

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

Town of Ashland

SPDES ID

N	Y	R	2	0	A	0	8	1
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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		

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

Name of MS4

SPDES ID

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip -

eMail

Phone () - County

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

N	Y	R	2	0	A	0	8	1
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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

Title

Address

City State Zip

eMail

Phone - County

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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

SPDES ID

N	Y	R	2	0	A	0	8	1
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Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C	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						
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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

N	Y	R	2	0					
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Address

8	5	1		C	h	e	m	u	n	g		S	t	r	e	e	t																
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City

H	o	r	s	e	h	e	a	d	s																								
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State

N	Y
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Zip

1	4	8	4	5	-				
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eMail

n	i	k	o	l	e	@	c	h	e	m	u	n	g	s	w	c	d	.	c	o	m												
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Phone

(

6	0	7
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)

7	9	6
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2	2	1	6
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Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

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

- MM1

M	u	l	t	i	p	l	e		t	a	s	k	s		s	e	e		S	W	M	P										
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- MM2

M	u	l	t	i	p	l	e		t	a	s	k	s		s	e	e		S	W	M	P										
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- MM3

M	u	l	t	i	p	l	e		t	a	s	k	s		s	e	e		S	W	M	P										
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- MM4

M	u	l	t	i	p	l	e		t	a	s	k	s		s	e	e		S	W	M	P										
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- MM5

M	u	l	t	i	p	l	e		t	a	s	k	s		s	e	e		S	W	M	P										
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- MM6

M	u	l	t	i	p	l	e		t	a	s	k	s		s	e	e		S	W	M	P										
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Additional tasks/responsibilities

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

Town of Ashland

SPDES ID

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

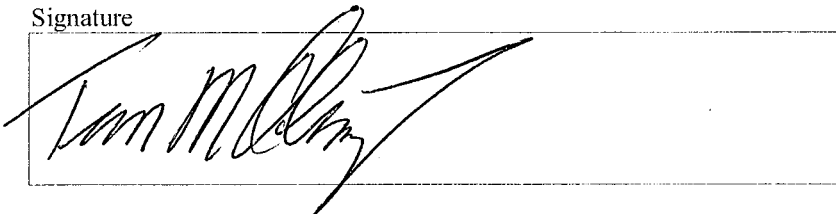
Last Name

Olszowy

Title (Clearly print title of individual signing report)

Town Supervisor

Signature



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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

City of Elmira

SPDES ID

N	Y	R	2	0	A	0	9	3
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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		

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

City of Elmira

SPDES ID

NYR20A09B

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

Daniel

MI

J

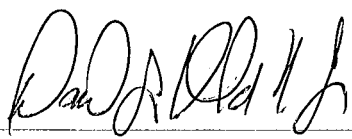
Last Name

Mandell

Title (Clearly print title of individual signing report)

Mayor

Signature



Date

03 / 15 / 2023

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4th Floor
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Name of MS4

Town of Elmira

SPDES ID

N	Y	R	2	0	A	1	6	8
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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		

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

T	o	w	n	o	f	E	l	m	i	r	a
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SPDES ID

N	Y	R	2	0	A	1	6	8
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Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C 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

H o r s e h e a d s

State

N Y

Zip

1 4 8 4 5 -

eMail

n i k o l e @ c h e m u n g s w c d . c o m

Phone

(6 0 7) 7 9 6 - 2 2 1 6

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

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

- MM1 M u l t i p l e t a s k s s e e S W M P
- MM2 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
- MM5 M u l t i p l e t a s k s s e e S W M P
- MM6 M u l t i p l 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 watersheds included in GP-0-08-002 Part IX.

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID


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First Name MI Last Name

Title (Clearly print title of individual signing report)

Signature


Date

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MCC form for period ending March 9,

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Name of MS4

Village of Elmira Heights

SPDES ID

N	Y	R	2	0	A	1	0	5
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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name

M	a	r	g	a	r	e	t												
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 MI

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 Last Name

S	m	i	t	h															
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Title

M	a	y	o	r															
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Address

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City

E	l	m	i	r	a		H	e	i	g	h	t	s						
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 State

N	Y
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 Zip

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eMail

M	a	y	o	r	.	e	l	m	i	r	a	h	e	i	g	h	t	s	@	g	m	a	i	l	.	c	o	m						
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Phone

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 County

C	h	e	m	u	n	g													
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

Name of MS4

SPDES ID

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

First Name MI Last Name

Title

Address

City State Zip -

eMail

Phone () - County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Village of Elmira Heights

SPDES ID
NYR20A105

Section 4 - Certification Statement

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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 D Last Name Smith

Title (Clearly print title of individual signing report) Mayor

Signature
Margaret D Smith

Date 03 / 15 / 2023

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Albany, New York 12233-3505

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

Town of Horseheads

SPDES ID

N	Y	R	2	0	A	0	8	8
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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		

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

Town of Horseheads

SPDES ID

N	Y	R	2	0	A	0	8	8
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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name

D o n a l d

MI

J

Last Name

F i s c h e r

Title

T o w n S u p e r v i s o r

Address

1 5 0 W y g a n t R o a d

City

H o r s e h e a d s

State

N Y

Zip

-

eMail

s u p e r v i s o r @ t o w n o f h o r s e h e a d s . o r g

Phone

() -

County

C h e m u n g

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID
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 permit requirements during this reporting period? Yes No

If Yes, complete information below.

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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

H o r s e h e a d s

State

N Y

Zip

1 4 8 4 5 -

eMail

n i k o l e @ c h e m u n g s w c d . c o m

Phone

(6 0 7) 7 9 6 - 2 2 1 6

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

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

- MM1 M u l t i p l e t a s k s s e e S W M P
- MM2 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
- MM5 M u l t i p l e t a s k s s e e S W M P
- MM6 M u l t i p l 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 watersheds included in GP-0-08-002 Part IX.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

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
Donald	J	Fischer

Title (Clearly print title of individual signing report)

Town Supervisor

Signature



Date

03	/	15	/	2023
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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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

Village of Horseheads

SPDES ID

N	Y	R	2	0	A	1	0	3
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Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C	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																
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City

H	o	r	s	e	h	e	a	d	s																							
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State

N	Y
---	---

Zip

1	4	8	4	5	-				
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eMail

n	i	k	o	l	e	@	c	h	e	m	u	n	g	s	w	c	d	.	c	o	m												
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(

6	0	7
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)

7	9	6
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 -

2	2	1	6
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Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.?

Yes No

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

- MM1

M	u	l	t	i	p	l	e		t	a	s	k	s		s	e	e		S	W	M	P										
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--
- MM2

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										
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--
- MM5

M	u	l	t	i	p	l	e		t	a	s	k	s		s	e	e		S	W	M	P										
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--
- MM6

M	u	l	t	i	p	l	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 watersheds included in GP-0-08-002 Part IX.

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Village of Horseheads

SPDES ID

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



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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

Village of Millport

SPDES ID

N	Y	R	2	0	A	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:

- 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			

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Village of Millport

SPDES ID
N Y R 2 0 A 0 2 9

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name
K e n R i p l e y

Title
C o d e E n f o r c e m e n t

Address
4 2 4 6 M a i n S t r e e t

City State Zip
M i l l p o r t N Y

eMail

Phone County
() - C h e m u n g

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 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 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."

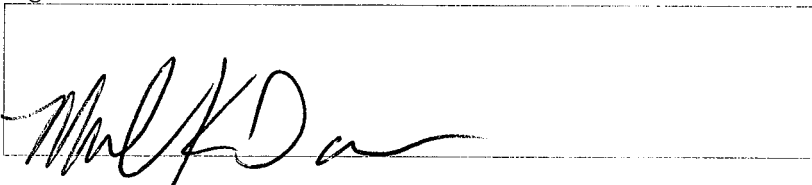
This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI	Last Name
Michael		Damon

Title (Clearly print title of individual signing report)

Mayor

Signature



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@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

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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		

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

Town of Southport

SPDES ID

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

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

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

For each contact, select all that apply:

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

First Name

P e t e

MI

Last Name

R o c c h i

Title

C o d e E n f o r c e m e n t

Address

1 1 3 9 P e n n s y l v a n i a A v e

City

E l m i r a

State

N Y

Zip

-

eMail

p r o c c h i @ t o w n o f s o u t h p o r t . c o m

Phone

() -

County

C h e m u n g

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

Town of Southport

SPDES ID

N Y R 2 0 A 1 0 4

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

N i k o l e

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

City

H o r s e h e a d s

State

N Y

Zip

-

eMail

n i k o l e @ c h e m u n g s w c d . c o m

Phone

() -

County

C h e m u n g

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

Town of Southport

SPDES ID

NYR20A104

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

Roman

Title (Clearly print title of individual signing report)

Town Supervisor

Signature



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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

N	Y	R	2	0	A	0	8	2
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Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C 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

H o r s e h e a d s

State

N Y

Zip

1 4 8 4 5 -

eMail

n i k o l e @ c h e m u n g s w c d . c o m

Phone

(6 0 7) 7 9 6 - 2 2 1 6

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

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

- MM1 M u l t i p l e t a s k s s e e S W M P
- MM2 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
- MM5 M u l t i p l e t a s k s s e e S W M P
- MM6 M u l t i p l 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 watersheds included in GP-0-08-002 Part IX.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

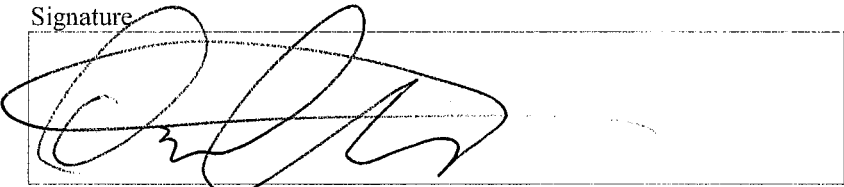
Section 4 - Certification Statement

"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

Title (Clearly print title of individual signing report)

Signature 

Date

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

Submit Form

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

Village of Wellsburg

SPDES ID

N	Y	R	2	0	A	1	2	1
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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		

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

Village of Wellsburg

SPDES ID

NYR20A121

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

J o s e p h

MI

Last Name

M o r e y

Title

C o d e E n f o r c e m e n t

Address

3 6 6 3 S i x t h S t r e e t

City

W e l l s b u r g

State

N Y

Zip

-

eMail

j o s e p h m o r e y 5 @ g m a i l . c o m

Phone

() -

County

C h e m u n g

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	2	3
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Name of MS4

Village of Wellsburg

SPDES ID

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

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

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

For each contact, select all that apply:

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

First Name

N i k o l e

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

City

H o r s e h e a d s

State

N Y

Zip

-

eMail

n i k o l e @ c h e m u n g s w c d . c o m

Phone

() -

County

C h e m u n g

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

Village of Wellsburg

SPDES ID

N Y R 2 0 A 1 2 1

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C 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

H o r s e h e a d s

State

N Y

Zip

1 4 8 4 5 -

eMail

n i k o l e @ c h e m u n g s w c d . c o m

Phone

(6 0 7) 7 9 6 - 2 2 1 6

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

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

- MM1 M u l t i p l e t a s k s s e e S W M P
- MM2 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
- MM5 M u l t i p l e t a s k s s e e S W M P
- MM6 M u l t i p l 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 watersheds included in GP-0-08-002 Part IX.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

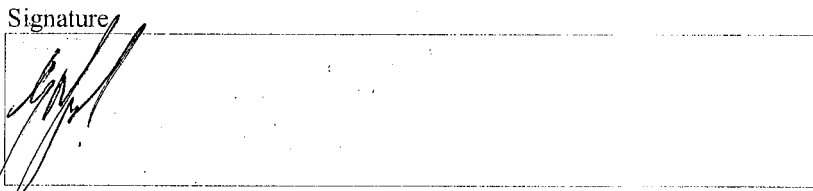
Section 4 - Certification Statement

"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
Henry		Jerzak

Title (Clearly print title of individual signing report)

Signature


Date

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

Submit Form

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

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

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Chemung County Highway Department

SPDES ID
N Y R 2 0 A 4 7 6

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name
A n d r e w A v e r y

Title
C o m m i s s i o n o f P u b l i c W o r k s D e p t .

Address
8 0 3 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
a a v e r y @ c h e m u n g c o u n t y n y . g o v

Phone County
() - C h e m u n g

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Chemung County Highway Department

SPDES ID

NYR20A476

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

Christopher

Moss

Title (Clearly print title of individual signing report)

County Executive

Signature



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

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

N	Y	R	2	0	A	3	2	3
---	---	---	---	---	---	---	---	---

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C 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

H o r s e h e a d s

State

N Y

Zip

1 4 8 4 5 -

eMail

n i k o l e @ c h e m u n g s w c d . c o m

Phone

(6 0 7) 7 9 6 - 2 2 1 6

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

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

- MM1 M u l t i p l e t a s k s s e e S W M P
- MM2 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
- MM5 M u l t i p l e t a s k s s e e S W M P
- MM6 M u l t i p l 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 watersheds included in GP-0-08-002 Part IX.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

Elmira Corning Regional Airport

SPDES ID

NYR20AB2B

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

Freeman

Title (Clearly print title of individual signing report)

Director of Aviation

Signature

Date

/ /

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone () - County

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Chemung County Solid Waste Transfer Station

SPDES ID
N Y R 2 0 A 4 7 3

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).
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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).
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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.

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
Z a c h a r y H a l l

Title
E n v i r o n m e n t a l A n a l y s t

Address
1 4 8 8 C o u n t y R o a d 6 0

City State Zip
L o w m a n N Y

eMail
Z a c h a r y . H a l l @ c a s e l l a . c o m

Phone County
() - C h e m u n g

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Chemung County Solid Waste Transfer Station

SPDES ID
N Y R 2 0 A 4 7 3

Section 2 - Contact Information

Important Instructions - Please Read

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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 o l 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 State Zip

H o r s e h e a d s N Y -

eMail

n i k o l e @ c h e m u n g s w c d . c o m

Phone County

() - C h e m u n g

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Chemung County Solid Waste Transfer Station

SPDES ID
NYR20A473

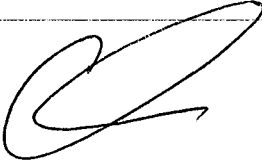
Section 4 - Certification Statement

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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 Moss

Title (Clearly print title of individual signing report)
County Executive

Signature 

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

MS4 Annual Report Form

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.

Name of MS4/Coalition Chemung Stormwater Coalition

SPDES ID
N Y R 2 0

3. Web Page cont.: Provide specific web addresses - not home page.

URL

https://www.chemungstormwaterprojects.com

URL

chemungcountyny.gov/348/stormwater-er-ms4-information

URL

horseheads.org/village/page/annual-ms4-stormwater-reports

URL

townofelmira.com/postcategory.php?c=buildingcodes

URL

www.cityofelmira.net/?page-id=4846

URL

www.elmirahightsvillage.com/stormwater/

URL

https://www.horseheads.org/code/page/7-simple-steps-clean-water

MS4 Annual Report Form

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

2	0	2	3
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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									
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SPDES ID

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

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

This past year we visited 47 different classrooms and summer programs to educate youth on stormwater. There were 8 meetings held with stakeholder and politicians, We also information tables at 10 community events.

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

1800 brochures and information packets were given to each MS4 community

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

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

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to create networking opportunities, cultivate partnerships throughout the county, host and attend events as well as hand out information and communicate with community members.

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

SPDES ID

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

2. URL(s) con't.:

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

URL

w	w	.	c	h	e	m	u	n	g	s	t	o	r	m	w	a	t	e	r	p	r	o	j	e	c	t	s	.	c	o	
m	/	m	s	4	-	a	n	n	u	a	l	-	r	e	p	o	r	t	.	h	t	m	l								

URL

e	l	m	i	r	a	h	e	i	g	h	t	s	v	i	l	l	a	g	e	.	c	o	m	/	n	o	t	i	c	e	s
/	m	s	4	-	a	n	n	u	a	l	-	r	e	p	o	r	t	/													

URL

c	i	t	y	o	f	e	l	m	i	r	a	.	n	e	t	/	?	p	a	g	e	-	i	d	=	9	7	5		

URL

c	h	e	m	u	n	g	c	o	u	n	t	y	n	y	.	g	o	v	/	4	1	3	/	m	s	4	-	a	n	n	u
a	l	-	r	e	p	o	r	t																							

URL

h	o	r	s	e	h	e	a	d	s	.	o	r	g	/	v	i	l	l	a	g	e	/	p	a	g	e	/	a	n	n	u
a	l	-	m	s	4	-	s	t	o	r	m	w	a	t	e	r	-	r	e	p	o	r	t	s							

URL

h	t	t	p	:	/	/	w	w	w	.	c	h	e	m	u	n	g	s	t	o	r	m	w	a	t	e	r	.	o	r	g

URL

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

SPDES ID

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

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

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

0	4
---	---

 /

1	8
---	---

 /

2	0	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 a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

Yes No

If Yes, what was the date of the meeting?

--	--

 /

--	--

 /

--	--	--	--

If No, is one planned?

Yes No

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

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

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

MS4 Annual Report Form

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

2	0	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

SPDES ID

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

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to work with our stakeholders and partners on clean up events. Continue the water quality monitoring program. Continue the rain barrel program.

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

There were 8 different collection events with great public participation. 2 Household Hazardous Waste events, 3 Pharmaceutical Take Back day, 1 tire collection day and 2 electronic collection events.

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

			8
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to hold clean up events as well as continuing our partnership work with local organizations.

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

SPDES ID

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 achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Kept mapping system updated with appropriate outfall inspection data. Utilized the provisions of the IDDE SOP while investigating the 1 IDDE complaints.

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

1 IDDE complaints were investigated. This IDDE was corrected through our SOP. The community and municipal staff are starting to recognize what an illicit discharge is and contact the Coalition office for further information. This is a big improvement that stormwater is now recognized as something to pay attention to. 276 outfalls were inspected this reporting year with Illicit 0 discharges found.

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

	2	7	6
--	---	---	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to utilize the electronic inspection program for outfall work. Update sewershed mapping when new outfalls are located within the urbanized area and finalize sewershed mapping within the expanded urbanized area from the 2010 Census. Employ the provisions of the IDDE SOP in the advent that an illicit discharge is detected.

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

SPDES ID

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

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

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

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

How many MS4s contributed to this report?

	1	3
--	---	---

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

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

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

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

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

	1	2
--	---	---

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

If Yes, how many public comments were received during this reporting period?

		0
--	--	---

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

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

- Notices of Violation #

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

 No Authority
- Stop Work Orders #

				1
--	--	--	--	---

 No Authority
- Criminal Actions #

--	--	--	--	--

 No Authority
- Termination of Contracts #

--	--	--	--	--

 No Authority
- Administrative Fines #

--	--	--	--	--

 No Authority
- Civil Penalties #

--	--	--	--	--

 No Authority
- Administrative Orders #

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions #

--	--	--	--	--

 No Authority
- Other #

--	--	--	--	--

 No Authority

MS4 Annual Report Form

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

2	0	2	3		
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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

SPDES ID

NYR20							
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s contributed to this report?

	1	3
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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		7
--	--	---

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

	2	1
--	---	---

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

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

 %

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

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

 %

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

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

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

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

MS4 Annual Report Form

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

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

SPDES ID
N Y R 2 0

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department
Chemung Stormwater Coalition

Address
851 Chemung Street

City Horseheads NY Zip 14845

Phone (607) 796-2216

Library

Address

City Zip

Phone

Other

Address
all job sites

City Zip

Phone

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

URL
chemungstormwaterprojects.com

URL

MS4 Annual Report Form

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

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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

SPDES ID

N	Y	R	2	0				
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Review the erosion and sediment control plan for every site that disturbs greater than 1 acre (within the MS4 jurisdiction). Complete periodic inspections during construction sites disturbing over 1 acres.

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

Conducted 52 Construction site inspections on 21 active construction sites. 12 SWPPPs were reviewed this reporting period with 7 receiving approval to disturb greater than 1 acre of soil

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

		9	2
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Review the erosion and sediment control plan for every site that disturbs greater than 1 acre (within the MS4 jurisdiction). Complete periodic inspections during construction sites disturbing over 1 acres.

MS4 Annual Report Form

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

2	0	2	3
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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

SPDES ID

N	Y	R	2	0				
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
 Yes No

4b. Does the MS4 have a banking and credit system for stormwater management practices?
 Yes No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
 Yes No

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

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

MS4 Annual Report Form

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

2	0	2	3
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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

SPDES ID

N	Y	R	2	0				
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Review Post Construction SWPPPs for every site that disturbs greater than 1 acre. Maintain an inventory of post construction stormwater management facilities for sites that have received permitting under the SPDES General Permit. Inspect each inventoried post construction practice a minimum of once every 3 years and complete the associated inspection report.

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

30 Post construction stormwater management practices were inspected. Reports were filled out and GIS mapping was updated. 12 SWPPPs were reviewed.

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

		4	2
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Review Post Construction SWPPPs for every site that disturbs greater than 1 acre. Maintain an inventory of post construction stormwater management facilities for sites that have received permitting under the SPDES General Permit. Inspect each inventoried post construction practice a minimum of once every 3 years and complete the associated inspection report.

MS4 Annual Report Form

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

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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

SPDES ID

N	Y	R	2	0				
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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

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

MS4 Annual Report Form

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

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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																			
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SPDES ID

N	Y	R	2	0															
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2. Provide the following information about municipal operations good housekeeping programs:

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

		2		
--	--	---	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

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

		3	1	.	0
--	--	---	---	---	---

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

				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 reporting period?

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

1	0	0
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 %

MS4 Annual Report Form

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

2	0	2	3
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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

SPDES ID

N	Y	R	2	0				
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Complete self audits for select municipal facilities (minimum of once ever 3 years). Complete training for appropriate employees in accordance with written procedures. Monitor and record the number of street miles swept, catch basins inspected and cleaned, the acres of parking lots swept, tons of fertilizer spread and acres of pesticides used.

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

3 municipal facilities conducted self-assessments of their highway departments and recreation departments. 9 municipal employee training's were held and 86 staff trained in 2022-2023.

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

		9	8
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Complete self audits for select municipal facilities (minimum of once ever 3 years). Complete training for appropriate employees in accordance with written procedures. Monitor and record the number of street miles swept, catch basins inspected and cleaned, the acres of parking lots swept, tons of fertilizer spread and acres of pesticides used.