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# MS4 Annual Report Cover Page

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

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Cover Page 1 of 2

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## MS4 Annual Report Cover Page

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

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

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

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Name of MS4 Town of Cornwall	N	Y R	2	0	A :	2 4	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 accep	tance	of:				
● An Annual Report for a single MS4							
○ A Single Entity (Per Part II.E of GP-0-10-002)							
O A Joint Report							
Joint reports may be submitted by permittees with legally bi	nding ag	reeme	nts.				
If Joint Report, enter coalition name:				٠			
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MCC form for period ending March 9, 2 0 1 9

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Name of MS4	Town of Cornwall		2	4	2	N	Y	R	2	0	A

#### 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
- 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 1 9

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

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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

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MCC form for period ending March 9,  $2 \mid 0 \mid 1 \mid 9$ 

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

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#### 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 Nan	ne									
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Title (Clearly print title of individual signing report)												
Supervisor												
Signature Rished Range				I	Date	s /	2	8	1 [.	20	7	9

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

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

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

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

	SPDES ID
Name of MS4/Coalition Town of Comwall	N Y R 2 0 A 2 4 2
Minimum Control Measure 1. Public Ed	lucation and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	
1. Targeted Public Education and Outreach Best Managem	nent Practices
Check all topics that were included in Education and Outreach	during this reporting period:
• Construction Sites	O Pesticide and Fertilizer Application
● General Stormwater Management Information	O Pet Waste Management
● Household Hazardous Waste Disposal	○ Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance	O Trash Management
O Smart Growth	O Vehicle Washing
Storm Drain Marking	● Water Conservation
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	
● Residential ○ Developers	
O Businesses • General Public	
○ Restaurants ○ Industries	
Other: Agricultural	
Other	

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

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

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

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

Name of MS4/Coalition	Town of Cornwall		SPDES ID N Y R 2 0 A 2	4 2
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4. Evaluating Prog	gress Toward Measurable Goals	MCM 1		
identified in your Sto	ort on your progress and project pla ormwater Management Program Pl cional pages as needed.			Part
A. Briefly summar	ize the Measurable Goal identific	ed in the SWMPP i	in this reporting per	iod.
Sponsor highway     River Sweep	cleanup days - Highway Departmo	ent cleanup effort.		
B. Briefly summari Goal.	ize the observations that indicate	d the overall effect	tiveness of this Meas	urable
1. Reduce number o	f construction site related issues.			
C. How many times	s was this observation measured	or evaluated in thi	s reporting period?	
			(ex.: samples/par	1
D. Has your MS4 n	nade progress toward this Measu	rable Goal during	this reporting perio	d?
E. Is your MS4 on	schedule to meet the deadline set	forth in the SWM	● Yes  IPP? • Yes	○ No ○ No
•				
	ze the stormwater activities plan ng cycle (including an implement		als of this MCM du	ring
1. Continue to promprograms.	ote and track amount of waste coll	ected from river swe	eep and highway	
	ck educational material at Town H	all.		

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

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

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Minimum Control Measure 2. I	Public II	nvo	lve	me	nt/I	ar	tic	ipa	<u>ıtic</u>	<u>on</u>			
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 rep</li> </ul>	port?												
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	the Stori	mw	ate	r Ma	nag				•	ran	1		
O Cleanup Events						# E	ven	ts					
O Comments on SWMP Received	٠				# (	Comi	nen	ts			Ì		
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O Community Meetings			•		#.	Atte	nde	es				Ī	
O Plantings						S	q. F	t.					
O Storm Drain Markings						# D	rair	ıs					
O Stakeholder Meetings					#.	Atte	nde	es					
O Volunteer Monitoring						#E	ven	ts					
O Other:													
2. Was public notice of availability of this annua Program (SWMP) Plan provided?	al report :	and	Sto	ormv	vate	er N	1ar	ıag		ent Ye:		0]	No
O List-Serve						# L	ı Li	st					
O Newspaper Advertising					# ]	Days	s Ru	ın [				ľ	
○ TV/Radio Notices					# :	Days	Ru	n [					
Other: TownBoardAge	n d a												

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

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

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

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

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

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Name of MS4/Coalition Town of Cornwall			N .	YR	2	0	Α	2	4	2
4.a. If this report was made available on the internet, what da	ate wa	s it	pos	sted:	<b>)</b>					
Leave blank if this report was not posted on the internet.		0	6	/ 0	5	1	2	0	1	8
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 submitt	ting a j	join	t rej	port,	ans	wei	5.l	b		
5.a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting?	ting po	erio	d?	/ _		°  /[	Ye	s	1	Лo
If No, is one planned?						0	Ye	S	• 1	Vо
5.b. Was an Annual Report public meeting held for all MS4s	contr	ibu	ting	to t	his	rep	ort	du	rin	g
this reporting period?						0	Ye	S	• 1	Vо
If No, is one planned for each?						0	Ye	S	• 1	Vо
6. Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.				í		0	Yea	S	1	Лo

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

		SPDES ID	
Name of MS4/Coalition	Town of Cornwall	N Y R 2 0 A 2	4 2
7. Evaluating Pro	ogress Toward Measurable Goals MCM 2	2	
identified in your S	port on your progress and project plans towatormwater Management Program Plan (SW itional pages as needed.		art
A. Briefly summa	rize the Measurable Goal identified in th	e SWMPP in this reporting perio	d
1. Post Annual Rep	port to Town Website.		
		11 00 11 25	
Goal.	rize the observations that indicated the o	verall effectiveness of this Measur	rable
1. Annual Report p	osted.		
	•		
	•		
C. How many time	es was this observation measured or eval	uated in this reporting period?	
		(ex.: samples/parti	1 cipants/event
D. Has your MS4	made progress toward this measurable g		•
			○ No
E. Is your MS4 on	schedule to meet the deadline set forth i		⊃ N(a
F. Briefly summar	rize the stormwater activities planned to		⊃ No ng
<del>-</del>	ing cycle (including an implementation so	<del>_</del>	~B
1. Continue to post	Annual Report on Town website.		
	for comments and complaints.		
3. Keview report at	Town Board meetings.		

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

	SFDE3 ID
Name of MS4/Coalition Town of Cornwall	N Y R 2 0 A 2 4 2
Minimum Control Measure 3	3. Illicit Discharge Detection and Elimination
The information in this section is being reported	ed (check one):
On behalf of an individual MS4	
<ul> <li>On behalf of a coalition</li> <li>How many MS4s contributed t</li> </ul>	to this report?
1. Enter the number and approx. percel	ent of outfalls mapped: 2 5 2 # 1 0 0 %
2. How many of these outfalls have been	n screened for dry weather discharges during this
reporting period (outfall reconnaissa	ance inventory)?
3.a. What types of generating sites/sewers	sheds were targeted for inspection during this
reporting period?	
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	○ Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
<ul><li>Cross-Connections</li></ul>	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	● Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	

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

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

	SPDES ID	
Name of MS4/Coalition Town of Comwall	N Y R	2 0 A 2 4 2
3.b. What types of illicit discharges hav	e been found during this reporting period	i?
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	○ Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	● None	
reporting period?  5. How many illicit discharges have be	en confirmed during this reporting perio	d? 6
<ul> <li>7. Has the storm sewershed mapping be If No, approximately what percent was</li> <li>8. Is the above information available in Is this information available on the If Yes, provide URL(s):</li> </ul>	n GIS?	• Yes O No • Yes O No • Yes O No • Yes • No
	where map(s) can be accessed - not home p	oage.
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This report is being submitted for the reporting period ending March 9, 2 0 1 9

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

			SPDES ID	
Name of MS4/Coalition	Town of Cornwall		N Y R 2 0 A 2 4 2	
12. Evaluating Prog	ress Toward Measurable Goals	MCM 3		
identified in your Sto	ort on your progress and project plormwater Management Program Pional pages as needed.			
A. Briefly summar	ize the Measurable Goal identifi	ed in the SWMPP	in this reporting period.	
1. Update stormshed 2. Continue 20% dry	I mapping.  weather outfall inspections.			
B. Briefly summari Goal.	ze the observations that indicat	ed the overall effect	tiveness of this Measurable	:
	ng updated and reviewed. GIS ma s to be conducted as weather perm		odically for updates.	
		···		
C. How many times	s was this observation measured	or evaluated in thi	is reporting period?	
D. Has your MS4 m	nade progress toward this measu	ırable goal during t	(ex.: samples/participant this reporting period?  ● Yes ○ No	
E. Is your MS4 on s	schedule to meet the deadline se	t forth in the SWM	( <b>PP?</b>	
-	ze the stormwater activities plan g cycle (including an implemen	_		
2. Adopt written pro-	eview at 20% per year. cedures for IDDE review. eld personnel in IDDE.			

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

	<u> </u>	SPI	DES	ID						
Name of MS4/Coalition	Town of Cornwall	N	Y	R	2	0	Α	2	4	2

	Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control	
Th	ne 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?	
<b>1</b> a	a. Has each MS4 contributing to this report adopted a law, ordinance or other regulator mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?	or
1 b	o. Has each Town, City and/or Village contributing to this report documented that the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosi Sediment Control through either an attorney certification or using the NYSDEC Gaj Analysis Workbook?	law is on and p
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  ○ 09/2004 ● 03/2006	
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Ye	s O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have bee reviewed in this reporting period?	<u>:n</u>
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?  • Yes • No	0 O NT
	If Yes, how many public comments were received during this reporting period?	0
5.	Does your MS4/Coalition provide education and training for contractors about the lo SWPPP process?  • Ye	

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>	#		 7	O No Authority
O Stop Work Orders	#			O No Authority
O Criminal Actions	#			O No Authority
O Termination of Contracts	#			O No Authority
O Administrative Fines	#			O No Authority
O Civil Penalties	#			O No Authority
O Administrative Orders	#			O No Authority
O Enforcement Actions or Sanctions	#			
O Other	#			O No Authority

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

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

		SPL	ES	ID						
Name of MS4/Coalition	Town of Cornwall	N	Y	R	2	0	А	2	4	2

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

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

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Nan	ne of MS4/Coalition Town of Cornwall	]		Y R	ÎΠ	0 .	A 2	4	2
		J							
6.	con't.:								
	Submit additional pages as needed.								
• 1	MS4/Coalition Office								
	Department								
	Planning Board								
	Address			-			-		
	183 Main Street	7.		<u> </u>					
	City Cornwall Ny	Zip		5 1	8	_ [			
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Nome of MSA/Conlision Town of Cornwall	SPDES ID N Y R 2 0 A 2 4 2
Name of MS4/Coalition 10wn of Cornwall	
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Active sites within Town limits to be inspected at least once per re	eporting term.
	•
B. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
One active site within Town limits.	
C. How many times was this observation measured or evaluate	
	(ex.: samples/participants/even
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	e SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	
100% review of all SWPPPs by Town's Consulting Engineer.	

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

				SPDES II	)
Name of MS4/Coalitio	n Town of Conrwall		2 110	N Y R	
<u>Minimum</u>	Control Me	asure 5. Post	-Construction	on Stormwater	Management
The information in the	his section is bei	ng reported (che	ck one):		
<ul><li>On behalf of an in</li><li>On behalf of a coa</li><li>How n</li></ul>	alition	tributed to this	report?		
				anagement practices eporting period?	s has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ces				
O Filter Systems					
O Infiltration Basins					
Open Channels		1	3	1	
<ul><li>Ponds</li></ul>			3		
<ul><li>Wetlands</li></ul>		1	3	1	
Other	·				
2. Do you use an BMPs, inspect			abase, spreads	heet) to track post	-construction  ○ Yes • No
3. What types of Development/E		_		•	mpact
<ul><li>Building Codes</li></ul>	• Municipal (	Comprehensive P	lans		
Overlay Districts	Open Space	Preservation Pro	ogram		
<ul><li>Zoning</li></ul>	O Local Law o	or Ordinance			
O None	O Land Use R	egulation/Zoning	ġ.		
O Watershed Plans	Other Comp	rehensive Plan			
Other:	1 1 1	· · · · · · · · · · · · · · · · · · ·			

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

			_	SPI	JES .	D					
Nar	me of MS4/Coalition Town of Cornwall			N	Y	R 2	2 0	Α	2	4	2
4a.	a. Are the MS4s contributing to this report invol	ved in a regional	l/watershe	ed v	vide	plan	_				
								Ye	es	0	No
4b	o. Does the MS4 have a banking and credit system	m for stormwate	r manage	me	nŧ pi	acti	ces?	1			
			<b>6</b> -		1			) Ye	es	•	No
4c.	e. Do the SWMP Plans for each MS4 contributing and approval of banking and credit of alternations.						nt p		ice:	?	No
4d.	l. How many stormwater management practices	have been imple	emented a	s pa	art o	f thi	s sys	sten	ı in	thi	s
	reporting period?	-		•			•			0	
5.	What percent of municipal officials/MS4 staff	responsible for p	orogram i	mp	leme	ntat	ion	atte	nde	ed	
	training on Low Impace Development (LID), I	· ·	n (BSD) a	nd	othe	r Gr	een				
	Infrastructure principles in this reporting peri	iod?							2	5	%

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

	SPDES ID
Name of MS4/Coalition Town of Conrwall	N Y R 2 0 A 2 4 2
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Mapping of stormsheds and storm water practices complete. Map by GIS staff.	s periodically checked and updated
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
Wetland and open channel added to maintenance schedule.	
C. How many times was this observation measured or evaluat	ed in this reporting period?
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	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	*
<ol> <li>Provide periodic reviews of stormwater practices.</li> <li>Require dedication of stormwater practices.</li> <li>Enforce map notes on site plans with submission of certification.</li> </ol>	n of Town codes department.

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

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Name of MS4/Coalition Town of Comwall	SPDES ID  N Y R 2 0 A 2 4 2
Minimum Control Measure 6. Stormwater Management	for Municipal Operations
The information in this section is being reported (check one):  On behalf of an individual MS4	
On behalf of a coalition How many MS4s contributed to this report?	

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

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

			performed within the pa	<u>st 3</u>
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>	
Street Maintenance	● Yes	○ No	● Yes ○ No	
Bridge Maintenance	○ Yes	• No	○ Yes • No	
Winter Road Maintenance		○ No	● Yes ○ No	
Salt Storage	● Yes	○ No	● Yes ○ No	
Solid Waste Management		○ No	● Yes ○ No	
New Municipal Construction and Land Disturba	nce O Yes	● No	O Yes ● No	
Right of Way Maintenance	○ Yes	• No	○ Yes • No	
Marine Operations		• No	○ Yes • No	
Hydrologic Habitat Modification		• No	○ Yes • No	
Parks and Open Space		• No	○ Yes • No	
Municipal Building		○ No	● Yes ○ No	
Stormwater System Maintenance		○ No	● Yes ○ No	
Vehicle and Fleet Maintenance	• Yes	○ No	● Yes ○ No	
Other	O Yes	• No	○ Yes • No	

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

	SPL	ノドシエ	,					
Name of MS4/Coalition Town of Cornwall	N	YR	2	0	Ā	2	4	2
2. Provide the following information about municipal operations g	ood h	ousek	еер	ing	pr	ogr	am	ıs:
O Parking Lots Swept (Number of acres X Number of times swept)		# Ac	res					
• Streets Swept (Number of miles X Number of times swept)		# Mi	les				4	2
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>			#				1	7
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			#					3
O Phosphorus Applied In Chemical Fertilizer		# L!	os.					
O Nitrogen Applied In Chemical Fertilizer		# Ll	os.					
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)</li> </ul>		# Acre	s [				].[	
3. How many stormwater management trainings have been provid during this reporting period?	ed to	munic	cipa	l en	npl	oye		0
4. What was the date of the last training?	0 2	/ 2	8	1[	2	0	1	8
5. How many municipal employees have been trained in this repor	ting p	eriod	?					0
6. What percent of municipal employees in relevant positions and estormwater management training?	depart	tment	s re	eceiv		2	0 (	%

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

		SPDES ID	
Name of MS4/Coalition Town of Cornwall		N Y R 2	0 A 2 4 2
7. Evaluating Progress Toward Mea	asurable Goals MCM 6		
Use this page to report on your progres identified in your Stormwater Manager III.C.1. Submit additional pages as need	ment Program Plan (SWM		
A. Briefly summarize the Measurable	le Goal identified in the	SWMPP in this report	ing period.
<ol> <li>Provide housekeeping training.</li> <li>Document housekeeping practices.</li> <li>Document salt storage cleanup and a</li> <li>Update petroleum inventory practices.</li> <li>Catch basin cleaning with document</li> </ol>	es.	cleanup after storms.	
B. Briefly summarize the observatio Goal.	ns that indicated the ove	erall effectiveness of th	is Measurable
<ol> <li>Adopted and maintained new record</li> <li>Adopted new petroleum record keep</li> <li>Catch basin cleaning and documenta</li> <li>Street sweeping and documentation.</li> </ol>	oing. ation.		
C. How many times was this observa	ation measured or evalua	nted in this reporting p	period?
D. Has your MS4 made progress tow	vard this measurable goa		mples/participants/even g period? • Yes O No
E. Is your MS4 on schedule to meet to	the deadline set forth in		● Yes ○ No
F. Briefly summarize the stormwate the next reporting cycle (including	-	eet the goals of this Mo	
1. Continue the pursuit of training for l 2. Continue to document all housekeep 3. Perform self assessment of municipal	oing practices.		
1			1

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

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ne of MS4/Coalition Town of C	Cornwall		SPDES ID N Y R 2 0 A 2		
ic of Mis+/ Countrols					
Additional Wate	rshed Improvemen	nt Strategy Best M	Ianagement Practices		
e information in this section	n is being reported (checl	k one):			
On behalf of an individual l		•			
On behalf of a coalition		<del></del>			
How many MS	4s contributed to this re	eport?			
·		•			
S4s must answer the qu	ostions or abook NA s	s indicated in the tal	ala balaw		
545 must answer the qu	estions of effect NA a	is mulcated in the tak	ne below.		
MS4 Description	Answer	Check NA	(POC)		
NYC EOH Watershed	-	-	<u>-</u>		
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus		
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus		
Non-Traditional Onondaga Lake Watershed	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus		
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus		
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus		
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus		
Greenwood Lake Watershed	-	-	-		
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
Oyster Bay	-	-	- n d		
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens		
Traditional Non-Land Use Non-Traditional	1,4,7a-d,9,10,11,12 1,4,7a-d,9	2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12	Pathogens Pathogens		
Peconic Estuary	1,4,7a-u,9	2,5,4,5,6a,80,10,11,12	Fathogens		
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen		
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen		
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen		
Oscawana Lake Watershed	-	-,-,-,-,,,	-		
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
LI 27 Embayments					
	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b 5,6,8a,8b	Pathogens		
Traditional Land Use Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12		Pathogens Pathogens		

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

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						SPDES ID		
Name of M	S4/Coalition	Town of Comwal	<u></u>			N Y R 2	0 A 2	2 4 2
	•	/Coalition hace Ce Plan Prog		ater Conveyan	ce System (i	nfrastructu • Yes	re) Insp O No	ection O N/A
	_	_		vater treatment sary in this rep	•		n inspec	
NYSI (GP-0	DEC SPDI 1-08-001) t	ES General I o reduce pol	ermit for Sto	gram that prov rmwater Disch rmwater runof e?	arges from	Construction	n Activ	ities
runof equal Perm	f from nev to one act it for Stor ew York S	w developme re that provi- mwater Disc	nt and redeve des equivalen harges from (	gram to addres elopment proje t protection to Construction A Manual Enhand	cts that dist the NYS DI ctivities (G	urb greater EC SPDES ( P-0-08-001),	than or General includi	•
	•		ive a retrofitt gen loading?	ing program to	reduce ero	sion or O Yes	O No	• N/A
7b.How	many proj	ects have be	en sited in thi	s reporting per	riod?			0
	-			7b have been c	•	-	ing peri	od?
	-		- -				Projects	Planned
	dures poli		-	nplemented a t fertilizer applic	_	-	wned	• N/A
proce	dures poli		-	nplemented a t lisposal of gras	-	_		• N/A

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	25DE2 ID		
Name of MS4/Coalition Town of Cornwall	N Y R 2	0 A 2	2 4 2
9. Has your MS4/Coalition developed and implemented a prog			
	○ Yes	O No	● N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet prohibiting goose feeding?	-		rties and O N/A
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	○ No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	• Yes	O No	O N/A