# **MS4 Annual Report Cover Page**

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

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## **OR**

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

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

| - |
|---|

#### OR

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

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

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

| Name of MS4/Coalition Chemung Stormwater Coalition  Water Quality Trends  The information in this section is being reported (check one):  On behalf of an individual MS4  On behalf of a coalition How many MS4s are contributed to this report?  1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure   |           | If sub | mit        | ting       | thi        | s to        | rm         | as p       | art         | ot .        | a jo       | ınt           | rep        | ort         | on             | beh        | alf      | of a         | ı cc        | alit       | ion      | lea<br>SPl |             |            |  | S ID     | ) bla  | ank.    |    |    |
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| The information in this section is being reported (check one):  On behalf of an individual MS4  On behalf of a coalition  How many MS4s are contributed to this report?  1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  O Yes  No If Yes, choose one of the following  Report(s) attached to the annual report  Web Page(s) where report(s) is/are provided below  Please provide specific address of page where report(s) can be accessed - not home page.  URL  URL  URL  URL  URL | Name of M | 1S4/Co | aliti      | on         | hem        | ung S       | Storn      | nwat       | er Co       | aliti       | on         |               |            |             |                |            |          |              |             |            |          |            |             |            |  | 0        |  |         |    | 1  |
| On behalf of an individual MS4  On behalf of a coalition How many MS4s are contributed to this report?  1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  ○ Yes  No If Yes, choose one of the following ○ Report(s) attached to the annual report ○ Web Page(s) where report(s) is/are provided below Please provide specific address of page where report(s) can be accessed - not home page.  URL  URL  URL  URL  URL  URL  |           |        |            |            |            |             |            |            |             | Ā           | Va         | <u>ter</u>    | · <b>C</b> | <u>)u</u> 2 | alit           | <b>y</b> ] | Γre      | end          | <u>ls</u>   |            |          |            |             |            |  |          |  |         |    |    |
| ● On behalf of a coalition How many MS4s are contributed to this report?   1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  ○ Yes  ○ No  If Yes, choose one of the following  ○ Report(s) attached to the annual report  ○ Web Page(s) where report(s) is/are provided below  Please provide specific address of page where report(s) can be accessed - not home page.  URL  URL  URL  URL  URL  URL   | The infor | mation | ı in       | this       | sec        | ction       | ı is       | bei        | ng 1        | rep         | orte       | d (           | che        | ck          | one            | ):         |          |              |             |            |          |            |             |            |  |          |  |         |    |    |
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| related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  O Yes  No If Yes, choose one of the following  Report(s) attached to the annual report  Web Page(s) where report(s) is/are provided below  Please provide specific address of page where report(s) can be accessed - not home page.  URL  URL  URL  URL  URL  URL   |           |        |            |            |            |             |            |            |             |             |            |               | -          |             |                | L          | L        | L            |             |            |          |            |             |            |  |          |  |         |    |    |
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MCC form for period ending March 9, 2 0 2 3

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| Name of MS4 | Town of Ashland | N   | Y   | R  | 2 | 0 | A | 0 | 8 | 1 |

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:

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

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

| <u>If Jo</u> | oint | Rep | ort, | ent | er c | oali | tion | naı | ne: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
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Phone

# MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **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 O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

County

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$  3

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#### **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.

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

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

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| 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.

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

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

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| Section  | n 3                   | <b>-</b> ]             | Pai             | rtn                | er               | In         | for                | m                  | ati             | on  |             |      |             |             |            |      |       |  |              |       |                 |          |          |         |           |         |            |       |       |          |
| Did your period?                                 | MS                    | 4 w                    | ork             | c wi               | th p             | art        | ner                | s/cc               | alit            | ion | to          | con  | nple        | ete s       | som        | e o  | r all | l pe                                     | rmi          | t re  | qui             | rem      | ent      | s dı    | ırin      | _       | is 1<br>Ye | _     |       | ıg<br>No |
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| Phone ( 6 0                                      | 7                     | )                      | 7               | 9                  | 6                | -          | 2                  | 2                  | 1               | 6   |             |      |             |             |            |      |       | -  | y Bi<br>iP-0 |       | _               | _        |          |         |           |         | dan<br>Ye  |       | 0     | No       |
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| • MM1  | М                     | u                      | 1               | t                  | i                | р          | 1                  | е                  |                 | t   | a           | s    | k           | s           |            | s    | е     | е  |              | S     | W               | M        | P        |         |           |         |            |       |       |          |
| • MM2  | М                     | u                      | 1               | t                  | i                | р          | 1                  | е                  |                 | t   | a           | s    | k           | s           |            | s    | е     | е  |              | S     | W               | M        | Р        |         |           |         |            |       |       |          |
| <ul><li>MM3</li></ul>                            | М                     | u                      | 1               | t                  | i                | р          | 1                  | е                  |                 | t   | a           | s    | k           | s           | I          | s    | e     | е  |              | S     | W               | М        | Р        | L       | I         |         |            |       |       |          |
| <ul><li>MM4</li></ul>                            | M                     | u                      | 1               | t                  | i                | p          | 1                  | e                  |                 | t   | a           | s    | k           | s           | <u> </u>   | s    | е     | е  |              | S     | W               | M        | P        |         |           |         |            |       |       |          |
| <ul><li>MM5</li></ul>                            | M                     | u                      | 1               | t                  | i                | p          | 1                  | е                  | <br>            | t   | a           | s    | k           | s           | I          | s    | l e   | e  |              | S     | W               | M        | P        |         | l         | <br>    | L          |       |       |          |
|  | 1.1                   | u                      |                 |                    |                  | אַ         |                    |                    |                 |     | a           |      |             |             |            |      |       |  |              | ى<br> | VV              | 141      | F        |         |           | <u></u> |            |       |       |          |
| • MM6  | М                     | u                      | 1               | t                  | i                | р          | 1                  | е                  |                 | t   | a           | S    | k           | S           |            | s    | е     | е  |              | S     | W               | М        | P        |         |           |         |            |       |       |          |
| Addition   |                       |                        |                 | •                  |                  |            |                    |                    |                 |     |             |      |             |             |            |      |       |  |              |       |                 |          |          |         |           |         |            |       |       |          |
| <ul><li>Wate</li></ul>                           |                       |                        |                 |                    |                  |            |                    |                    |                 |     |             |      |             | gen         | ieni       | t Pi | raci  | tice                                     | s re         | qu    | ireo            | l fo     | r N      | 1S4     | ls it     | ı in    | npa        | iire  | 1     |          |
|  |                       |                        |                 |                    |                  |            |                    |                    |                 |     |             |      |             |             |            |      |       |  |              | •     |                 |          |          |         |           |         |            |       |       |          |
|  |                       |                        |                 |                    |                  |            |                    |                    |                 |     |             |      |             |             |            |      |       |  |              |       |                 |          |          |         |           |         |            |       |       |          |

MCC form for period ending March 9, 2023

SPDES ID

Name of MS4 Town of Ashland

NYR20A081

#### 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 Terri   | MI | Last Name Olszowy |      |            |     |     |   |   |   |   |
|--|----|-------------------|------|------------|-----|-----|---|---|---|---|
| Title (Clearly print title of individual signing report) Town Supervisor |    | -                 |      |            |     |     |   |   |   |   |
| Signature Jam Mully  | ,  |                   | Date | <b>3</b> / | 1 6 | 5 / | 2 | 0 | 2 | 3 |

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

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

|                            | SPI | <u> JES</u> | ID |   |   |   |   |   |   |
|----------------------------|-----|-------------|----|---|---|---|---|---|---|
| Name of MS4 City of Elmira | N   | Y           | R  | 2 | 0 | Α | 0 | 9 | 3 |
|                            |     |             |    |   |   |   |   |   |   |

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:

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

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

If Joint Report, enter coalition name:

C h e m u n g S t o r m w a t e r C o a l i t i o n

| MCC form for period ending March 9   | , 2 0 2 3   |
|--|---|
| City of Flat   | SPDES ID  |
| Name of MS4 City of Elmira   | N Y R 2 0 A 0 8 2   |
| <b>Section 2 - Contact Information</b>   |   |
| Important Instructions - Please Read   |   |
| Contact information must be provided for <u>each</u> of the following po   | sitions as indicated below:   |
| <ol> <li>Principal Executive Officer, Chief Elected Official or other qua<br/>GP-0-08-002 Part VI.J).</li> </ol>   | lified individual (per  |
| 2. Duly Authorized Representative (Information for this contact m<br>Authorized Representative is signing this form)   |   |
| 3. The Local Stormwater Public Contact (required per GP-0-08-00  |   |
| <ol> <li>The Stormwater Management Program (SWMP) Coordinator (I coordination/implementation of SWMP).</li> </ol>  | ndividual responsible for   |
| 5. Report Preparer (Consultants may provide company name in the  | e space provided).  |
| A separate sheet must be submitted for each position listed above filled by the same individual. If one individual fills multiple role once and check all positions that apply to that individual. | ve unless more than one position is es, provide the contact information |
| If a new Duly Authorized Representative is signing this report,  | their contact information must be                                       |
| provided and a signature authorization form, signed by the Prince  |   |
| Elected Official must be attached.   |   |
| For each contact, select all that apply:   |   |
| <ul> <li>Principal Executive Officer/Chief Elected Official</li> </ul>   |   |
| O Duly Authorized Representative   |   |
| O Local Stormwater Public Contact  |   |
| O Stormwater Management Program (SWMP) Coordinator   |   |
| O Report Preparer  |   |
|  |   |
| First Name  D a n i e l  | l e 1 1   |
| Title  |   |
| Mayor  |   |
| Address  |   |
| 3 1 7 E. Church Street   |   |
| City State  E 1 m i r a N  |   |
|  | Y   |
| eMail  |   |
| Phone  |   |

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

| per |   |   | <br>SPI | DES | ID |   |   |   |   |   |   |
|---|---|---|---------|-----|----|---|---|---|---|---|---|
| Name of MS4                             | , | • | N       | Y   | R  | 2 | 0 | А | 0 | 9 | 3 |

#### **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.

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

| Firs | st Na    | ame    |        |   |   |         |   |   |   |          |   |   |   |   | _ | MI |   | Las | st Na | ame |       |   |     |   |   |   |            |               |         |   |  |
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| City | У        |        |        |   |   |         |   |   |   |          |   |   |   |   |   |    |   |     |       | S   | tate  |   | Zip |   |   |   |            |               |         |   |  |
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MCC form for period ending March 9, 2 0 2 3

|                                      |     |    | _]   |   |   |   |   |   |   |
|--------------------------------------|-----|----|------|---|---|---|---|---|---|
|                                      | SI  | DE | S ID |   |   |   |   |   |   |
| Name of MS4 City of Elmira           | ] I | Y  | R    | 2 | 0 | A | 0 | 9 | 3 |
| 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.

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

| Fire | st Na | ame |   |   |   |   |   |   |   |   |   |   |   |   | _ | MI |   | Las | st Na | ame | :    |   | •   |   |  |          |      |      |
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MCC form for period ending March 9, 2 0 2 3

| If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  C   |           | _                   |      |       |          |          |       |          |      |     |      |          |      |          |          |      |       |        |      |      |          | SPI      | DES | SID  |      |          |         |         |          |              |
|--|-----------|---------------------|------|-------|----------|----------|-------|----------|------|-----|------|----------|------|----------|----------|------|-------|--------|------|------|----------|----------|-----|------|------|----------|---------|---------|----------|--------------|
| Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName.  C   | Name of   | f MS4               | City | of E  | lmira    | t        |       |          |      |     |      |          |      |          |          |      |       |        |      |      |          | N        | Y   | R    | 2    | 0        | A       | 0       | 9        | 3            |
| Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  C  | Section   | n 3 - ]             | Pai  | rtn   | er       | In       | for   | m        | atio | on  |      |          |      |          |          |      |       |        |      |      |          |          |     |      |      |          |         |         |          |              |
| Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  Co   | Did your  |                     |      |       |          |          |       |          |      |     | to   | con      | ıple | te s     | som      | e o  | r all | pe:    | rmi  | t re | quii     | rem      | ent | s dı | ırin |          |         |         |          | ng<br>No     |
| accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.    Partner/CoalitionName   | f Yes, c  | omple               | te i | nfo   | rma      | atio     | n b   | elo      | w.   |     |      |          |      |          |          |      |       |        |      |      |          |          |     |      |      | -        |         |         | -        |              |
| coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.    Author/CoalitionName   C   |           |                     | _    |       |          |          |       |          | _    |     |      |          |      |          |          | _    |       |        |      |      |          |          |     |      |      |          |         | e       |          |              |
| If No, proceed to Section 4 - Certification Statement.    Partner/Coalition Name   C   | -         |                     | •    |       |          |          |       |          |      |     |      |          |      |          |          |      |       |        |      |      |          |          |     |      |      |          | ne      |         |          |              |
| C  |           |                     |      |       |          |          |       |          |      |     |      |          | •    |          |          |      |       |        |      |      |          |          |     |      |      |          |         |         |          |              |
| SPDES Partner   D -   If applies   N   Y   R   2   0   | artner/Co | alition             | Van  | 1e    |          |          |       |          |      |     |      |          |      |          |          |      | ,     |        |      |      | ·        | <b>,</b> | ,   |      |      |          |         |         | <b></b>  |              |
| Additional tasks/responsibilities    N   Y   R   2   0   0   | Che       | m u                 | n    | g     |          | S        | t     | 0        | r    | m   | W    | a        | t    | е        | r        |      | С     | 0      | a    | 1    | i        | t        | i   | 0    | n    |          |         |         |          |              |
| Address    8   5   1   C   h   e   m   u   n   g   S   t   r   e   e   t   | artner/Co | oalition            | Nan  | ne (c | on't     | i.)      |       | 1        | Τ    | Γ   | T    | T        |      | -        | Т.       | Γ    | 1     | T      | 1    |      | 7        |          |     |      |      |          | ) - It  | f apj   | olica    | abl          |
| State   Stat   |           |                     |      |       | <u> </u> | <u> </u> |       |          |      |     |      | ļ        |      | <u> </u> |          |      |       |        |      |      |          | N        | Y   | R    | 2    | 0        |         |         | <u> </u> |              |
| State Zip  H ○ r s e h e a d s   |           | С                   | h    | е     | m        | u        | n     | g        |      | S   | t    | r        | е    | е        | t        |      |       |        |      |      |          |          |     |      |      | T        |         | Τ       |          | Γ            |
| Mail  n i k o 1 e e c h e m u n g s w c d . c o m  Chone  ( 6 0 7 ) 7 9 6 - 2 2 1 6  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)  MM1 M u 1 t i p 1 e t a s k s s e e S W M P  MM2 M u 1 t i p 1 e t a s k s s e e S W M P  MM3 M u 1 t i p 1 e t a s k s s e e S W M P  MM4 M u 1 t i p 1 e t a s k s s e e S W M P  MM5 M u 1 t i p 1 e t a s k s s e e S W M P  MM6 M u 1 t i p 1 e t a s k s s e e S W M P  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired  | L<br>City |                     |      |       | <u> </u> | <u> </u> |       |          | ļ    | l   | L    | <u> </u> | l    |          | <u> </u> | L    |       | St     | tate | }    | ∟<br>Zip |          |     |      |      |          |         |         |          | <u> </u>     |
| Note      | H o r     | s e                 | h    | е     | a        | d        | s     |          |      |     |      |          |      |          |          |      |       | l      | 1 X  | •    | 1        | 4        | 8   | 4    | 5    | _        |         |         |          |              |
| 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 Table    MM1  | Mail      | T T                 | F    | 1     |          | 1        | I     | T        |      |     | 1    |          |      |          |          |      |       | Γ      | Γ    |      |          |          | 1   | T    | Т    |          |         | _       |          | _            |
| Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Table  |           | 0 1                 | е    | 9     | С        | h        | е     | m        | u    | n   | g    | s        | W    | С        | d        | •    | С     | 0      | m    |      |          |          |     |      |      |          | <u></u> | <u></u> | <u> </u> |              |
| What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Task)  MM1  |           | 7                   | 7    | 9     | 6        | ] _      | 2     | 2        | 1    | 6   | ]    |          |      |          |          |      |       |        |      |      |          |          |     |      |      |          |         |         | 0        | <b>3</b> . T |
| MM1 Multiple tasks see SWMP  MM2 Multiple tasks see SWMP  MM3 Multiple tasks see SWMP  MM4 Multiple tasks see SWMP  MM5 Multiple tasks see SWMP  MM6 Multiple tasks see SWMP  MM7   | \         | /                   |      |       |          | ]        |       | 1        | L    | l   | ]    |          |      |          |          |      |       |        |      |      |          |          |     |      |      |          |         |         |          |              |
| MM2 Multiple tasks see SWMP  MM3 Multiple tasks see SWMP  MM4 Multiple tasks see SWMP  MM5 Multiple tasks see SWMP  MM6 Multiple tasks see SWMP  MM7  | What tas  | ks/res <sub>]</sub> | pon  | sib   | iliti    | es       | are   | sha      | irec | l w | ith  | this     | s pa | ırtn     | er (     | (e.g | g. M  | ſМ     | 1 S  | chc  | ol :     | Pro      | gra | ms   | or   | Mι       | ıltij   | ple     | Tas      | sks          |
| MM3 Multiple tasks see SWMP  MM4 Multiple tasks see SWMP  MM5 Multiple tasks see SWMP  MM6 Multiple tasks see SWMP  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired  | MM1       | Mu                  | 1    | t     | i        | р        | 1     | е        |      | t   | а    | s        | k    | s        |          | s    | е     | е      |      | S    | W        | М        | Р   |      |      |          |         |         |          |              |
| MM3 Multiple tasks see SWMP  MM4 Multiple tasks see SWMP  MM5 Multiple tasks see SWMP  MM6 Multiple tasks see SWMP  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired  | MM2       | M 11                | 1 1  | +     | i        | n        | 1     | ٦        |      | +   | а    | s        | k    | s        | T        | s    | ٦     | 6      |      | S    | W        | м        | P   |      |      |          |         |         |          | -<br>        |
| MM4 Multiple tasks see SWMP  MM5 Multiple tasks see SWMP  MM6 Multiple tasks see SWMP  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired   |           |                     | L    |       |          |          |       | <u> </u> |      |     |      |          | L    | l<br>I   |          |      |       | I      | I    |      |          |          | l   |      | !    |          |         |         | _        | L.           |
| MM5 Multiple tasks see SWMP  MM6 Multiple tasks see SWMP  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired  | MM3       | Mu                  |      | T.    | 1        | р        |       | le_      |      | T   | a    | s        | K    | s        |          | s    | e     | e<br>I |      | S    | W        | M        | Ρ   | L    |      | <u> </u> | L_      | <u></u> |          |              |
| MM6 Multiple tasks see SWMP  Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired   | MM4       | M u                 | 1    | t     | i        | р        | 1     | е        |      | t   | а    | s        | k    | s        |          | s    | е     | е      |      | S    | W        | М        | Р   |      |      |          |         |         |          |              |
| Additional tasks/responsibilities  Watershed Improvement Strategy Best Management Practices required for MS4s in impaired  | MM5       | Mu                  | 1    | t     | i        | р        | 1     | е        |      | t   | а    | s        | k    | s        |          | s    | е     | е      |      | S    | W        | М        | Р   |      |      |          |         |         |          |              |
| Watershed Improvement Strategy Best Management Practices required for MS4s in impaired   | MM6       | M u                 | 1    | t     | i        | р        | 1     | е        |      | t   | a    | s        | k    | s        |          | s    | е     | е      |      | S    | W        | М        | Р   |      |      |          |         |         |          |              |
| The state of the s | Addition  | al task             | s/r  | esp   | ons      | ibil     | litie | es       |      |     |      |          |      |          |          |      |       |        |      |      |          |          |     |      |      |          |         |         |          |              |
| <del>-</del>   | Wate      | ershed              | Im   | pro   | ver      | nen      | t S   | trai     | tegy | ) B | est. | Ма       | naş  | zen      | ieni     | t Pi | rac   | tice   | s re | qu   | irec     | d fo     | r N | 1S4  | ls i | n in     | npa     | iire    | d        |              |
| watersheds included in GP-0-08-002 Part IX.  | wate      | rsheds              | in   | clu   | ded      | in       | GP    | -0-      | 08-  | 002 | 2 Pa | art      | IX.  |          |          |      |       |        |      | -    |          |          |     |      |      |          |         |         |          |              |
|  |           |                     |      |       |          |          |       |          |      |     |      |          |      |          |          |      |       |        |      |      |          |          |     |      |      |          |         |         |          |              |

| MCC form for period ending March 9   | ,2023   |
|--|---|
| Name of MS4 City of Elmira   | SPDES ID NYR20A093  |
| Section 4 - Certification Statement  | ٠   |
| "I certify under penalty of law that this document and all attachment direction or supervision in accordance with a system designed to as properly gathered and evaluated the information submitted. Based persons who manage the system, or those persons directly responsithe information submitted is, the best of my knowledge and belief, aware that there are significant penalties for submitting false information and imprisonment for knowing violations."  This form must be signed by either a principal executive officer or authorized representative of that person as described in GP-0-08-06. | on my inquiry of the person or ible for gathering the information, true, accurate, and complete. I ammation, including the possibility of ranking elected official, or duly |
| First Name MI Last Name Daniel J Mandell   |   |
| Title (Clearly print title of individual signing report)  Mayor  |   |
| Signature  |   |
| Dan R Day 1 J  | Date () 3 / 1 5 / 20 2 3  |

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

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

|             |                | SPI | DES | ID |   |   |   |   |   |   |
|-------------|----------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Town of Elmira | N   | Y   | R  | 2 | 0 | А | 1 | 6 | 8 |

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:

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

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

If Joint Report, enter coalition name:

| С | h | е | m | u | n | g | S | t | 0 | r | m | W | а | t | е | r | С | 0 | а | 1 | i | t | i | 0 | n |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

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

|             |                | SPI | DES | ID |   |   |   |   |   |   |
|-------------|----------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Town of Elmira | N   | Y   | R  | 2 | 0 | A | 1 | 6 | 8 |

#### 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.

- 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 | t Na | ame |   |   |   |   |   |   |   |   |   |   |   |   | _ | MI |   | Las | st Na | ame |      |   |     |   |       |  |   |   |      |    |
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| D    | a    | v   | i | d |   |   |   |   |   |   |   |   |   |   |   |    |   | S   | u     | 1   | 1    | i | v   | a | n     |  |   |   |      |    |
| Titl | e    |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |       |     |      |   |     |   |       |  |   |   |      |    |
| Т    | 0    | W   | n |   | S | u | р | е | r | v | i | s | 0 | r |   |    |   |     |       |     |      |   |     |   |       |  |   |   |      |    |
| Add  | ires | S   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |       |     |      |   |     |   |       |  | ł |   | <br> | hJ |
| 1    | 2    | 5   | 5 |   | M |   |   | M | a | t | е | r |   | S | t | r  | е | е   | t     |     |      |   |     |   |       |  |   |   |      |    |
| City | У    |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |       | Sı  | tate |   | Zip |   |       |  |   | • | <br> |    |
| E    | 1    | m   | i | r | а |   |   |   |   |   |   |   |   |   |   |    |   |     |       | Ŋ   | 1 7  |   |     |   |       |  | _ |   |      |    |
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| Pho  | ne   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | Coı | ınty  |     |      |   |     |   |       |  |   |   |      |    |
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Phone

# MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **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 O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

County

| MCC form for period ending M   | larch 9, 2 0 2 3                            |
|--|---|
| Name of MS4 Town of Elmira   | SPDES ID  N Y R 2 0 A 1 6 8                 |
|  |   |
| Section 2 - Contact Information  |   |
| Important Instructions - Please Read   |   |
| Contact information must be provided for <u>each</u> of the follow   |   |
| 1. Principal Executive Officer, Chief Elected Official or of GP-0-08-002 Part VI.J).                                   | her qualified individual (per               |
| 2. Duly Authorized Representative (Information for this conduction Authorized Representative is signing this form)     | ontact must only be submitted if a Duly     |
| 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) Coordination/implementation of SWMP).                                      | nator (Individual responsible for           |
| 5. Report Preparer (Consultants may provide company nan  | ne in the space provided).                  |
| A separate sheet must be submitted for each position lis   |   |
| filled by the same individual. If one individual fills multionce 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 t<br>Elected Official must be attached.                         | he Principal Executive Officer or Chief     |
| For each contact, select all that apply:   |   |
| O Principal Executive Officer/Chief Elected Official   |   |
| O Duly Authorized Representative   |   |
| Local Stormwater Public Contact  |   |
| O Stormwater Management Program (SWMP) Coordinator   |   |
| • Report Preparer  |   |
|  |   |
|  | Name  |
| N i k o l e   W  | a t t s                                     |
| Title Stormwater Educator  |   |
| Address  |   |
| 8 5 1 C h e m u n g S t r e e t  |   |
| City   | State Zip                                   |
| H o r s e h e a d s  | N Y   |
| eMail  |   |
| n   i   k   o   1   e   @   c   h   e   m   u   n   g   s   w   c   d   .    Phone   Cour                              | C O M                                       |
|  | h e m u n g                                 |
|  |   |

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

| If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.  If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  C h e m u n g S t o r m w a t e r C o a l i t i o n Partner/Coalition Name (con't.)  Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable N Y R 2 0  Address  8 5 1 C h e m u n g S t r e e t  City  State Zip  H o r s e h e a d s   |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
|--|-----------------|-------|--|-------|----------|-----|-----|------|-----|-----|------|---------------|-------|------|------|-------|------|-------|--------------|------|------|-------|----------|------|------|-------|-------|------|------|
| Name of  | MS <sup>2</sup> | Tov   | vn of  | Elmi  | ra       |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      | N    | Y     | R        | 2    | 0    | A     | 1     | 6    | 8    |
| Section  | 13_             | Рa    | rtn  | er    | In       | for | ·m  | ati  | οn  |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
|  |                 |       |  |       |          |     |     |      |     | to  | con  | nnle          | ete s | som  | e o  | r all | l ne | rmi   | t re         | ani  | rem  | ent   | s di     | ırin | o th | is r  | eno   | rtin | σ    |
|  |                 |       |  | [     |          |     |     |      |     |     |      | -1            |       |      |      |       | P    |       |              | 9    |      |       | <i>-</i> |      |      |       |       |      |      |
| If Yes, c  | ompl            | ete i | info   | rma   | atio     | n b | elo | w.   |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
|  |                 | _     |  |       |          |     |     | _    |     |     |      |               |       |      | _    |       |      |       |              |      |      |       |          |      |      |       | е     |      |      |
| coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.  If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName   |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
| If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
|  |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
| C h e m u n g S t o r m w a t e r C o a l i t i o n  Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable   |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
| Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable  N Y R 2 0   |                 |       |  |       |          |     |     |      |     |     |      |               |       |      | ble  |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
| Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable  N Y R 2 0   |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
| Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable  N Y R 2 0  Address  8 5 1 C h e m u n g S t r e e t   |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
| Partner/Coalition Name (con't.)         SPDES Partner ID - If applicable           N         Y         R         2         0   |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
| If No, proceed to Section 4 - Certification Statement.         Partner/Coalition Name         C h e m u n g S t o r m w a t e r C o a l i t t i o n         SPDES Partner ID - If applicable         N Y R 2 0         N Y R 2 0         Address         8 5 1 C h e m u n g S t r e e t         City         State       Zip         H o r s e h e a d s  |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
| Name of MS4 Town of Elmira    N   Y   R   2  |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
| Name of MS4   Town of Elmin  |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
| Name of MS4  Section 3 - Partner Information  Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  • Yes ○ No Memory  If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Partner/Coalition Name  C h e m u n g S t o r m w a t e r C o a l i t i o n  Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable N Y R 2 0  Address  8 5 1 C h e m u n g S t r e e t  City  State Zip  H o r s e h e a d s  N Y 1 4 8 4 5 -  Cettail  City  State Zip  N Y 1 4 8 4 5 -  Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes O No  What tasks/responsibilities are shared with this partner (e.g. MMI School Programs or Multiple Tasks  MMI M u l t i p l e t a s k s s e e S W M P  MM3 M u l t i p l e t a s k s s e e S W M P  MM4 M u l t i p l e t a s k s s e e S W M P  |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
| coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.  If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  C h e m u n g S t o r m w a t e r C o a 1 i t i o n  Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable  N Y R 2 0  Address  8 5 1 C h e m u n g S t r e e t  City  State  City  N Y 1 4 8 4 5 -  Command  Comma |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
| ( 6 0  | <u> </u>        | ) [7  | . 9  | 6     | <b>-</b> | 2   | 2   | 1    | 6   |     |      |               |       |      |      | wi    | th C | P-0   | -08          | -002 | 2 Pa | rt IV | V.G      | .?   |      | Y     | es    | 0    | No   |
| What tas   | ks/re           | spoi  | ısib   | iliti | es       | are | sha | arec | l w | ith | this | s pa          | ırtn  | er ( | (e.g | ς. Μ  | 1M   | 1 S   | cho          | ol I | Pro  | gra   | ms       | or   | Μu   | ıltij | ole ' | Tas  | ks)' |
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| • MM1  | M               | 1 1   | ١  | 1     | Р        | Т,  | е   |      | L   | a   | 5    | K             | 5     |      | 5    | е     | Le   |       | 5            | L VV | IvI  | P     |          |      |      |       |       |      |      |
| • MM2  | Μl              | 1 1   | t  | i     | р        | 1   | е   |      | t   | a   | s    | k             | s     |      | s    | е     | е    |       | S            | W    | М    | Р     |          |      |      |       |       |      |      |
| <ul><li>MM3</li></ul>  | Мі              | ı   1 | lt   | i     | α        | 1   | е   |      | t   | а   | s    | k             | s     |      | s    | e     | le   |       | S            | W    | М    | P     |          |      |      |       |       |      |      |
|  |                 |       | <u>                                       </u> |       |          |     |     |      |     |     |      | l             |       |      |      |       | L    |       |              |      |      |       |          |      |      |       |       |      | _    |
| • MM4  | Mι              | 1   1 | t  | i     | р        | 1   | е   |      | t   | a   | S    | k             | S     |      | S    | е     | е    |       | S            | W    | М    | P     |          |      |      |       |       |      |      |
| • MM5  | Μι              | ıl    | t  | i     | р        | 1   | е   |      | t   | a   | S    | k             | s     |      | s    | е     | е    |       | S            | W    | M    | Р     |          |      |      |       |       |      |      |
| • MM6  | Μlι             | ı   1 | t  | i     | р        | 1   | е   |      | t   | а   | s    | k             | s     |      | s    | е     | е    |       | S            | W    | М    | Р     |          |      |      |       |       |      |      |
| Addition   | Address  8      |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
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| wate   |                 |       |  |       |          |     |     |      |     |     |      |               | >-//  | 111  |      |       |      | ., 16 | - <b>4</b> · |      | - 10 | _ 14. |          | J 11 |      | ·Pu   |       | •    |      |
|  |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |
|  |                 |       |  |       |          |     |     |      |     |     |      |               |       |      |      |       |      |       |              |      |      |       |          |      |      |       |       |      |      |

Signature

# MS4 Municipal Compliance Certification(MCC) Form

| MCC form for period ending  | ng March 9, 2023   |
|---|--|
| Name of MS4 Town of Elmira  | SPDES ID NYR20A168   |
| Section 4 - Certification Statement   |  |
| "I certify under penalty of law that this document and a direction or supervision in accordance with a system deproperly gathered and evaluated the information submit persons who manage the system, or those persons direct the information submitted is, the best of my knowledge aware that there are significant penalties for submitting fine and imprisonment for knowing violations." | esigned to assure that qualified personnel tted. Based on my inquiry of the person or etly responsible for gathering the information, e and belief, true, accurate, and complete. I am |
| This form must be signed by either a principal executive authorized representative of that person as described in   | •  |
| First Name MI David   | Last Name Sullivan   |
| Title (Clearly print title of individual <u>signing</u> report) Town Supervisor   |  |

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:

wed Sellion

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

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

|             |                           | SPL | DES | עו |   |   |   |   |   |   |
|-------------|---------------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Village of Elmira Heights | N   | Y   | R  | 2 | 0 | А | 1 | 0 | 5 |

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:

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

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

If Joint Report, enter coalition name:

C h e m u n g S t o r m w a t e r C o a l i t i o n

Phone

# MS4 Municipal Compliance Certification(MCC) Form

| MCC form for period ending March 9,  | 2 0 2 3                              |
|--|--------------------------------------|
|  | SPDES ID                             |
| Name of MS4 Village of Elmira Heights  | N Y R 2 0 A 1 0 5                    |
| Section 2 - Contact Information  |                                      |
| Important Instructions - Please Read   |                                      |
| Contact information must be provided for <u>each</u> of the following po   | sitions as indicated below:          |
| 1. Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).                                      | lified individual (per               |
| 2. Duly Authorized Representative (Information for this contact m Authorized Representative is signing this form)                | ust only be submitted if a Duly      |
| 3. The Local Stormwater Public Contact (required per GP-0-08-00  | 2 Part VII.A.2.c & Part VIII.A.2.c). |
| 4. The Stormwater Management Program (SWMP) Coordinator (I coordination/implementation of SWMP).                                 | ndividual responsible for            |
| 5. Report Preparer (Consultants may provide company name in the  | e space provided).                   |
| A separate sheet must be submitted for each position listed above  | ·                                    |
| filled by the same individual. If one individual fills multiple role once and check all positions that apply to that individual. |                                      |
| If a new Duly Authorized Representative is signing this report,  |                                      |
| provided and a signature authorization form, signed by the Prince  | cipal Executive Officer or Chief     |
| Elected Official must be attached.   |                                      |
| For each contact, select all that apply:   |                                      |
| <ul> <li>Principal Executive Officer/Chief Elected Official</li> </ul>   |                                      |
| O Duly Authorized Representative   |                                      |
| O Local Stormwater Public Contact  |                                      |
| O Stormwater Management Program (SWMP) Coordinator   |                                      |
| O Report Preparer  |                                      |
|  |                                      |
| First Name MI Last Name M a r g a r e t S m i t  | h                                    |
| Title  |                                      |
| Mayor  |                                      |
| Address  |                                      |
| 2 1 5 E 1 m w o o d A v e  |                                      |
| City State   | e Zip                                |
| Elmira Heights   | Y                                    |
| eMail  |                                      |

County

 $e \mid m \mid u \mid n \mid g$ 

Phone

# MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **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 O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

County

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

|                                       | SPI | ES | ID |   |   |   |   |   |   |
|---------------------------------------|-----|----|----|---|---|---|---|---|---|
| Name of MS4 Village of Elmira Heights | N   | Y  | R  | 2 | 0 | Α | 1 | 0 | 5 |

#### **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.

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

| Firs | st Na | ame | : |   |   |   |   |   |   |   |   |   |   |   |   | MI |   | Las | t Na | ıme |      |   |     |   |  |   |      |      |
|------|-------|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|------|-----|------|---|-----|---|--|---|------|------|
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| Titl | e     |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      |     |      |   |     |   |  |   |      |      |
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| eMa  | ail   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      |     |      |   |     |   |  |   |      |      |
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MCC form for period ending March 9, 2 0 2 3

|   | If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  C h e m u n g S t o r m w a t e r C o a 1 i t i o n Partner/CoalitionName(con't)  Partner/CoalitionName(con't)  SPDES Partner ID - If applicable N Y R 2 0  Address  8 5 1 C h e m u n g S t r e e t State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  Equal N Y 1 4 8 4 5 - State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  N Y 1 4 8 4 5 - State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  H o r s e h e a d s State Zip  N Y 1 4 8 4 5 - State Zip  N Y 2 4 8 4 5 - State Zip  N Y 2 4 8 4 5 - State Zip  N Y 2 4 8 4 5 - State Zip  N Y 3 4 8 4 5 - State Zip  N Y 4 8 4 5 - State Zip  N Y 5 4 8 4 5 - State Zip  N Y 5 5 5 6 6 7 8 9 7 8 9 8 9 8 9 9 9 9 9 9 9 9 9 9 9 |      |       |          |          |      |       |             |      |      |       |      |      |               |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
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| Name of   | f M   | S4   | Villa | age o    | f Eln    | nira | Heig  | hts         |      |      |       |      |      |               |      |      |             |      |        |      |      | N     | Y            | R    | 2    | 0    | A          | 1           | 0       | 5           |
| Section   | n 3   | - I  | a     | rtn      | er       | In   | for   | m           | ati  | on   |       |      |      |               |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
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| period?   |   |      |       |          |          |      |       |             |      |      |       |      | •    |               |      |      |             | 1    |        |      | 1    |       |              |      |      |      |            |             |         |             |
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| Partner/Co  | aliti   | on N | Van   | ne       |          |      |       |             |      |      |       |      |      |               |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
| C h e   | m   | u    | n     | g        |          | S    | t     | 0           | r    | m    | W     | a    | t    | е             | r    |      | С           | 0    | a      | 1    | i    | t     | i            | 0    | n    |      |            |             |         |             |
| Partner/Co  | aliti   | on l | Nan   | ne (c    | on't     | .)   |       | <del></del> | ļ    |      |       |      |      |               | -    |      | <del></del> |      |        |      |      | SPI   | DES          | Par  | rtne | r ID | ) - I      | fap         | plica   | able        |
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| Name of MS4 Village of Elmira Heights    N   Y   R   2   0   A   1   0   5  |   |      |       |          |          |      |       |             |      |      |       |      |      |               |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
| Name of MS4    Village of Elmira Heights   N   Y   R   2   0   A   1   0   5     Section 3 - Partner Information  |   |      |       |          |          |      |       |             |      |      |       |      |      |               |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
| Name of MS4 Villoge of Elmira Heights  Section 3 - Partner Information  Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  Yes ON  If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.  If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  C h e m u n g S t o r m w a t e r C o a l i t t i o n  Partner/CoalitionName(con't)  SPDES Partner ID - If applicable  Address  8 5 1 C h e m u n g S t r e e t  City  H o r s e h e a d s  N Y R 2 0  Address  8 5 1 C h e m u n g S t r e e t  Eagally Binding Agreement in accordance with GP-048-002 Part IV.G.?  • Yes ON  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks  • MM1  M u l t i p l e t a s k s s e e S W M P  • MM3  M u l t i p l e t a s k s s e e S W M P  • MM4  • MM4  • MM5  M u l t i p l e t a s k s s e e S W M P |   |      |       |          |          |      |       |             |      |      |       |      |      | <del></del> 1 |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
| Name of MS4    Village of Elmin Heights   N Y R 2 0 A 1 0 5   |   |      |       |          |          |      |       |             |      |      |       |      |      |               |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
|   | Γ   |      |       |          |          |      | Γ     | <u> </u>    | 1    |      |       | 1    | Ι    |               |      | Т    | Т           |      | ı      | ı    | Γ    | Γ     |              | 1    | Г    |      |            | <del></del> | т       | <del></del> |
|   | 0   | 1    | е     | @        | С        | h    | е     | m           | u    | n    | g     | s    | W    | С             | d    | •    | С           | 0    | m      |      |      |       | L            |      |      |      | L          |             |         |             |
|   | 7   | ١    | 7     | a        | 6        |      | 2     | 2           | 1    | T 6  | 1     |      |      |               |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
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| What tas  | ks/r  | esp  | on    | sib      | iliti    | es   | are   | sha         | arec | l w  | ith   | this | s pa | artn          | er ( | (e.g | g. N        | 1M   | 1 S    | chc  | ol : | Pro   | gra          | ms   | or   | Μι   | ılti       | ple         | Tas     | sks)ʻ       |
| • MM1   | M   | u    | 1     | t        | i        | р    | 1     | е           |      | t    | a     | s    | k    | s             |      | s    | е           | е    |        | S    | W    | М     | P            |      |      |      |            | Τ           |         |             |
|   |   |      |       | <u> </u> | <u> </u> |      | _     |             | l    | l    | I     | l    | L .  | I<br>T        | L    | i    | L           | L    |        |      | 1    |       |              | i    |      | L    | l          | <u> </u>    | <u></u> |             |
| • MM2   | М   | u    |       | t        | 1        | р    |       | е           |      | t    | a     | S    | k    | S             |      | S    | е           | е    |        | S    | W    | М     | Р            |      |      |      |            | <u></u>     | <u></u> |             |
| • MM3   | M   | u    | 1     | t        | i        | p    | 1     | е           |      | t    | a     | s    | k    | s             |      | s    | е           | е    |        | S    | W    | М     | P            |      |      |      |            |             |         |             |
| • MM4   | М   | u    | 1     | t        | i        | р    | 1     | е           |      | t    | a     | s    | k    | s             |      | s    | е           | е    |        | S    | W    | М     | P            |      |      |      |            | T           |         |             |
| Partner/Coalition Name    C   |   |      |       |          |          |      |       |             |      |      |       |      |      |               |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
| coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  C  |   |      |       |          |          |      |       |             |      |      |       |      |      |               |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
| Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  • Yes ONG  If Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.  If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  Ch e m u n g S t o m w a t e r C o a 1 i t i o n  Partner/CoalitionName(cont.)  SPDES Partner ID - If applicable  N Y R 2 0  Address  8 5 1 C h e m u n g S t r e e t  N Y 1 4 8 4 5 - S S S S S S S S S S S S S S S S S S  |   |      |       |          |          |      |       |             |      |      |       |      |      |               |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
| Addition  | al ta   | ask  | s/re  | espo     | ons      | ibil | litie | es          |      |      |       |      |      |               |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
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|   | ,   |      |       |          |          | ·    |       |             |      |      |       |      |      |               |      |      |             |      |        |      |      |       |              |      |      |      |            |             |         |             |
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Name of MS4 Village of Elmira Heights NYR2 0A 1 0 5

MCC form for period ending March 9, 2023

#### **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 Margaret   | MI<br>D | Last Name<br>Smith |         |         |     |   |   |      |     |         |   |
|---|---------|--------------------|---------|---------|-----|---|---|------|-----|---------|---|
| Title (Clearly print title of individual signing report)  Mayor |         |                    |         |         |     |   |   |      |     | <u></u> |   |
| Signature Margaret Denter                                       |         |                    | Da<br>O | te<br>3 | ]/[ | 1 | 5 | / [2 | 2 0 | 2       | 3 |

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@dcc.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

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

|                         |                    | SPI | )E2 | ID |   |   |   |   |   |   |
|-------------------------|--------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS <sup>2</sup> | Town of Horseheads | N   | Y   | R  | 2 | 0 | A | 0 | 8 | 8 |

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:

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

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

If Joint Report, enter coalition name:

C h e m u n g S t o r m w a t e r C o a l i t i o n

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

| vice form for period ending water 9, 2 0 2 3  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of MS4 Town of Horseheads SPDES ID  N Y R 2 0 A 0 8 8  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Authorized Representative is signing this form)  The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c  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  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Local Stormwater Public Contact   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Stormwater Management Program (SWMP) Coordinator  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Report Preparer   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First Name MI Last Name   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Donald JFischer   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Title   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Town Supervisor   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address  1 5 0 W y g a n t R o a d  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Phone County  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

|                                | SPI | DES | ID | _ |   |   |   |   |   |
|--------------------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 Town of Horseheads | N   | Y   | R  | 2 | 0 | А | 0 | 8 | 8 |

#### **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.

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

| Firs      | st Na    | me |   |        |   |   |   |        |   |   |   |   |   |   |   | MI | _ | Las | st Na | ame |      |   | _   |   |   |   |   |          |   |      |  |
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| City<br>H | 0        | r  | s | е      | h | е | а | d      | s |   |   |   |   |   |   |    |   |     |       |     |      | Y | Zip |   |   |   |   | <b>]</b> |   |      |  |
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MCC form for period ending March 9, 2 0 2 3

|  | SPDES ID          |
|--|-------------------|
| Name of MS4 Town of Horseheads         | N Y R 2 0 A 0 8 8 |
| <b>Section 2 - Contact Information</b> |                   |
| Important Instructions - Please Read   |                   |

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

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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.

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

| Fire | st N | ame | ; |   |   |              |   |   |   |   |   |   |   |   |   | MI |   | Las | st N | ame | :    |   |     |   |      |   |   |   |      |   |
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| Cit  | у    |     |   |   |   |              |   |   |   |   |   |   |   |   |   | •  |   |     |      | S   | tate | ; | Zip | ) |      |   | - |   | <br> |   |
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| Pho  | ne   |     |   | , |   |              |   |   |   |   |   |   |   |   | • |    |   | Coı | inty | -   |      |   |     |   |      |   |   |   |      |   |
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MCC form for period ending March 9, 2 0 2 3

| Name of MS4 Town of Horseheads   | N Y R 2 0 A 0 8 8  |
|--|--|
| Section 3 - Partner Information  Did your MS4 work with partners/coalition to complete some or all   | nermit requirements during this reporting                                  |
| period?  | ● Yes ○ No   |
| If Yes, complete information below.  |  |
| Submit a separate sheet for each partner. Information provides   |  |
| accepted. If your MS4 cooperated with a coalition, submit of coalition. It is not necessary to include a separate sheet for each of the coalition. |  |
| If No, proceed to Section 4 - Certification Statement.   | out in the countries.  |
| Partner/CoalitionName  |  |
| Chemung Stormwater C   | o a l i t i o n  |
| Partner/Coalition Name (con't.)  | SPDES Partner ID - If applicable   |
|  | N Y R 2 0  |
| Address  |  |
| 8 5 1 C h e m u n g S t r e e t  |  |
| City Horseheads  | State Zip   N Y   1 4 8 4 5 -  |
|  | N Y 1 4 8 4 5 -  |
| eMail  |  |
| n   i   k   o   1   e   @   c   h   e   m   u   n   g   s   w   c   d   .   c           Phone  | 0 m  |
| Leg  | ally Binding Agreement in accordance of GP-0-08-002 Part IV.G.? • Yes • No |
| VIII VIII  |  |
| What tasks/responsibilities are shared with this partner (e.g. MI  | M1 School Programs or Multiple Tasks)                                      |
| ● MM1 Multiple tasks se  | e SWMP   |
|  |  |
| • MM2 Multiple tasks se  | e SWMP   |
| ● MM3 Multiple tasks se  | e SWMP   |
| ● MM4 Multiple tasks se  | e SWMP   |
| ● MM5 Multiple tasks se  | e SWMP   |
| ● MM6 Multiple tasks se  | e SWMP   |
| Additional tasks/responsibilities  |  |
| Watershed Improvement Strategy Best Management Practi  | ces required for MS4s in impaired  |
| watersheds included in GP-0-08-002 Part IX.  |  |
|  |  |
|  | ,  |

MCC form for period ending March 9, 2023

SPDES ID

Name of MS4

Town of Horseheads

NYR2 0A 088

#### **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 Donald  | MI<br>J | Last Nam<br>Fische |         |         |   |     |     |   |   |   |   |
|--|---------|--------------------|---------|---------|---|-----|-----|---|---|---|---|
| Title (Clearly print title of individual signing report) Town Supervisor |         |                    |         |         |   |     |     |   |   |   |   |
| Signature  Honald J. Fischi  |         |                    | Da<br>O | te<br>3 | / | 1 5 | - 1 | 2 | ٥ | 2 | 3 |

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

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

|             |                       | SPI | DES | ID |   |   |   |   |   |   |
|-------------|-----------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Village of Horseheads | N   | Y   | R  | 2 | 0 | А | 1 | 0 | 3 |

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:

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

 C h e m u n g S t o r m w a t e r C o a l i t i o n

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

|             |                       | SPL | ES | ID |   |   |   |   |   |   |
|-------------|-----------------------|-----|----|----|---|---|---|---|---|---|
| Name of MS4 | Village of Horseheads | N   | Y  | R  | 2 | 0 | А | 1 | 0 | 3 |
|             |                       |     |    |    |   |   |   |   |   |   |

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

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- 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  | t Na | me |   |   |   |   |   |   |   |   |   |   |   |   | _ | MI |   | Las | st Na | ıme |     |   |     |   |  | •     |   |      |   |
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MCC form for period ending March 9, 2 0 2 3

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| Name of MS4 | Village of Horseheads | N       | Y   | R  | 2 | 0 | A | 1 | 0 | 3 |

#### **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.

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

| Firs     | First Name N  |   |   |   |   |        |   |   |   |   |   |   |   | MI | I Last Name |   |   |       |   |        |      |   |     |   |  |  |            |  |  |  |
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MCC form for period ending March 9, 2 0 2 3

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| Name of MS4 | Village of Horseheads | N            | Y | R | 2 | 0 | А | 1 | 0 | 3 |  |  |
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- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

| First Name MI |          |   |   |        |        |        |   |   |        |   |     |   | MI |   | Las | t Na | ıme |     |   |   |       |          |     |   |   |  |            |      |   |
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| • MM5             | Mu       | 1    | t     | i     | р        | 1     | е   |          | t    | a    | s        | k        | s     |          | s    | е        | е    |      | S    | W     | М    | P    |             | ·       |      |          |         |          |      |
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MCC form for period ending March 9, 2023

SPDES ID

| 9           |                       | SPDES ID  |
|-------------|-----------------------|-----------|
| Name of MS4 | Village of Horseheads | NYR20A103 |
|             |                       |           |

#### **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           |
|--|----|---------------------|
| Nathan   |    | Nagle               |
| Title (Clearly print title of individual signing report) |    |                     |
| Village Manager  |    |                     |
| Signature  |    |                     |
| Hathe Hage   |    | Date 03 / 15 / 2023 |

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

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

|                         |                     | SPL | ES | ID |   |   |   |   |   |   |
|-------------------------|---------------------|-----|----|----|---|---|---|---|---|---|
| Name of MS <sup>2</sup> | Village of Millport | N   | Y  | R  | 2 | 0 | А | 0 | 2 | 9 |

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:

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

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

 If Joint Report, enter coalition name:

 C h e m u n g S t o r m w a t e r C o a l i t i o n

MCC form for period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$  3

|   | SPDES ID                              |
|---|---------------------------------------|
| Name of MS4 Village of Millport   | N Y R 2 0 A 0 2 9                     |
| Section 2 - Contact Information   |                                       |
| Important Instructions - Please Read  |                                       |
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| 1. Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).   | lified individual (per                |
| 2. Duly Authorized Representative (Information for this contact m Authorized Representative is signing this form)   | oust only be submitted if a Duly      |
| 3. The Local Stormwater Public Contact (required per GP-0-08-00   | 22 Part VII.A.2.c & Part VIII.A.2.c). |
| 4. The Stormwater Management Program (SWMP) Coordinator (I coordination/implementation of SWMP).  | ndividual responsible for             |
| 5. Report Preparer (Consultants may provide company name in the   | e space provided).                    |
| A separate sheet must be submitted for each position listed abortilled by the same individual. If one individual fills multiple rol once and check all positions that apply to that individual. |                                       |
| If a new Duly Authorized Representative is signing this report, provided and a signature authorization form, signed by the Prin Elected Official must be attached.                              |                                       |
| For each contact, select all that apply:  |                                       |
| <ul> <li>Principal Executive Officer/Chief Elected Official</li> </ul>  |                                       |
| O Duly Authorized Representative  |                                       |
| O Local Stormwater Public Contact   |                                       |
| O Stormwater Management Program (SWMP) Coordinator  |                                       |
| O Report Preparer   |                                       |
| First Name  MI Last Name  M i k e D a m c  Title  | o n                                   |

MCC form for period ending March 9, 2

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| Name of MS4 Village of Millport | N  | Y   | R   | 2 | 0 | A | 0 | 2 | 9 |
| Section 2 - Contact Information |    |     |     |   |   |   |   |   |   |

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

| Firs      | t Na     | ame |   |   |   |   |   |   |   |   |   |   |   |   |   | MI | I | ast N | ame | ;    |   |     |   |       |   |            |          |      |  |
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| Titl      | е        |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |       |     |      |   |     |   |       |   |            |          |      |  |
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| Ado       | lres     | S   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |       |     |      |   |     |   |       |   |            |          |      |  |
| 4         | 2        | 4   | 6 |   | М | a | i | n |   | S | t | r | е | е | t |    |   |       |     |      |   |     |   |       |   |            |          |      |  |
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| City      | 7        |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |       | S   | tate |   | Zip | ) |       |   |            |          |      |  |
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MCC form for period ending March 9, 2 0 2 3

|             |                     | SPI | DES | ID |   |   |   |   |   |   |
|-------------|---------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Village of Millport | N   | Υ   | R  | 2 | 0 | A | 0 | 2 | 9 |
|             |                     |     |     |    |   |   |   |   |   |   |

#### **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.

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

| Firs | st Na | ame |   |   |   |   |   |   |   |   |   |   |   |   | _ | MI | _ | Las | st Na | ame |      |   |     |   |  |       |       |  |
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| Add  | dres  | s   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |       |     |      |   |     |   |  |       |       |  |
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| Section               | n 3 - 1            | o<br>ai   | rtn      | er    | In    | foi        | ·m   | ati       | on   |      |      |          |        |          |           |   |          |      |      |      |      |       |       |        |      |               |          |      |         |
| Did your              |                    |           |          |       |       |            |      |           |      |      | con  | nple     | ete s  | som      | e o       | r al  | l pe     | rmi  | t re | qui  | rem  | ent   | s dı  | ırin   | g th | is r          | epo      | rtin | g       |
| period?               |                    |           | •        |       | . •   |            |      |           |      |      |      |          |        |          |           |   |          |      |      |      |      |       |       |        |      | ) Y e         | 35       | 0    | No      |
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|                       | oted. If           |           |          |       |       |            |      |           |      |      |      |          |        |          |           |   |          |      |      |      |      |       |       |        |      |               | C        |      |         |
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| If No, pr             | oceed              | to S      | Sec      | tior  | ı 4   | - C        | erti | ific      | atio | on S | Stat | em       | ent    | •        |           |   |          |      |      |      |      |       |       |        |      |               |          |      |         |
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| City                  |                    | <u> </u>  |          | l     |       | l <u>.</u> | 1    |           |      |      |      | L        | l      |          |           | ļ   | ⊥<br>S1  | tate | l    | Zip  |      | ļ     | l     | L      | L    | L             | <u> </u> |      |         |
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| Phone                 | T=1 <b>、</b>       | ſ <u></u> |          | _     |       |            | Ι_   | Γ.        | T _  | 1    |      |          |        |          |           | Le  | gall     | y Bi | indi | ng 1 | Agre | eme   | ent i | in ac  | cor  | dan           | ce       |      |         |
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| • MM2                 | M u                | 1         | t        | i     | р     | 1          | е    |           | t    | а    | s    | k        | S      |          | s         | е   | е        |      | S    | M    | M    | Р     |       |        |      |               |          |      |         |
| <ul><li>MM3</li></ul> | Mu                 | 1         | t        | i     | р     | 1          | е    |           | t    | a    | s    | k        | s      |          | s         | е   | е        |      | S    | W    | M    | Р     |       |        |      |               |          |      |         |
| • MM4                 | M u                | 1         | t        | i     | р     | 1          | е    |           | t    | a    | s    | k        | s      |          | s         | е   | е        |      | S    | W    | М    | Р     |       |        |      |               |          |      |         |
| <ul><li>MM5</li></ul> | Mu                 | 1         | t        | i     | p     | 1          | е    |           | t    | a    | s    | k        | s      |          | s         | e   | е        | <br> | S    | W    | М    | P     |       |        |      |               |          |      |         |
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| • MM6                 | M u                | 1         | t        | i     | p     | 1          | е    | <u></u> . | t    | a    | s    | k        | s      |          | S         | е   | е        |      | S    | W    | М    | Ρ     |       |        |      |               |          |      |         |
| Addition              | al task            | s/re      | espo     | ons   | ibil  | litie      | es   |           |      |      |      |          |        |          |           |   |          |      |      |      |      |       |       |        |      |               |          |      |         |
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| wate                  | rsheds             | inc       | cluc     | led   | in    | GP         | -0-  | 08-       | 002  | 2 Pa | art  | IX.      |        |          |           |   |          |      |      |      |      |       |       |        |      |               |          |      |         |
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| MCC form for period ending March  | 19,2023   |
|---|---|
| Name of MS4 Village of Millport   | SPDES ID NYR20A029  |
| Section 4 - Certification Statement   |   |
| "I certify under penalty of law that this document and all attachmedirection or supervision in accordance with a system designed to properly gathered and evaluated the information submitted. Base persons who manage the system, or those persons directly resport the information submitted is, the best of my knowledge and belief aware that there are significant penalties for submitting false information and imprisonment for knowing violations."  This form must be signed by either a principal executive officer of authorized representative of that person as described in GP-0-08- | o assure that qualified personnel ed on my inquiry of the person or insible for gathering the information, ef, true, accurate, and complete. I am ormation, including the possibility of or ranking elected official, or duly |
| First Name MI Last Name Michael Damon   |   |
| Title (Clearly print title of individual signing report)  Mayor   |   |
| Signature  A A A  | 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@dcc.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

03/15/2023

#### **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

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

|                               | SPL | <u> ES</u> | ID |   |   |   |   |   |   |
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| Name of MS4 Town of Southport | N   | Y          | R  | 2 | 0 | А | 1 | 0 | 4 |
|                               |     |            |    |   |   |   |   |   |   |

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:

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

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

If Joint Report, enter coalition name:

| С | h | е | L | u | n | g | S | t | 0 | r | m | <br>a | t | е | r | С | 0 | a | 1 | i | t | i | 0 | n |  |
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| MCC form  | for period ending March 9,             | 2 0 2 3                            |
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|   |  | SPDES ID .                         |
| Name of MS4 Town of Southport   |  | N Y R 2 0 A 1 0 4                  |
| Section 2 - Contact Information   | <u>on</u>                              |                                    |
| Important Instructions - Please Read                                      |  |                                    |
| Contact information must be provided                                      | d for <u>each</u> of the following pos | itions as indicated below:         |
| 1. Principal Executive Officer, Chief GP-0-08-002 Part VI.J).             | f Elected Official or other qual       | ified individual (per              |
| 2. Duly Authorized Representative (<br>Authorized Representative is sign  |  | ast only be submitted if a Duly    |
| 3. The Local Stormwater Public Cor  | ntact (required per GP-0-08-00)        | Part VII.A.2.c & Part VIII.A.2.c). |
| 4. The Stormwater Management Pro coordination/implementation of S         |  | dividual responsible for           |
| 5. Report Preparer (Consultants may                                       |  | space provided).                   |
| A separate sheet must be submitte   |  | • • •                              |
| filled by the same individual. If or                                      |  |                                    |
| once and check all positions that a                                       | apply to that individual.              |                                    |
| If a new Duly Authorized Represe  |  |                                    |
| provided and a signature authorization Elected Official must be attached. |  | ipal Executive Officer or Chief    |
| Elected Official must be attached.  |  |                                    |
| For each contact, select all that apply:                                  |  |                                    |
| Principal Executive Officer/Chief Elec-                                   | cted Official                          |                                    |
| O Duly Authorized Representative  |  |                                    |
| O Local Stormwater Public Contact   |  |                                    |
| O Stormwater Management Program (SV                                       | WMP) Coordinator                       |                                    |
| O Report Preparer   |  |                                    |
|   |  |                                    |
| First Name  | MI Last Name                           |                                    |
| J o s e p h   | Roma                                   | n                                  |
| Title   |  |                                    |
|   | sor                                    |                                    |
| Address  1 1 3 9 P e n n s y 1  | vania Ave                              |                                    |
| City  | State                                  | Zip                                |
| E l m i r a   |  | Z.IP                               |
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|   |  |                                    |
| Phone   | County                                 |                                    |

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

|             |                   | SPI | JES | ID |   |   |   |   |   |   |
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| Name of MS4 | Town of Southport | N   | Y   | R  | 2 | 0 | Α | 1 | 0 | 4 |

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- 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.

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

| Firs      | t Na          | me |   |   |   |   |   |   |   |   |   |   |   |   |   | MI |   | Las      | t Na | ame |      |        |     |   |   |   |            |   |  |  |
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| City      | /             |    |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |          |      | S   | tate |        | Zip | ) |   |   |            |   |  |  |
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MCC form for period ending March 9, 2 0 2 3

|                               | SPDES ID          |
|-------------------------------|-------------------|
| Name of MS4 Town of Southport | N Y R 2 0 A 1 0 4 |
|                               |                   |

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

Important Instructions - Please Read

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- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
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- 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.

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

| Firs  | t Na | ime |   |   |   |   |   |   |   |   |   |   |   |   | _ | MI | _ | Las | t Na | me |       |   |     |   | <br>  | <br> |      |  |
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| City  | /    |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      | S  | tate  |   | Zip |   |       | _    |      |  |
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| Name o                | f MS4               | Town     | 1 of S | Soutl | port       | :    |      |      |      |      |      |        |      |          |              |       |            |      |          |      | N    | Y    | R           | 2                       | 0          | A        | 1      | 0          | 4     |
| Sectio                | n 3 - I             | ar       | tn     | er    | In         | for  | ·m:  | ati  | on   |      |      |        |      |          |              |       |            |      |          |      |      |      |             |                         |            |          |        |            |       |
| Did your              |                     |          |        |       |            |      |      |      |      | to ( | com  | ıple   | te s | som      | e o          | r all | pe         | rmit | t re     | quii | rem  | ent  | s dı        | ırin                    | g th       | is 1     | epo    | rtin       | g     |
| period?               |                     |          |        |       | . •        |      |      |      |      |      |      |        |      |          |              |       |            |      |          |      |      |      |             |                         |            | Y e      | es     | 0          | No.   |
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|                       | pted. If            |          |        |       |            |      |      | _    |      |      |      |        |      |          |              |       |            |      |          |      |      |      |             |                         |            |          |        |            |       |
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| Partner/C             | oantion             | vam      | ie (c  | on    | . <i>)</i> |      |      |      |      |      | Γ.   |        | T    |          |              |       |            |      |          | ]    | N    | Y    | R           | $\frac{\text{rine}}{2}$ | 0          | ) - 1    | f app  | Hica       | bie   |
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| City                  |                     |          |        |       |            |      |      |      |      |      |      | ·      |      | _        |              |       | St         | ate  | _,       | Zip  | 1    |      |             | ·                       | 1          | _        |        |            |       |
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| Phone 6 0             | 7 )                 | 7        | 9      | 6     | l _        | 2    | 2    | 1    | 6    | ]    |      |        |      |          |              |       |            | y Bi |          |      |      |      |             |                         |            |          |        | _          |       |
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| • MM1                 | M u                 | 1        | t      | i     | р          | 1    | е    |      | t    | a    | s    | k      | s    |          | s            | е     | е          |      | S        | W    | М    | Р    |             |                         |            |          |        |            |       |
| • 100                 | N                   | 1        |        |       |            | 1    |      |      |      |      |      | 1_     | <br> |          | ·<br> -      |       | Г <u>_</u> |      | <u> </u> | F.7  | λ.σ. |      | I           | Ι                       |            |          |        |            |       |
| • MM2                 | Mu                  | 1        | t      | i     | р          | 1    | е    |      | t    | a    | S    | k      | S    | <u> </u> | S            | е     | е          |      | S        | W    | M    | Р    |             |                         |            |          |        |            |       |
| <ul><li>MM3</li></ul> | M u                 | 1        | t      | i     | р          | 1    | е    |      | t    | a    | S    | k      | s    |          | s            | е     | е          |      | S        | W    | М    | Р    |             |                         |            |          |        |            |       |
| • MM4                 | M u                 | 1        | t      | i     | р          | 1    | е    |      | t    | a    | s    | k      | s    |          | s            | е     | е          |      | S        | W    | М    | P    |             |                         |            |          |        |            |       |
| • 14747               | N/                  | <u>-</u> |        |       |            | 7    |      |      |      |      |      |        | I    |          |              | L     |            |      | _        | F.7  | L    | _    | L           | ļ                       | L          | L        | <br>T  |            |       |
| • MM5                 | M u                 | 1        | t      | i     | р          | 1    | е    |      | t    | a    | S    | k      | S    |          | s            | е     | е          |      | S        | W    | М    | P    | <u> </u>    |                         | ļ <u>.</u> |          |        |            |       |
| • MM6                 | M u                 | 1        | t      | i     | р          | 1    | е    |      | t    | a    | S    | k      | s    |          | s            | е     | е          |      | S        | W    | М    | Р    |             |                         |            |          |        |            |       |
| Addition              | nal task            | s/re     | esno   | วทร   | ibil       | itie | es   |      |      |      |      |        |      |          |              |       |            |      |          |      |      |      |             |                         |            |          |        |            |       |
| _                     | ershed              |          | •      |       |            |      |      | 'eg1 | , Be | est  | Ma   | nas    | zen  | ıen      | t Pi         | raci  | tice       | s re | au       | irea | d fo | r N  | <b>1</b> S4 | ls i                    | n ir       | ทุตล     | ire    | d          |       |
|                       | ersheds             |          |        |       |            |      |      |      |      |      |      |        |      |          | - •          |       |            | •    | -1~"     | 1    |      | ,    | _~          | ~ *                     | _ **       | -r-      |        |            |       |
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MCC form for period ending March 9, 2023

SPDES ID

Name of MS4

Town of Southport

NYR2 0A 1.0 4

#### **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 Joseph  | MI | Last Name<br>Roman |          |        |      |   |    | , |   |   |   |
|--|----|--------------------|----------|--------|------|---|----|---|---|---|---|
| Title (Clearly print title of individual signing report) Town Supervisor |    |                    |          |        |      |   |    |   |   |   |   |
| Signature  Joseph Roma   |    |                    | Dat<br>G | e<br>3 | / [\ | 5 | ]/ | 2 | 0 | 2 | 3 |

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

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

| _           |                 | SPI | ノヒン | ID |   |   |   |   |   |   |
|-------------|-----------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Town of Veteran | N   | Y   | R  | 2 | 0 | A | 0 | 8 | 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:

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

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

If Joint Report, enter coalition name:

C h e m u n g S t o r m w a t e r C o a l i t i o n

Phone

# MS4 Municipal Compliance Certification(MCC) Form

| MCC form for period ending March 9, 2 0 2 3   |
|---|
| Name of MS4 Town of Veteran SPDES ID  N Y R 2 0 A 0 8 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:   |
| <ol> <li>Principal Executive Officer, Chief Elected Official or other qualified individual (per<br/>GP-0-08-002 Part VI.J).</li> </ol>  |
| 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   |
| First Name MI Last Name   |
| First Name  MI Last Name  David  Lewis  |
| Title   |
| Town Supervisor   |
| Address   |
| 4 0 4 9 W a t k i n s R o a d   |
| City State Zip  |
| M i 1 1 p o r t   |
| eMail   |
| v e t s u p @ s t n v . r r . c o m   |

County

Chemung

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

| ·                           | SPL | ES | עו |   |   |   |   |   |   |
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| Name of MS4 Town of Veteran | N   | Y  | R  | 2 | 0 | A | 0 | 8 | 2 |

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

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- O Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

| FIR  | st N     | ame    |   |   |   |   |   |   |   |   |   |   |   |   |   | MI |   | Las | it Na | ame | ;    |   |     |   |  |          |      |      |
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| MCC form for period ending March 9, 2 0 2 3   |
|---|
| SPDES ID  |
| Name of MS4 Town of Veteran N Y R 2 0 A 0 8 2   |
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| O Duly Authorized Representative  |
| O Local Stormwater Public Contact   |
| Stormwater Management Program (SWMP) Coordinator  |
| • Report Preparer   |
|   |
| First Name MI Last Name   |
| N i k o l e   |
| Title   |
| S t o r m w a t e r E d u c a t o r   |
| Address 8 5 1 C h e m u n g S t r e e t   |
| 8 5 1   C h e m u n g   S t r e e t         State Zip   |
| Horseheads Ny -   |
| eMail   |
| n i k o l e @ c h e m u n g s w c d . c o m   |
| Phone County  |

County

 $C \mid h \mid e \mid m \mid u \mid n \mid g$ 

| Name of  | f MS4                         | own of | Vete   | ran  |          |           |          |     |              |          |               |       |          |          |       |      |            |     |          | N        | Y   | R        | Т     | 0    | А        | 0       | 8       | 2      |
|--|-------------------------------|--------|--------|------|----------|-----------|----------|-----|--------------|----------|---------------|-------|----------|----------|-------|------|------------|-----|----------|----------|-----|----------|-------|------|----------|---------|---------|--------|
| Section  | n 3 - Pa                      | artn   | ıer    | In   | foi      | m         | ati      | on  |              |          |               |       |          |          |       |      |            |     |          |          |     |          |       |      |          |         |         |        |
| Did your period?   | MS4 wo                        | rk w   | ith p  | art  | ner      | s/co      | alit     | ion | to           | con      | nple          | ete s | som      | e o      | r all | l pe | rmit       | re  | qui      | rem      | ent | s dı     | ırin  | _    |          | _       |         | _      |
| If Yes, c  | omplete                       | info   | rm     | atio | n h      | elo       | W.       |     |              |          |               |       |          |          |       |      |            |     |          |          |     |          |       |      | ) Y      | es      | C       | No.    |
| Subn   | nit a sep                     | arate  | sh     | eet  | for      | eac       | շի ք     |     |              |          |               |       |          |          |       |      |            |     |          |          |     |          |       |      |          |         |         |        |
| -  | oted. If y                    |        |        |      | -        |           |          |     |              |          |               |       | •        |          |       |      |            |     |          |          |     |          |       |      | the      |         |         |        |
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| Partner/CoalitionName  C h e m u n g S t o r m w a t e r C o a 1 i t i o n  Restroy/CoalitionName(coalt) |                               |        |        |      |          |           |          |     |              |          |               |       |          |          |       |      |            |     |          |          |     |          |       |      |          |         |         |        |
| Partner/Co   | oalition Na                   | ame (  | con'   | t.)  | _        |           |          |     | _            |          |               |       |          |          |       |      |            |     | 1        | SPI      | DES | Pa       | rtne  | r ID | ) - I:   | fap     | plica   | ble    |
| Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable  N Y R 2 0                             |                               |        |        |      |          |           |          |     |              |          |               |       |          |          |       |      |            |     |          |          |     |          |       |      |          |         |         |        |
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| City<br>H o r  | s e                           | h e    | a      | d    | s        |           |          |     |              |          |               |       |          | Ī        |       |      | ate<br>J Y |     | Zip<br>1 | 4        | 8   | 4        | 5     | _    |          |         |         |        |
| eMail  |                               |        | -      |      |          | <b></b> . | J        | L   | 1            | <u> </u> | -             | 1     |          | <u> </u> | I     | J L  |            |     |          |          | l   | l        | I     | .    |          | <u></u> |         |        |
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| Phone  | <del></del>                   |        |        | 1    |          |           |          | · - | 7            |          | •             |       |          | •        | Le    | gall | v Bi       | ndi | ng /     | \gre     | em  | ent:     | in ac | cor  | dar      | ice     |         |        |
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| <ul> <li>MM1</li> </ul>  | M u                           | l t    | i      | р    | 1        | е         |          | t   | а            | s        | k             | s     |          | s        | е     | e    |            | S   | W        | M        | Р   |          |       |      |          | T       |         |        |
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| • MM2  | M u                           | l t    | ļi     | р    | <u> </u> | е         | <u> </u> | t   | a            | S        | k             | S     |          | s        | е     | е    |            | S   | W        | M        | Р   |          |       |      | L        |         |         |        |
| • MM3  | M u                           | l t    | i      | р    | 1        | е         |          | t   | a            | s        | k             | s     |          | s        | е     | е    |            | S   | W        | М        | Ρ   |          |       |      | L        |         |         |        |
| • MM4  | M u                           | l t    | i      | р    | 1        | е         | -        | t   | а            | s        | k             | s     |          | s        | е     | е    |            | S   | W        | M        | P   |          |       |      |          |         |         |        |
| <ul><li>MM5</li></ul>  | M u                           | l t    | i      | р    | 1        | е         |          | t   | a            | s        | k             | s     |          | s        | е     | е    |            | S   | W        | М        | Р   |          |       |      |          |         |         |        |
| <ul><li>MM6</li></ul>  | M u                           | l t    | i      | р    | 1        | e         |          | t   | a            | s        | k             | s     |          | s        | e     | е    |            | S   | W        | M        | P   | l        |       |      |          |         |         |        |
|  |                               |        | I      |      |          |           |          |     | <u> </u>     | _        |               |       | l        |          |       |      |            |     |          |          |     |          |       |      | <u> </u> |         |         |        |
| Addition   |                               | •      |        |      |          |           |          |     |              | _        |               |       |          |          |       |      |            |     |          | _        |     |          |       |      |          |         |         |        |
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|             | MCC form for period ending March 9, 2023 |           |
|-------------|--|-----------|
|             |  | SPDES ID  |
| Name of MS4 | Town of Veteran                          | NYR20A082 |

#### **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 David   | MI | Last Name<br>Lewis |     |        |      |    |     |   |   |   |   |
|--|----|--------------------|-----|--------|------|----|-----|---|---|---|---|
| Title (Clearly print title of individual signing report) Town Supervisor |    |                    |     |        |      |    |     |   |   |   |   |
| Signature  |    |                    |     |        |      |    |     |   |   |   |   |
| Crelly   | `` |                    | Dat | e<br>3 | / [i | 5, | ] / | 2 | 0 | Z | 3 |

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

|  |          | SPD  | ES ID  |     |   |     |   |   |
|--|----------|------|--------|-----|---|-----|---|---|
| Name of MS4 Village of Wellsburg                                       |          | N    | YR     | 2   | 0 | A 1 | 2 | 1 |
|  |          |      |        |     |   |     |   |   |
| Each MS4 must submit an MCC form.                                      |          |      |        |     |   |     |   |   |
| Section 1 - MCC Identification Page                                    |          |      |        |     |   |     |   |   |
|  |          |      |        |     |   |     |   |   |
| Indicate whether this MCC form is being submitted to certify endorseme | nt or ac | cept | ance ( | of: |   |     |   |   |
| ○ An Annual Report for a single MS4                                    |          |      |        |     |   |     |   |   |
| ○ A Single Entity (Per Part II.E of GP-0-10-002)                       |          |      |        |     |   |     |   |   |
| ● A Joint Report   |          |      |        |     |   |     |   |   |
| Joint reports may be submitted by permittees with legally l            | oinding  | agr  | eeme   | nts |   |     |   |   |
| If Joint Report, enter coalition name:                                 |          |      |        |     |   |     |   |   |
| ChemungStormwater  | Co       | a .  | l i    | t   | i | o n |   |   |
|  |          |      |        |     |   |     |   |   |

MCC form for period ending March 9, 2

|               |                      | <br>SPI | DES | ID |   |   |   |   |   |   |
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| Name of MS4   | Village of Wellsburg | N       | Y   | R  | 2 | 0 | A | 1 | 2 | 1 |
| Section 2 - C | 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.

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

| First Name                  | MI | Last Name         |
|-----------------------------|----|-------------------|
| Henry                       |    | Jerzak            |
| Title                       |    |                   |
| Mayor                       |    |                   |
| Address                     |    |                   |
| 3 6 6 3 S i x t h S t r e e | t  |                   |
|                             |    |                   |
| City                        |    | State Zip         |
| City Wellsburg              |    | State   Zip     - |
|                             |    |                   |
| W e l l s b u r g           |    |                   |
| W e l l s b u r g eMail     |    |                   |

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

|             |                      | SPI | DES | ID |   |   |   |   |   |   |
|-------------|----------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Village of Wellsburg | N   | Y   | R  | 2 | 0 | A | 1 | 2 | 1 |

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

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- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

| Firs      | t Na          | ime    |        |   |   |   |   |        |   |   |   |   |   |   |   | MI | _ | Las | st Na     | ame | :    |   |          |   |   |   |          |   |      |  |
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| City      | 7             |        |        |   |   |   |   |        |   |   |   |   |   |   |   |    |   |     |           | S   | tate | , | Zip      | ) |   |   |          |   |      |  |
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MCC form for period ending March 9, 2 0 2 3

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

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- O Duly Authorized Representative
- O Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

| Firs      | st Na    | ıme |        |   |   |   |   |   |   |   |   |   |   |   | _ | MI |   | Las      | t Na | ame |      |   |     |   |  |   |     |  |      |
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| City      | У        |     |        |   |   |   |   |   |   |   |   |   |   |   |   |    |   |          |      | S   | tate |   | Zir | ) |  |   |     |  |      |
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Horseheads

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,  $2 \mid 0 \mid 2 \mid 3 \mid$ 

|              |            |          |        |            |                          |            |            |              |      |            |              |       |      |      |      |          |     |      |      | SP  | DES  | SID |         |          |     |      |     |      |
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| Nar          | ne of      | MS       | 4 Vil  | lage o     | of Well                  | sburg      |            |              |      |            |              |       |      |      |      |          |     |      |      | N   | Y    | 1   |         | 0        | A   | 1    | 2   | 1    |
| Sec          | tion       | 2 -      | Co     | <u>nta</u> | et I                     | <u>nfo</u> | <u>rma</u> | <u>tio</u> 1 | 1    |            |              |       |      |      |      |          |     |      |      |     |      |     |         |          |     |      |     |      |
| Imp          | ortar      | ıt Ins   | struc  | tion       | ıs - P                   | leas       | e Rea      | ıd           |      |            |              |       |      |      |      |          |     |      |      |     |      |     |         |          |     |      |     |      |
| Con          | tact       | nfor     | mati   | on         | must                     | be j       | provi      | ded          | for  | : <u>e</u> | <u>ach</u> ( | of th | ne f | ollo | wi   | ng       | pos | itic | ons  | as  | ind  | ica | ted     | bel      | ow  | :    |     |      |
|              |            |          |        |            | ve O<br>t VI.J           |            | er, Cl     | ief          | Ele  | ect        | ed O         | ffic  | ial  | or c | the  | er q     | ual | ifie | d i  | ndi | vid  | ual | (pe     | r        |     |      |     |      |
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| For o        | each       | conta    | ict, s | elec       | t all t                  | hat a      | ipply:     |              |      |            |              |       |      |      |      |          |     |      |      |     |      |     |         |          |     |      |     |      |
| O Pr         | incip      | al Ex    | kecut  | ive        | Offic                    | er/C       | hief I     | Elect        | ed   | Of         | ficial       |       |      |      |      |          |     |      |      |     |      |     |         |          |     |      |     |      |
| $\bigcirc$ D | uly A      | utho     | rized  | Re         | prese                    | ntati      | ve         |              |      |            |              |       |      |      |      |          |     |      |      |     |      |     |         |          |     |      |     |      |
| $\circ$ Lo   | ocal S     | storm    | iwate  | r Pı       | ublic                    | Con        | tact       |              |      |            |              |       |      |      |      |          |     |      |      |     |      |     |         |          |     |      |     |      |
| O St         | ormv       | ater     | Man    | age        | ment                     | Prog       | gram       | (SW          | ΜF   | <b>'</b> ) | Coor         | dina  | tor  |      |      |          |     |      |      |     |      |     |         |          |     |      |     |      |
| • Re         | eport      | Prep     | arer   |            |                          |            |            |              |      |            |              |       |      |      |      |          |     |      |      |     |      |     |         |          |     |      |     |      |
| E. 13        | <b>.</b> Τ |          |        |            |                          |            |            |              |      |            |              | 3.63  |      | _    |      |          |     |      |      |     |      |     |         |          |     |      |     |      |
| First I      |            | 0        | l e    |            |                          | $\top$     | TT         | T            | T    | Т          |              | Ml    |      | W    | a    | ame      | t   | s    |      | Τ   | Τ    | Τ   | 1       |          |     |      |     |      |
| Title        | - 1 1/2    | <u>~</u> |        |            | LL                       |            |            |              |      |            |              | L     | J    |      | a    | <u>_</u> |     |      | .L   |     |      | 1   | <u></u> | <u> </u> | L   |      |     |      |
| St           | . 0        | rr       | n w    | a          | t e                      | r          |            | E d          | υ    | ı          | c a          | t     | 0    | r    |      |          |     |      |      |     |      |     |         |          |     |      |     |      |

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|---|----------------------|----------|-------|-------|-------|------|------|------|----------|-------|------|------|------|-----------|----------|----------|-------|------|-----|------|------|------|-----|-------------|------|-------|----------|------|----------|
| Name of   | f MS4                | Villa    | ige o | f We  | llsbı | ırg  |      |      |          |       |      |      |      |           |          |          |       |      |     |      | N    | Y    | R   | 2           | 0    | A     | 1        | 2    | 1        |
| Section   | n 3 - I              | Pai      | rtn   | er    | In    | for  | ·m   | ati  | on       |       |      |      |      |           |          |          |       |      |     |      |      |      |     |             |      |       |          |      |          |
| Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting |                      |          |       |       |       |      |      |      |          |       |      |      |      |           |          |          |       |      |     |      |      |      |     |             |      |       |          |      |          |
| period?   |                      |          |       |       |       |      |      |      |          |       |      |      |      |           |          |          |       |      |     |      |      |      |     |             |      | ) Ye  | es       | С    | No       |
| If Yes, c   | -                    |          |       |       |       |      |      |      |          | h     | . т  | . c  |      | <b>4:</b> |          |          | : 1 - | 1 !  | 4   | 1    | C-   |      |     | '11         | ı    | , 1   |          |      |          |
|   | nit a se<br>oted. If | _        |       |       |       |      |      | _    | -        |       |      |      |      |           | -        |          |       |      |     |      |      |      |     |             |      |       | е        |      |          |
| _   | tion. It             | -        |       |       |       | _    |      |      |          |       |      |      |      |           |          |          |       |      |     |      |      |      |     |             |      | ,110  |          |      |          |
| If No, pr   | oceed                | to S     | Sec   | tior  | 1 4   | - C  | erti | ific | atic     | on S  | Stat | em   | ent  |           |          |          |       |      |     |      |      |      |     |             |      |       |          |      |          |
| Partner/Co  | palition N           | Vam      | ie    |       |       |      |      |      |          |       |      |      |      | _         |          |          |       |      |     |      |      |      |     |             |      |       |          |      |          |
| Che   | m u                  | n        | g     |       | S     | t    | 0    | r    | m        | W     | a    | t    | е    | r         |          | С        | 0     | a    | 1   | i    | t    | i    | 0   | n           |      |       |          |      |          |
| Partner/Co  | palition 1           | Van      | ne (c | on't  | .)    |      |      |      | т—       |       |      |      |      |           | ,        | 1        |       |      | ·   | ٦    | SPI  | DES  | Pa  | rtne        | r ID | - I1  | fapp     | lica | ıble     |
|   |                      | <u> </u> |       |       |       |      |      |      |          |       |      |      |      |           | L.       |          |       |      |     |      | N    | Y    | R   | 2           | 0    |       |          |      |          |
| Address   | 1 -                  |          |       | T     |       | 1    | _    | 1 -  |          | Т—    | ī    |      |      | T         | 1        |          | Ι     | 1    | ,   | I    |      |      | T   | 1           |      |       |          |      |          |
| 8 5 1   | C                    | h        | е     | m     | u     | n    | g    |      | S        | t     | r    | е    | ė    | t         |          |          |       |      |     |      |      |      |     |             |      |       |          |      |          |
| City<br>H o r   |                      | h        |       | T_    | -a1   | _    | Γ    | Ι    | I        |       |      | Τ    | 1    | T         | Ī        | Τ        | ] [   | ate  |     | Zip  |      |      |     | _           |      | Γ     | T        |      |          |
|   | s e                  | h        | е     | a     | d     | S    |      |      |          |       |      |      |      | <u> </u>  |          | <u> </u> |       | 1 X  |     | 1    | 4    | 8    | 4   | 5           | -    | L     |          |      | Ш        |
| eMail   |                      |          |       |       |       |      |      |      |          |       | Ι    | Γ    |      |           |          |          | ]     |      |     |      | Ι    |      |     |             |      | Γ.    |          |      |          |
| n i k   | 0 1                  | е        | @     | С     | h     | е    | m    | u    | n        | g     | S    | W    | С    | d         | •        | С        | 0     | m    |     |      |      |      |     |             |      |       |          |      |          |
| Phone 6 0   | 7                    | 7        | 9     | 6     | _     | 2    | 2    | 1    | 6        | ]     |      |      |      |           |          |          |       | y Bi |     |      |      |      |     |             |      |       |          |      | <b>.</b> |
| (   3   3   | <u> </u>             | L        |       |       |       |      |      |      | <u> </u> |       |      |      |      |           |          | WI       | tn G  | P-0  | -08 | -002 | z Pa | rt 1 | V.G | .7          |      | Υe    | ès       | O    | No       |
| What tas  | ks/resp              | on       | sib   | iliti | es    | are  | sha  | arec | d w      | ith   | this | s pa | ırtn | er (      | (e.g     | g. M     | IM:   | 1 Sc | chc | ol l | Pro  | gra  | ms  | or          | Mu   | ıltiţ | ole '    | Tas  | ks)      |
| • MM1   | Mu                   | 1        | t     | i     | р     | 1    | е    |      | t        | а     | s    | k    | s    |           | s        | е        | е     |      | S   | W    | М    | Р    |     |             |      |       |          |      |          |
| <b>A</b> 1 0 0  | 7.4                  | 7        |       |       |       |      |      |      |          | l     | I    | ,    |      |           |          | ·        |       |      | _   | I    |      | _    |     | <u></u>     |      |       | <u> </u> |      |          |
| • MM2   | Mu                   | 1        | t     | 1     | р     | 1    | е    |      | t        | a     | S    | k    | S    |           | S        | е        | е     |      | S   | W    | М    | Р    |     |             |      |       |          |      |          |
| <ul><li>MM3</li></ul>   | Mu                   | 1        | t     | i     | р     | 1    | е    |      | t        | a     | s    | k    | s    |           | s        | е        | е     |      | S   | W    | М    | Р    |     |             |      |       |          |      |          |
| • MM4   | M u                  | 1        | t     | i     | р     | 1    | е    |      | t        | a     | s    | k    | s    |           | s        | е        | е     |      | S   | W    | М    | Р    |     |             |      |       |          |      |          |
| <ul><li>MM5</li></ul>   | Mu                   | 1        | t     | i     | р     | 1    | e    |      | t        | a     | s    | k    | s    |           | s        | е        | e     |      | S   | W    | М    | P    |     |             |      |       |          |      |          |
|   |                      |          |       |       |       |      |      |      |          |       |      |      |      |           |          |          |       |      |     |      |      |      |     |             |      |       |          |      |          |
| • MM6   | M u                  | 1        | t     | i     | р     | 1    | е    |      | t        | а     | S    | k    | s    |           | S        | е        | е     |      | S   | W    | М    | Ρ    |     |             |      |       |          |      |          |
| Addition  | al task              | s/re     | espe  | ons   | ibil  | itie | s    |      |          |       |      |      |      |           |          |          |       |      |     |      |      |      |     |             |      |       |          |      |          |
| O Wate  | ershed               | Imj      | pro   | ven   | ıen   | t Si | rat  | egy  | Be       | est . | Ма   | nag  | gem  | ieni      | $tP_{I}$ | raci     | ice   | s re | qu  | irec | l fo | r M  | 1S4 | s ir        | ı in | ъра   | irec     | 1    |          |
|   | rsheds               |          |       |       |       |      |      |      |          |       |      |      |      |           |          |          |       |      | •   |      |      |      |     |             |      | •     |          |      |          |
|   |                      |          |       |       |       |      |      |      |          |       |      |      |      |           |          |          |       |      |     | -    |      |      |     |             |      |       |          |      |          |
| 1   |                      |          |       |       |       |      |      |      |          |       |      |      |      |           |          |          |       |      |     |      |      |      |     |             |      |       |          |      |          |

|             | MCC form for period ending March 9 | ,2023 |                       |
|-------------|------------------------------------|-------|-----------------------|
| Name of MS4 | Village of Wellsburg               |       | SPDES ID<br>NYR20A121 |

#### **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   | ΜI | Last Name       |
|--|----|-----------------|
| Henry  |    | Jerzak          |
| Title (Clearly print title of individual signing report) |    |                 |
| Mayor  |    |                 |
| Signature  |    |                 |
| JAM 1  |    |                 |
|  |    | Date 03/15/2023 |

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

|            |        |      |       |      |      |      |         |       |      |       |      |      |       |      |     |      |        |     |    | SPI | DES | ID   |     |   |   |   |   |   |
|------------|--------|------|-------|------|------|------|---------|-------|------|-------|------|------|-------|------|-----|------|--------|-----|----|-----|-----|------|-----|---|---|---|---|---|
| Name of    | MS4    | Che  | emun  | g Co | unty | Hig  | hway De | partn | nent |       |      |      |       |      |     |      |        |     |    | N   | Y   | R    | 2   | 0 | А | 4 | 7 | 6 |
| Each MS    | 4 mu   | st s | ubı   | nit  | an   | M    | CC fo   | rm.   | • •  |       |      |      |       |      |     |      |        |     |    |     |     |      |     |   |   |   |   |   |
| Section    | 1 - 1  | M(   | CC    | Id   | len  | tif  | icatio  | n     | Pa   | ge    |      |      |       |      |     |      |        |     |    |     |     |      |     |   |   |   |   |   |
| Indicate w | hethe  | r th | is N  | 1C0  | C fo | rm   | is bei  | ng s  | ubr  | nitte | ed t | to c | ertit | fy e | ndo | orse | ment   | or  | ac | сер | tan | ce ( | of: |   |   |   |   |   |
| O An Ann   | ual R  | еро  | rt fo | or a | sin  | gle  | MS4     |       |      |       |      |      |       |      |     |      |        |     |    |     |     |      |     |   |   |   |   |   |
| O A Single | e Enti | ty ( | Per   | Par  | t II | E o  | of GP-  | 0-10  | 0-00 | )2)   |      |      |       |      |     |      |        |     |    |     |     |      |     |   |   |   |   |   |
| • A Joint  | Repo   | rt   |       |      |      |      |         |       |      |       |      |      |       |      |     |      |        |     |    |     |     |      |     |   |   |   |   |   |
| J          | oint 1 | repo | orts  | ma   | ay l | oe s | submit  | ted   | by   | per   | rmi  | ttee | es v  | vith | le; | gall | ly bii | ndi | ng | ag  | ree | me   | nts |   |   |   |   |   |
| It         | Joint  | Rep  | ort,  | ent  | er c | oali | tion na | me:   |      |       |      |      |       |      |     |      |        |     |    |     |     |      |     |   |   |   |   |   |
|            | Ch     | е    | m     | u    | n    | g    | S       | t     | 0    | r     | m    | W    | a     | t    | е   | r    |        |     | o  | a   | 1   | i    | t   | i | 0 | n |   |   |

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

|             |                                   | SPL | DES | ID |   |   |   |   |   |   |
|-------------|-----------------------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Chemung County Highway Department | N   | Y   | R  | 2 | 0 | А | 4 | 7 | 6 |

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

Important Instructions - Please Read

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

- 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.

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

| First Name                    | MI Last Name        |
|-------------------------------|---------------------|
| C h r i s t o p h e r         | Moss                |
| Title                         |                     |
| C o u n t y E x e c u t i v e | e                   |
| Address                       |                     |
| P O B o x 5 8 8               |                     |
| City                          | State Zip           |
| Elmira                        | N Y                 |
| eMail                         |                     |
|                               | u n t y n y . g o v |
| Phone                         | County              |
|                               | Chemung             |

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Phone

# MS4 Municipal Compliance Certification(MCC) Form

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

|              |                          |             |       |          |            |         |            |            |            |           |             |      |            |             |       |      |             |      |           | L    |      |             |      |        |          |        |        |        |      |     |      |
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|              |                          |             |       |          |            |         |            |            |            |           |             |      |            |             |       |      |             |      |           |      |      | SI          | PDE  | ES I   | D_       |        |        |        |      |     | ,    |
| Na           | me o                     | f MS        | 4 Ch  | emun     | g Co       | unty    | High       | ıway       | Dep        | artm      | ent         |      |            |             |       |      |             |      |           |      |      | N           | 1 7  | Y F    | R 2      | 2      | 0      | A      | 4    | 7   | 6    |
| Sec          | ction                    | <u> 2 -</u> | Co    | nta      | <u>ict</u> | In      | <u>for</u> | m          | <u>ati</u> | <u>on</u> |             |      |            |             |       |      |             |      |           |      |      |             |      |        |          |        |        |        |      |     |      |
| Imp          | ortar                    | nt Ins      | truc  | tior     | is -       | Plε     | ase        | Re         | ead        |           |             |      |            |             |       |      |             |      |           |      |      |             |      |        |          |        |        |        |      |     |      |
| Cor          | ntact                    | infoı       | mat   | ion      | mu         | st t    | e p        | rov        | /ide       | d f       | or <u>c</u> | eac. | <u>h</u> 0 | f th        | e f   | ollo | wi          | ng   | po        | siti | ons  | as          | ine  | dica   | atec     | d b    | elo    | w:     |      |     |      |
|              | Princ<br>GP-0            |             |       |          |            |         |            | r, C       | hie        | f E       | lec         | ted  | Of         | fici        | ial ( | or c | the         | er q | ual       | ific | ed i | ndi         | ivio | lua    | l (p     | er     |        |        |      |     |      |
|              | Duly<br>Auth             |             |       |          |            |         |            |            |            |           |             |      |            |             | th:   | is c | ont         | act  | m         | ust  | on   | ly ł        | oe s | sub    | mit      | ttec   | 1 if   | `a]    | Du   | ly  |      |
| 3.           | The I                    | _oca        | Sto   | rmv      | wat        | er F    | Pub        | lic        | Coı        | nta       | ct (        | req  | uire       | ed p        | oer   | GP   | <b>-</b> 0- | 08-  | -00       | 2 F  | art  | VI          | I.A  | 2.     | c &      | z P    | art    | VI     | (II. | 4.2 | .c). |
|              | The S                    |             |       |          |            | _       |            |            |            | _         |             |      | VN         | <b>1</b> P) | Co    | orc  | lina        | itoi | · (I      | ndi  | vid  | ual         | re   | spo    | nsi      | ble    | e fo   | r      |      |     |      |
| 5.           | Repo                     | rt Pr       | epar  | er (     | Cor        | nsu     | ltar       | its 1      | may        | y pı      | ovi         | ide  | COI        | npa         | any   | na   | me          | in   | the       | sp   | ace  | pr          | ovi  | ide    | d).      |        |        |        |      |     |      |
|              | A septilled once         | by t        | he s  | ame      | ine        | div     | idu        | al.        | If o       | ne        | ind         | ivi  | dua        | l fi        | lls   | mu   | ltip        |      |           |      |      |             |      |        |          |        |        |        |      |     |      |
|              | If a n<br>provi<br>Elect | ded         | and   | a si     | gna        | ıtur    | e at       | utho       | oriz       | zatio     |             |      |            |             |       |      |             |      |           |      |      |             |      |        |          |        |        |        |      |     | е    |
| For          | each                     | conta       | ct, s | elec     | t all      | l tha   | at a       | pply       | y:         |           |             |      |            |             |       |      |             |      |           |      |      |             |      |        |          |        |        |        |      |     |      |
| $\bigcirc P$ | rincip                   | al Ex       | cecut | ive      | Off        | icei    | :/Cl       | nief       | Ele        | cte       | d O         | ffic | ial        |             |       |      |             |      |           |      |      |             |      |        |          |        |        |        |      |     |      |
| $\circ$ D    | uly A                    | utho        | rized | Re       | pre        | sent    | tativ      | <i>v</i> e |            |           |             |      |            |             |       |      |             |      |           |      |      |             |      |        |          |        |        |        |      |     |      |
| Ø L          | ocal S                   | Storm       | wate  | er Pi    | ubli       | c C     | ont        | act        |            |           |             |      |            |             |       |      |             |      |           |      |      |             |      |        |          |        |        |        |      |     |      |
| Ø S          | tormv                    | vater       | Mar   | age      | mer        | nt P    | rog        | ram        | ı (S'      | W۱        | ΛP)         | Co   | ord        | ina         | tor   |      |             |      |           |      |      |             |      |        |          |        |        |        |      |     |      |
| $\circ$ R    | eport.                   | Prep        | arer  |          |            |         |            |            |            |           |             |      |            |             |       |      |             |      |           |      |      |             |      |        |          |        |        |        |      |     |      |
| 731          | <b>3.</b> T              |             |       |          |            |         |            |            | •          |           |             |      |            |             |       | _    |             |      |           |      |      |             |      |        |          |        |        |        |      |     |      |
|              | Name<br>n d              |             | e W   | T        |            | T       |            |            |            | <u> </u>  |             |      |            | MI          | ]     | Las  |             |      |           | T ,  |      | <del></del> | Τ.   |        | $\top$   | $\top$ | $\top$ | $\neg$ |      |     |      |
| LL           | 11 a                     |             | _   W |          | <u> </u>   | <u></u> |            | Ш          |            | İ         | ļ           |      |            |             | ]     |      | V           | е    | r         | У    |      |             |      |        |          |        |        |        |      |     |      |
| Title        | o m                      | m :         | ls    | S        | i          | 0       | n          |            | 0          | f         |             | Р    | u          | b           | 1     | i    | С           |      | W         | 0    | Tr   | k           | s    | $\top$ | $\Box$ D | ) E    | e   r  | 5      | t    | .   |      |
| Addr         | ess                      |             |       | <u> </u> |            |         | Ш          |            |            |           | L,          |      |            |             |       |      |             |      |           |      | ļ    | <u>.l</u>   | J    |        |          |        | 1      |        |      |     |      |
| 8            | 0 3                      | (           | C h   | е        | m          | u       | n          | g          |            | S         | t           | r    | е          | е           | t     |      |             |      |           |      |      |             |      | I      | $\prod$  |        |        |        |      |     |      |
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MCC form for period ending March 9, 2 0 2 2

|   | SPDES ID                  |
|---|---------------------------|
| Name of MS4 Chemung County Highway Department   | N Y R 2 0 A 4 7 6         |
| Section 2 - Contact Information   |                           |
| Important Instructions - Please Read  |                           |
| Contact information must be provided for <u>each</u> of the following positions   | as indicated below:       |
| 1. Principal Executive Officer, Chief Elected Official or other qualified i GP-0-08-002 Part VI.J).                     | ndividual (per            |
| 2. Duly Authorized Representative (Information for this contact must on Authorized Representative is signing this form) | ly be submitted if a Duly |

- 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.

| <ul> <li>Principal Executive Officer/Chief Elected Offici</li> </ul> |
|--|
|--|

- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

| Firs | t Na | ıme |   |   |   |   |   |   |   |   |   |   |   |   | _ | MI | _ | Las | t Na | ıme |      |   |     |   |      |      |  | <br> |
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| ection 3 - Partner Information  d your MS4 work with partners/coalition to complete some or all permit required?  Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other accepted. If your MS4 cooperated with a coalition, submit one sheet wi coalition. It is not necessary to include a separate sheet for each MS4 in No, proceed to Section 4 - Certification Statement.  Inter/CoalitionName    h e m u n g   S t o r m w a t e r   C o a 1 i ther/CoalitionName(con't.)    dress   5 1   C h e m u n g   S t r e e t   C o a 1 i ther/CoalitionName(con't.) | • Yes ON formats will not be ith the name of the                        |
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| d your MS4 work with partners/coalition to complete some or all permit require riod?  Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other accepted. If your MS4 cooperated with a coalition, submit one sheet wi coalition. It is not necessary to include a separate sheet for each MS4 in No, proceed to Section 4 - Certification Statement.  Inter/Coalition Name    h   e   m   u   n   g   S   t   o   r   m   w   a   t   e   r   C   o   a   1   i    Inter/Coalition Name (con't.)  | ● Yes ○ Note of the part of the name of the name of the name coalition. |
| d your MS4 work with partners/coalition to complete some or all permit require riod?  Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other accepted. If your MS4 cooperated with a coalition, submit one sheet wi coalition. It is not necessary to include a separate sheet for each MS4 in No, proceed to Section 4 - Certification Statement.  Inter/Coalition Name    h   e   m   u   n   g   S   t   o   r   m   w   a   t   e   r   C   o   a   1   i    Inter/Coalition Name (con't.)  | ● Yes ○ Note of the part of the name of the name of the name coalition. |
| Yes, complete information below.  Submit a separate sheet for each partner. Information provided in other accepted. If your MS4 cooperated with a coalition, submit one sheet wi coalition. It is not necessary to include a separate sheet for each MS4 in No, proceed to Section 4 - Certification Statement.  Inter/Coalition Name    h e m u n g   S t o r m w a t e r   C o a l i ther/Coalition Name (con't.)    ther/Coalition Name (con't.)  | formats will not be ith the name of the name of the name coalition.     |
| Submit a separate sheet for each partner. Information provided in other accepted. If your MS4 cooperated with a coalition, submit one sheet wi coalition. It is not necessary to include a separate sheet for each MS4 in No, proceed to Section 4 - Certification Statement.  ther/CoalitionName  h e m u n g S t o r m w a t e r C o a l i ther/CoalitionName(con't.)  | t i o n  SPDES Partner ID - If applicable                               |
| accepted. If your MS4 cooperated with a coalition, submit one sheet wi coalition. It is not necessary to include a separate sheet for each MS4 in No, proceed to Section 4 - Certification Statement.  the resultion Name    h e m u n g   S t o r m w a t e r   C o a l i the resultion Name (con't.)   | t i o n  SPDES Partner ID - If applicable                               |
| coalition. It is not necessary to include a separate sheet for each MS4 in No, proceed to Section 4 - Certification Statement.  ther/CoalitionName  h e m u n g S t o r m w a t e r C o a l i ther/CoalitionName (con't.)  | t i o n  SPDES Partner ID - If applicable                               |
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| y State Zip  | 4 8 4 5 _   |
|  | 4 0 4 3 -   |
| ikole@chemungswcd.com  |   |
| i k o 1 e @ c h e m u n g s w c d . c o m  |   |
| Legally Binding A with GP-0-08-002   | Agreement in accordance 2 Part IV.G.? ● Yes ○ No                        |
|  |   |
| hat tasks/responsibilities are shared with this partner (e.g. MM1 School)  | Programs or Multiple Tasks  |
| MMI Multiple tasks see SW  | MP  |
|  | 14 D  |
| MM2 Multiple tasks see SW  | MP  |
| MM3   M   u   1   t   i   p   1   e     t   a   s   k   s     s   e   e     S   W  | M P   |
| MM4 Multiple tasks see SW  | MP  |
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| MM5 Multiple tasks see SW  | M P   |
| MM6 Multiple tasks see SW  | MP  |
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| lditional tasks/responsibilities   |   |
| Watershed Improvement Strategy Best Management Practices required  | d for MS4s in impaired  |
| •  | d for MS4s in impaired  |

| MCC form for period ending March 9, 202       | 1 1 1                 |
|---|-----------------------|
| Name of MS4 Chemung County Highway Department | SPDES ID<br>NYR20A476 |
| Traffic of tylon                              |                       |

#### **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 Christopher   | MI | Last Name<br>Moss |         |   |   |     |     |             |
|--|----|-------------------|---------|---|---|-----|-----|-------------|
| Title (Clearly print title of individual signing report)  County Executive |    |                   |         |   |   |     |     |             |
| Signature  | ·* | \$                | Date 03 | 1 | 5 | 1 2 | 0 8 | )_ <u>3</u> |

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

|   |         | SPI | DES  | ID  |      |   |   |   |   |   |  |  |  |  |
|---|---------|-----|------|-----|------|---|---|---|---|---|--|--|--|--|
| Name of MS4 Elmira Corning Regional Airport   |         | N   | Y    | R   | 2    | 0 | А | 3 | 2 | 3 |  |  |  |  |
|   |         |     |      |     |      |   |   |   |   |   |  |  |  |  |
| Each MS4 must submit an MCC form.   |         |     |      |     |      |   |   |   |   |   |  |  |  |  |
| Section 1 - MCC Identification Page   |         |     |      |     |      |   |   |   |   |   |  |  |  |  |
| ndicate whether this MCC form is being submitted to certify endorsement or acceptance of: |         |     |      |     |      |   |   |   |   |   |  |  |  |  |
| ○ An Annual Report for a single MS4   |         |     |      |     |      |   |   |   |   |   |  |  |  |  |
| ○ A Single Entity (Per Part II.E of GP-0-10-002)  |         |     |      |     |      |   |   |   |   |   |  |  |  |  |
| ● A Joint Report  |         |     |      |     |      |   |   |   |   |   |  |  |  |  |
| Joint reports may be submitted by permittees with legally be                              | oinding | ag  | reei | nei | nts. | i |   |   |   |   |  |  |  |  |
| If Joint Report, enter coalition name:  |         |     |      |     |      |   |   |   |   |   |  |  |  |  |
| Chemung Stormwater  | Co      | а   | 1    | i   | t    | i | 0 | n |   |   |  |  |  |  |
|   |         |     |      |     |      |   |   |   |   |   |  |  |  |  |
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MCC form for period ending March 9, 2 0 2

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| Name of MS4 Elmira Corning Regional Airport | N       | Y    | R  | 2 | 0 | A | 3 | 2 | 3 |
| Section 2 - Contact Information             |         |      |    |   |   |   |   |   |   |

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

| Firs          | First Name MI |   |   |   |   |   |   |        |   |   |   |   |   |   |   | Las | t Na | ame      |   |   |      |   |     |   |   |   |   |            |            |      |      |
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MCC form for period ending March 9, 2 0 2 3

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|-------------------------|---------------------------------|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS <sup>2</sup> | Elmira Corning Regional Airport |   | N   | Y   | R  | 2 | 0 | A | 3 | 2 | 3 |

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

Important Instructions - Please Read

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

| First Name |      |   |   |   |   |   |   |   |   |   | _ | MI | _ | Las | t Na | ame |   |     |      |   |      |   |     |     |      |      |      |      |
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| City       | y    |   |   |   |   |   |   |   |   |   |   |    |   |     |      |     |   |     |      | S | tate | ; | Zip | )   |      |      |      |      |
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MCC form for period ending March 9, 2 0 2 3

SPDES ID

| Did your<br>period?<br>If Yes, c<br>Subr<br>accep<br>coali<br>If No, pr | comp<br>nit a<br>pted<br>tion | ple<br>se<br>. If<br>. It | te in<br>par<br>yo | nfor<br>ate<br>ur N | rma<br>she<br>MS<br>nec | atic<br>eet<br>4 c | on b<br>for<br>oop | elo<br>ead<br>era<br>y to | w.<br>ch p<br>ited | oart<br>l wi    | tner<br>ith a | r. Ir<br>a co | ıfor<br>pali | ma<br>tioi<br>ate | tion<br>n, s | n p<br>ubi | rov<br>nit | ide<br>on | d ir<br>e sh  | ı ot | her  | for  | rma<br>the | its v<br>nai | will<br>ne | l no     | Ye to         | es       |          | g<br>No   |
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| Partner/Co  | T                             |                           | Vam<br>n           |                     |                         | S                  | t                  | 0                         | r                  | m               | w             | а             | t            | е                 | r            | <u> </u>   | С          | 0         | a             | 1    | i    | t    | i          |              | l n        | T        |               |          |          |           |
| Partner/C   | $\perp$                       |                           |                    | 9                   | <br>                    | L                  |                    |                           |                    |                 | VV            | _a            |              |                   | <u> </u>     |            |            |           | <u> </u> a    |      |      |      |            | 0            | n          | IF       | 14            | <u> </u> | 1:       | 1.1.      |
| 1 artifer/C   | Daiiti                        | 0111                      | Nam                |                     | /OH t                   |                    |                    |                           |                    |                 |               |               |              |                   |              |            |            |           |               |      |      | N    | DES<br>Y   | R            | 2          | 0        | , - <u>11</u> | арр      | DIICE    | bie       |
| Address   |                               |                           | Ł                  | l                   | J                       | <u> </u>           | 1                  |                           | l                  |                 | 1             |               | ļ            | l                 | ļ            | 1          |            | Ь.        |               | ļ    | J    |      | Г_         | I            |            | <u> </u> |               | <u></u>  |          |           |
| 8 5 1   |                               | С                         | h                  | е                   | m                       | u                  | n                  | g                         |                    | S               | t             | r             | е            | е                 | t            |            |            |           |               |      |      |      |            |              |            |          |               |          | ļ        |           |
| City  |                               |                           |                    |                     |                         |                    |                    |                           | l                  | l               | ļ             |               | L            |                   | I            |            | 1          | S         | tate          | l    | Zip  |      |            | I            | l          |          |               |          | <u> </u> |           |
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| MM1   | М                             | u                         | 1                  | t                   | i                       | р                  | 1                  | е                         |                    | t               | a             | s             | k            | s                 |              | s          | е          | е         |               | S    | W    | М    | Р          |              |            |          |               |          |          |           |
| MM2   | М                             | u                         | 1                  | t                   | i                       | р                  | 1                  | е                         |                    | t               | а             | s             | k            | S                 |              | s          | е          | е         |               | S    | W    | М    | Р          |              |            |          |               |          |          |           |
| MM3   | M                             | u                         | 1                  | t                   | i                       | р                  | 1                  | е                         |                    | t               | a             | s             | k            | s                 |              | s          | е          | е         |               | S    | W    | M    | Р          |              |            |          |               |          |          |           |
|   | M                             | u                         | 1                  | t                   | i                       | р                  | 1                  | е                         |                    | t               | a             | s             | k            | s                 |              | s          | е          | е         |               | S    | W    | M    | Р          |              |            |          |               |          |          |           |
| MM4   | M                             | u                         | 1                  | t                   | i                       | р                  | 1                  | е                         |                    | t               | а             | s             | k            | s                 |              | s          | е          | е         |               | S    | W    | М    | Р          |              | -          |          |               |          |          |           |
|   |                               |                           |                    |                     | i                       | p                  | 1                  | е                         |                    | t               | a             | s             | k            | s                 |              | s          | е          | е         |               | S    | W    | M    | Р          |              |            |          |               |          |          |           |
| MM4  MM5  MM6   | M                             | u                         | 1                  | t                   |                         | Р_                 |                    |                           |                    |                 |               |               |              |                   |              |            |            |           |               |      |      |      |            |              |            |          |               |          |          | -         |

MCC form for period ending March 9, 2023

SPDES ID

Name of MS4 Elmira Corning Regional Airport

NYR2 0A 32 B

#### **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 Thomas   | MI | Last Name<br>Freeman |    |    |    |  |   |          |  |
|---|----|----------------------|----|----|----|--|---|----------|--|
| Title (Clearly print title of individual signing report) Director of Aviation |    |                      |    |    |    |  |   | <u> </u> |  |
| Signature   |    |                      |    | •  | V. |  |   |          |  |
|   |    |                      | Da | te | ]  |  | / |          |  |

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

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

|             |   | <br>SPI | DES | ID |   |   |   |   |   |   |
|-------------|---|---------|-----|----|---|---|---|---|---|---|
| Name of MS4 | Chemung County Solid Waste Transfer Station | N       | Y   | R  | 2 | 0 | А | 4 | 7 | 3 |

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:

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

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

 If Joint Report, enter coalition name:

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

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| Name of MS4 Chemung County Solid Waste Transfer Station | N   | Y   | R  | 2 | 0 | А | 4 | 7 | 3 |
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#### **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

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MCC form for period ending March 9, 2023

| -  |                                       |
|--|---------------------------------------|
| Name of MS4 Chemung Stormwater Coalition   | SPDES ID NYR20A473                    |
| Section 2 - Contact Information  |                                       |
| Important Instructions - Please Read   |                                       |
| Contact information must be provided for <u>each</u> of the following po   | ositions as indicated below:          |
| 1. Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).  | alified individual (per               |
| 2. Duly Authorized Representative (Information for this contact n Authorized Representative is signing this form)  | nust only be submitted if a Duly      |
| 3. The Local Stormwater Public Contact (required per GP-0-08-06)   | 02 Part VII.A.2.c & Part VIII.A.2.c). |
| 4. The Stormwater Management Program (SWMP) Coordinator (coordination/implementation of SWMP).   | Individual responsible for            |
| 5. Report Preparer (Consultants may provide company name in th   | e space provided).                    |
| A separate sheet must be submitted for each position listed abo filled by the same individual. If one individual fills multiple roll once and check all positions that apply to that individual. | eve unless more than one position is  |
| If a new Duly Authorized Representative is signing this report,  | their contact information must be     |
| provided and a signature authorization form, signed by the Prin Elected Official must be attached.   |                                       |
| For each contact, select all that apply:   |                                       |
| O Principal Executive Officer/Chief Elected Official   |                                       |
| O Duly Authorized Representative   |                                       |
|  |                                       |
| Stormwater Management Program (SWMP) Coordinator   |                                       |
| O Report Preparer  |                                       |
| C Report Freparei  |                                       |
| First Name MI Last Name  |                                       |
| Kevin   Cook   |                                       |
| Title  |                                       |
| Operation Manager  |                                       |
| Address  |                                       |
| 1690 Lake Street   |                                       |
| City   | te Zip                                |
| Elmira NY  |                                       |
| eMail  |                                       |
| Kevin.cook@casella.com   |                                       |
| Phone County   |                                       |
| ( ) Chemung  |                                       |

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

|   | SPI | DES | ID |   |   |   |   |   |   |
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| Name of MS4 Chemung County Solid Waste Transfer Station | N   | Y   | R  | 2 | 0 | Α | 4 | 7 | 3 |

#### **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
- Local Stormwater Public Contact
- © Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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| Name of MS4 Chemung County Solid Waste Transfer Station  Section 2 - Contact Information  Important Instructions - Please Read  Contact information must be provided for each of the following positions as indicated below:  1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).  2. Duly Authorized Representative is signing this form)  3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).  4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).  5. Report Preparer (Consultants may provide company name in the space provided).  A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.  If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.  For each contact, select all that apply:  Principal Executive Officer/Chief Elected Official  Duly Authorized Representative  Local Stormwater Public Contact  Stormwater Management Program (SWMP) Coordinator  Report Preparer  First Name  MI  Last Name  MI  N  | MCC form for period ending March 9, 2 0 2 3   |
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| Section 2 - Contact Information  Important Instructions - Please Read  Contact information must be provided for each of the following positions as indicated below:  1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VIJ).  2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)  3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).  4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).  5. Report Preparer (Consultants may provide company name in the space provided).  A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.  If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.  For each contact, select all that apply:  ○ Principal Executive Officer/Chief Elected Official  ○ Duly Authorized Representative  ○ Local Stormwater Public Contact  ○ Stormwater Management Program (SWMP) Coordinator  ② Report Preparer  First Name  MI Last Name  N i k o l e  M a t t s  MI Last Name  N i k o l e  M a t t s  M   |   |
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| Contact information must be provided for <i>each</i> of the following positions as indicated below:  1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).  2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)  3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).  4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).  5. Report Preparer (Consultants may provide company name in the space provided).  A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.  If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.  For each contact, select all that apply:  ○ Principal Executive Officer/Chief Elected Official  ○ Duly Authorized Representative  ○ Local Stormwater Public Contact  ○ Stormwater Management Program (SWMP) Coordinator  ○ Report Preparer  MI Last Name  | Section 2 - Contact Information   |
| 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J). 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form) 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c). 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP). 5. Report Preparer (Consultants may provide company name in the space provided). A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.  If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.  For each contact, select all that apply:  ○ Principal Executive Officer/Chief Elected Official  ○ Duly Authorized Representative  ○ Local Stormwater Public Contact  ○ Stormwater Management Program (SWMP) Coordinator  ② Report Preparer  First Name  MI Last Name  MI Last Name  MI Last Name  W a t t s  Title  S t o r m w a t e r E d u c a t o r  Address  8 5 1 C h e m u n g S t r e e t  N Y  H OR State Zip  B OR S e h e a d S  | Important Instructions - Please Read  |
| GP-0-08-002 Part VI.J).  2. 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  C Local Stormwater Public Contact  Stormwater Management Program (SWMP) Coordinator  Report Preparer  First Name  MI Last Name  N i k o l e m u n g S t r e t l l l l l l l l l l l l l l l l l l   | Contact information must be provided for <u>each</u> of the following positions as indicated below: |
| Authorized Representative is signing this form)  3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).  4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).  5. Report Preparer (Consultants may provide company name in the space provided).  A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.  If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.  For each contact, select all that apply:  ○ Principal Executive Officer/Chief Elected Official  ○ Duly Authorized Representative  ○ Local Stormwater Public Contact  ○ Stormwater Management Program (SWMP) Coordinator  ② Report Preparer  MI Last Name  N i k o l e  | , <u>,</u>  |
| 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c). 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP). 5. Report Preparer (Consultants may provide company name in the space provided).  A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.  If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.  For each contact, select all that apply:  ○ Principal Executive Officer/Chief Elected Official  ○ Duly Authorized Representative  ○ Local Stormwater Public Contact  ○ Stormwater Management Program (SWMP) Coordinator  ● Report Preparer  First Name  MI Last Name  N   |   |
| 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).  5. Report Preparer (Consultants may provide company name in the space provided).  A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.  If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.  For each contact, select all that apply:  ○ Principal Executive Officer/Chief Elected Official  ○ Duly Authorized Representative  ○ Local Stormwater Public Contact  ○ Stormwater Management Program (SWMP) Coordinator  ② Report Preparer  First Name  MI Last Name  N i k o l e M u n g S t r e e t  State Zip  H o r s e h e a d s N y  ■ State Zip  N y  ■ ■ State Zip  N y  ■ ■ M y  ■ ■ M y  ■ ■ M y  ■ ■ M y  ■ ■ M y  ■   |   |
| 5. Report Preparer (Consultants may provide company name in the space provided).  A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.  If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.  For each contact, select all that apply:  ○ Principal Executive Officer/Chief Elected Official  ○ Duly Authorized Representative  ○ Local Stormwater Public Contact  ○ Stormwater Management Program (SWMP) Coordinator  ○ Report Preparer  First Name  MI Last Name  N i k ○ l e M u n g S t r e e t  State Zip  H ○ r s e h e a d s N y   | 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for                 |
| 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  O Stormwater Management Program (SWMP) Coordinator  Report Preparer  MI Last Name  N i k o l e  MI Last Name  N i k o l e  MI Last Name  N i k o l e  Stormwater Management Program (SWMP) Stormwater Management State Stormwater Management State Stormwater Management State S |   |
| filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.  If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.  For each contact, select all that apply:  ○ Principal Executive Officer/Chief Elected Official  ○ Duly Authorized Representative  ○ Local Stormwater Public Contact  ○ Stormwater Management Program (SWMP) Coordinator  ※ Report Preparer  First Name  MI Last Name  N i k ○ 1 e  W a t t s  N Title  S t ○ r m w a t e r E d u c a t ○ r  Address  8 5 1 C h e m u n g S t r e e t  City State Zip  H ○ r s e h e a d s  |   |
| once and check all positions that apply to that individual.  If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.  For each contact, select all that apply:  ○ Principal Executive Officer/Chief Elected Official  ○ Duly Authorized Representative  ○ Local Stormwater Public Contact  ○ Stormwater Management Program (SWMP) Coordinator  ※ Report Preparer  First Name  Nikole   MI   |   |
| 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  O Stormwater Management Program (SWMP) Coordinator  Report Preparer  First Name  MI Last Name  N i k o l e  | <u>.                                    </u>  |
| 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  O Stormwater Management Program (SWMP) Coordinator  Report Preparer  First Name  MI Last Name  N i k o 1 e  W a t t s  Title  S t o r m w a t e r E d u c a t o r  Address  8 5 1 C h e m u n g S t r e e t  City  H o r s e h e a d s  N Y  -   State Zip  | If a new Duly Authorized Representative is signing this report, their contact information must be   |
| For each contact, select all that apply:  O Principal Executive Officer/Chief Elected Official  O Duly Authorized Representative  O Local Stormwater Public Contact  O Stormwater Management Program (SWMP) Coordinator  Report Preparer  First Name  N i k o l e  Watts  Title  S t o r m w a t e r E d u c a t o r  Address  8 5 1 C h e m u n g S t r e e t  City  H o r s e h e a d s  N y  -   State  State  Zip  H o r s e h e a d s   |   |
| O Principal Executive Officer/Chief Elected Official  O Duly Authorized Representative  O Local Stormwater Public Contact  O Stormwater Management Program (SWMP) Coordinator  Report Preparer  MI Last Name  N i k o l e  | Elected Official must be attached.  |
| O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator   Report Preparer  MI Last Name  N i k o 1 e   | For each contact, select all that apply:  |
| O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator   | O Principal Executive Officer/Chief Elected Official  |
| O Stormwater Management Program (SWMP) Coordinator  Report Preparer  MI Last Name  N i k o l e   | O Duly Authorized Representative  |
| First Name         MI         Last Name           N i k o l e         W a t t s           S t o r m w a t e r E d u c a t o r           Address           8 5 1 C h e m u n g S t r e e t           City           H o r s e h e a d s    MI Last Name  W a t t s  State Zip  N Y  -   N Y   -   N Y   -    N Y   -   N Y   -    N Y   -   N Y   -    N Y   N Y   -    N Y   N Y   -    N Y   N Y   N Y   -    N Y   | O Local Stormwater Public Contact   |
| First Name    N   i   k   o   1   e  | O Stormwater Management Program (SWMP) Coordinator  |
| N i k o l e       W a t t s         S t o r m w a t e r E d u c a t o r         Address         8 5 1 C h e m u n g S t r e e t         City       State         E d u c a t o r         N Y   |   |
| N i k o l e       W a t t s         S t o r m w a t e r E d u c a t o r         Address         8 5 1 C h e m u n g S t r e e t         City       State         E d u c a t o r         N Y   |   |
| Title  S t o r m w a t e r E d u c a t o r  Address  8 5 1 C h e m u n g S t r e e t  City  H o r s e h e a d s  N Y   | First Name MI Last Name   |
| S t o r m w a t e r E d u c a t o r         Address         8 5 1 C h e m u n g S t r e e t         City         H o r s e h e a d s             State       Zip         N Y   | N i k o l e Watts   |
| Address         8 5 1  | Title   |
| 8       5       1       C       h       e       m       u       n       g       S       t       r       e       e       t       u       n       g       s       t       r       e       e       t  |   |
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| Horseheads NY  |   |
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MCC form for period ending March 9, 2 0 2 3

|   | SPDES ID                                |
|---|---|
| Name of MS4 Chemung County Solid Waste Transfer Station   | N Y R 2 0 A 4 7 3                       |
| Section 3 - Partner Information   |   |
| Did your MS4 work with partners/coalition to complete some or all pe  | rmit requirements during this reporting |
| period?   | • Yes ON                                |
| f Yes, complete information below.  |   |
| Submit a separate sheet for each partner. Information provide accepted. If your MS4 cooperated with a coalition, submit one |   |
| coalition. It is not necessary to include a separate sheet for each   |   |
| f No, proceed to Section 4 - Certification Statement.   |   |
| artner/Coalition Name   |   |
| Chemung Stormwater Co   | a   1   i   t   i   o   n               |
| artner/Coalition Name (con't.)  | SPDES Partner ID - If applical          |
|   | N Y R 2 0                               |
| ddress B 5 1 C h e m u n g S t r e e t  |   |
|   | tate Zip                                |
|   | N Y 1 4 8 4 5 -                         |
| Mail  |   |
| n i k o 1 e @ c h e m u n g s w c d . c o   | m                                       |
| hone  | ly Binding Agreement in accordance      |
| /   &   D   '/   <b>)</b>     '/   D   &  | GP-0-08-002 Part IV.G.?    ■ Yes        |
| What tasks/responsibilities are shared with this partner (e.g. MM   | 1 School Programs or Multiple Tasl      |
|   |   |
| MM1 Multiple tasks see  |   |
| MM2 M u l t i p l e t a s k s s e e   | S W M P                                 |
| MM3 Multiple tasks see  | SWMP                                    |
| MM4 Multiple tasks see  | CIVIM D                                 |
| MM4 Multiple tasks see  | S   W   M   P                           |
| MM5 Multiple tasks see  | S W M P                                 |
| MM6 Multiple tasks see  | S W M P                                 |
| Additional tasks/responsibilities   |   |
| Watershed Improvement Strategy Best Management Practice   | es required for MS4s in impaired        |
| watersheds included in GP-0-08-002 Part IX.   | s required for tribes in impaned        |
|   |   |
|   |   |

MCC form for period ending March 9, 2023

SPDES ID

Name of MS4 Chemung County Solid Waste Transfer Station

NYR20A47B

#### **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<br>Christopher  | MI | Last Name<br>Moss |      |     |     |    |   |      |     |
|--|----|-------------------|------|-----|-----|----|---|------|-----|
| Title (Clearly print title of individual signing report)  County Executive |    |                   |      |     |     |    |   |      |     |
| Signature  |    |                   | Date | 3 / | 1 5 | 7/ | 2 | () 2 | _ 3 |

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: MS4compliancc@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

Other

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 3

| ,   | SPDES ID                                   |
|---|--|
| Name of MS4/Coalition Chemung Stormwater Coalition  | N Y R 2 0                                  |
| 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> | . 3  |
| 1. Targeted Public Education and Outreach Best Managem  | ent Practices                              |
| Check all topics that were included in Education and Outreach d   | uring this reporting period:               |
|   |  |
| • Construction Sites  | • Pesticide and Fertilizer Application     |
| • General Stormwater Management Information   | Pet Waste Management                       |
| <ul> <li>Household Hazardous Waste Disposal</li> </ul>  | <ul><li>Recycling</li></ul>                |
| ● Illicit Discharge Detection and Elimination   | O Riparian Corridor Protection/Restoration |
| ○ Infrastructure Maintenance  | ○ Trash Management                         |
| O Smart Growth  | O Vehicle Washing                          |
| O Storm Drain Marking   | <ul><li>Water Conservation</li></ul>       |
| O Green Infrastructure/Better Site Design/Low Impact Development  | O Wetland Protection                       |
| Other:  | ○ None                                     |
| Other   |  |
| 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, 2023

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 Chemung Stormwater Coalition Y R 2 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: Construction Site Operators Trained 5 #Trained 9 O Direct Mailings # Mailings O Kiosks or Other Displays # Locations List-Serves # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run Public Events/Presentations # Attendees 6 2 6 3 School Program # Attendees 2 8 0 0 O TV Spot/Program # Days Run Printed Materials: 8 Total # Distributed 0 0 Locations (e.g. libraries, town offices, kiosks) S 1 Μ 4 i |t li С 0 m m u n t h а V t 0 r m W а е r ch b h d t r 0 u r а n 0 u S Other: • Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed. URL W W W ch m t е u n g S 0 r m w а t r 0 r е q f h t t b k р S W W W а С е 0 С h 0 О m С е m u n g S t 0 r m W a t е r

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

|                             |   | SPDES I              | D            |                   |
|-----------------------------|---|----------------------|--------------|-------------------|
| Name of MS4/Coalition       | Chemung Stormwater Coalition  | N Y R                | 2 0          |                   |
|                             |   |                      |              | · · ·             |
| 4. Evaluating Prog          | ress Toward Measurable Goals MCM  |                      |              |                   |
| identified in your Sto      | ort on your progress and project plans towarmwater Management Program Plan (SW ional pages as needed. | <del>-</del>         | _            | Part              |
| A. Briefly summari          | ze the Measurable Goal identified in th   | e SWMPP in this r    | eporting per | iod.              |
| 1 2                         | sited 47 different classrooms and summer vere 8 meetings held with stakeholder and ents.              | 1 0                  | •            | rables            |
| B. Briefly summari<br>Goal. | ze the observations that indicated the o  | verall effectiveness | of this Meas | urable            |
| 1800 brochures and          | information packets were given to each M  | 1S4 community        |              |                   |
| C. How many times           | s was this observation measured or eval   | uated in this renor: | ting neriod? |                   |
| Of 110 // many cimes        |   |                      | 1 8          | 00                |
|                             |   | (                    | <u> </u>     | ticipants/events) |
| D. Has your MS4 m           | nade progress toward this Measurable (  | Goal during this rep |              |                   |
|                             |   |                      | • Yes        | O No              |
| E. Is your MS4 on s         | schedule to meet the deadline set forth i   | n the SWMPP?         | • Yes        | ○ No              |
|                             | ze the stormwater activities planned to<br>ng cycle (including an implementation so                   | _                    | nis MCM dui  | ring              |
|                             | etworking opportunities, cultivate partners as hand out information and communicat                    |                      |              | and               |
|                             |   |                      |              |                   |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 3$ 

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 Chemung Stormwater Coalition   | N Y R 2 0                           |
| Minimum Control Measure 2. Public Invo   | olvement/Participation              |
| 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>   |                                     |
| i I I  | 3                                   |
| 1. What opportunities were provided for public participation development, evaluation and improvement of the Stormw (SWMP) Plan during this reporting period? Check all the | ater Management Program             |
| • Cleanup Events   | # Events 8                          |
| O Comments on SWMP Received  | #Comments                           |
| Community Hotlines Phone # (   |                                     |
| Phone # ( 6 0 7 ) 7 9 6 - 2 2 1 6 Phone # (  | )                                   |
| Phone # ( Phone # (  |                                     |
| Phone # ( Phone # (  | <u> </u>                            |
| Phone # ( Phone # (  | <u> </u>                            |
| Phone # ( Phone # (  | )                                   |
| O Community Meetings   | # Attendees                         |
| ○ Plantings  | Sq. Ft.                             |
| ○ Storm Drain Markings   | #Drains                             |
| Stakeholder Meetings   | # Attendees 119                     |
| <ul><li>Volunteer Monitoring</li></ul>   | # Events 1                          |
| Other:   |                                     |
| 2. Was public notice of availability of this annual report and Program (SWMP) Plan provided?   | d Stormwater Management  • Yes • No |
| ○ List-Serve   | # In List                           |
| O Newspaper Advertising  | # Days Run                          |
| O TV/Radio Notices   | # Days Run                          |
| Other:   |                                     |

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

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$  3

|                 |   |          |             |  |  |          |             |          |  |           |          |  |          |  |          |  |      |    |      | 7        |     |    | SPI  | DES  | ID  |         |     |    |         |          |  |
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| ne (            | of M  | [S4/     | Coa         | litio  | on_C   | hem      | ung         | Stori    | nwat   | er Co     | oaliti   | ion  |          |  |          |  |      |    |      |          |     |    | N    | Y    | R   | 2       | 0   |    |         |          |  |
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| JRI             | ,<br>                                       | l        |             |  | l  |          |             |          | <u> </u>                                       |           |          |  |          |  |          |  |      |    |      |          |     |    |      |      |     |         |     |    |         |          | Γ  |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$ 

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SPDES ID

Chemung Stormwater Coalition

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|         | City         |      |       | L          |  | 11       |  | 111   | _u           | 11       | 9       | <u> </u> |            |     |          |          |            |     |      | <u> </u> | <u> </u> | Zip       |              |       |       |       |         | <u> </u> |     |       |         |
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| '       | Pho          | ne   |       |            |  |          |  |       |              |          |         |          |            |     |          | -        | ,          | _   |      |          |          |           |              |       |       |       |         |          |     |       |         |
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| O Libi  | rary<br>Add  | ***  |       |            |  |          |  |       |              |          |         |          |            |     |          |          | ) <b>A</b> | nnu | al I | Rep      | ort      | $\subset$ | S            | WN    | 1P ]  | Plan  | ì       | 0        | Con | nme   | nts     |
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| ļ       | City         |      |       | L <u> </u> | !  |          |  |       | L            | L        | l       | <u> </u> | L          | İ   | L        | L        | 1          | l   |      | <u> </u> | l        | Zip       |              |       |       | LI    |         | l        | 1!  |       | لــنــا |
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| !       | City         |      |       |            |  |          | L  | I     |              | ı        | L       |          |            |     | i        |          |            | l   |      |          |          | Zip       |              |       |       |       |         |          |     |       |         |
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|         |              |      |       |            | ⊥ <u> </u>                                   | l –      | L  | Ĕ     | <del> </del> | <u> </u> |         |          | - <b>.</b> | =   |          |          |            |     |      | L        | Ľ        |           |              |       |       |       |         | L        | L   |       |         |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 3$ 

|   | SPI         | <u> DES ID</u> |       |     |      |      |    |
|---|-------------|----------------|-------|-----|------|------|----|
| Name of MS4/Coalition Chemung Stormwater Coalition                | N           | Y R            | 2     | 0   |      |      |    |
| 4.a. If this report was made available on the internet, what date | was it po   | sted?          | •     |     |      |      |    |
| Leave blank if this report was not posted on the internet.        | 0 4         | / 1            | 8     | / [ | 2 ρ  | 2 2  | 3  |
| 4.b. For how many days was/will this report be posted?            |             |                |       |     | 3    | 6    | 5  |
| If submitting a report for single MS4, answer 5.a If submitting   | g a joint r | eport,         | ans   | wer | 5.b  |      |    |
| 5.a. Was an Annual Report public meeting held in this reporting   | g neriod?   | ,              |       | 0   | Ves  | •    | No |
| If Yes, what was the date of the meeting?                         |             | /              |       | 1   | 103  |      |    |
| If No, is one planned?  |             |                |       | 0   | Yes  |      | No |
| 5.b. Was an Annual Report public meeting held for all MS4s co     | ntributin   | g to tl        | 1is 1 | epo | rt d | urin | ıg |
| this reporting period?  |             |                |       | • \ | Yes  | 0    | No |
| If No, is one planned for each?                                   |             |                |       | 0 ! | Yes  | 0    | No |
| 6. Were comments received during this reporting period?           |             |                |       | 0 5 | Yes  | • ]  | No |
| If Yes, attach comments, responses and changes made to            |             |                |       |     |      |      |    |
| SWMP in response to comments to this report.                      |             |                |       |     |      |      |    |

This report is being submitted for the reporting period ending March 9, 2 0 2 3

| Name of MS4/Coalition              | Chemung Stormwater Coalition   |                        | N Y R 2 0            |           |
|------------------------------------|--|------------------------|----------------------|-----------|
| 7. Evaluating Pro                  | gress Toward Measurable Go   | als MCM 2              |                      |           |
| identified in your St              | ort on your progress and project tormwater Management Progran itional pages as needed. | -                      | •                    |           |
| A. Briefly summan                  | rize the Measurable Goal iden  | tified in the SWMPP    | in this reporting p  | eriod.    |
|                                    | vith our stakeholders and partner<br>n. Continue the rain barrel progr                 |                        | Continue the water   | quality   |
| B. Briefly summar<br>Goal.         | rize the observations that indic   | ated the overall effe  | ctiveness of this Me | easurable |
|                                    | rent collection events with great<br>armaceutical Take Back day, 1 ti                  |                        |                      |           |
| C. How many time                   | es was this observation measur   | red or evaluated in th |                      |           |
| D. Has your MS4                    | made progress toward this me   | asurable goal during   | ,                    |           |
| E. Is your MS4 on                  | schedule to meet the deadline  | set forth in the SWN   | ● Ye  MPP?  • Ye     |           |
|                                    | rize the stormwater activities ping cycle (including an implem                         |                        |                      |           |
| Continue to hold cloorganizations. | ean up events as well as continu   | ing our partnership w  | ork with local       |           |
|                                    |  |                        |                      |           |

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$  3

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SPDES ID

| Name of MS4/Coalition Chemung Stormwater Coalition  |                       | N Y R              | 2 0                |
|---|-----------------------|--------------------|--------------------|
| Minimum Control Measure 3   | 3. Illicit Discharge  | Detection and      | <b>Elimination</b> |
| The information in this section is being reported   | ed (check one):       |                    |                    |
| <ul><li>On behalf of an individual MS4</li><li>● On behalf of a coalition</li><li>How many MS4s contributed t</li></ul> | to this report?       | 3                  |                    |
| 1. Enter the number and approx. percent   | nt of outfalls mapped | l: 1 6 0 9         | # 100%             |
| 2. How many of these outfalls have been reporting period (outfall reconnaissa   | · ·                   | eather discharges  | during this        |
| 3.a. What types of generating sites/sewers reporting period?  | sheds were targeted i | for inspection dur | ing this           |
| O Auto Recyclers  | O Landscaping (Irr    | rigation)          |                    |
| O Building Maintenance  | O Marinas             |                    |                    |
| ○ Churches  | O Metal Plateing C    | Operations         |                    |
| O Commercial Carwashes  | Outdoor Fluid S       | torage             |                    |
| O Commercial Laundry/Dry Cleaners   | O Parking Lot Mai     | intenance          |                    |
| O Construction Vehicle Washouts   | O Printing            |                    |                    |
| ○ Cross-Connections   | O Residential Carv    | vashing            |                    |
| O Distribution Centers  | ○ Restaurants         |                    |                    |
| O Food Processing Facilities  | O Schools and Uni     | versities          |                    |
| ○ Garbage Truck Washouts  | O Septic Maintena     | nce                |                    |
| O Hospitals   | O Swimming Pools      | 3                  |                    |
| O Improper RV Waste Disposal  | O Vehicle Fueling     |                    |                    |
| O Industrial Process Water  | ○ Vehicle Maint./R    | Repair Shops       |                    |
| Other:  | None                  |                    |                    |
|   |                       |                    |                    |
| O Sewersheds:   |                       |                    | <del></del>        |
|   |                       |                    |                    |

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

|  |   | SPDE     | <u>s in</u> | _        |            |               |                      |
|--|---|----------|-------------|----------|------------|---------------|----------------------|
| Name of MS4/Coalition Chemung Stormwater Coalition   |   | N Y      | R           | 2 0      |            |               |                      |
| 3.b. What types of illicit discharges have   | been found during this report           | ing r    | erio        | d?       |            |               |                      |
| <ul> <li>Broken Lines From Sanitary Sewer</li> </ul>   | O Industrial Connections                |          |             |          |            |               |                      |
| O Cross Connections  | ○ Inflow/Infiltration                   |          |             |          |            |               |                      |
| O Failing Septic Systems   | O Pump Station Failure                  |          |             |          |            |               |                      |
| O Floor Drains Connected To Storm Sewers   | ○ Sanitary Sewer Overflows              |          |             |          |            |               |                      |
| • Illegal Dumping  | O Straight Pipe Sewer Discharges        | s        |             |          |            |               |                      |
| Other:  4. How many illicit discharges/potentia  | O None                                  | doto     | etad        | dur      | ing 1      | this          |                      |
| reporting period?  | i megai connections have been           | uete     | cieu        | uui      | ıng ı      | 1113          | 1                    |
| <ul><li>5. How many illicit discharges have been decomposed.</li><li>6. How many illicit discharges/illegal coperiod?</li><li>7. Has the storm sewershed mapping b</li></ul> | onnections have been eliminate          | ed du    | ring        | this     | rep        |               | 1 ng 1 No            |
| If No, approximately what percent was 8. Is the above information available in   | completed in this reporting period GIS? |          |             |          | • Ye       | 9             | 8 %<br>○ No          |
| Is this information available on the value of Yes, provide URL(s):   | veb?                                    |          |             | (        | ○ Ye       | S             | <ul><li>No</li></ul> |
| Please provide specific address of page URL  | where map(s) can be accessed - 1        | not he   | ome         | page     | <b>)</b> . |               |                      |
|  |   |          |             |          |            |               |                      |
|  |   |          |             |          |            |               |                      |
|  |   |          |             |          |            |               |                      |
| URL  |   |          | TT          |          |            | $\overline{}$ |                      |
|  |   | +        |             |          |            | $\dashv$      | $\perp \parallel$    |
|  |   | <u> </u> |             | <u> </u> |            | $\dashv$      |                      |
|  |   |          |             |          |            |               |                      |

This report is being submitted for the reporting period ending March 9, 2 0 2 3

|    |       |          |          |  |   |          |   |          |   |          |  |          |          |          |   |   |          |          |   |              |          |      |          |          | ٠    |  |
|----|-------|----------|----------|--|---|----------|---|----------|---|----------|--|----------|----------|----------|---|---|----------|----------|---|--------------|----------|------|----------|----------|------|--|
|    |       |          |          |  |   |          |   |          |   |          |  |          |          |          |   |   |          |          |   |              |          |      |          |          |      |  |
| RL |       |          | -        |  |   |          | · |          |   |          |  |          |          |          |   |   |          |          |   |              |          |      |          | T        | <br> |  |
|    |       |          |          |  |   | ļ        |   |          |   |          |  |          |          |          |   |   |          |          |   |              |          |      |          |          |      |  |
|    |       |          |          |  |   |          |   |          |   |          |  |          |          |          |   |   |          |          |   |              |          |      |          |          |      |  |
|    |       |          |          |  |   |          |   |          |   |          |  |          |          |          |   |   |          |          |   |              |          |      |          |          |      |  |
| RL |       | -        | f        |  |   |          |   |          | 1 | T        | 1  | Т        |          | 1        |   |   | 1        |          | 1 |              |          | ı    |          |          |      |  |
|    |       |          |          |  |   |          |   |          |   |          | <u> </u>                                     |          |          |          |   |   | <u> </u> |          |   |              |          |      |          |          |      |  |
|    |       |          |          |  |   |          |   |          |   |          | <u> </u>                                     | <u></u>  |          |          |   |   |          |          |   |              |          | <br> |          |          |      |  |
|    |       |          |          |  |   |          |   |          |   |          |  |          |          |          |   |   |          |          |   |              |          |      |          |          |      |  |
| RL | <br>Г |          | -1       |  |   | Ι        |   | <u> </u> | I | 1        |  | 1        |          | 1        | 1 | I | 1        |          | 1 | I            | 1        |      | Γ        | Ι        |      |  |
|    |       |          |          |  |   |          |   |          |   |          |  |          | <u> </u> |          | [ |   |          | <u> </u> |   |              |          |      |          | <u> </u> | <br> |  |
|    |       |          |          |  |   |          |   |          |   |          |  |          |          | <u></u>  |   |   |          |          |   |              |          |      |          |          |      |  |
|    |       |          |          |  |   |          |   |          |   |          |  |          |          |          |   |   |          |          |   |              |          |      |          |          |      |  |
| RL | <br>Т |          |          |  |   |          |   |          |   | Ι-       | T  | T        | ļ        |          | 1 |   |          |          |   | ł            |          |      |          |          |      |  |
|    |       |          |          |  |   | <u> </u> |   |          |   | <u> </u> | <u>                                     </u> | <u> </u> |          | <u> </u> |   |   |          |          |   | <u> </u><br> | <u> </u> |      | <u> </u> |          | <br> |  |
|    |       | <u> </u> | <u> </u> |  |   |          |   |          |   |          | <u>                                     </u> |          |          |          |   |   |          |          |   |              |          |      |          |          |      |  |
|    |       |          |          |  | İ |          |   |          |   |          |  |          |          |          |   |   |          |          |   |              |          |      |          |          |      |  |

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

|   | SPDES ID   |
|---|--|
| Name of MS4/Coalition Chemung Stormwater Coalition  | N Y R 2 0  |
| 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 (SWN III.C.1. Submit additional pages as needed.  |  |
| A. Briefly summarize the Measurable Goal identified in the  | SWMPP in this reporting period.  |
| Kept mapping system updated with appropriate outfall inspection IDDE SOP while investigating the 1 IDDE complaints.   | on data. Utilized the provisions of the                                  |
| B. Briefly summarize the observations that indicated the over Goal.   | erall effectiveness of this Measurable                                   |
| 1 IDDE complaints were investigated. This IDDE was corrected and municipal staff are starting to recognize what an illicit disch office for further information. This is a big improvement that sto something to pay attention to. 276 outfalls were inspected this redischarges found. | narge is and contact the Coalition ormwater is now recognized as         |
| C. How many times was this observation measured or evalua   | ated in this reporting period?   |
|   | 2 7 6  |
| D. Has your MS4 made progress toward this measurable goa  | (ex.: samples/participants/ al during this reporting period?  ● Yes ○ No |
| E. Is your MS4 on schedule to meet the deadline set forth in  |  |
| F. Briefly summarize the stormwater activities planned to m the next reporting cycle (including an implementation sch   |  |
| Continue to utilize the electronic inspection program for outfall when new outfalls are located within the urbanized area and fina expanded urbanized area from the 2010 Census. Employ the pro advent that an illicit discharge is detected.   | alize sewershed mapping within the                                       |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 3 & 3 \end{vmatrix}$ 

|     |  | SPDE                  | ES ID      |             |                |           |      |
|-----|--|-----------------------|------------|-------------|----------------|-----------|------|
| Nan | ne of MS4/Coalition Chemung Stormwater Coalition   | N Y                   | R          | 2 (         | )              |           |      |
|     | Minimum Control Measures 4 and 5. Construction Site and Post-Construction C  | _                     | <u>rol</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 3  |                       |            |             |                |           |      |
| 1a  | Has each MS4 contributing to this report adopted a law, ordinance mechanism that provides equivalent protection to the NYS SPDES Stormwater Discharges from Construction Activities?   |                       |            |             |                | or        | ○ No |
| 1b  | .Has each Town, City and/or Village contributing to this report doc<br>equivalent to a NYSDEC Sample Local Law for Stormwater Mana<br>Sediment Control through either an attorney cerfification or using<br>Analysis Workbook? | gem                   | ent a      | nd I<br>DE( | Erosi          | on :<br>p |      |
|     | If Yes, Towns, Cities and Villages provide date of equivalent NYS Sam  | nple  <br> <br> 9/200 |            |             | w.<br>3/2006   | 5         | O NT |
| 2.  | Does your MS4/Coalition have a SWPPP review procedure in place   | e?                    |            |             | • Ye           | S         | O No |
| 3.  | How many Construction Stormwater Pollution Prevention Plans (S reviewed in this reporting period?  | WP]                   | PPs)       | hav         | e bee          | 1         | 1 2  |
| 4.  | Does your MS4/Coalition have a mechanism for receipt and conside comments related to construction SWPPPs?  | erati                 | on o       | _           | blic<br>O No   | )         | O NT |
|     | If Yes, how many public comments were received during this reporting   | perio                 | od?        |             |                |           | 0    |
| 5.  | Does your MS4/Coalition provide education and training for contra SWPPP process?   | actor                 | cs ab      |             | the lo<br>● Ye |           | ○ 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> | # |  |   | 2 | O No Authority |
|--|---|--|---|---|----------------|
| <ul><li>Stop Work Orders</li></ul>     | # |  |   | 1 | O No Authority |
| O Criminal Actions                     | # |  |   |   | O No Authority |
| O Termination of Contracts             | # |  |   |   | O No Authority |
| Administrative Fines                   | # |  |   |   | O No Authority |
| O Civil Penalties                      | # |  |   |   | O No Authority |
| O Administrative Orders                | # |  |   |   | O No Authority |
| ○ Enforcement Actions or Sanctions     | # |  | • |   |                |
| Other                                  | # |  |   |   | O No Authority |

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

|   | SPDES ID                   |                     |             |
|---|----------------------------|---------------------|-------------|
| Name of MS4/Coalition Chemung Stormwater Coalition  | NYR20                      |                     |             |
| Minimum Control Measure 4. Construction Site Sto  | ermwater Run               | off Con             | <u>trol</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 3                      |                            |                     |             |
| 1. How many construction projects have been authorized for dist during this reporting period?                               | turbances of one           | acre or 1           | more 7      |
| 2. How many construction projects disturbing at least one acre v during this reporting period?                              | vere active in yo          | ur jurisd           | iction 2 1  |
| 3. What percent of active construction sites were inspected durin   | ng this reporting          | period?             | O NT        |
| 4. What percent of active construction sites were inspected more  | than once?                 | 1 0                 | ○ NT        |
| 5. Do all inspectors working on behalf of the MS4s contributing Construction Stormwater Inspection Manual?                  | to this report us<br>● Yes | e the NY            | S ONT       |
| 6. Does your MS4/Coalition provide public access to Stormwater (SWPPs) of construction projects that are subject to MS4 rev |                            |                     | ans         |
| If your MS4 is Non-Traditional, are SWPPPs of construction public review?   | projects made av           | vailable f<br>● Yes | or<br>O No  |
| If Yes, use the following page to identify location(s) where SWPP   | Ps can be accessed         | ed.                 |             |

This report is being submitted for the reporting period ending March 9, 2 0 2 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID R 2 Chemung Stormwater Coalition Y 0 Name of MS4/Coalition 6. con't.: Submit additional pages as needed. MS4/Coalition Office Department C |h| e |m| u |n| gSt C į 0 | r | m | w | а t е r 0 а Address 8 5 1 С h е m u n g S t е t r е City Zip H 0 r S е h е а d S NY 1 4 8 4 5 Phone 6 0 9 6 2 2 6 O Library Address Zip City Phone Other Address 1 j i a 0 b t S е s City Zip Phone Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. h n g S t 0 r j t С е m u m W а t е r р r 0 е С С 0 S m URL

This report is being submitted for the reporting period ending March 9, 2 0 2 3

|   | SPDES ID N Y R 2 0   |
|---|--|
| 7. Evaluating Progress Toward Measurable Goals MCM 4  |  |
| Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWMPP), includ III.C.1. Submit additional pages as needed. | _  |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in   | n this reporting period.                                   |
| Review the erosion and sediment control plan for every site that disturbs grathe MS4 jurisdiction). Complete periodic inspections during construction stacres.                                | -  |
| B. Briefly summarize the observations that indicated the overall effecti<br>Goal.   | iveness of this Measurable                                 |
| Conducted 52 Construction site inspections on 21 active construction sites. reviewed this reporting period with 7 receiving approval to disturb greater to                                    |  |
| C. How many times was this observation measured or evaluated in this  | reporting period?  9 2  (ex.: samples/participants/events. |
| D. Has your MS4 made progress toward this measurable goal during the  | his reporting period?                                      |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMI   | <ul><li>Yes ○ No</li><li>PP?</li><li>Yes ○ No</li></ul>    |
| F. Briefly summarize the stormwater activities planned to meet the goathe next reporting cycle (including an implementation schedule).  |  |
| Review the erosion and sediment control plan for every site that disturbs grathe MS4 jurisdiction). Complete periodic inspections during construction stacres.                                | •  |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 3$ 

|  |                     |                   |                  | SPDES ID                            |                    |
|--|---------------------|-------------------|------------------|-------------------------------------|--------------------|
| Name of MS4/Coalition  | Chemung Stormwate   | r Coalition       |                  | N Y R                               | 2 0                |
|  |                     |                   |                  |                                     |                    |
| <u>Minimum</u>   | Control Mea         | sure 5. Post      | -Constructio     | on Stormwater N                     | <u> Ianagement</u> |
|  |                     |                   |                  |                                     |                    |
| The information in the   | nis section is bein | ng reported (chec | ck one):         | •                                   |                    |
| <ul><li>On behalf of an inc</li><li>On behalf of a coa</li></ul> | lition              |                   | .0 1             | 2                                   |                    |
| How m  | nany MS4s cont      | ributed to this   | report?   1      | 3                                   |                    |
|  |                     |                   |                  | magement practices eporting period? | has your           |
|  |                     | #<br>Inventoried  | #<br>Inspections | # Times<br>Maintained               |                    |
| <ul> <li>Alternative Practic</li> </ul>                          |                     | Inventoried       |                  |                                     |                    |
|  | :05                 |                   | 8                |                                     |                    |
| • Filter Systems   |                     |                   |                  |                                     |                    |
| • Infiltration Basins  |                     |                   | 9                |                                     |                    |
| <ul><li>Open Channels</li></ul>                                  |                     |                   |                  |                                     |                    |
| Ponds  |                     |                   | 8                |                                     |                    |
| O Wetlands   |                     |                   |                  |                                     |                    |
| Other  |                     |                   |                  |                                     |                    |
| •  |                     | ` •               | abase, spreads   | heet) to track post-                | -construction      |
| BMPs, inspecti   | ions and maint      | anance?           |                  |                                     | ● Yes ○ No         |
| 3. What types of Development/E                                   |                     |                   |                  | -                                   | npact              |
| O Building Codes   | O Municipal C       | omprehensive P    | lans             |                                     |                    |
| Overlay Districts  | Open Space          | Preservation Pro  | ogram            |                                     |                    |
| O Zoning   | • Local Law o       | r Ordinance       |                  |                                     |                    |
| ○ None   | O Land Use R        | egulation/Zoning  | 5                |                                     |                    |
| O Watershed Plans  | Other Comp          | rehensive Plan    |                  |                                     |                    |
| Other:   |                     |                   |                  |                                     |                    |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$ 

|     | SPDES ID   | SPDES ID  |             |     |    |  |  |  |
|-----|--|-----------|-------------|-----|----|--|--|--|
| Nar | me of MS4/Coalition Chemung Stormwater Coalition N Y R 2   | 0         |             |     |    |  |  |  |
| 4a. | . Are the MS4s contributing to this report involved in a regional/watershed wide plann   | ing e     | ffor        | t?  |    |  |  |  |
|     |  | • \       | Yes         | 0   | No |  |  |  |
| 4b. | . Does the MS4 have a banking and credit system for stormwater management practice   | es?       |             |     |    |  |  |  |
|     |  | $\circ$   | Yes         |     | No |  |  |  |
| 4c. | Do the SWMP Plans for each MS4 contributing to this report include a protocol for each and approval of banking and credit of alternative siting of a stormwater management |           |             |     |    |  |  |  |
|     |  | $\circ$ 7 | <i>Y</i> es |     | No |  |  |  |
| 4d. | . How many stormwater management practices have been implemented as part of this   | syste     | em ir       | thi | S  |  |  |  |
| •   | reporting period?  |           |             | 0   |    |  |  |  |
| 5.  | What percent of municipal officials/MS4 staff responsible for program implementation training on Law Impage Development (LID). Better Site Design (BSD) and other Green    |           | tend        | ed  |    |  |  |  |
|     | training on Low Impace Development (LID), Better Site Design (BSD) and other Gree Infrastructure principles in this reporting period?                                      | n .       |             | 0   | %  |  |  |  |

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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| Name of MS4/Coalition                    | Chemung Stormwater Coalition  |   | N Y R 2 0  |
|--|---|---|--|
| 6. Evaluating Pro                        | gress Toward Measurable Goal  | s MCM 5                                       |  |
| identified in your St                    | port on your progress and project program tormwater Management Program itional pages as needed.   |   | _  |
| A. Briefly summan                        | rize the Measurable Goal identi   | fied in the SWMP                              | P in this reporting period.                        |
| inventory of post copermitting under the | cruction SWPPPs for every site that onstruction stormwater managemeter SPDES General Permit. Inspect every 3 years and complete the asset of the second storms are supplessed in the second storms. | ent facilities for site<br>each inventoried p | es that have received oost construction practice a |
| B. Briefly summar<br>Goal.               | rize the observations that indica   | ted the overall eff                           | ectiveness of this Measurable                      |
|  | on stormwater management practi<br>updated. 12 SWPPPs were review   | •   | Reports were filled out and                        |
|  |   |   |  |
| C. How many time                         | es was this observation measure   | d or evaluated in t                           |  |
|  |   |   | (ex.: samples/participants/ev                      |
| D. Has your MS4                          | made progress toward this mea   | surable goal durin                            | g this reporting period?<br>● Yes ○ No             |
| E. Is your MS4 on                        | schedule to meet the deadline s   | et forth in the SW                            |  |
| <del>-</del>                             | rize the stormwater activities pliing cycle (including an impleme   |   | ● Yes ○ No goals of this MCM during                |
| inventory of post co                     | ruction SWPPPs for every site that onstruction stormwater management SPDES General Permit. Inspect  | ent facilities for site                       | es that have received                              |

minimum of once every 3 years and complete the associated inspection report.

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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SPDES ID

| Name of MS4/Coalition Chemung Stormwater Coalition  | N Y R 2 0  |
|---|--|
| Minimum Control Measure 6. Stormwater Manager   | ment 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         How many MS4s contributed to this report?         1 3     </li> </ul>   |  |
| 1. Choose/list each municipal operation/facility that contribute Pollutants of Concern to the MS4 system. For each operation/facility has been addressed in the MS4's/Coalitio Program(SWMP) Plan and whether a self-assessment has reporting period. A self-assessment is performed to: 1) det potentially generated by the permittee's operations and face effectiveness of existing programs and 3) identify the mun that will be addressed by the pollution prevention and good not done already. | ion/facility indicate whether the on's Stormwater Management been performed during the termine the sources of pollutants cilities; 2) evaluate the dicipal operations and facilities |

|   |              |         | Operation/Activi | ty/Facility          |
|---|--------------|---------|------------------|----------------------|
|   |              |         | performed within | the past 3           |
| <b>Operation/Activity/Facility</b>            | Addressed in | n SWMP? |                  |                      |
| Street Maintenance                            | • Yes        | ○ No    | • Yes            | ○ No                 |
| Bridge Maintenance                            | • Yes        | ● No    | ○ Yes            | <ul><li>No</li></ul> |
| Winter Road Maintenance                       | • Yes        | ○ No    | • Yes            | $\bigcirc$ No        |
| Salt Storage                                  | • Yes        | ○ No    | • Yes            | ○ No                 |
| Solid Waste Management                        | • Yes        | ● No    | O Yes            | No                   |
| New Municipal Construction and Land Disturban | nce • Yes    | ○ No    | • Yes            | ○ No                 |
| Right of Way Maintenance                      | O Yes        | • No    | ○ Yes            | No                   |
| Marine Operations                             |              | • No    | ○ Yes            | <ul><li>No</li></ul> |
| Hydrologic Habitat Modification               | ○ Yes        | • No    | ○ Yes            | No                   |
| Parks and Open Space                          | • Yes        | ○ No    | • Yes            | $\bigcirc$ No        |
| Municipal Building                            |              | ○ No    | • Yes            | $\bigcirc$ No        |
| Stormwater System Maintenance                 | ○ Yes        | • No    | ○ Yes            | <ul><li>No</li></ul> |
| Vehicle and Fleet Maintenance                 |              | ○ No    | • Yes            | $\bigcirc$ No        |
| Other   | ○ Yes        | ○ No    | ○ Yes            | ○ No                 |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 3$ 

|  | SPDES ID           |         |       |          |
|--|--------------------|---------|-------|----------|
| Name of MS4/Coalition Chemung Stormwater Coalition   | NYR2               | 0       |       |          |
|  |                    |         |       |          |
| 2. Provide the following information about municipal operatio  | ns good housekeep  | oing pr | ogra  | ms:      |
| • Parking Lots Swept (Number of acres X Number of times swept)   | # Acres            |         | 4     | 5        |
| • Streets Swept (Number of miles X Number of times swept)  | # Miles            | 2       | 1 3   | 0        |
| Catch Basins Inspected and Cleaned Where Necessary   | #                  |         | 3 3   | 2        |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>                                      | #                  |         | 2     |          |
| O Phosphorus Applied In Chemical Fertilizer  | # Lbs.             |         |       |          |
| O Nitrogen Applied In Chemical Fertilizer  | # Lbs.             |         |       |          |
| <ul> <li>Pesticide/Herbicide Applied<br/>(Number of acres to which pesticide/herbicide was applied X Nur<br/>times applied to the nearest tenth.)</li> </ul> | # Acres mber of    |         | 3 1   | .0       |
| 3. How many stormwater management trainings have been pro  | ovided to municing | ıl emn  | lovee | <b>c</b> |
| during this reporting period?  | rided to municipa  |         | loyee | 9        |
| 4. What was the date of the last training?   | 0 4 / 1 4          | / 2     | 0 0   | 2        |
| 5. How many municipal employees have been trained in this re   | porting period?    |         |       |          |
| 6. What percent of municipal employees in relevant positions a stormwater management training?   | and departments re | eceive  | 0 0   | ]%       |

This report is being submitted for the reporting period ending March 9, 2 0 2 3

|   |   |                                  | SPI           | DES ID         |                             |
|---|---|----------------------------------|---------------|----------------|-----------------------------|
| Name of MS4/Coalition                         | Chemung Stormwater Coalition  |                                  | N             | Y R 2 0        |                             |
| 7. Evaluating Prog                            | ress Toward Measurable Go   | oals MCM 6                       |               |                |                             |
| identified in your Sto                        | ort on your progress and project<br>formwater Management Progrational pages as needed.  | <del>-</del>                     | _             | _              |                             |
| A. Briefly summari                            | ze the Measurable Goal ider   | ntified in the SV                | WMPP in t     | his reportin   | g period.                   |
| training for appropri<br>number of street mil | for select municipal facilities<br>ate employees in accordance<br>es swept, catch basins inspect<br>ead and acres of pesticides use | with written proded and cleaned, | cedures. Mo   | onitor and re  | cord the                    |
| B. Briefly summari<br>Goal.                   | ze the observations that indi   | icated the overa                 | all effective | eness of this  | Measurable                  |
|   | s conducted self-assessments of cipal employee training's were  |                                  |               |                |                             |
| C. How many times                             | s was this observation measu  | red or evaluate                  | ed in this r  |                | 9 8                         |
| D. Has your MS4 n                             | nade progress toward this m   | easurable goal                   | during this   | reporting p    |                             |
| E. Is your MS4 on                             | schedule to meet the deadlin  | e set forth in th                | e SWMPP       | ?              | Yes O No                    |
| •   | ze the stormwater activities<br>ng cycle (including an impler   | •                                | _             |                | Yes ○ No<br><b>M during</b> |
| training for appropri<br>number of street mil | for select municipal facilities ate employees in accordance we swept, catch basins inspected and acres of pesticides use            | with written proded and cleaned, | cedures. Mo   | onitor and rec | cord the                    |