

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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, 2011

Name of MS4 CITY OF SYRACUSE, NY

SPDES ID

NYR20A196

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
 MARY G ROBERTSON

Title
CITY ENGINEER

Address
233 E. WASHINGTON ST. ROOM 401

City State Zip
SYRACUSE NY 13202

eMail
mrobertson@eci.syracuse.ny.us

Phone County
(315) 448-8200 ONEONDAAGA

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4 CITY OF SYRACUSE, NY

SPDES ID
N Y R 2 0 A 1 0 6

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name DONALD MI H Last Name SPJES

Title FACILITIES ENGINEER

Address 233 E. WASHINGTON ST. ROOM 401

City SYRACUSE State NY Zip 13202

eMail dspies@ci.syracuse.ny.us

Phone (315) 448-8210 County ONONDAGA

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

Name of MS4 CITY OF SYRACUSE, NY

SPDES ID
N Y R 2 0 A 1 0 6

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C N Y R e g i o n a l P l a n n i n g a n d

Partner/Coalition Name (con't.)

D e v e l o p m e n t B o a r d

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 2 6 N . S a l i n a S t r e e t

City

S y r a c u s e

State

N Y

Zip

1 3 2 0 2 -

eMail

b e r t u c h @ c n y r p d b . o r g

Phone

(3 1 5) 4 2 2 - 8 2 7 6

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

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

- MM1 M u l t i p l e t a s k s
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

Name of MS4 CITY OF SYRACUSE, NY

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Section 4 - Certification Statement

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

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

First Name MARY MI E Last Name ROBINSON

Title (Clearly print title of individual signing report)
CITY ENGINEER

Signature

Date

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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

Name of MS4/Coalition: CITY OF SYRACUSE, NY

SPDES ID

N	Y	R	2	0	A	L	B	6
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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

--	--	--	--	--
- Direct Mailings # Mailings

				4
--	--	--	--	---
- Kiosks or Other Displays # Locations

		2	1	8
--	--	---	---	---
- List-Serves # In List

				3
--	--	--	--	---
- Mailing List # In List

				7
--	--	--	--	---
- Newspaper Ads or Articles # Days Run

				1
--	--	--	--	---
- Public Events/Presentations # Attendees

--	--	--	--	--
- School Program # Attendees

--	--	--	--	--
- TV Spot/Program # Days Run

--	--	--	--	--
- Printed Materials: Total # Distributed

	1	3	8	5
--	---	---	---	---

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

L	i	b	r	a	r	i	e	s	,	s	c	h	o	o	l	s				
M	u	n	i	c	i	p	a	l		b	u	i	l	d	i	n	g	s		
G	a	r	d	e	n		C	e	n	t	e	r	s							

Other:

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

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URL

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MS4 Annual Report Form

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Name of MS4/Coalition

CITY OF SYRACUSE, NY

SPDES ID

NYR20A186

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

URL

cnyrpdb.org/stormwater/ms4/newsandtools.asp

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cnyrpdb.org/stormwater/ms4/sua.asp

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cnyrpdb.org/stormwater/ms4/meetings.asp

URL

cnyrpdb.org/stormwater/ms4/library.asp

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cnyrpdb.org/stormwater/ms4/links.asp

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cnyrpdb.org/stormwater/public/whyworry.asp

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Name of MS4/Coalition CITY OF SYRACUSE, NY

SPDES ID
N Y R 2 0 A 1 8 6

3. Web Page con't.: Provide specific web addresses - not home page.

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l l u t a n t s . a s p

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MS4 Annual Report Form

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Name of MS4/Coalition

CITY OF SYRACUSE, NY

SPDES ID

N Y R 2 0 A 1 8 6

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.

Maintain regional stormwater website and information library for reference and use by regulated MS4s and the general public in the SUA.

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

The stormwater website is successfully functioning as a public education tool based on recorded number of "hits" during the current reporting period (19,996). This represents a 77% increase in web users over the previous program year. Monthly web user statistics show that both the municipal and general public pages are being accessed on a regular basis.

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

		1	2
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

New information will continuously be added to the regional stormwater website to ensure the information presented is current relative to evolving program requirements and local needs.

MS4 Annual Report Form

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

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Name of MS4/Coalition

CITY OF SYRACUSE, NY

SPDES ID

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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 (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.

Provide direct information on topics of interest to construction contractors and developers through three direct informational mailings between June 2009 and May 2010.

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

Feedback from County Soil & Water Conservation staff responsible for conducting contractor training courses indicated that the information presented to local contractors through targeted mailings helped raise general awareness of evolving program responsibilities as reflected in comments and questions they received during training sessions.

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

			1
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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 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).

A contractor "newsletter" will be developed (500 printed pieces) and distributed to local contractors and developers. Information will be presented relative to new and redevelopment design processes and considerations, runoff volume reduction practices, implications of new design standards on construction, etc. The newsletter will be mailed in June 2011.

MS4 Annual Report Form

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

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Name of MS4/Coalition

CITY OF SYRACUSE, NY

SPDES ID

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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 (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 multi-page stormwater education supplement to the Syracuse Post Standard targeted toward the general public. The supplement will present basic information on stormwater pollutants, pathways, impacts and controls and will be distributed within all home delivery and point of sale editions of the Post Standard sold in Madison, Onondaga and Oswego Counties on a single day in Spring 2010

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

The 4-page supplement to the Syracuse Post Standard was published April 22, 2010 as the centerfold of the Neighbors section. Excluding point of sale copies, the insert was delivered to 250,000 homes. An additional 300 copies were distributed to MS4s upon their request, and were made available at various municipal buildings and public events. Positive feedback from local water quality partners and the general public indicated that the level and quality of the piece was appropriate and useful.

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

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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 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).

A similar 4-page informational insert is in development and will be published in the Post Standard on April 26, 2011. The insert will be placed in a more prominent location within the main section of the newspaper for greater visibility.

MS4 Annual Report Form

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CITY OF SYRACUSE, NY

SPDES ID

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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 (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.

Conduct a follow up to the 2007 SUA Stormwater Public Education Survey to assess the effectiveness of ongoing regional education and outreach efforts, and to identify areas in need of improvement.

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

The stormwater education survey was posted on Survey Monkey and publicized in various newsletters, websites, public libraries and press releases to 55 local medial outlets in the SUA. 300 entries were returned and analyzed. Public feedback on past educational efforts formed the basis for modifying continuing public education programs. Recommendations made in the final survey analyses report have been incorporated into 2011 - 2012 public education program.

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

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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 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).

No specific follow up to the survey is planned; however, recommendations from the survey report will continue to be implemented.

MS4 Annual Report Form

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

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Name of MS4/Coalition

SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Develop and/or modify and distribute existing education and outreach materials for primary target audiences. Topics may include low phosphorus/no phosphorus fertilizer, soil testing, pet waste, native plants to control erosion and/or the dangers of discharging materials into storm sewers.

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

Three distinct posters (approx. 36" X 28") were designed, printed and distributed to 69 public elementary, 29 public middle and 24 public senior high schools in the SUA, along with information on stormwater education efforts and issues. Posters were displayed in public areas within each school building in mid May, 2010. A landscaping, lawn and garden care brochure and flyer were developed. Each made the connection between specific recommendations and stormwater quality. All materials were distributed for public distribution to commercial nurseries, garden shops, garden clubs, libraries and municipal buildings. Despite requests for feedback, none was received on either the school posters or brochure/flyers.

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

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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).

Due to the lack of requested feedback and requests for additional materials and/or information, these activities have been deemed to be ineffective at the current level and have been suspended. They will be resumed if an appropriate funding source is identified that will support a major expansion of efforts. However, the primary messages will continue to be relayed through short articles in the "Green CNY" section of the Syracuse Post Standard.

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Name of MS4/Coalition: CITY OF SYRACUSE, NY

SPDES ID: NYR20A186

2. URL(s) con't.:

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

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DEPARTMENTS/ENGINEERING/CONTENT/
MSAREPORTPORPERIODENDING03-9-11

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MS4 Annual Report Form

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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 CITY OF SYRACUSE, NY SPDES ID
N Y R 2 0 A 1 8 6

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

Address

City Zip -

Phone () -

Library Annual Report SWMP Plan Comments

Address

City Zip -

Phone () -

Other Annual Report SWMP Plan Comments

Address

City Zip -

Phone () -

Web Page URL: Annual Report SWMP Plan Comments

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

eMail Comments

MS4 Annual Report Form

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Name of MS4/Coalition CITY OF SYRACUSE, NY

SPDES ID
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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.

□□ / □□ / □□□□

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

□□□

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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

Yes No

If Yes, what was the date of the meeting?

□□ / □□ / □□□□

If No, is one planned?

Yes No

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

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

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

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Name of MS4/Coalition

CITY OF SYRACUSE, NY

SPDES ID

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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 (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.

MAINTAIN A WORKING RELATIONSHIP WITH THE CENTRAL NEW YORK REGIONAL PLANNING AND DEVELOPMENT BOARD TO IMPLEMENT A PUBLIC ~~ENAGEMENT~~ INVOLVEMENT PROGRAM.

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

THE CITY HAS RETAINED THE CNYRP&DB FOR SEVERAL YEARS TO CONDUCT PUBLIC INVOLVEMENT AND PARTICIPATION PROGRAMS.

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

			1
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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 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 TO WORK WITH THE CNYRP&DB ON PROGRAMS FOR PUBLIC INVOLVEMENT AND PARTICIPATION IN WATER STORMWATER MANAGEMENT AND QUALITY ISSUES.

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Name of MS4/Coalition: CITY OF SYRACUSE, NY

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N Y R 2 0 A 1 8 6

8. URL(s) con't.:

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

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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? [75] %

MS4 Annual Report Form

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

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

Name of MS4/Coalition

C	I	T	Y	O	F	S	Y	R	A	C	U	S	E	,	N	Y
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SPDES ID

N	Y	R	2	0	A	1	8	6
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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.

PERIODIC EXAMINATION OF STORMWATER OUTFALLS DURING DRY WEATHER PERIODS TO DETERMINE IF ILLEGAL DISCHARGES ARE PRESENT.

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

106 OUTLETS WERE EXAMINED DURING THE PAST YEAR, NO ILLEGAL DISCHARGES WERE DETECTED.

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 TO EXAMINE STORMWATER OUTFALLS DURING DRY WEATHER PERIODS TO DETERMINE IF ILLEGAL DISCHARGES EXIST.

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

CITY OF SYRACUSE, NY

SPDES ID

N	Y	R	2	0	A	1	8	6
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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?

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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?

	2	3
--	---	---

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

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

		0
--	--	---

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

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

- | | | | | | | | | |
|--|---|---|--|---|--|--|---|---|
| <input type="radio"/> Notices of Violation | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>3</td></tr></table> | | | | | 3 | <input type="radio"/> No Authority |
| | | | | 3 | | | | |
| <input type="radio"/> Stop Work Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>3</td></tr></table> | | | | | 3 | <input type="radio"/> No Authority |
| | | | | 3 | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input type="radio"/> Termination of Contracts | # | <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"/> Administrative Fines | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input type="radio"/> Civil Penalties | # | <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"/> Administrative Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | |
| | | | | 0 | | | | |
| <input type="radio"/> Other | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

C	I	T	Y		O	F		S	Y	R	A	C	U	S	E	,		N	Y
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SPDES ID

N	Y	R	2	0	A	1	8	6
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

--	--	--

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

	1	4
--	---	---

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

	1	1
--	---	---

3. What percent of active construction sites were inspected during this reporting period? Yes No NT

	1	0
--	---	---

 %

4. What percent of active construction sites were inspected more than once? Yes No NT

		0
--	--	---

 %

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

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

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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

Name of MS4/Coalition: CITY OF SYRACUSE, NY

SPDES ID
N Y R 2 0 A 1 8 6

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department
 Address
 City Zip
 Phone
 () -

Library

Address
 City Zip
 Phone
 () -

Other

Address
 City Zip
 Phone
 () -

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,

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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

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SPDES ID

N	Y	R	2	0	A	1	8	6
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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.

DEVELOPERS OF PROJECTS DISTURBING 10,000 SQUARE FEET OR MORE OF LAND ARE REQUIRED UNDER A CITY ORDINANCE TO SUBMIT A SWMP FOR THE PROPOSED PROJECT AND TO EXECUTE A MAINTENANCE AGREEMENT WITH THE CITY TO ASSURE LONG-TERM MAINTENANCE OF ALL STORMWATER CONTROL FACILITIES INSTALLED.

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

INCREASING INQUIRIES FROM DEVELOPERS AND THEIR CONSULTANTS INDICATES MORE AWARENESS OF THE ORDINANCE AND ITS REQUIREMENTS.

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

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

(ex.: samples/participants/events)

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

Yes No

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

ORDINANCE IS BEING REVIEWED TO DETERMINE REVISIONS TO BETTER DEFINE CONDITIONS REQUIRING A SWMP AND TO INCORPORATE GREEN INFRASTRUCTURE TECHNIQUES.

DRAFT

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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

Name of MS4/Coalition CITY OF SYRACUSE, NY

SPDES ID
N Y R 2 0 A 1 8 6

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	10	0	
<input type="radio"/> Filter Systems	1	1	
<input type="radio"/> Infiltration Basins	14	0	
<input type="radio"/> Open Channels	0	-	
<input type="radio"/> Ponds	4	1	
<input type="radio"/> Wetlands	0	-	
<input type="radio"/> Other	1	0	

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? Yes No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- Building Codes
- Overlay Districts
- Zoning
- None
- Watershed Plans
- Other:
- Municipal. Comprehensive Plans
- Open Space Preservation Program
- Local Law or Ordinance
- Land Use Regulation/Zoning
- Other Comprehensive Plan

Other:

MS4 Annual Report Form

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

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

Name of MS4/Coalition

CITY OF SYRACUSE, NY

SPDES ID

N	Y	R	2	0	A	1	8	6
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

DEVELOP AND MAINTAIN AN INVENTORY OF POST-CONSTRUCTION STORMWATER MANAGEMENT PRACTICES TO AID IN AN INSPECTION PROGRAM.

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

AN INVENTORY HAS BEEN PRODUCED, BUT NOT ALL SITES CONSTRUCTED IN 2010 HAVE BEEN ENTERED. THE INSPECTION PROGRAM HAS BEEN PERFORMED ON A RANDOM BASIS AND NEEDS TO BE MORE FORMALIZED.

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).

BRING INVENTORY UP-TO-DATE BY JULY 1, DEVELOP A FORMAL INSPECTION SCHEDULE AND IMPLEMENT BY JULY 1.

DRAFT

6894134836

MS4 Annual Report Form

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

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

Name of MS4/Coalition CITY OF SYRACUSE, NY

SPDES ID

N Y R 2 0 4 1 8 6

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?

- 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>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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Name of MS4/Coalition: CITY OF SYRACUSE, NY

SPDES ID
N Y R 2 0 A 1 8 6

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

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

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

4. What was the date of the last training?

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

CITY OF SYRACUSE, NY

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

REBUILD DETERIORATING CATCH BASINS TO RESTORE PROPER PERFORMANCE.

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

IN THE PAST YEAR, 528 CATCH BASINS WERE REBUILT.

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

			1
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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 TO LOCATE AND REPAIR DETERIORATED CATCH BASINS.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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

Name of MS4/Coalition CITY OF SYRACUSE, NY SPDES ID
N Y R 2 0 A 1 8 6

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?

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

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed			
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay			
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
Peconic Estuary			
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
L127 Embayments			
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. 10 %

Estimate what percentage was mapped in this reporting period. 0 %

MS4 Annual Report Form

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

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

Name of MS4/Coalition

C	E	T	Y	O	F	S	Y	R	A	C	U	S	E	,	N	Y
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SPDES ID

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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?

N	/	A
---	---	---

 %

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?

		2
--	--	---

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

100

 %

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

This report is being submitted for the reporting period ending March 9, 2011

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

Name of MS4/Coalition CITY OF SYRACUSE, NY

SPDES ID

N	Y	R	2	0	A	1	E	G
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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