additional pages as needed  A/Coalition Office  Department  E n g i n e e r i n  Address  1 1 0 0 N . F o  City  W i 1 1 1 i a m s v i  Phone  ( 7 1 6 ) 6 3 1 - 7  Trary  Address  City  Phone  (	on't.:  ubmit additional pages as needed.  34/Coalition Office  Department  E n g i n e e r i n g  Address  1 1 0 0 N F o r  City  W i 1 1 i a m s v i 1  Phone  ( 7 1 6 ) 6 3 1 - 7 1  rary  Address  City  Phone  (	On't.:         ubmit additional pages as needed.         34/Coalition Office         Department         E n g i n e e r i n g         Address         1 1 0 0 N . F o r e         City         W i 1 1 i a m s v i 1 1         Phone         ( 7 1 6 ) 6 3 1 - 7 1 5         rary         Address         City         Phone         ( ) - unit         City         Phone         ( ) - unit         City         Phone         ( ) - unit         Address         City         Phone         ( ) - unit         Address         City         Please provide specification         URL         h t t p : / / w w w . a         g i n e e r i n g / e n	on't.:  ubmit additional pages as needed.  34/Coalition Office  Department  E n g i n e e r i n g D  Address  1 1 0 0 N F o r e s  City  W i 1 1 1 i a m s v i 1 1 e  Phone  ( 7 1 6 ) 6 3 1 - 7 1 5 4  Trary  Address  City  Phone  (	String	City	on't.:         ubmit additional pages as needed.         4/Coalition Office         Department         E       n       g       i       n       e       r       i       n       g       D       e       p       a         Address         Phone         City         Phone         City         Deer Address         City         Phone         City         Deer Page URL(s): Please provide specific address who used         URL         h       t       t       p       e       r	on't.:         ubmit additional pages as needed.         34/Coalition Office         Department         E       n       g       i       n       e       e       r       i       n       g       D       e       p       a       r         Address         City         Phone         City         Deer         Address         Deer	On't:         tal/Coalition Office         Department         E       n       g       n       e       e       r       t       n       g       D       e       p       a       r       t         Address         1       1       0       0       N       .       F       o       r       e       s       t       R       d         City         Phone         City         Department         Leg         Address         City         Department         Leg         Address         City         Department         Leg         Address         City         Department         Leg         Address         Department         Department         Leg         Department         City         De	on't.:         ubmit additional pages as needed.         44/Coalition Office         Department         E       n       g       i       n       e       r       t       m       a       r       t       m       Address         1       1       0       0       N       .       F       o       r       e       s       t       R       d         City         W       i       1       1       i       a       m       r       t       n       r       y       i       n       n       r       n <t< td=""><td>### Continual pages as needed.  ################################</td><td>### Continual pages as needed.  ################################</td><td>## Continual Continual Pages as needed.  ### Coalition Office    Department</td><td>on't.:         ubmit additional pages as needed.         4/Coalition Office         Department         E n g i n e e r i n g D e p a r t m e n t         Address         1 1 0 0 N N F o r e s t R d         City       Zip         W i 1 1 i a m s v i 1 1 e N Y       1 4         Phone       Zip         City       Zip         Phone       Zip         City       Zip         Description       Zip         Description</td><td>On't.:         ubmit additional pages as needed.         14/Coalition Office         Department         E       n       g       i       n       g       n       e       n       t       m       e       n       t       t       Address       I       1       1       i       a       m       s       I       1       1       1       a       m       s       v       i       1       1       1       a       m       s       v       i       1       1       1       a       m       s       v       i       1       1       1       a       m       s       v       i       1       1       a       n       s       z       i       n       y       1       4       2       y       n       n       y       1       4       2       y       n&lt;</td><td>On't.:         ubmit additional pages as needed.         14/Coalition Office         Department         E n g i n e e r i n g D e p a r t m e n t         Address         1 1 0 0 N . F o r e s t R d         City       Zip         W i 1 1 i a m s v i 1 1 e N Y       N Y         Phone       Zip         City       Zip         Deer       Address         City       Zip         D</td><td>  Department</td><td>ton't.:         ubmit additional pages as needed.         44/Coalition Office         Department         E       n       g       i       n       g       n       t       m       e       n       t       m       n       t       m       n       t       m       n       t       m       n       t       m       n       t       m       n       t       m       n       t       m       n       t       m       n       t       m       n       n       t       n</td><td>on't.:         ubmit additional pages as needed.         Ad/Coalition Office         Department         E       n       g       i       n       e       r       i       n       g       n       t       m       e       n       t       m       n       t       m       n       t       m       n       t       n       t       n       n       t       n</td><td>On't.:         ubmit additional pages as needed.         Ad/Coalition Office         Department         E       n       g       i       n       e       p       a       r       t       m       e       n       t       a       Address         1       1       0       N       .       F       o       r       e       s       t       R       d       d       a       Address       Address<td>Don't.:    ubmit additional pages as needed.                                      </td></td></t<>	### Continual pages as needed.  ################################	### Continual pages as needed.  ################################	## Continual Continual Pages as needed.  ### Coalition Office    Department	on't.:         ubmit additional pages as needed.         4/Coalition Office         Department         E n g i n e e r i n g D e p a r t m e n t         Address         1 1 0 0 N N F o r e s t R d         City       Zip         W i 1 1 i a m s v i 1 1 e N Y       1 4         Phone       Zip         City       Zip         Phone       Zip         City       Zip         Description       Zip         Description	On't.:         ubmit additional pages as needed.         14/Coalition Office         Department         E       n       g       i       n       g       n       e       n       t       m       e       n       t       t       Address       I       1       1       i       a       m       s       I       1       1       1       a       m       s       v       i       1       1       1       a       m       s       v       i       1       1       1       a       m       s       v       i       1       1       1       a       m       s       v       i       1       1       a       n       s       z       i       n       y       1       4       2       y       n       n       y       1       4       2       y       n<	On't.:         ubmit additional pages as needed.         14/Coalition Office         Department         E n g i n e e r i n g D e p a r t m e n t         Address         1 1 0 0 N . F o r e s t R d         City       Zip         W i 1 1 i a m s v i 1 1 e N Y       N Y         Phone       Zip         City       Zip         Deer       Address         City       Zip         D	Department	ton't.:         ubmit additional pages as needed.         44/Coalition Office         Department         E       n       g       i       n       g       n       t       m       e       n       t       m       n       t       m       n       t       m       n       t       m       n       t       m       n       t       m       n       t       m       n       t       m       n       t       m       n       t       m       n       n       t       n	on't.:         ubmit additional pages as needed.         Ad/Coalition Office         Department         E       n       g       i       n       e       r       i       n       g       n       t       m       e       n       t       m       n       t       m       n       t       m       n       t       n       t       n       n       t       n	On't.:         ubmit additional pages as needed.         Ad/Coalition Office         Department         E       n       g       i       n       e       p       a       r       t       m       e       n       t       a       Address         1       1       0       N       .       F       o       r       e       s       t       R       d       d       a       Address       Address <td>Don't.:    ubmit additional pages as needed.                                      </td>	Don't.:    ubmit additional pages as needed.

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

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

SPDES ID

Name of MS4/Coalition	Town of Amherst		N Y R 2 0	A 1 2 2
7 Evaluating Pro	gress Toward Measurable	Goals MCM 4		
7. Evaluating 110	gress roward measurable	Guais Michi 4		
identified in your St	ort on your progress and progremment Progressional pages as needed.		2	
A. Briefly summar	rize the Measurable Goal ic	dentified in the S	WMPP in this reportin	g period.
	eview for all permitted construction control requirements			ite and
B. Briefly summar Goal.	rize the observations that in	ndicated the over	rall effectiveness of this	Measurable
Number of SWPPP	's approved.			
C. How many time	es was this observation mea	asured or evalua	ted in this reporting per	riod?
•			. 01	8
				les/participants/events/
D. Has your MS4	made progress toward this	measurable goal		period? Yes O No
E. Is your MS4 on	schedule to meet the dead	line set forth in t		
E D : 0	• 4			Yes O No
· ·	rize the stormwater activitiing cycle (including an imp	-		M during
	et SWPPP review for all perm sion and sediment control rec			ncy with

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

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

		SPL	)ES	ID						
Name of MS4/Coalition	Town of Amherst	N	Y	R	2	0	A	1	2	2

#### 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.

Conduct inspections of permitted construction sites that discharge stormwater to the MS4 as often as needed to ensure compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020).

Issue enforcement actions to owners/operators of construction sites that are not in compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020).

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

Number of active construction sites and inspections performed for each.  Number and type of enforcement actions.	

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

			5	0	
samp	les/	part	ici	pant	s/events

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

8 r		
	Yes	$\bigcirc$ No

(ex.:

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

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

Continue to conduct inspections of permitted construction sites that discharge stormwater to the MS4 as often as needed to ensure compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020). Continue to issue enforcement actions to owners/operators of construction sites that are not in compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020).

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

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

SPDES ID

Name of MS4/Coalition	Town of Amherst	N Y R 2 0	A 1 2 2
7. Evaluating Prog	gress Toward Measurable Goals MCM	4	
identified in your St	ort on your progress and project plans toward ormwater Management Program Plan (SW tional pages as needed.	2	
A. Briefly summar	rize the Measurable Goal identified in th	e SWMPP in this reporting	g period.
Provide the public v construction project	with an opportunity to review and comments.	nt on proposed design plans a	ind
B. Briefly summar Goal.	rize the observations that indicated the o	verall effectiveness of this	Measurable
Number of projects	presented for public review and comment	•	
C. How many time	es was this observation measured or eval	luated in this reporting per	iod?
		(ex.: samp	les/participants/events
D. Has your MS4 i	made progress toward this measurable g		
E. Is vour MS4 on	schedule to meet the deadline set forth		Yes O No
			Yes O No
•	ize the stormwater activities planned to ng cycle (including an implementation s	<u>e</u>	A during
Continue to provide and construction pro	e the public with an opportunity to review ojects.	and comment on proposed d	esign plans

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

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

N Y R 2 0 A 1 2 2

Name of MS4/Coalition	Town of Amherst	N Y R	2 0 A 1 2 2		
Minimum	Control Meas	sure 5. Post	-Constructio	on Stormwater	Management
The information in the	nis section is being	o renorted (che	ck one):		
<ul><li>On behalf of an in</li></ul>	`	g reported (enco	ek onej.		
On behalf of a coa		ibuted to this	report?		
1. How many and MS4/Coalition i	what type of post nventoried, inspe			_	s has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	245		2	2	
O Filter Systems	.cs				
<ul><li>Infiltration Basins</li></ul>					
Open Channels					
O Ponds					
○ Wetlands					
Other					
2. Do you use an BMPs, inspect	electronic tool ( ions and mainta	_	abase, spreads	heet) to track post	t-construction ● Yes ○ No
3. What types of Development/H	non-structural <sub>J</sub> Better Site Desig			•	mpact
<ul><li>Building Codes</li></ul>	<ul><li>Municipal Co</li></ul>	omprehensive P	Plans		
Overlay Districts	Open Space I	Preservation Pre	ogram		
○ Zoning	• Local Law or	Ordinance			
○ None	O Land Use Re	gulation/Zoning	g		
O Watershed Plans	Other Compr	ehensive Plan			
Other:					

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

			SPI	DES I	)					
Nam	ne of MS4/Coalition Town of Amherst		N	Y	2	0	А	1	2	2
4a.	Are the MS4s contributing to this report involved in a regional	/watershe	d v	vide j	olanı		,			No
4b.	Does the MS4 have a banking and credit system for stormwate	r manage	me	nt pr	actic					
						0	Ye	es		No
	Do the SWMP Plans for each MS4 contributing to this report if and approval of banking and credit of alternative siting of a step.	-								
	and approval of banking and credit of alternative siting of a st	riiiwater	Ш	ınage	inen	•				No
	How many stormwater management practices have been implereporting period?	emented a	s pa	art of	this	s sys	sten	ı in	thi	is
5.	What percent of municipal officials/MS4 staff responsible for p	orogram i	mp	leme	ntati	on a	atte	nde	ed	
	training on Low Impace Development (LID), Better Site Design	_	_							
	Infrastructure principles in this reporting period?								0	%

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

N. CMOA/G 1''	Town of Amherst	SPDES ID    N   Y   R   2   0   A   1   2   2
Name of MS4/Coalition	1[	
6. Evaluating Pro	gress Toward Measurable Goals MCM 5	
identified in your S	oort on your progress and project plans toward tormwater Management Program Plan (SWMI itional pages as needed.	e e
A. Briefly summa	rize the Measurable Goal identified in the S	SWMPP in this reporting period.
Develop an inventor practices.	ory and inspection program for post-constructi	on stormwater management
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
	construction stormwater management practices instruction stormwater management practices i	
C. How many time	es was this observation measured or evalua	ted in this reporting period?
		(ex.: samples/participants/events
D. Has your MS4	made progress toward this measurable goal	I during this reporting period? ● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in t	
•	rize the stormwater activities planned to me ing cycle (including an implementation sche	9
	of all post-construction stormwater management of post-construction stormwater management	

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

			SPDES ID	
Name of MS4/Coalition To	own of Amherst		N Y R 2 0 A 3	1 2 2
6. Evaluating Progre	ess Toward Measurable Goal	s MCM 5		
1 0 1	t on your progress and project promoter Management Program onal pages as needed.	•	~	ı Part
A. Briefly summariz	e the Measurable Goal identi	fied in the SWMPP i	in this reporting pe	riod.
Conduct maintenance	on post-construction stormwat	ter management practi	ices as needed.	
B. Briefly summariz Goal.	e the observations that indica	ited the overall effect	tiveness of this Mea	surable
Number and type of p	oost-construction stormwater m	anagement practices i	maintained.	
C How many times	was this observation measure	d or evaluated in thi	is renorting periods	•
c. now many times	was this observation measure	d of evaluated in this	Teporting period.	2
			(ex.: samples/pa	articipants/events
D. Has your MS4 ma	ade progress toward this mea	surable goal during		
F Is your MSA on so	chedule to meet the deadline s	sot forth in the SWM	● Yes	○ No
E. 15 your MIS4 on so	medule to meet the deadline s	set for the in the S www.	• Yes	○ No
· ·	e the stormwater activities pl g cycle (including an impleme	0	oals of this MCM du	ıring
Continue to conduct r	maintenance on post-construction	on stormwater manage	ement practices as no	eeded.

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

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

		SPDES ID									
Name of MS4/Coalition	Town of Amherst		N	Y	R	2	0	А	1	2	2

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

The information in this section is being reported (check one):		
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>		
On behan of a coantion		
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 Addressed in SWMP? vears? **Operation/Activity/Facility** Street Maintenance..... 9 Yes ○ No ...... • Yes  $\bigcirc$  No ○ No ..... • Yes Bridge Maintenance.... • Yes  $\bigcirc$  No Winter Road Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... 9 Yes ○ No ..... • Yes  $\bigcirc$  No Solid Waste Management..... • Yes ○ No ...... • Yes  $\bigcirc$  No New Municipal Construction and Land Disturbance.. • Yes ○ No Yes  $\bigcirc$  No Right of Way Maintenance..... • Yes  $\bigcirc$  No ○ No ...... ○ Yes Marine Operations..... • Yes No Hydrologic Habitat Modification..... • Yes ○ No ...... ○ Yes No Parks and Open Space..... 

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

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

	SPDES ID							
Name of MS4/Coalition Town of Amherst		N Y	Z R	2	0 A	1	2	2
2. Provide the following information about municipal operat	tions good	l hou	ıseko	eep	ing p	rogi	ram	ıs:
• Parking Lots Swept (Number of acres X Number of times swep	ot)	#	Acre	es [			8	0
• Streets Swept (Number of miles X Number of times swept)		#	Mile	es [	1	0	3	8
Catch Basins Inspected and Cleaned Where Necessary				#	1	2	7	4
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>				# [				2
<ul> <li>Phosphorus Applied In Chemical Fertilizer</li> </ul>			# Lb	s.				0
Nitrogen Applied In Chemical Fertilizer			# Lb	s.	2	2	5	0
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)</li> </ul>	Jumber of		Acres		2	4 (	0].[	
3. How many stormwater management trainings have been p	orovided 1	to m	unic	ipa	l emp	loy	ees	
during this reporting period?							1	4
4. What was the date of the last training?	0	3 /	0	8	/ 2	0	2	1
5. How many municipal employees have been trained in this	reporting	g per	riod?	•				1
6. What percent of municipal employees in relevant positions and departments receive								
stormwater management training?					1	0	0	%

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

Name of MSA/Coolition Town of Amherst	SPDES ID N Y R 2 0 A 1 2 2
Name of MS4/Coalition 10wn of Amnerst	
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward ac identified in your Stormwater Management Program Plan (SWMPP III.C.1. Submit additional pages as needed.	e e
A. Briefly summarize the Measurable Goal identified in the SW	MPP in this reporting period.
Inspect catch basins and clean as needed.	
B. Briefly summarize the observations that indicated the overal Goal.	ll effectiveness of this Measurable
Number of catch basins inspected.	
Number of catch basins cleaned.	
C. How many times was this observation measured or evaluated	d in this reporting period?
	1 2 7 4
D. Has your MS4 made progress toward this measurable goal d	(ex.: samples/participants/events
	• Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the	
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation scheduler)	8
Continue to inspect catch basins and clean as needed.	

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

Name of MS4/Coalition Town of Amherst SPDES ID
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.
Conduct street sweeping.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
Number of miles of street swept.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/e
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).
Continue to sweep streets.

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

Name of MS4/Coalition Town of Amherst	SPDES ID           N         Y         R         2         0         A         1         2         2
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWMPP), inclu III.C.1. Submit additional pages as needed.	e
A. Briefly summarize the Measurable Goal identified in the SWMPP i	in this reporting period.
Create an inventory of operations/activities/facilities that are subject to enrequirement.	vironmental assessment
Conduct environmental assessment of each operation/activity/facility ever	y three years.
B. Briefly summarize the observations that indicated the overall effect Goal.	tiveness of this Measurable
Number of environmental assessments performed.	
C. How many times was this observation measured or evaluated in this	s reporting period?
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal during	
	○ Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWM	
	○ Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the go the next reporting cycle (including an implementation schedule).	oals of this MCM during
Conduct environmental assessment of each operation/activity/facility ever will be assessed in 2021	y three years. All facilities



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. SPDES ID Ν Y R 2 0 | A Name of MS4/Coalition Additional Watershed Improvement Strategy Best Management Practices N/A 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. Check NA (POC) MS4 Description Answer **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** 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 Traditional Land Use 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 2,3,4,5,8a,8b,10,11,12 Non-Traditional 1,4,7a-d,9 Pathogens Peconic Estuary 1,4,7a-d,8a,9,10,11,12 Traditional Land Use 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 2,3,4,5,8b,10,11,12 Pathogens and Nitrogen Non-Traditional 1,4,7a-d,8a,9 Oscawana Lake Watershed Traditional Land Use 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 Phosphorus 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 Traditional Non-Land Use Phosphorus Non-Traditional 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 Phosphorus LI 27 Embayments 1,2,3,4,7a-d,9,10,11,12 Pathogens Traditional Land Use 5,6,8a,8b Pathogens Traditional Non-Land Use 1,2,3,4,7a-d,9,10,11,12 5,6,8a,8b 5,6,8a,8b,10,11,12 Non-Traditional 1,2,3,4,7a-d,9 Pathogens 1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? O Yes  $\bigcirc$  No  $\bigcirc$  N/A 2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? O Yes  $\bigcirc$  No  $\bigcirc$  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. %

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. Υ R 2 0 A Ν Name of MS4/Coalition 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? O Yes  $\bigcirc$  No  $\bigcirc$  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  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A disturb five thousand square feet or more? 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  $\bigcirc$  N/A 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes  $\bigcirc$  No  $\bigcirc$  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? % O 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?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  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?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A

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 SPDF

If submitting this form as part of a joint report on behalf of a coalit	ion leave SPDES	ID blan	K.
Name of MS4/Coalition	SPDES ID N Y R 2	0 A	
9. Has your MS4/Coalition developed and implemented a program	-	_	○ N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet was prohibiting goose feeding?	-		rties and
11. Does your MS4/Coalition have a pet waste bag program?	○ Yes	○ No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	○ No	O N/A