

Board of Trustees  
Village of Black River, New York



Agenda  
Regular Meeting  
June 5, 2023

- Call to order.
- Pledge of Allegiance.
- Approval of minutes of the 5/1/23 regular meeting and 5/15/23 special meeting
- Public Comment.
- Police Department Report.
- Code Enforcement Report & review of related correspondence.
- Clerk-Treasurer's Report.
- Superintendent's Report.

Correspondence Received:

- |                                     |                               |
|-------------------------------------|-------------------------------|
| A) US Federal Regulatory Commission | Re: Great Mills Hydro Project |
| B) DANC                             | Re: Manhole Overflow          |
| C) Jefferson County Planning        | Re: HOME Consortium           |
| D) Sarah & Kelsey Devans            | Re: Water bills               |

Correspondence Sent:

- |                             |                 |
|-----------------------------|-----------------|
| A) Towns of LeRay & Rutland | Re: Water Rates |
|-----------------------------|-----------------|

New Business:

- A) Barton & Loguidice
- B) Facilities Use Requests – BRE & Alpha Company Ft. Drum
- C) Set Public Hearing for Solar Moratorium Local Law
- D) Authorize Referring Solar Moratorium Local Law to Jefferson County for 239M review
- E) MS4 Annual Report

Unfinished Business:

- Reports from Standing Committees.
- Reports from Special Meetings.
- Authorize payment of bills; adjournment.

Village of Black River  
Board of Trustees  
Regular Meeting  
May 1, 2023

DRAFT

Mayor Dishaw called the regular meeting to order and led the Pledge of Allegiance at 6:00 p.m.

Present:  
Mayor Francis Dishaw  
Trustee Gary McCullough  
Trustee Bonnie Proven  
Trustee Randy Lake  
Superintendent Les Williams  
Clerk-Treasurer Kristin Williams  
Police Chief Steve Wood

Excused:  
Trustee Corey Decillis

A motion was made by Trustee McCullough, seconded by Trustee Lake to approve the minutes of the 4/3/23 regular meeting minutes and the 4/17 special meeting minutes. The motion was carried.

Police Department Report: Police Chief Wood stated that there was an incident involving four wheelers trespassing at the Route 3 pump station and that he attended in service training.

New Business: Chuck Stafford, Planning Board Chairman, was present to discuss solar regulations with the board. The board discussed holding a moratorium on solar projects over 50k watts. The board wishes to allow residents to continue to have solar for personal use while revising the local laws for large scale solar projects.

A motion was made by Trustee Lake, seconded by Mayor Dishaw to adopt the following resolution:

**Resolved,** that the Village Attorney be contacted to create a local law which establishes a one-year moratorium on solar regulations so that the planning and village boards may review and revise the current law. The motion was put to a vote as follows:

Mayor Dishaw	Yes
Trustee Lake	Yes
Trustee McCullough	Yes
Trustee Proven	Yes
Trustee Decillis	Absent.

The motion was carried and the resolution duly adopted.

Clerk-Treasurer's Report: Clerk-Treasurer Williams stated that she had filed the required report for ARPA funding expenditures and that the new phone system will be installed on May 10<sup>th</sup>. Clerk-Treasurer Williams stated that a resident attempted to make an online water payment and he received an error. He paid the next day via check including the penalty. Clerk-Treasurer Williams asked if the board would consider waiving the penalty as the error was due to the processing company.

A motion was made by Trustee McCullough, seconded by Mayor Dishaw to waive the penalty in the amount of \$14.35 for account number 02090. The motion was carried.

Clerk-Treasurer Williams stated that a resident had questioned his water adjustment and after further review, it was determined that an error had been made in the calculation.

A motion was made by Mayor Dishaw, seconded by Trustee McCullough to approve an adjustment in the amount of \$37.87 for account number 03940. The motion was approved.

Superintendent's Report: Superintendent Williams stated that some street sweeping has been done, the Annual Water Quality Report has been completed and sent to the NYS Department of Health and he had helped the Village of Evans Mills with a water leak. Superintendent Williams stated that the public works employees would like to work later a couple of days a week and leave at 12:30 p.m. on Friday. The board agreed that as long as the public works employees worked their scheduled 40 hours, the superintendent could adjust the schedule at his discretion.

Correspondence Received: The board reviewed a letter regarding the Restore NY grant that stated that the grant is rescinded due to lack of activity, the board reviewed the sewer board minutes and the results of the meter testing for 173 Maple St.

New Business: A motion was made by Trustee Proven, seconded by Trustee Lake to adopt the following resolution:

**Resolved,** that the 2023-2024 Village of Black River budget be adopted as presented. The motion was put to a vote as follows:

Mayor Dishaw	Yes
Trustee Lake	Yes
Trustee McCullough	Yes
Trustee Proven	Yes
Trustee Decillis	Absent.

The motion was carried and the resolution duly adopted.

A motion was made by Mayor Dishaw, seconded by Trustee Proven to hold a public hearing on an increase in the water rates at 6:00 p.m. on May 15, 2023. The motion was carried.

The board agreed to hold the end of the fiscal year meeting on Wednesday, May 31, 2023 at 6:00 p.m.

A motion was made by Trustee Lake, seconded by Trustee McCullough to adopt the following resolution:

**Resolved,** that the following abstracts of audited vouchers be approved, interim abstract dated 4/20/23 in the amount of \$27,839.51 (General Fund: \$13,091.89 Water Fund: \$14,747.62) and regular monthly abstract dated 5/1/23 in the amount of \$8,322.63 (General Fund: \$235.00 Water Fund: \$8,087.63). The motion was put to a vote as follows:

Mayor Dishaw	Yes
Trustee Lake	Yes
Trustee McCullough	Yes
Trustee Proven	Yes
Trustee Decillis	Absent.

The motion was carried and the resolution duly adopted.

A motion was made by Trustee McCullough, seconded by Mayor Dishaw to adjourn the meeting at 7:31 p.m. The motion was carried.

Respectfully submitted,

Kristin Williams  
Clerk-Treasurer

Village of Black River  
Board of Trustees  
Special Meeting  
May 15, 2023

DRAFT

Mayor Dishaw called the special meeting to order at 6:00 p.m.

Present:

Mayor Francis Dishaw  
Trustee Gary McCullough  
Trustee Corey Decillis  
Trustee Randy Lake  
Trustee Bonnie Proven  
Superintendent Les Williams  
Clerk-Treasurer Kristin Williams

Mayor Dishaw opened the public hearing for the water rate increase at 6:00 p.m.

Trustee McCullough stated that he spoke with the hydrogeologist at Barton & Loguidice regarding a new well and investigating the cause of the water taste issue at the Maple St. well.

A motion was made by Trustee McCullough seconded by Trustee Decillis to close the water rate public hearing at 6:23 p.m.

A motion was made by Trustee Lake, seconded by Mayor Dishaw to adopt the following resolution:

**Resolved**, that the water rates be increased from \$2.95/thousand to \$3.84/thousand for the Towns of LeRay and Rutland and from \$3.60/thousand to \$4.68/thousand for the inside Village of Black River users effective on July 1, 2023 billing. The motion was put to a vote as follows:

Mayor Dishaw	Yes
Trustee Lake	Yes
Trustee Proven	Yes
Trustee Decillis	Yes
Trustee McCullough	Yes

The motion was carried and the resolution duly adopted.

A motion was made by Trustee Decillis, seconded by Trustee McCullough to adjourn at 6:38 p.m. The motion was carried.

Respectfully submitted,

Kristin Williams  
Clerk-Treasurer

UNITED STATES OF AMERICA  
FEDERAL ENERGY REGULATORY COMMISSION

LinkPast Solutions, Inc.

Project No. 15299-000

NOTICE OF PRELIMINARY PERMIT APPLICATION ACCEPTED FOR FILING  
AND SOLICITING COMMENTS, MOTIONS TO INTERVENE, AND COMPETING  
APPLICATIONS

(May 9, 2023)

On January 25, 2023, LinkPast Solutions, Inc., filed an application for a preliminary permit, pursuant to section 4(f) of the Federal Power Act (FPA), proposing to study the feasibility of hydropower on the Black River in Jefferson County, New York. The sole purpose of a preliminary permit, if issued, is to grant the permit holder priority to file a license application during the permit term. A preliminary permit does not authorize the permit holder to perform any land-disturbing activities or otherwise enter upon lands or waters owned by others without the owners' express permission.

The proposed Great Mills Hydro Project (Plant #2) would consist of the following: (1) a new 1,850-foot-long dam (a mix of concrete gravity dam, earthen dike, and wing walls) at the site of an existing breached dam; (2) an impoundment with an approximate surface area of 140 acres and a storage capacity of 850 acre-feet at a normal pool elevation of 589.90 feet National Geodetic Vertical Datum of 1929; (4) a new 90-foot-long by 65-foot-wide reinforced concrete powerhouse housing two or more axial flow vertical turbine-generator units with a total installed capacity of 8 megawatts; (5) additional new DIVE-turbine-generator (generator directly connected to the turbine shaft that can be completely submerged) units to utilize flows below the minimum or above the maximum hydraulic capacities of the main powerhouse; (6) a new 50-foot-long by 50-foot-wide switchyard; (7) two new access roads, one on the north and the other on the south shores of the river; (8) a new 0.69-mile-long, 115-kilovolt transmission line; and (9) appurtenant facilities. The proposed project would have an average annual generation of 40,000 megawatt-hours.

Applicant Contact: Brian McArthur, LinkPast Solutions, Inc., P.O. Box 5474, Clark, New Jersey 07066; phone: (848) 628-4414.

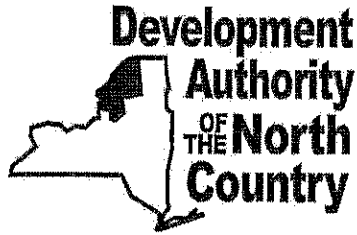
FERC Contact: Monir Chowdhury; phone: (202) 502-6736.

Deadline for filing comments, motions to intervene, competing applications (without notices of intent), or notices of intent to file competing applications: 60 days from the issuance of this notice. Competing applications and notices of intent must meet the requirements of 18 C.F.R. § 4.36.

The Commission strongly encourages electronic filing. Please file comments, motions to intervene, notices of intent, and competing applications using the Commission's eFiling system at <https://ferconline.ferc.gov/FERCOOnline.aspx>. Commenters can submit brief comments up to 6,000 characters, without prior registration, using the eComment system at <https://ferconline.ferc.gov/QuickComment.aspx>. You must include your name and contact information at the end of your comments. For assistance, please contact FERC Online Support at [FERCOOnlineSupport@ferc.gov](mailto:FERCOOnlineSupport@ferc.gov), (866) 208-3676 (toll free), or (202) 502-8659 (TTY). In lieu of electronic filing, you may submit a paper copy. Submissions sent via the U.S. Postal Service must be addressed to: Kimberly D. Bose, Secretary, Federal Energy Regulatory Commission, 888 First Street NE, Room 1A, Washington, DC 20426. Submissions sent via any other carrier must be addressed to: Kimberly D. Bose, Secretary, Federal Energy Regulatory Commission, 12225 Wilkins Avenue, Rockville, Maryland 20852.

More information about this project, including a copy of the application, can be viewed or printed on the "eLibrary" link of the Commission's website at <https://elibrary.ferc.gov/eLibrary/search>. Enter the docket number (P-15299) in the docket number field to access the document. For assistance, contact FERC Online Support.

Kimberly D. Bose,  
Secretary.



Dulles State Office Building  
317 Washington Street, Suite 414  
Watertown, New York 13601  
Telephone (315) 661-3200  
TDD (800) 662-1220 • danc.org

May 18, 2023

Ms. Paula Jacobs  
Environmental Program Specialist  
NYS DEC  
Dulles State Office Building  
317 Washington Street  
Watertown, NY 13601

RE: Manhole Overflow – Village of Black River

Dear Ms. Jacobs:

On the morning of May 13, 2023 at approximately 8:15 AM, a manhole in the Village of Black River was reported as overflowing. Sewage flowed across the ground and into a catch basin, which is presumed to be connected to the Black River. The Village of Black River is part of the Route 3 Sewer Corridor, POSS #NYS600039.

The Authority's on call operator responded to the scene and discovered the Remote Terminal Unit (RTU) at the pump station had failed. The line leading to the wet well was surcharged, as the pumps were not operating. The pumps were run manually, and the manhole overflow ended at approximately 8:50 AM. The debris on the ground was raked and the pavement swept and pressure washed. The RTU was reset and the pump station was observed running normally. The RTU is 4 years old and has an expected useful life of 15 years. The Rt. 3 Sewer Corridor utilizes an Asset Management Plan for planned replacements of critical equipment.

A NYALERT was issued through Everbridge online at 10:36 AM, May 13, 2023. Based on the flow of the discharge, the estimated total volume was 1,000 gallons. A Report of Non Compliance is included with this letter.

If you have any questions or need more information, please contact me at (315) 661-3227 or by email at [bnutting@danc.org](mailto:bnutting@danc.org).

Very truly yours,

A handwritten signature in black ink, appearing to read "Brian W. Nutting".

Brian W. Nutting  
Division Director – WQ

BWN/mjd  
Attachment  
cc: Mathew Duffany, NYSDEC Regional Water Engineer  
Frank Dishaw, Route 3 Sewer Board Chair

Appendix B

SECTION 1



New York State Department of Environmental Conservation
Division of Water



Report of Noncompliance Event

To: DEC Water Contact Paula Jacobs DEC Region:

Report Type: [ ] 5 Day [ ] Permit Violation [ ] Order Violation [ ] Anticipated Noncompliance [x] Bypass/Overflow [ ] Other

SECTION 2

SPDES #: NY- 600039 Facility: Route 3 Sewer Corridor

Date of noncompliance: 05 / 13 / 23 Location (Outfall, Treatment Unit, or Pump Station): Black River Pump Station 01

Description of noncompliance(s) and cause(s): Sewage backup and discharge out of a manhole. Line was surcharged due to pump control failure. Remote Terminal unit(RTU) failed. On Call Operator did not respond in sufficient time.

Has event ceased? YES so, when? 05/13/2023 Was event due to plant upset? NO SPDES limits violated? YES
Start date, time of event: 05 / 13 / 23 , 8:00 AM End date, time of event: 05 / 13 / 23 , 8:50 AM
Date, time oral notification made to DEC? 05 / 13 / 23 12:33 PM DEC Official contacted: Paula Jacobs, Jackie Smith-Gagnon
Immediate corrective actions: Pumps were run manually. Debris was cleaned up.

Preventive (long term) corrective actions: Employee that was on call has received disciplinary action.

SECTION 3

Complete this section if event was a bypass:
Bypass amount: Was prior DEC authorization received for this event? YES
DEC Official contacted: Date of DEC approval:
Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: Brian Nutting Title: WQ Division Director Date: 5 / 18 / 23
Phone #: (315 ) 661 - 3227 Fax #: (315 ) 661 - 3211

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 gather and evaluate 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, to 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.

Brian W. Nutting Digitally signed by Brian W. Nutting Date: 2023.05.18 10:14:15 -04'00'
Signature of Principal Executive Officer or Authorized Agent





**Department of Planning**  
175 Arsenal Street  
Watertown, NY 13601

Michael J. Bourcy  
Director of Planning

(315) 785-3144  
(315) 785-5092 (Fax)

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## MEMO

TO: HOME Consortium municipalities  
FROM: Samuel C. Wilson, Assistant Planner  
DATE: May 19<sup>th</sup>, 2023  
SUBJECT: North County HOME Consortium, Re-authorization for 2024-2026

In 1993 the Counties of Lewis, Jefferson, and St. Lawrence, along with 94 of the 115 municipalities contained within these Counties, organized a housing consortium known as the North Country HOME Consortium. The Consortium currently consists of 103 of the 110 municipalities in the counties. This collaborative effort began in order to access housing funds from the U.S. Department of Housing and Urban Development (HUD).

The HUD HOME Investment Partnership Program provides an annual allocation to the Consortium to benefit low and moderate income families for housing with funding for owner-occupied rehabilitation, first time homebuyer assistance, and rental rehabilitation. Local non-profit housing corporations and some municipalities apply directly to the Consortium to access these funds.

Since its creation, the Consortium has received nearly \$34 million. These funds have assisted over 1984 housing units throughout the region. Jefferson County serves as the "Lead Entity" on behalf of the other counties in coordinating with HUD on the operation of the Consortium.

The Consortium is required to be reauthorized every three years. Our three county Consortium has begun the necessary steps to be reauthorized by HUD and secure access to another three years of funding for 2024, 2025, and 2026.

Your municipality is currently a member of the Consortium by virtue of your community's approval of a reauthorization resolution and Cooperation Agreement in 2011. The Cooperation Agreement allows for the automatic renewal of the Consortium for the next three-year period.

HUD regulations require the Lead Entity to notify each Consortium jurisdiction of its right not to participate in the next three-year qualification period. If your municipality no longer wishes to participate in the North Country HOME Consortium for the 2024-2026 period, this office must receive written notification to that effect by June 23<sup>rd</sup>, 2023. Absent any written notification, your municipality's continued participation in the Consortium will automatically renew with no further steps required.

If you have any questions about the HOME Consortium or the reauthorization process, please feel free to contact me at (315) 785-3144 or Matt Taylor, Senior Project Development Specialist, DANC, at (315) 661-3200.

Thank you.

Village of Black River Personnel,

You sent a bill dated 1 April 2023 with a due date of 30 April 2023. It was postmarked 23 May 2023, meaning you mailed it three weeks after the bill's due date, and almost two months after the bill's issuance date. You erroneously marked this first notice as "second request". We will not be paying the penalty without proof that you provided first notice well before the due date.

You sent a bill dated 1 January 2023 with a due date of 31 January 2023. It was postmarked 15 February 2023, meaning your office did not mail it until two weeks after the due date, and six weeks after the bill's issuance date. You erroneously marked this first notice as "second request". At the time, we paid the penalty not wanting to deal with the hassle of the situation.

Now that we see you are either not handling your bookkeeping properly or you are dishonestly trying to collect penalty fees from the community, we will not pay a penalty fee due to the late notice. I receive informed delivery emails from USPS and can provide proof of the Village's failure to send an initial notice in either instance.

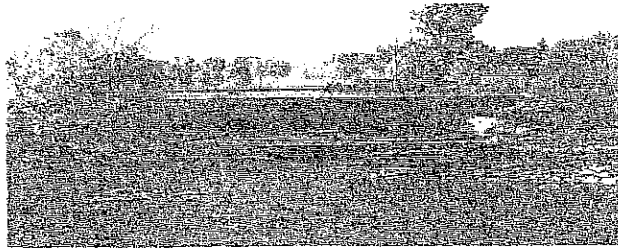
A well-run government office of any size should send initial notice well in advance of the bill due date, and not operate what appears to be a racket to steal money from taxpayers. We will continue to pay our bills as we receive them but will not pay overdue fees that seem to be blatant scams until we receive proof of Black River's honest attempts to deliver the initial notice.

Regards,

Sarah and Kelsey Devans

Board of Trustees  
Village of Black River, New York

COPY



May 2, 2024

Town of LeRay  
8650 LeRay St.  
Evans Mills, NY 13637

Dear Supervisor and Council Members:

This letter is to inform you that the Village of Black River is proposing a water rate increase for both the Towns of Rutland and LeRay as well as inside the village. The proposed rate increase is 30% for all. The current rate for the Towns is \$2.95/thousand and the proposed rate is \$3.84/thousand. The rate has remained unchanged since 2016.

Last year an inspection was performed on our reservoir, resulting in the need to appropriate \$90,000 in the upcoming budget for maintenance and repairs. The costs for treatment have increased and the village has hired an engineering firm to assist with prioritizing future improvements to our water system. Increasing rates is never pleasant but in order to maintain and improve our water system it has become necessary. The board will hold a public hearing on the rate increase on May 15, 2023 at 6:00 p.m. The new rate is proposed to take effect on July 1, 2023.

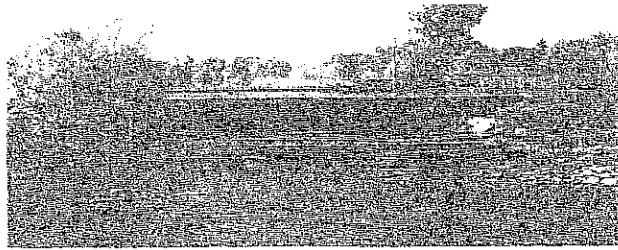
Sincerely,

A handwritten signature in cursive script that reads "Francis Dishaw".

Francis Dishaw  
Mayor

Board of Trustees  
Village of Black River, New York

COPY



Town of Rutland  
28411 NYS Rt. 126  
Black River, NY 13612

May 2, 2024

Dear Supervisor and Council Members:

This letter is to inform you that the Village of Black River is proposing a water rate increase for both the Towns of Rutland and LeRay as well as inside the village. The proposed rate increase is 30% for all. The current rate for the Towns is \$2.95/thousand and the proposed rate is \$3.84/thousand. The rate has remained unchanged since 2016.

The UV treatment system was installed in 2008 at a cost to the village of \$54,000. This system currently requires repairs totaling approximately \$17,000. The Village of Black River purchased and maintains this system for the purpose of providing water to Rutland town residents in close proximity to the Rt. 3 pump station.

Last year an inspection was performed on our reservoir, resulting in the need to appropriate \$90,000 in the upcoming budget for maintenance and repairs. The costs for treatment have increased and the village has hired an engineering firm to assist with prioritizing future improvements to our water system. Increasing rates is never pleasant but in order to maintain and improve our water system it has become necessary. The board will hold a public hearing on the rate increase on May 15, 2023 at 6:00 p.m. The new rate is proposed to take effect on July 1, 2023.

Sincerely,

A handwritten signature in cursive script that reads "Francis Dishaw".

Francis Dishaw  
Mayor

Board of Trustees  
Village of Black River, New York



**FACILITIES USE APPLICATION**

Name Dianna Pister Today's Date 5-22-23

Organization Black River Elementary

Telephone # 315-493-5924 Date & Hours Requested 6/5/23 10am/2pm

Check Facility (ies) Requested:

Municipal Offices Meeting Room ( ) Maple Street Park ( )

Maple Street Recreation Building ( )

Maple Street Pavilion ( )

Other (✓) (Please Specify) Playground

\*Certificate of Insurance provided? (✓) Yes ( ) No

Please give a brief description of planned activity: The first grade team would like to use the playground building a presentation at the Sully Post Library.

Statement of Responsibility

I/We agree to assume responsibility for the facility/grounds requested above. I/We will ensure that all buildings and/or grounds are clean, neat, and returned to the physical condition in which they were found. No alcoholic beverages or glass containers are allowed on the premises.

[Signature]  
Signature

\*\*\*\*\*

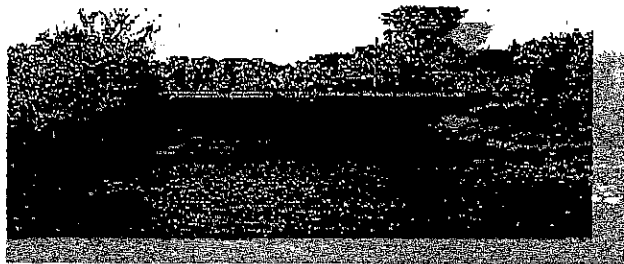
OFFICE USE ONLY

Approved ( ) at the \_\_\_\_\_ Village Board Meeting  
Disapproved ( ) at the \_\_\_\_\_ Village Board Meeting  
Reason for disapproval \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Any person with a disability who may need to make special arrangements to use the above facility (ies) may do so by calling the Black River Village Office at 773-5721 during business hours at least three days in advance of the planned activity.

Thank you.

Board of Trustees  
Village of Black River, New York



**FACILITIES USE APPLICATION**

Name Kristyn Decker Today's Date 5/3/23  
Organization Black River Elementary  
Telephone # (315) 773-5944 Date & Hours Requested 6/6/23 9am - 2:00pm

Check Facility (ies) Requested:

- Municipal Offices Meeting Room ( ) Maple Street Park
- Maple Street Recreation Building ( )
- Maple Street Pavilion

Other ( ) (Please Specify) \_\_\_\_\_

\*Certificate of Insurance provided?  Yes ( ) No - Will send over

Please give a brief description of planned activity: The Kindergarten classes will be walking to the library and playground and then eat lunch at the pavilion

Statement of Responsibility

I/We agree to assume responsibility for the facility/grounds requested above. I/We will ensure that all buildings and/or grounds are clean, neat, and returned to the physical condition in which they were found. No alcoholic beverages or glass containers are allowed on the premises.

Kristyn Decker  
Signature

\*\*\*\*\*

OFFICE USE ONLY

Approved ( ) at the \_\_\_\_\_ Village Board Meeting  
Disapproved ( ) at the \_\_\_\_\_ Village Board Meeting  
Reason for disapproval \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Any person with a disability who may need to make special arrangements to use the above facility (ies) may do so by calling the Black River Village Office at 773-5721 during business hours at least three days in advance of the planned activity.

Thank you.

107 Jefferson Place  
Black River, NY 13612

www.blackriverny.org

(315) 773-5721 phone  
(315) 773-5726 fax

107 Jefferson Place  
Black River, NY 13612

www.blackriverny.org

(315) 773-5721 phone  
(315) 773-5726 fax

Board of Trustees  
Village of Black River, New York



**FACILITIES USE APPLICATION**

Name Angela Martin Today's Date May 22, 2023

Organization Black River Elementary

Telephone # 315-783-0449 Date & Hours Requested June 9 and 16 approx. 1:15-2:30

Check Facility (ies) Requested:

Municipal Offices Meeting Room ( ) Maple Street Park (X)

Maple Street Recreation Building ( )

Maple Street Pavilion ( )

Other ( ) (Please Specify) \_\_\_\_\_

\*Certificate of Insurance provided? (X) Yes ( ) No

Please give a brief description of planned activity:

Second Grade students are visiting the Library both days and will play on the park after their visit.

Statement of Responsibility

I/We agree to assume responsibility for the facility/grounds requested above. I/We will ensure that all buildings and/or grounds are clean, neat, and returned to the physical condition in which they were found. No alcoholic beverages or glass containers are allowed on the premises.

  
Signature

\*\*\*\*\*

OFFICE USE ONLY

Approved ( ) at the \_\_\_\_\_ Village Board Meeting  
Disapproved ( ) at the \_\_\_\_\_ Village Board Meeting  
Reason for disapproval \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Any person with a disability who may need to make special arrangements to use the above facility (ies) may do so by calling the Black River Village Office at 773-5721 during business hours at least three days in advance of the planned activity.

Thank you.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/3/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Haylor, Freyer & Coon, Inc. PO Box 4743 Syracuse NY 13221	<b>CONTACT NAME:</b> Suzanne LaBarron <b>PHONE (A/C No. Ext):</b> 315-800-1786 <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> slebarron@haylor.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Carthage Central School District 36500 NYS Route 26 Carthage NY 13619	<b>INSURER A:</b> Republic Franklin Insurance Co. <b>NAIC #</b> 12475 <b>INSURER B:</b> Utica National Ins Co. of OH <b>13998</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER: 28721184** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

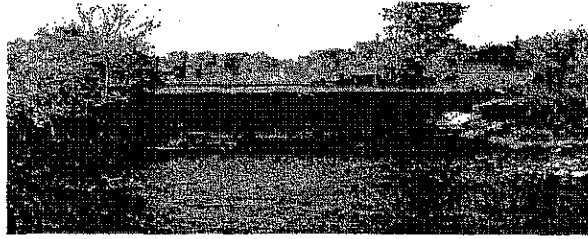
INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	Y/NO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ.JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		CPP1363952	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BAC1378028	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> COB <input checked="" type="checkbox"/> RETENTION \$ 40,000	Y		CULP1363953	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 General Liability Additional Insured as required by written contract per form 8-E-3042 (NY)  
 General Liability Primary & Non-Contributory as required by written contract per form CG 20 01  
 Auto Liability Additional Insured as required by written contract per form 8-E-3143  
 Umbrella Additional Insured follows form per form CU 00 01

<b>CERTIFICATE HOLDER</b>  Village of Black River 107 Jefferson Place Black River NY 13612	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Board of Trustees  
Village of Black River, New York



**FACILITIES USE APPLICATION**

Name Rachael Mohn Today's Date 05/10/2023

Organization Alpha Company 210 BSB; Fort Drum

Telephone # 301-278-1505 Date & Hours Requested 06/09/2023 08:00 AM-03:00 PM

Check Facility (ies) Requested:

Municipal Offices Meeting Room ( ) Maple Street Park

Maple Street Recreation Building ( )

Maple Street Pavilion

Other ( ) (Please Specify) Fields, playground, pavilion

\*Certificate of Insurance provided? ( ) Yes ( ) No

Please give a brief description of planned activity: Company outdoor rec day, picnic, sports & games

Statement of Responsibility

I/We agree to assume responsibility for the facility/grounds requested above. I/We will ensure that all buildings and/or grounds are clean, neat, and returned to the physical condition in which they were found. **No alcoholic beverages or glass containers are allowed on the premises.**

Rachael G. Mohn -S (Affiliate) Digitally signed by Rachael G. Mohn -S (Affiliate)  
Date: 2023.05.10 13:23:48 -0400

Signature

\*\*\*\*\*

OFFICE USE ONLY

Approved ( ) at the \_\_\_\_\_ Village Board Meeting  
Disapproved ( ) at the \_\_\_\_\_ Village Board Meeting  
Reason for disapproval \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Any person with a disability who may need to make special arrangements to use the above facility (ies) may do so by calling the Black River Village Office at 773-5721 during business hours at least three days in advance of the planned activity.

Thank you.

107 Jefferson Place  
Black River, NY 13612

www.blackriverny.org

(315) 773-5721 phone  
(315) 773-5726 fax

**CERTIFICATE OF LIABILITY INSURANCE** ISSUE DATE (MM/DD/YYYY)  
05/30/2023

<b>PRODUCER</b> 800-388-0169 USAA EVENT PROGRAM 9800 FREDRICKSBURG RD SAN ANTONIO, TX 78288	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.
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<b>INSURED</b> ACO 210 BSB EUCEBIO DELEON 94224 ALPHA HOLDEN BERRY DR Fort Drum, NY 13603	Event Date: 06/09/2023  <b>INSURERS AFFORDING COVERAGE</b> <b>INSURER A:</b> Market American Insurance Company  <b>HONOREE(S)</b>
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**COVERAGES**  
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE ABOVE NAMED INSURED FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> HOST LIQUOR INCL. <input checked="" type="checkbox"/> TPPD GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	MEL00000730333	06/09/2023	06/09/2023	EACH OCCURRENCE \$500,000 FIRE DAMAGE (Any one fire) \$500,000 MED EXP (Any one person) Excluded PERSONAL INJURY \$500,000 GENERAL AGGREGATE \$500,000 DAMAGE TO RNTD PROP \$500,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Each Accident) BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE (Per Accident)
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY-EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU   OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMT
	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 The Certificate Holder is included as an insured under the Hosting Facility Liability Coverage, but only in respects to claims arising out of the negligence of the Named Insured.  
 If the event continues past 12:00 a.m., at the location named on Declarations Page, such continuation shall be considered as the event date. Event includes set up and break down and the scheduled rehearsal or rehearsal dinner scheduled within 48 hours of the event if the event is a wedding. Set up and break down means decoration and removal of decoration at the event location that occurs no more than 24 hours prior to the event and 24 hours after the event.

<b>CERTIFICATE HOLDER</b> THE VILLAGE OF BLACK RIVER - MAPLE STREET PARK MAPLE STREET PARK 44 01'00.1"N 75 47'06.6"W  Black River NY 13612	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  
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Local Law Filing

New York State Department of State  
162 Washington Avenue, Albany, New York 12231

Text of law should be given as amended. Do not include matter being eliminated and do not use italics or underlining to indicate new matter.

Village of Black River

**Local Law No. 2 of the year 2023**

A local law Providing For a One (1) Year Moratorium on Solar Projects Over 50 kw  
Within the Village of Black River.

Be it enacted by the Village Board of the  
(Name of Legislative Body)

Village of Black River as follows:

Article 1. Authority. The Board of Trustees of the Village of Black River, pursuant to the authority granted under Article 7 of the Village Law, as well as Sections 10 and 20 of the Municipal Home Rule Law of the State of New York, hereby enacts as follows:

Article 2. Statement of Purpose and Findings.

**WHEREAS**, the Village of Black River periodically reviews its Planning, Zoning and Building Code as well as the remainder of the Village of Black River Code, to ensure proper land use plan and land use regulation, business licensing and development; and

**WHEREAS**, a review of the complete Code of the Village of Black River, demonstrates that there is no specific and/or inadequate regulation of commercial solar projects, including but not limited to solar energy systems and solar collection systems; and

**WHEREAS**, more specific regulation controlling the establishment, location and operation of solar projects within the Village of Black River is desired, so as to preserve the character and quality of life in the Village’s neighborhoods and business areas and to maintain the general welfare and safety for the Village and its residents and further to avoid potential negative secondary impacts to the community; and

**WHEREAS**, a moratorium on the acceptance by the Village of Black River of applications for the establishment, location and operation of solar projects in excess of 50 kw for a minimal period of time, being one (1) year from the enactment of this law, will allow the Village to properly review, investigate and if necessary to adopt said regulations.

Article 3. Enactment. The Village Board of Trustees of the Village of Black River hereby enacts as follows:

**Section 1:** Upon the date of the filing of this Local Law with the Secretary of State:

There is hereby enacted a one (1) year moratorium on the acceptance by the Village of Black River of applications for the establishment, location and operation of commercial solar projects, solar energy systems, and solar collection systems in excess of 50 kw or the construction of same.

**Section 2:** This local law shall take effect immediately upon filing with the Office of the Secretary of State.

*(Complete the certification in the paragraph that applies to the filing of this local law and strike out that which is not applicable.)*

**1. (Final adoption by local legislative body only.)**

I hereby certify that the local law annexed hereto, designated as Local Law No. 2 of 2023 of the Village of Black River was duly passed by the Village Board on \_\_\_\_\_, 2023, in accordance with the applicable provisions of law.

**2. (Passage by local legislative body with approval, no disapproval or repassage after disapproval by the Elective Chief Executive Officer\*.)**

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_\_ of 20\_\_\_\_ Of the (County)(City)(Town)(Village) of \_\_\_\_\_ was duly passed by the \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_, and was (approved)(not  
(Name of Legislative Body)  
disapproved)(repassed after disapproval) by the \_\_\_\_\_ and  
(Elective Chief Executive Officer\*)  
was deemed duly adopted on \_\_\_\_\_, 20\_\_\_\_, in accordance with the applicable provisions of law.

**3. (Final adoption by referendum.)**

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_\_ of 20\_\_\_\_ of the (County)(City)(Town)(Village) of \_\_\_\_\_ was duly passed by the \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_, and was (approved)(not  
(Name of Legislative Body)  
disapproved)(repassed after disapproval) by the \_\_\_\_\_ on  
(Elective Chief Executive Officer\*)  
\_\_\_\_\_, 20\_\_\_\_. Such local law was submitted to the people by reason of a (mandatory)(permissive) referendum, and received the affirmative vote of a majority of the qualified electors voting thereon at the (general)(special)(annual) election held on \_\_\_\_\_, 20\_\_\_\_, in accordance with the applicable provisions of law.

**4. (Subject to permissive referendum and final adoption because no valid petition was filed requesting referendum.)**

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_\_ of 20\_\_\_\_ of the (County)(City)(Town)(Village) of \_\_\_\_\_ was duly passed by the \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_, and was (approved)(not  
(Name of Legislative Body)  
disapproved)(repassed after disapproval) by the \_\_\_\_\_ on  
(Elective Chief Executive Officer\*)  
\_\_\_\_\_, 20\_\_\_\_. Such local law was subject to permissive referendum and no valid petition requesting such referendum was filed as of \_\_\_\_\_, 20\_\_\_\_, in accordance with the applicable provisions of law.

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Elective Chief Executive Officer means or includes the chief executive officer of a county elected on a county-wide basis or, if there be none, the chairman of the county legislative body, the mayor of a city or village, or the supervisor of a town where such officer is vested with the power to approve or veto local laws or ordinances.

**5. (City local law concerning Charter revision proposed by petition.)**

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_ of 20\_\_, of the City of \_\_\_\_\_ having been submitted to referendum pursuant to the provisions of Section (36)(37) of the Municipal Home Rule Law, and having received the affirmative vote of a majority of the qualified electors of such city voting thereon at the (special)(general) election held on \_\_\_\_\_, 20\_\_, became operative.

**6. (County local law concerning adoption of Charter.)**

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_ of 20\_\_, of the County of \_\_\_\_\_, State of New York, having been submitted to the electors at the General Election of November \_\_\_\_, 20\_\_, pursuant to subdivisions 5 and 7 of Section 33 of the Municipal Home Rule Law, and having received the affirmative vote of a majority of the qualified electors of the cities of said county as a unit and of a majority of the qualified electors of the towns of said county considered as a unit voting at said general election, became operative.

**(If any other authorized form of final adoption has been followed, please provide an appropriate certification.)**

I further certify that I have compared the preceding local law with the original on file in this office and that the same is a correct transcript therefrom and of the whole of such original local law, and was finally adopted in the manner indicated in paragraph \_\_1\_\_ above.

(Seal)

\_\_\_\_\_  
Clerk of the County legislative body, City, Town or Village  
Clerk or officer designated by local legislative body.

Kristin Williams, Village Clerk

Date: \_\_\_\_\_, 2023

**(Certification to be executed by County Attorney, Corporation Counsel, Town Attorney, Village Attorney or other authorized Attorney of locality.)**

STATE OF NEW YORK     )  
  ).ss  
COUNTY OF ST. LAWRENCE)

I, the undersigned, hereby certify that the foregoing local law contains the correct text and that all proper proceedings have been had or taken for the enactment of the local law annexed hereto.

\_\_\_\_\_  
Henry J. Leader, Esq.

Village Attorney

Village of Black River

Date: \_\_\_\_\_, 2023

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2023

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

SPDES ID									
N	Y	R	2	0					

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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OR

This report is being submitted on behalf of a Single Entity

(Per Part ILE of GP-0-10-002)

Name of Single Entity

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OR

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

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

Name of Coalition

J	E	F	F	E	R	S	O	N	C	O	U	N	T	Y	S	T	O	R	M	W	A	T	E	R															
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**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2023

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

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**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

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
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Name of MS4 

City of Watertown
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SPDES ID  

N	Y	R	2	0	A	5	6	5
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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 K e n n e t h	MI A	Last Name M i x
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Title  
C i t y M a n a g e r

Address  
2 4 5 W a s h i n g t o n S t r e e t

City W a t e r t o w n	State N Y	Zip 1 3 6 0 1 -
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eMail  
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Phone ( 3 1 5 ) 7 8 5 - 7 7 3 0	County J e f f e r s o n
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**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 5 6 5

**Section 2 - Contact Information**

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- 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, 2023

Name of MS4

SPDES ID

**Section 2 - Contact Information**

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- 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, 2023

Name of MS4 VILLAGE OF BROWNVILLE

SPDES ID  
NYR20A561

**Section 2 - Contact Information**

Important Instructions - Please Read

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

First Name MICHAEL MI  Last Name BATTISTA

Title ZONING

Address PO BOX 118

City BROWNVILLE State NY Zip 13615

eMail MWBATTISTA@PLS@GMAIL.COM

Phone (315) 778-3442 County JEFFERSON

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2023

Name of MS4

SPIES ID

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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

SPDES ID

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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

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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

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Address

City  State  Zip

eMail

Phone  County

**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

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Phone  County

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2023

Name of MS4

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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

SPDES ID

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- 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 TOWN OF RUTLAND

SPDES ID  
NYR20A558

**Section 2 - Contact Information**

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

First Name SHANE MI Last Name BERGHORN

Title COORDINATOR

Address 28411 NYS ROUTE 126

City BLACK RIVER State NY Zip 13612

eMail SKBERG08@GMAIL.COM

Phone (315) 767-2157 County JEFFERSON

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

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Title

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eMail

Phone  County



**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

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**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2023

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eMail

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**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2023

Name of MS4

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**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2023

Name of MS4

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City  State  Zip

eMail

Phone  County

**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9,

Name of MS4  SPDES ID  
N Y R 2 0 A

**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  
JEFFERSON COUNTY STORMWATER

Partner/Coalition Name (cont.) SPDES Partner ID - If applicable  
COALITION  N Y R 2 0

Address  
25451 STATE ROUTE 12

City State Zip  
WATERTOWN  NY  1 3 6 0 1 -

eMail  
ERE@JEFFERSONCOUNTYSWCD.CRG

Phone  
( 3 1 5 ) 7 8 2 - 2 7 4 9

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 MULTIPLE TASKS SEE SWMP
- MM2 MULTIPLE TASKS SEE SWMP
- MM3 MULTIPLE TASKS SEE SWMP
- MM4 MULTIPLE TASKS SEE SWMP
- MM5 MULTIPLE TASKS SEE SWMP
- MM6 MULTIPLE TASKS SEE SWMP

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,

Name of MS4

SPDES ID

N Y R 2 0 A

**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](mailto: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: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID: N Y R 2 0

### Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report? 9

#### 1. Targeted Public Education and Outreach Best Management Practices

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

- Construction Sites
- General Stormwater Management Information
- Household Hazardous Waste Disposal
- Illicit Discharge Detection and Elimination
- Infrastructure Maintenance
- Smart Growth
- Storm Drain Marking
- Green Infrastructure/Better Site Design/Low Impact Development
- Other:
- Pesticide and Fertilizer Application
- Pet Waste Management
- Recycling
- Riparian Corridor Protection/Restoration
- Trash Management
- Vehicle Washing
- Water Conservation
- Wetland Protection
- None

Other: [Empty grid for text entry]

Other

#### 2. Specific audiences targeted during this reporting period:

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

TEACHERS [Empty grid for text entry]

Other



### 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: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID  

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

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

Construction Site Operators Trained

# Trained 

4	1		
---	---	--	--

Direct Mailings

# Mailings 

--	--	--	--

Kiosks or Other Displays

# Locations 

	1		
--	---	--	--

List-Serves

# In List 

--	--	--	--

Mailing List

# In List 

--	--	--	--

Newspaper Ads or Articles

# Days Run 

--	--	--	--

Public Events/Presentations

# Attendees 

	8	0	
--	---	---	--

School Program

# Attendees 

	5	6	
--	---	---	--

TV Spot/Program

# Days Run 

--	--	--	--

Printed Materials:

Total # Distributed 

--	--	--	--

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


Other:

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

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

URL

https://jchystormwater.com/																			

URL




**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: JEFFERSON COUNTY STORMWATER COALITION

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.**

Educate the public regarding issues of stormwater pollution

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

NUMBER OF MAILINGS  
MONITOR NUMBER OF WEBSITE HITS  
CONTRACTOR TRAININGS

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

4

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

THE JEFFERSON COUNTY STORMWATER COALITION WILL CONTINUE TO ADD MATERIAL TO THE WEBSITE. THE COALITION WILL ALSO CONTINUE TO HOST THE 4-HR EROSION AND SEDIMENT CONTROL TRAINING FOR CONTRACTORS.

### 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: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID: N Y R 2 0

### Minimum Control Measure 2. Public Involvement/Participation

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? 9

#### 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- Cleanup Events # Events: 1
- Comments on SWMP Received # Comments: 0
- Community Hotlines
 

Phone # ( 0 ) 0 -	Phone # ( ) -
Phone # ( 0 ) 0 -	Phone # ( ) -
Phone # ( 0 ) 0 -	Phone # ( ) -
Phone # ( 0 ) 0 -	Phone # ( ) -
Phone # ( 0 ) 0 -	Phone # ( ) -
- Community Meetings # Attendees:
- Plantings Sq. Ft. 3100
- Storm Drain Markings # Drains:
- Stakeholder Meetings # Attendees:
- Volunteer Monitoring # Events:
- Other:

#### 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

Yes  No

- List-Serve # In List:
- Newspaper Advertising # Days Run:
- TV/Radio Notices # Days Run:
- Other:

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

### 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: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID: NYR 20

2. URL(s) con't.:

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

URL: https://jcnystormwater.com/

URL:

URL:

URL:

URL:

URL:

URL:



### 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: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID: NYR 20

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

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

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department: JEFFERSON COUNTY SOIL AND WATER

Address: 25451 STATE ROUTE 12

City: WATERTOWN NY Zip: 13601

Phone: (315) 782-2749

Library  Annual Report  SWMP Plan  Comments

Address: [Empty]

City: [Empty] Zip: [Empty]

Phone: (0) 0 - [Empty]

Other  Annual Report  SWMP Plan  Comments

Address: COALITION MEMBERS LOCAL OFFICES

City: [Empty] Zip: [Empty]

Phone: (0) 0 - [Empty]

Web Page URL:  Annual Report  SWMP Plan  Comments

https://jcnystormwater.com/news

[Empty]

[Empty]

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

eMail  Comments

[Empty]

[Empty]

**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: JEFFERSON COUNTY 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 5 / 0 3 / 2 0 2 3

4.b. For how many days was/will this report be posted?

28

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?

0 / 0 /

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
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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 

J	E	F	F	E	R	S	O	N	C	O	U	N	T	Y	S	T	O	R	M	W	A	T	E	R	C	O	A	L	I	T	I	O	N
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SPDES ID  

N	Y	R	2	0					
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**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 IIL.C.1. Submit additional pages as needed.

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

Involve the public in the development, implementation and evaluation of the local stormwater management program

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

-PUBLIC COMMENT AND REVIEW OF THE COALITION SWMP, NO PUBLIC COMMENTS RECEIVED  
 -PUBLIC COMMENT AND REVIEW OF THE ANNUAL REPORT, NO PUBLIC COMMENTS RECEIVED ON THE ANNUAL REPORT  
 -PROVIDE AN OPPURTUNITY FOR PUBLIC TO COMMENT ON STORMWATER MANAGEMENT

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

	4		
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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).**

CONTINUE WITH NO SUBSTANTIAL CHANGES

### 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: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID: N Y R 2 0

### Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report? 9

1. Enter the number and approx. percent of outfalls mapped: 230 # 90 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 22

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

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None

PAPER MANUFACTURING

Sewersheds:

**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: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID									
N	Y	R	2	0					

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

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

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

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

1	
---	--

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

1	
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**6. How many illicit discharges/illegal connections have been eliminated during this reporting period?**

1	
---	--

**7. Has the storm sewershed mapping been completed in this reporting period?**  Yes  No  
 If No, approximately what percent was completed in this reporting period? 

--	--	--	--

 %

**8. Is the above information available in GIS?**  Yes  No  
**Is this information available on the web?**  Yes  No  
 If Yes, provide URL(s):

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

URL


URL

https://jcnystormwater.com/																							
RESOURCES																							

**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: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID: N Y R 2 0

**8. URL(s) con't.:**

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

URL [Grid for URL entry]

URL [Grid for URL entry]

URL [Grid for URL entry]

URL [Grid for URL entry]

URL [Grid for URL entry]

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

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

11. What percent of staff in relevant positions and departments has received IDDE training? 90 %

**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: JEFFERSON COUNTY 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.**

Develop (BMPs) and program elements that focus on finding and addressing non-stormwater discharges and/or non-permitted discharges that may be entering the municipal separate storm sewer system

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

OUTFALL MAPPING  
STORM SEWERSHED MAPPING  
OUTFALL RECONNAISSANCE INVENTORY  
IDDE LAW OR ORDINANCE  
EMPLOYEE EDUCATION AND TRAINING

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

1

(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 WITHOUT SUBSTANTIAL CHANGES

**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: JEFFERSON COUNTY 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? 9

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? 12

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?

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

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

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

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID

N Y R 2 0

**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? 9

- How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 11
  - How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 10
  - What percent of active construction sites were inspected during this reporting period?  NT 80 %
  - What percent of active construction sites were inspected more than once?  NT 80 %
  - Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  - 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: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID  
N Y R 2 0

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department

Address

City Zip  
0 -

Phone  
( 0 ) 0 -

○ Library

Address

City Zip  
0 -

Phone  
( 0 ) 0 -

● Other

Address  
VILLAGE/TOWN OFFICES

City Zip  
VARIOUS NY 0 -

Phone  
( 0 ) 0 -

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

URL

URL

**MS4 Annual Report Form**

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

20	23		
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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 

J	E	F	F	E	R	S	O	N	C	O	U	N	T	Y	S	T	O	R	M	W	A	T	E	R	C	O	A	L	I	O	N
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Develop a program that emphasizes the reduction or elimination of pollutants to the municipal separate storm sewer system that may emanate from construction sites

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

CONSTRUCTION SITE RUNOFF CONTROL LAW OR ORDINANCE  
EROSION AND SEDIMENT CONTROL PROGRAM  
SWPPP REQUIREMENTS  
SWPPP REVIEW PROGRAM

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

	1		
--	---	--	--

(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 SWMP?**

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 WITHOUT SUBSTANTIAL CHANGES  
MAKE SURE ALL MUNICIPALITIES THAT CONTRIBUTE TO THIS REPORT ARE COVERED UNDER A LOCAL LAW



**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 

JEFFERSON COUNTY STORMWATER COALITION									
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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?  

	7	
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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, 2023

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

Name of MS4/Coalition: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID: N Y R 2 0

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The Coalition has selected the following Best Management Practices (BMP's) and activities to ensure the reduction of all pollutants of concern in stormwater discharges to the maximum extent practicable.

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

POST-CONSTRUCTION SITE STORMWATER MANAGEMENT LAW OR ORDINANCE SWPPP REVIEW PROGRAM

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

2

(ex.: samples/participants/events)

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

Yes No

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

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 WITHOUT SUBSTANTIAL CHANGES MAKE SURE ALL MUNICIPALITIES THAT CONTRIBUTE TO THIS REPORT ARE COVERED UNDER A LOCAL LAW

**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

JEFFERSON COUNTY STORMWATER COALITION

SPDES ID

N Y R 2 0

**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? 9

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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No

**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: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID  
N Y R 2 0

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 55
- Streets Swept (Number of miles X Number of times swept) # Miles 2200
- Catch Basins Inspected and Cleaned Where Necessary # 772
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 2
- Phosphorus Applied In Chemical Fertilizer # Lbs. 138
- Nitrogen Applied In Chemical Fertilizer # Lbs. 4000
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 0 1 0 . 2

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 4

4. What was the date of the last training? 03 / 09 / 2023

5. How many municipal employees have been trained in this reporting period? 48

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 90 %

**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: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID

N Y R Z 0

**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.**

-DEVELOP A PROGRAM TO INVENTORY AND ASSESS MUNICIPAL FACILITIES  
 -DEVELOP A PROGRAM TO INSPECT AND CLEAN CATCH BASINS  
 -DEVELOP A PROGRAM TO INSPECT AND CLEAN CONVEYANCE SYSTEMS  
 -DEVELOP A STREET SWEEPING PROGRAM

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

-% OF STAFF TRAINED  
 -NUMBER OF CATCH BASINS INSPECTED AND CLEANED  
 -NUMBER OF CONVEYANCE SYSTEMS INSPECTED AND CLEANED  
 -MILES OF STREETS SWEEPED AND ACRES OF PARKING LOTS SWEEPED

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

1

(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).**

-ENSURE 100% OF ALL RELEVANT STAFF RECEIVE APPROPRIATE MCM 6 TRAINING  
 -CONTINUE THE DEVELOPED PROGRAMS WITHOUT SUBSTANTIAL CHANGES



### 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: JEFFERSON COUNTY STORMWATER COALITION

SPDES ID  
N Y R 2 0

### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? 9

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,7a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>			
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
<b>Greenwood Lake Watershed</b>			
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
<b>Oyster Bay</b>			
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>			
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
<b>Oscawana Lake Watershed</b>			
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
<b>LI 27 Embayments</b>			
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?  Yes  No  N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?  Yes  No  N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far. 90 %

Estimate what percentage was mapped in this reporting period. 10 %

**MS4 Annual Report Form**

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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 100 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?  Yes  No  N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?  Yes  No  N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A

7b. How many projects have been sited in this reporting period? 10

7c. What percent of the projects included in 7b have been completed in this reporting period? 50 %

7d. What percent of projects planned in previous years have been completed? 100 %  
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?  Yes  No  N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  Yes  No  N/A

**MS4 Annual Report Form**

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- 9. Has your MS4/Coalition developed and implemented a program of native planting?  
 Yes  No  N/A
- 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?  
 Yes  No  N/A
- 11. Does your MS4/Coalition have a pet waste bag program?  
 Yes  No  N/A
- 12. Does your MS4/Coalition have a program to manage goose populations?  
 Yes  No  N/A