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.	

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\bigcirc This report is being submitted on behalf of an individual MS4.	
Fill in SPDES ID in upper right hand corner.	

Na	me o	of M	1S4													

OR

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

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

Name of Single Entity

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	
JEFFERSON COUNTY STORMWATER	
COALTTON	
COLIDITION	

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SPI	DES II)							SI	PD	ES	ID							13	SPI	DES	ID						
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SPI	DES II)						-	SI	PD.	ES	ID								SPI	DES	ID						
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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.

SPDES ID	SPDES ID	SPDES ID
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N Y R 2 0 A	N Y R 2 O A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 0 A

	SPDES ID
Name of MS4	N Y R 2 0 A
Each MS4 must submit an MCC form.	
Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted to certify endorsement	nt or acceptance of:
An Annual Report for a single MS4	
A Single Entity (Per Part II.E of GP-0-10-002)	
A Joint Report	
Joint reports may be submitted by permittees with legally be	oinding agreements.
If Joint Report, enter coalition name:	
JEFFERSON COUNTY STORMWATER	
COALITION	

Name of MS4 JEFFERSON COUNTY STORMWATER COALITION	SPDES ID
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the fo	llowing positions as indicated below:
1. Principal Executive Officer, Chief Elected Official o GP-0-08-002 Part VI.J).	r other qualified individual (per
2. Duly Authorized Representative (Information for this Authorized Representative is signing this form)	s contact must only be submitted if a Duly
3. The Local Stormwater Public Contact (required per G	GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coccoordination/implementation of SWMP).	ordinator (Individual responsible for
5. Report Preparer (Consultants may provide company	name in the space provided).
A separate sheet must be submitted for each position filled by the same individual. If one individual fills ronce and check all positions that apply to that individual	multiple roles, provide the contact information
If a new Duly Authorized Representative is signing to provided and a signature authorization form, signed Elected Official must be attached.	
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
© Report Preparer	
W Report Treparer	
First Name MI	Last Name
GEORGE	BIRTH
Title ENVIRONMENTAL RESOURCE ENGINEER	
Address	
25451 STATE ROUTE 12	
City WATERTOWN	State Zip NY 1 3 6 0 1 -
eMail	
ERE@JEFFERSONCOUNTYSWCD.ORG	
Phone	County
(3 1 5) 7 8 2 - 2 7 4 9	JEFFERSON

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

		SPL)ES	ID						
Name of MS4	City of Watertown	N	Y	R	2	0	А	5	6	5

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name K e n n e t h	MI Last Name A M i x
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	Street
City	State Zip
Watertown	N Y 1 3 6 0 1 -
eMail	
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MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

		SPL	DES	ID						
Name of MS4	City of Watertown	N	Y	R	2	0	A	5	6	5

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name Seth												MI Q]	Las B	t Na	ime	1	е	У		a a				1		
Title				-							J		1														
Civi	1	E	n	g	i	n	е	е	r		1																
Address																										 	
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MCC form for period end	ling March 9, 2023
	SPDES ID
Name of MS4 VILLAGE OF BLACK RIVER	NYR20A560
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the	e following positions as indicated below:
1. Principal Executive Officer, Chief Elected Officia GP-0-08-002 Part VI.J).	al or other qualified individual (per
2. Duly Authorized Representative (Information for Authorized Representative is signing this form)	
3. The Local Stormwater Public Contact (required p	er GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) coordination/implementation of SWMP).	Coordinator (Individual responsible for
5. Report Preparer (Consultants may provide compa	ny name in the space provided).
A separate sheet must be submitted for each posit filled by the same individual. If one individual fil once and check all positions that apply to that ind	ls multiple roles, provide the contact information
If a new Duly Authorized Representative is signiful provided and a signature authorization form, sign Elected Official must be attached.	
For each contact, select all that apply:	
• Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
Local Stormwater Public Contact	
• Stormwater Management Program (SWMP) Coordinat	or
O Report Preparer	
First Name MI	Last Name
FRANCIS	DISHAW
Title	
MAYOR	
Address	
107 JEFFERSON PLACE	
City	State Zip
BLACK RIVER	NY 1 3 6 1 2 -
eMail	
Dishaw_frank@hotmail.com	
Phone	County

JEFFERSON

VII I ACE OF DROWNWII I E	SPDES ID
Name of MS4 VILLAGE OF BROWNVILLE	NYR20A561
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following p	ositions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other que GP-0-08-002 Part VI.J).	alified individual (per
2. Duly Authorized Representative (Information for this contact r Authorized Representative is signing this form)	must only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-0	02 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (coordination/implementation of SWMP).	(Individual responsible for
5. Report Preparer (Consultants may provide company name in the	ne space provided).
A separate sheet must be submitted for each position listed about filled by the same individual. If one individual fills multiple roonce 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 Prin Elected Official must be attached.	
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
- Topon Tropani	
First Name MI Last Name	
MICHAEL BATTIS	TA
Title	
ZONING	
Address PO BOX 118	
	ate Zip
City St BROWNVILLE N	
eMail	
MWBATTISTAPL\$@\$MAIL.COM	
Phone County	
(3 1 5) 7 7 8 - 3 4 4 2 JEFFER	SON

	SPDES ID
Name of MS4 VILLAGE OF BROWNVILLE	NYR20A561
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following po	ositions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).	ılified individual (per
2. Duly Authorized Representative (Information for this contact in Authorized Representative is signing this form)	nust only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-0	02 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (coordination/implementation of SWMP).	Individual responsible for
5. Report Preparer (Consultants may provide company name in the	e space provided).
A separate sheet must be submitted for each position listed about filled by the same individual. If one individual fills multiple roonce and check all positions that apply to that individual.	
If a new Duly Authorized Representative is signing this report, provided and a signature authorization form, signed by the Prin Elected Official must be attached.	
For each contact, select all that apply:	
Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
First Name MI Last Name	
PATRICK CONNOR	
Title	
MAYOR	
Address PO BOX 118	
	ate Zip
BROWNVILLE	
eMail	
BVILLE@NNYMAIL COM County	
Phone County (3 1 5) 7 8 2 - 7 6 5 0	SON

	appea in
Name of MS4 VILLAGE OF BROWNVILLE	SPDES ID NYR20A561
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following po	ositions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).	lified individual (per
2. Duly Authorized Representative (Information for this contact mathematical Representative is signing this form)	nust only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-00	02 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Sound Coordination (Implementation of SWMP).	5°
5. Report Preparer (Consultants may provide company name in th	e space provided)
A separate sheet must be submitted for each position listed abo	
filled by the same individual. If one individual fills multiple rol 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 Prin Elected Official must be attached.	
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
© Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
○ Report Preparer	
First Name MI Last Name	
BILL PICKETT	
Title	
DPW DPW	
Address	
PO BOX 118	
City Sta	te Zip
BROWNVILLE	
eMail	
BVILLE@NNYMAIL.COM	
Phone County	
(3 1 5) 7 8 2 - 7 9 1 6 JEFFERS	Ob

	SPDES ID
Name of MS4 VILLAGE OF CARTHAGE	NYR20A562
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following po	sitions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).	lified individual (per
2. Duly Authorized Representative (Information for this contact m Authorized Representative is signing this form)	ust only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-00)2 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (I coordination/implementation of SWMP).	individual responsible for
5. Report Preparer (Consultants may provide company name in the	e space provided).
A separate sheet must be submitted for each position listed abortilled by the same individual. If one individual fills multiple rol once and check all positions that apply to that individual.	
If a new Duly Authorized Representative is signing this report, provided and a signature authorization form, signed by the Prin Elected Official must be attached.	
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
and the second of the second	
First Name MI Last Name	
MARK ROBERTS	
Title SUPERINTENDENT	
Address	
120 SOUTH MECHANIC STREET	
City Sta	
CARTHAGE NY	1 3 6 1 9 -
eMail	
DPW@VILLAGEOFCARTHAGENY.QOM	
Phone (3 1 5) 4 9 3 - 2 2 1 0 JEFFERS	ON
(3 1 5) 4 9 3 - 2 2 1 0 DEFFERS	<u></u>

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

		 SPL	ES	ID						
Name of MS4	Village of Carthage	N	Y	R	2	0	A	5	6	2

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name	MI Last Name
M i c h e a l	F Astafan
Title	
V i l l a g e P r e s i d e n	t
Address	
1 2 0 S o u t h M e c h a n	ic Street
City	State Zip
City C a r t h a g e	State Zip N Y 1 3 6 1 9
Carthage	
Carthage	

	SPDES ID
Name of MS4 JEFFERSON COUNTY	NYR20A568
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following p	positions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qu GP-0-08-002 Part VI.J).	ualified individual (per
2. Duly Authorized Representative (Information for this contact Authorized Representative is signing this form)	must only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-	002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator coordination/implementation of SWMP).	(Individual responsible for
5. Report Preparer (Consultants may provide company name in t	the space provided).
A separate sheet must be submitted for each position listed ab filled by the same individual. If one individual fills multiple r once and check all positions that apply to that individual.	
If a new Duly Authorized Representative is signing this repor provided and a signature authorization form, signed by the Pr Elected Official must be attached.	
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
First Name MI Last Name	
ANDY NEVIN	
Title PLANNING.SWMP CONTACT&COORDINATOR	
Address	
195 ARSENAL STREET	
	State Zip
WATERTOWN	NY 1 3 6 0 1 -
eMail	
ANDYN@CO.JEFFERSON NY.US	
Phone County (3 1 5) (4 9 9 0 7 1 1 1) TERRED	PROM

*	
Name of MS4 JEFFERSON COUNTY	SPDES ID NYR20A568
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following po	ositions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).	
 Duly Authorized Representative (Information for this contact n Authorized Representative is signing this form) 	nust only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-06)	02 Part VII A 2 c & Part VIII A 2 c)
4. The Stormwater Management Program (SWMP) Coordinator (coordination/implementation of SWMP).	
 Report Preparer (Consultants may provide company name in th 	e space provided)
A separate sheet must be submitted for each position listed abo filled by the same individual. If one individual fills multiple ro- 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 Prin Elected Official must be attached.	
For each contact, select all that apply:	
Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
○ Report Preparer	
First Name MI Last Name	
First Name MI Last Name MIKE MONTIGE	LLT.T
Title ADMINISTRATOR	
Address	
195 ARSENAL STREET	
City Sta	ate Zip
WATERTOWN	(1 3 6 0 1 -
eMail	
MMONTIGELLI@CO JEFFERSON.NY.US	
Phone County	
(0) 0 - JEFFERS	on

	SPDES ID
Name of MS4 TOWN OF LERAY	NYR20A557
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following	positions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other of GP-0-08-002 Part VI.J).	qualified individual (per
2. Duly Authorized Representative (Information for this contac Authorized Representative is signing this form)	t must only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08	3-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinato coordination/implementation of SWMP).	r (Individual responsible for
5. Report Preparer (Consultants may provide company name in	the space provided).
A separate sheet must be submitted for each position listed a filled by the same individual. If one individual fills multiple once and check all positions that apply to that individual.	
If a new Duly Authorized Representative is signing this report provided and a signature authorization form, signed by the P Elected Official must be attached.	
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
o report repares	
First Name MI Last Nam	
JESSICA JENAC	IK K
Title	
PLANNING	
Address	
8650 LERAY STREET	
City	State Zip NY 1 3 6 3 7 -
EVANS MILLS	NY 1 3 6 3 7 -
eMail	
PLANNING TOWNOFLERAY ORG	
Phone County (3 1 5) 6 2 9 4 0 5 2	RSON

1 0	,												
Name of MS4 TOWN OF LERAY	SPDES ID NYR20A557												
Section 2 - Contact Information													
Important Instructions - Please Read													
Contact information must be provided for <u>each</u> of the following	g positions as indicated below:												
 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 i	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.	Timolphi Executive efficer of emer												
For each contact, select all that apply:													
© Principal Executive Officer/Chief Elected Official													
O Duly Authorized Representative													
O Local Stormwater Public Contact													
O Stormwater Management Program (SWMP) Coordinator													
O Report Preparer													
C Report Proparer													
First Name MI Last Na													
RONALD TAYL	OR												
Title													
SUPERVISOR													
Address													
8650 LERAY STREET													
City EVANS MILLS	State Zip NY 1 3 6 3 7 -												
eMail LERAYADMIN@NNYMAIL.COM													
Phone County													
(3 1 5) 6 2 9 - 5 5 3 2 JEFF	ERSON												

MICC form for period ending	g Water 9, 2020													
	SPDES ID													
Name of MS4 TOWN OF RUTLAND	NYR20A558													
Section 2 - Contact Information														
Important Instructions - Please Read														
Contact information must be provided for <u>each</u> of the fo	e following positions as indicated below:													
1. Principal Executive Officer, Chief Elected Official of GP-0-08-002 Part VI.J).	al or other qualified individual (per													
2. Duly Authorized Representative (Information for thi Authorized Representative is signing this form)	is contact must only be submitted if a Duly													
. 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).														
Report Preparer (Consultants may provide company name in the space provided).														
A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.														
If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.														
For each contact, select all that apply:														
O Principal Executive Officer/Chief Elected Official														
O Duly Authorized Representative														
Stormwater Management Program (SWMP) Coordinator														
O Report Preparer														
First Name MI SHANE	Last Name BERGHORN													
	BERGITORA													
Title														
Address														
28411 NYS ROUTE 126														
City	State Zip													
BLACK RIVER	NY 13612 -													
eMail														
SKBERG08@GMAIL.COM														
Phone	County													

Name of MS4 TOWN OF RUTLAND	NYR20A558													
Section 2 - Contact Information														
Important Instructions - Please Read														
Contact information must be provided for <u>each</u> of the following positions as indicated below:														
 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).														
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If a new Duly Authorized Representative is signing this report, provided and a signature authorization form, signed by the Prin Elected Official must be attached.														
For each contact, select all that apply:														
Principal Executive Officer/Chief Elected Official														
O Duly Authorized Representative														
O Local Stormwater Public Contact														
O Stormwater Management Program (SWMP) Coordinator														
O Report Preparer														
First Name MI Last Name EDDY														
Title SUPERVISOR														
Address														
28411 NYS ROUTE 126	7:-													
City Sta														
eMail														
GDE1966@YAHOO.COM														
Phone County (3 1 5) 7 8 8 - 3 4 4 0 JEFFERS	son													

Name of MS4 TOWN OF WATERTOWN	NYR20A559													
Section 2 - Contact Information														
Important Instructions - Please Read														
Contact information must be provided for <u>each</u> of the following positions as indicated below:														
. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).														
Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)														
. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c)														
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).														
5. Report Preparer (Consultants may provide company name i	n the space provided).													
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If a new Duly Authorized Representative is signing this reprovided and a signature authorization form, signed by the Elected Official must be attached.														
For each contact, select all that apply:														
O Principal Executive Officer/Chief Elected Official														
O Duly Authorized Representative														
© Stormwater Management Program (SWMP) Coordinator														
○ Report Preparer														
First Name MI Last Na RANDY VAAS	me													
Title														
STORMWATER CONTACT&COORDINATOR														
Address														
22867 COUNTY ROUTE 67														
City	State Zip													
WATERTOWN	NY 1 3 6 0 1 -													
eMail														
NAVYPAP@TWCNY.RR.COM														
Phone County (3 1 5) 7 8 3 - 8 0 7 7 JEFF	ERSON													

	SPDES ID													
Name of MS4 TOWN OF WATERTOWN	NYR20A559													
Section 2 - Contact Information														
Important Instructions - Please Read														
Contact information must be provided for <u>each</u> of the following po	sitions as indicated below:													
 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.														
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For each contact, select all that apply:														
Principal Executive Officer/Chief Elected Official														
O Duly Authorized Representative														
O Local Stormwater Public Contact														
O Stormwater Management Program (SWMP) Coordinator														
O Report Preparer														
First Name MI Last Name														
JOEL BARTLET	Т													
Title														
SUPERVISOR														
Address														
22867 COUNTY ROUTE 67														
City State WATERTOWN NY	te Zip 1 3 6 0 1 -													
eMail														
WATNCLERK@GISCO.NET														
Phone County (3 1 5) 7 8 2 - 8 2 4 8 JEFFERSO														
	Y+1													

	SPDES ID												
Name of MS4 VILLAGE WEST CARTHAGE	NYR20A564												
Section 2 - Contact Information													
Important Instructions - Please Read													
Contact information must be provided for <u>each</u> of the following	positions as indicated below:												
 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 Pr Elected Official must be attached.	incipal Executive Officer of Ciner												
For each contact, select all that apply:													
O Principal Executive Officer/Chief Elected Official													
O Duly Authorized Representative													
Stormwater Management Program (SWMP) Coordinator													
O Report Preparer													
First Name MI Last Name	e												
PETER CRUMP													
Title													
STORMWATER CONTACT&COORDINATOR													
Address													
61 HIGH STREET													
	State Zip												
	NY 1 3 6 1 9 -												
eMail PCRUMP@WESTELCOM.COM													
Phone County													
(315)771 - 9425 JEFFEF	RSON												

	SPDES ID													
Name of MS4 VILLAGE WEST CARTHAGE	NYR20A564													
Section 2 - Contact Information														
Important Instructions - Please Read														
Contact information must be provided for <u>each</u> of the following po	ositions as indicated below:													
1. Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).	alified individual (per													
2. Duly Authorized Representative (Information for this contact 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 th	e space provided).													
A separate sheet must be submitted for each position listed about														
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 Prir														
Elected Official must be attached.														
For each contact, select all that apply:														
Principal Executive Officer/Chief Elected Official														
O Duly Authorized Representative														
O Local Stormwater Public Contact														
O Stormwater Management Program (SWMP) Coordinator														
O Report Preparer	TV													
- Roport Propuler														
First Name MI Last Name														
SCOTT BURTO														
Title														
MAYOR														
Address														
61 HIGH STREET														
City Sta														
CARTHAGE N	1 3 6 1 9 -													
eMail														
VWCMAYOR@WESTELCOM.COM														
Phone County														
(3 1 5) 4 9 3 - 2 5 5 2 JEFFER	SON													

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
● Yes ○ N
If Yes, complete information below. Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.
If No, proceed to Section 4 - Certification Statement.
Partner/CoalitionName JEFFERSON COUNTY STORMWATER
Partner/Coalition Name (con't.) SPDES Partner ID - If applicable
COALITION NYR20
Address
25451 STATE ROUTE 12
City State Zip
WATERTOWN NY 1 3 6 0 1 -
eMail
ERE@JEFFER\$ONCOUNTYSWCD.ORG
Phone (3 1 5) 7 8 2 - 2 7 4 9 Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Task
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.

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 GEORGE BIRTH BIRTH
Title (Clearly print title of individual signing report) ENVIRONMENTAL RESOURCE ENGINEER
Signature
Date 0 / 0 /

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

Submit Form

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

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

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

	• • •	SPI	DES	ID			 	
Name of MS4/Coalition	JEFFERSON COUNTY STORMWATER COALITION	N	Y	R	2	0		
Traine of the tracers								

Name of I	MS4/C	Coalit	ion_												-					L		= 1							
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The info	rmati	on in	this	sec	ction	ı is	bei	ng 1	epo	orte	d (d	chec	k o	ne):															
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	ted t	MS o sto	4/Corm	oali wat	tion er?	n pi	rod not	uce , ai	ed a nsv	any ver	re No	poi ai	rts ıd j	doc pro	cun cee	nen ed t	tin o N	g w Iin	ate im	er ç um	ua Co	lity ont	tr rol	end Me	easi			•	
One. If Yes, choose one of the following															O	Ye	S	1	No										
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TEACHERS Other

MS4 Annual Report Form

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

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Name of MS4/Coalition	JEFFERS(ON C	OUNT	Y STO	ORMV	VATER	20	COAL	ITION						N		ES Y	R		(0						
Minir	num (Coı	ntro]	l M	eas	ure	1	. P	ubl	ic I	Ξ(duca	tic	or	1 a	nd	1 () 1	utr	·ea	acl	<u>1</u>					
The information in this	s section	n is	being	rep	orte	d (che	ec	k or	ne):																		
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 																											
1. Targeted Public	Educa	atio	n an	d O	utre	ach	В	est	Man	age	en	nent]	Pr	ac	tice	es											
Check all topics that	were i	nclı	uded	in E	Educ	ation	ıa	and	Outr	eacl	h	durin	g t	hi	s re	epo	ort	in	g p	er	ioc	l:					
• Construction Sites												• Pesticide and Fertilizer Application															
General Stormwater Management Information											O Pet Waste Management																
Household Hazardo	us Was	te D	ispos	al								0	○ Recycling														
Illicit Discharge De	tection	and	Elim	inati	ion								● Riparian Corridor Protection/Restoration														
O Infrastructure Main	tenance											•	Trash Management														
O Smart Growth												•	Ve	hi	cle	W	as	hi	ng								
Storm Drain Markin	ıg											0	W	ate	er C	Cor	ise	rv	atio	on							
• Green Infrastructure	e/Better	Site	e Des	ign/l	Low	Impa	ac	t De	evelo	pme	nt	. 0	W	et]	land	P	ro	te	ctio	n							
Other:				_			_				_	0	No	on	e			_	_				1		_	_	
Other																			,								
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D. H. Branderson	a C	_4																									
Public Employees	• Coi																										
• Residential	• De		•	15																							
Businesses Parternants	• Ger			110																							
Others	O Ind																										
• Other:	Agr	ricu	itural																								

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

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

SPDES ID

Name of MS4/Coalition JEFFERSON COUNTY STORMWATER COALITION N Y R 2								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	Operat	ors T	raine	d												#	‡Tra	aine	d [4	L		
O Direct Mailings #Mailings												gs [
• Kiosks or Other Displays # Locations												ıs		-	1									
○ List-Serves # In List												st												
○ Mailing List # In List												st												
O Newspaper Ads or Articles # Days Run													n [
Public Events/Presentations # Attendees													es		8	0								
School Program # Attendees													es		5	6								
○ TV Spot/Program # Days Run													n											
O Printed Materials: Total # Distributed																								
Locations (e.g. lib	raries, to	own of	fices,	kiosk	(s)							T												
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Other:								_																
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This report is being submitted for the reporting period ending March 9, 2023

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

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

SPDES ID

Name of MS4/Coalition JEFFERSON COUNTY STORMWATER COALITION 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? (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.

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID JEFFERSON COUNTY STORMWATER COALITION N Y R 2 0 Name of MS4/Coalition 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? 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: 1 # Events Cleanup Events 0 #Comments Comments on SWMP Received Phone # O Community Hotlines Phone# Phone# 0 Phone# Phone# 0 0 Phone# Phone# 0 0 Phone# Phone# 0 0 Phone # Phone# O Community Meetings # Attendees 3100 Sq. Ft. Plantings #Drains O Storm Drain Markings # Attendees O Stakeholder Meetings # Events O Volunteer Monitoring Other: 2. Was public notice of availability of this annual report and Stormwater Management O No Yes Program (SWMP) Plan provided? # In List O List-Serve # Days Run O Newspaper Advertising # Days Run O TV/Radio Notices

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

Other:

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

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

SPDES ID

Nan	Name of MS4/Coalition JEFFERSON COUNTY STORMWATER COALITION														N	Y	R	2	0											
	. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page. URL																													
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This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL URL

This report is being submitted for the reporting period ending Warch 9,2025
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. 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 Department Annual Report SWMP Plan Comments
JEFFERSON COUNTY SOIL AND WATER
Address
25451 STATE ROUTE 12
City Zip
WATERTOWN NY 13601 -
Phone Color
(3 1 5) 7 8 2 - 2 7 4 9
O Library Address O Annual Report O SWMP Plan O Comments
City
Phone (0) 0 - 1
● Other ● Annual Report ● SWMP Plan ● Comments
Address
COALITION MEMBERS LOCAL OFFICES
City Zip
Phone (0) 0 -
(0) - 1
● Web Page URL: ● Annual Report ● SWMP Plan ● Comments
https://jcnystormwater.com/news
Please provide specific address of page where report can be accessed - not home page.
○ eMail ○ Comments

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

SPDE	S ID
Name of MS4/Coalition JEFFERSON COUNTY STORMWATER COALITION N Y	R 2 0
4.a. If this report was made available on the internet, what date was it post	
Leave blank if this report was not posted on the internet.	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 rep	ort, answer 5.b
5.a. Was an Annual Report public meeting held in this reporting period? If Yes, what was the date of the meeting?	● Yes ○ No
If No, is one planned?	○ Yes ○ No
5.b. Was an Annual Report public meeting held for all MS4s contributing	
this reporting period?	● Yes ○ No
If No, is one planned for each?	● Yes ○ No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.	○ Yes • No

		2002	
This report is being submitted	for the reporting period ending March 9,	2023	

	SPDES ID
Name of MS4/Coalition	N Y R 2 0
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Involve the public in the development, implementation and evalumanagement program	ation of the local stormwater
B. Briefly summarize the observations that indicated the over Goal.	
-PUBLIC COMMENT AND REVIEW OF THE COALITION S RECEIVED -PUBLIC COMMENT AND REVIEW OF THE ANNUAL REP RECEIVED ON THE ANNUAL REPORT -PROVIDE AN OPPURTUNITY FOR PUBLIC TO COMMEN MANAGEMENT	PORT,NO PUBLIC COMMENTS
C. How many times was this observation measured or evalua	ited in this reporting period?
C. How many times was this observation mensus	4
	(ex.: samples/participants/eve
D. Has your MS4 made progress toward this measurable goa	al 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 m the next reporting cycle (including an implementation sch	neet the goals of this MCM during nedule).
CONTINUE WITH NO SUBSTANTIAL CHANGES	

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

Name of MS4/Coalition JEFFERSON COUNTY STORMWAT	ER COALITION N Y R 2 0
Minimum Control Measure 3. I	llicit Discharge Detection and Elimination
The information in this section is being reported (o	check one):
 On behalf of an individual MS4 ● On behalf of a coalition How many MS4s contributed to the 	nis report? 9
1. Enter the number and approx. percent of	of outfalls mapped: 230 # 90 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	reened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewersher reporting period?	ds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other: PAPER MANUFACTURING	O None
O Sewersheds:	

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

Name of MS4/Coalition JEFFERSON COUNTY STORMS	SPDES ID WATER COALITION N Y R 2 0
3.b. What types of illicit discharges have	been found during this reporting period?
O Broken Lines From Sanitary Sewer	O Industrial Connections
O Cross Connections	○ Inflow/Infiltration
O Failing Septic Systems	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	 Sanitary Sewer Overflows
O Illegal Dumping	O Straight Pipe Sewer Discharges
Other:	○ None
4. How many illicit discharges/potentia reporting period?	l illegal connections have been detected during this
5. How many illicit discharges have bee	en confirmed during this reporting period?
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting
7. Has the storm sewershed mapping be If No, approximately what percent was	•
8. Is the above information available in Is this information available on the v If Yes, provide URL(s):	
Please provide specific address of page URL	where map(s) can be accessed - not home page.
urL https://jchystormwater.com/	
RESOURCES	

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

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8.	UR																														
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Name of MS4/Coalition

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.

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?
(ex.: samples/participants/ev
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

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

N	SPDES ID SPDES ID N Y R 2 0
Name	e of MS4/Coalition IV I IX Z O
	Minimum Control Measures 4 and 5.
	Construction Site and Post-Construction Control
The	information in this section is being reported (check one):
	n behalf of an individual MS4 n behalf of a coalition How many MS4s contributed to this report?
1	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? • No
	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 cerfification or using the NYSDEC Gap Analysis Workbook? O Yes No ONT
]	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
	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? • Yes • No • NT
9	If Yes, how many public comments were received during this reporting period?
	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:

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

Name of MS4/Coalition

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, |20|23|

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

JEFFERSON COUNTY STORMWATER COALITION

SPDES ID

NYR2

ŝ	Minimum Control Measure 4. Construction Site Stormwater Runo	ff Con	trol
The i	nformation in this section is being reported (check one):		
	behalf of an individual MS4 behalf of a coalition How many MS4s contributed to this report?		
	How many construction projects have been authorized for disturbances of one a luring this reporting period?		nore
	How many construction projects disturbing at least one acre were active in you luring this reporting period?		iction 0
3. V	What percent of active construction sites were inspected during this reporting [period?	O NT
4. V	What percent of active construction sites were inspected more than once?	80	% ONT
		80	%
	Do all inspectors working on behalf of the MS4s contributing to this report use		
(Construction Stormwater Inspection Manual? • Yes	○ No	O NT
	Does your MS4/Coalition provide public access to Stormwater Pollution Prevention SWPPPs) of construction projects that are subject to MS4 review and approvation of Yes	ıl?	ans
1	If your MS4 is Non-Traditional, are SWPPPs of construction projects made av		
	public review?	○ Yes	No
Ι	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	d.	

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

Name of MS4/Coalition JEFFERSON COUNTY STORMWATER COALITION	N Y R 2 0
6. con't.: Submit additional pages as needed.	
O MS4/Coalition Office Department	
Bepar ment	
Address	
City	Zip
	0 -
Phone	
○ Library	
Address	
City	Zip
Phone	0 1 2 1 1
(0) 0 -	
• Other	
Address	
VILLAGE/TOWN OFFICES	
City	Zip
VARIOUS NY	0 -
Phone	
(0) 0 - 1	
O Web Page URL(s): Please provide specific address where SWPPPs ca	an be accessed - not home page.
URL	
URL	

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

	SPDES ID N Y R 2 0
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWMPP), inclu III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP i	n this reporting period.
Develop a program that emphasizes the reduction or elimination of polluta separate storm sewer system that may emanate from construction sites	ents to the municipal
B. Briefly summarize the observations that indicated the overall effect Goal.	tiveness of this Measurable
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 thi	1
D. Has your MS4 made progress toward this measurable goal during	(ex.: samples/participants/events) this reporting period?
	Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWM	IPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the go the next reporting cycle (including an implementation schedule).	
CONTINUE WITHOUT SUBSTANTIAL CHANGES MAKE SURE ALL MUNICIPALITIES THAT CONTRIBUTE TO THIS COVERED UNDER A LOCAL LAW	S REPORT ARE

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

Name of MS4/Coalition	JEFFERSON COU	NTY STO	RMWAT	ER C	COAI	LITION					N 3	R	2	0			
Minimum (Control Me	asure	e 5. Po	st-	<u>-С</u>	<u>onsti</u>	<u>cuc</u>	<u>tion</u>	Sto	rm	<u>wa</u>	ter	Ma	na	gei	ne	<u>nt</u>
The information in the	is section is be	ing rep	orted (c	hec	k o	ne):											
On behalf of an indOn behalf of a coal						-			7								
	any MS4s con	tribute	ed to th	is r	epo	ort?	9										
1. How many and v MS4/Coalition in	• • •								-				s ha	ıs ye	our		
		Inve	# entoried		Ir	# ispect	ions		# T Mair	ime itaii							
Alternative Practice	es		5			5			į	5							
• Filter Systems			5			0				0							
O Infiltration Basins					Ī												
Open Channels			2			12				0							
○ Ponds																	
○ Wetlands																	
○ Other																	
2. Do you use an o BMPs, inspection		4) 1075		lata	ıba	se, sp	rea	dsh	eet) t	o tr	ack	pos	t-co		ruc Ye		n O No
	3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?																
Building Codes	Municipal	Compr	ehensiv	e P	lans	6											
Overlay Districts	Open Space	e Prese	rvation	Pro	ogra	m											
Zoning	O Local Law	or Ord	linance														
○ None	● Land Use	Regula	tion/Zo	ning	5												
O Watershed Plans	Other Com	prehen	sive Pla	an													
Other:																	

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

		SPI	DE	s m	1				
Nan	ne of MS4/Coalition	N	Y	R	2	0			
4a.	Are the MS4s contributing to this report involved in a regional/watershe	ed v	vid	e pl	lanı				N
4b.	Does the MS4 have a banking and credit system for stormwater manage	me	nt	pra	ctic		Yes	O	No
						0	Yes		No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwater								
						C	Yes		No
4d.	How many stormwater management practices have been implemented a reporting period?	s p	art	of	this	sys	tem i	n th	is]
5.	What percent of municipal officials/MS4 staff responsible for program is training on Low Impace Development (LID), Better Site Design (BSD) a	-					atten	ded	
	Infrastructure principles in this reporting period?						0] %

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

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

SPDES ID

Name of MS4/Coalition JEFFERSON COUNTY STORMWATER COALITION 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 (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.
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?
(ex.: samples/participants/event
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 MAKE SURE ALL MUNICIPALITIES THAT CONTRIBUTE TO THIS REPORT ARE COVERED UNDER A LOCAL LAW

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.

_		SPI	DES	ID			 	
Name of MS4/Coalition	JEFFERSON COUNTY STORMWATER COALITION	N	Y	R	2	0		

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The	information	in	this	section	is	being	reported	(check	one):
\sim	. 111C - C -		1:	.: 1 1 3 /	ro.	4			

On behalf of an individual MS4On 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.

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

		periori	nea within	the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	years?	
Street Maintenance	• Yes	○ No	• Yes	\bigcirc No
Bridge Maintenance	• Yes	○ No	• Yes	\bigcirc No
Winter Road Maintenance	• Yes	○ No	• Yes	\bigcirc No
Salt Storage	• Yes	○ No	• Yes	\bigcirc No
Solid Waste Management	• Yes	○ No	• Yes	\bigcirc No
New Municipal Construction and Land Disturbation	nce • Yes	○ No	• Yes	\bigcirc No
Right of Way Maintenance	• Yes	○ No	• Yes	\bigcirc No
Marine Operations	○ Yes	• No	O Yes	No
Hydrologic Habitat Modification		• No	O Yes	No
Parks and Open Space		○ No	• Yes	\bigcirc No
Municipal Building		○ No	• Yes	\bigcirc No
Stormwater System Maintenance		○ No	• Yes	\bigcirc No
Vehicle and Fleet Maintenance	• Yes	○ No		\bigcirc No
Other	○ Yes	• No	O Yes	No

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

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

SPDES ID

Name of MS4/Coalition JEFFERSON COUNTY STORMWATER COALITION	N Y R 2	0	
2. Provide the following information about municipal operat	ions good housekeep	ing prog	rams:
Parking Lots Swept (Number of acres X Number of times swep	t) # 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 N times applied to the nearest tenth.)	11 110100	0 1 0	. 2
3. How many stormwater management trainings have been p	provided to municipa	ıl employ	ees
during this reporting period?		4	
4. What was the date of the last training?	0 3 / 0 9	/ 2 0	2 3
5. How many municipal employees have been trained in this	reporting period?	4	8
6. What percent of municipal employees in relevant position stormwater management training?	s and departments r	eceive	%

This report is being submitted for the reporting period ending March 9,	20	23	
A STATE OF THE PROPERTY OF THE			

	SPDES ID
Name of MS4/Coalition JEFFERSON COUNTY STORMWATER COALITION	N Y R 2 0
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
-DEVELOP A PROGRAM TO INVENTORY AND ASSESS M -DEVELOP A PROGRAM TO INSPECT AND CLEAN CATCI -DEVELOP A PROGRAM TO INSPECT AND CLEAN CONV -DEVELOP A STREET SWEEPING PROGRAM	H BASINS
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
-% OF STAFF TRAINED -NUMBER OF CATCH BASINS INSPECTED AND CLEANEI -NUMBER OF CONVEYANCE SYSTEMS INSPECTED AND -MILES OF STREETS SWEPT AND ACRES OF PARKING LO	CLEANED
C. How many times was this observation measured or evaluation	ted in this reporting period? [ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal	l during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	eet the goals of this MCM during
-ENSURE 100% OF ALL RELEVANT STAFF RECEIVE APP -CONTINUE THE DEVELOPED PROGRAMS WITHOUT SU	

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

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

	SPDES ID
Name of MS4/Coalition JEFFERSON COUNTY STORMWATER COALITION	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)
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	E	-	-
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	-	-	K=
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-		-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
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

Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?	• No	0 N/A
	• No	0 N/A
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	%
	phosphorus/nitrogen/pathogens on waterbodies? Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes If N/A, go to question 3. If No, estimate what percentage of the conveyance system has been mapped so far.	phosphorus/nitrogen/pathogens on waterbodies? Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No If N/A, go to question 3. If No, estimate what percentage of the conveyance system has been mapped so far.

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

		SPDES ID		
Naı	me of MS4/Coalition JEFFERSON COUNTY STORMWATER COALITION	N Y R 2	0	
3.	Does your MS4/Coalition have a Stormwater Conveyance System and Maintenance Plan Program?	(infrastructur ● Yes	re) Insp O No	ection
4.	Estimate the percentage of on-site wastewater treatment systems t and maintained or rehabilitated as necessary in this reporting per		inspec 100	ted %
5.	Has your MS4/Coalition developed a program that provides protection NYSDEC SPDES General Permit for Stormwater Discharges from (GP-0-08-001) to reduce pollutants in stormwater runoff from condisturb five thousand square feet or more?	n Constructio	n Activ	ities
6.	Has your MS4/Coalition developed a program to address post-contrunoff from new development and redevelopment projects that disequal to one acre that provides equivalent protection to the NYS I Permit for Stormwater Discharges from Construction Activities (ethe New York State Stormwater Design Manual Enhanced Phospit Standards?	sturb greater DEC SPDES (GP-0-08-001),	than or General includi	•
7a	a. Does your MS4/Coalition have a retrofitting program to reduce en phosphorus/nitrogen/pathogen loading?	rosion or ○ Yes	• No	O 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 report	ing peri	iod?
7d	d. What percent of projects planned in previous years have been con	npleted?	100	%
		No	Projects	Planned
8a	a. Has your MS4/Coalition developed and implemented a turf mana procedures policy that addresses proper fertilizer application on lands?	gement pract municipally o ○ Yes	ices and wned ● No	O N/A
8t	b.Has your MS4/Coalition developed and implemented a turf mana procedures policy that addresses proper disposal of grass clipping			i
	municipally owned lands?	○ Yes	No	O N/A

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

Name of MS4/Coalition JEFFERSON COUNTY STORMWATER COALITION	SPDES ID N Y R 2	0	
9. Has your MS4/Coalition developed and implemented a program of	_	ting? ● No	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste oprohibiting goose feeding?	-		rties and
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	○ No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	• No	O N/A