

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

Name of MS4

SPDES ID
N Y R 2 0 A 1 7 5

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

Name of MS4

SPDES ID
N Y R 2 0 A 1 7 5

Section 2 - Contact Information

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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

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

First Name MI Last Name

Title

Address

City State Zip -

eMail

Phone County

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2015

Name of MS4

SPDES ID

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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

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

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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MCC form for period ending March 9, 2 0 1 5

Name of MS4

SPDES ID
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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

H e r k . O n e i d a C o u n t i e s C o m p . P l a n n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

3 2 1 M a i n S t r e e t

City

U t i c a

State

N Y

Zip

1 3 5 0 1 -

eMail

j b r e i t e n @ o c g o v . n e t

Phone

(3 1 5) 7 9 8 - 5 7 1 0

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 o u t r e a c h t o r e s i d e n t s
- MM2 s w m p w e b a p p l i c a t i o n s
- MM3 t r a i n i n g
- MM4 t r a i n i n g
- MM5 t r a i n i n g
- MM6 t r a i n i n g

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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Partner/Coalition Name

O n e i d a H e r k S o l i d W a s t e A u t h o r i t y

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable
N Y R 2 0

Address

1 6 0 0 G e n e s e e S t r e e t

City

U t i c a

State

N Y

Zip

1 3 5 0 2 -

eMail

Phone

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

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 r e c y c l i n g & h a z w a s t e o u t r e a c h
- MM2
- MM3
- MM4
- MM5
- MM6 s o l i d w a s t e m g m t & r e c y c l i n g

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

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Yes No

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

O n e i d a C o u n t y S W C D

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 2 1 S e c o n d S t r e e t

City

O r i s k a n y

State

N Y

Zip

1 3 4 2 4 -

eMail

j o - a n n e - h u m p h r e y s @ o n e i d a s w c d . o r g

Phone

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

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 o u t r e a c h a n d e d u c a t i o n
- MM2 r e p o r t i n g a n d c l e a n u p
- MM3 i n s p e c t i o n a n d r e p o r t i n g
- MM4 t r a i n i n g p l a n r e v i e w i n s p e c t i o
- MM5 t r a i n i n g i n s p e c t i o n
- MM6 h i g h w a y a s s e s s m e n t s & t r a i n i n g

Additional tasks/responsibilities

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O n e i d a C o u n t y S W C D

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 2 1 S e c o n d S t r e e t

City

O r i s k a n y

State

N Y

Zip

1 3 4 2 4 -

eMail

j o - a n n e - h u m p h r e y s @ o n e i d a s w c d . o r g

Phone

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

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

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- MM1 o u t r e a c h a n d e d u c a t i o n
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- MM3 i n s p e c t i o n a n d r e p o r t i n g
- MM4 t r a i n i n g p l a n r e v i e w i n s p e c t i o
- MM5 t r a i n i n g i n s p e c t i o n
- MM6 h i g h w a y a s s e s s m e n t s & t r a i n i n g

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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	5
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Name of MS4

Town of Kirkland

SPDES ID

N	Y	R	2	0	A	1	7	5
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- Report Preparer

First Name	MI	Last Name
J o - A n n e		H u m p h r e y s

Title
W a t e r Q u a l S p e c i a l i s t

Address
1 2 1 S e c o n d S t r e e t

City	State	Zip
O r i s k a n y	N Y	1 3 4 2 4 -

eMail
j o - a n n e - h u m p h r e y s @ o n e i d a s w c d . o r g

Phone	County
(3 1 5) 7 3 6 - 3 3 3 4	o n e i d a

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MCC form for period ending March 9, 2015

Name of MS4

SPDES ID
N Y R 2 0 A 1 7 5

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C l i n t o n C e n t r a l S c h o o l

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable
N Y R 2 0 A 5 2 3

Address

7 5 C h e n a n g o A v e

City

C l i n t o n

State

N Y

Zip

1 3 3 2 3 -

eMail

t a c e e @ c c s d . e d u

Phone

(3 1 5) 5 5 7 - 2 2 5 3

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 o u t r e a c h t o s t u d e n t s & t e a c h e r
- MM2 s t r e a m c l e a n u p
- 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.

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 5

Name of MS4

SPDES ID
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Yes No

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H e r k . O n e i d a C o u n t i e s C o m p . P l a n n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

3 2 1 M a i n S t r e e t

City

U t i c a

State

N Y

Zip

1 3 5 0 1 -

eMail

j b r e i t e n @ o c g o v . n e t

Phone

(3 1 5) 7 9 8 - 5 7 1 0

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 o u t r e a c h t o r e s i d e n t s

MM2 s w m p w e b a p p l i c a t i o n s

MM3 t r a i n i n g

MM4 t r a i n i n g

MM5 t r a i n i n g

MM6 t r a i n i n g

Additional tasks/responsibilities

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

MS4 Annual Report Cover Page

MCC form for period ending March 9,

2	0	1	5
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Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID <table border="1"><tr><td>N</td><td>Y</td><td>R</td><td>2</td><td>0</td><td>A</td><td></td><td></td><td></td><td></td></tr></table>	N	Y	R	2	0	A					SPDES ID <table border="1"><tr><td>N</td><td>Y</td><td>R</td><td>2</td><td>0</td><td>A</td><td></td><td></td><td></td><td></td></tr></table>	N	Y	R	2	0	A					SPDES ID <table border="1"><tr><td>N</td><td>Y</td><td>R</td><td>2</td><td>0</td><td>A</td><td></td><td></td><td></td><td></td></tr></table>	N	Y	R	2	0	A				
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

Name of MS4 TOWN OF KIRKLAND

SPDES ID
N Y R 2 0 A 1 7 5

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name J o - A n n e MI Last Name H u m p h r e y s

Title W a t e r Q u a l i t y S p e c

Address 1 2 1 S e c o n d S t r e e t

City O r i s k a n y State N Y Zip 1 3 4 2 4 -

eMail j o - a n n e - h u m p h r e y s @ o n e i d a s w c d . o r g

Phone (3 1 5) 7 3 6 - 3 3 3 4 County O n e i d a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

Name of MS4 TOWN OF KIRKLAND

SPDES ID
N Y R 2 0 A 1 7 5

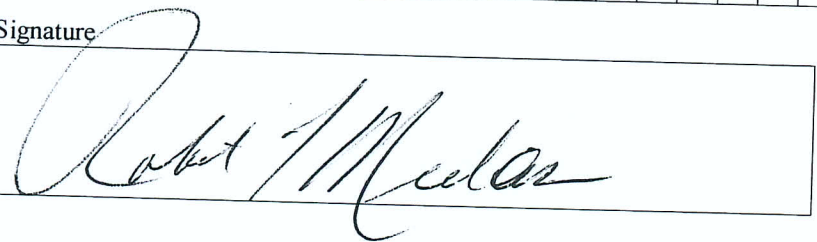
Section 4 - Certification Statement

"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 R O B E R T MI 5 Last Name M E E L A N

Title (Clearly print title of individual signing report)
T O W N S U P E R V I S O R

Signature 

Date 0 5 / 3 1 / 2 0 1 5

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, 2015

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

Name of MS4/Coalition TOWN OF KIRKLAND

SPDES ID
N Y R 2 0 A 1 7 5

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
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program

Trained 1 5 8

Mailings

Locations

In List

In List 4 0 0 0

Days Run

Attendees 2 0 0

Attendees

Days Run

Total # Distributed

Printed Materials:

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

O n e i d a C o u n t y S W C D

Other:

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

URL

w w w . o n e i d a s w c d . o r g / c o m m u n i t y - e n v
- m a n a g e m e n t /

URL

t o w n o f k i r k l a n d . o r g / c o n t e n t / S t o r m
W A T E R

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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

Name of MS4/Coalition TOWN OF KIRKLAND

SPDES ID
N Y R 2 0 A 1 7 5

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

URL

http://www.ocgov.net/oneida/planning/environmentwater/StormwaterVideo5

URL

http://mohawkriver.org/wp-content/uploads/2015/03/MohawkWM

URL

http://www.sewerrehabocsd.org/projectstatus/news

URL

URL

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

TOWN OF KIRKLAND

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.

The Town of Kirkland maintains a website with stormwater management information presented for our SWMP. We are in the process of developing an intermunicipal watershed management plan on the St. Mary's Brook watershed to address stormwater quality and quantity issues of concern. Three streambank stabilization projects planned on the Oriskany Creek are intended to create improved riparian buffers, a green infrastructure practice. The Mohawk River Watershed Management Plan

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

Public meetings were held with landowners and residents of the municipality in order to address concerns and to provide information about stormwater management alternatives including green infrastructure practices such as riparian buffers especially in the Oriskany Creek and St. Mary's Brook watershed.

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).

Continue to work with residents, landowners and contractors to address ongoing stormwater management issues that affect both quantity and quality of water.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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

Name of MS4/Coalition: TOWN OF KIRKLAND

SPDES ID
N Y R 2 0 A 1 7 5

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:

- Cleanup Events # Events 1
- Comments on SWMP Received # Comments
- Community Hotlines
 Phone # () - Phone # (3 1 5) 8 5 3 - 2 1 3 4
 Phone # () - Phone # () -
 Phone # () - Phone # () -
 Phone # () - Phone # () -
 Phone # () - Phone # () -
- Community Meetings # Attendees 2 0 0
- Plantings Sq. Ft.
- Storm Drain Markings # Drains
- Stakeholder Meetings # Attendees 1 5
- Volunteer Monitoring # Events
- Other:

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

Yes No

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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

Name of MS4/Coalition

SPDES ID

2. URL(s) con't.:

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

URL

t o w n o f k i r k l a n d . o r g / c o n t e n t / s t o r m
W A T E R

URL

h t t p : / / w w w . o c g o v . n e t / o n e i d a / p l a n
n i n g / e n v i r o n m e n t w a t e r /
S t o r m w a t e r v i d e o 5

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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

Name of MS4/Coalition: TOWN OF KIRKLAND

SPDES ID: NYR20A175

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: T O W N H A L L

Address: P O B O X 2 3 5

City: C L I N T O N N Y Zip: 1 3 3 2 3 -

Phone: (3 1 5) 8 5 3 - 2 1 3 4

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

t o w n o f k i r k l a n d . o r g / c o n t e n t / S t o r
M W A T E R

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

eMail Comments

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

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

0	5
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 /

3	1
---	---

 /

2	0	1	5
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4.b. For how many days was/will this report be posted?

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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

Yes No

If Yes, what was the date of the meeting?

0	5
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If No, is one planned?

Yes No

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

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

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

MS4 Annual Report Form

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

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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

TOWN OF KIRKLAND

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 (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 Annual Report and the SWMP are made available for public viewing on the municipal website. In addition, we also posted newsletter articles regarding stormwater on our website.

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

No comments received on the Annual Report. However, we are in the process of arranging meetings with landowners throughout the St. Mary's Brook Watershed to establish permanent greenspace, implement stormwater retrofits and install green infrastructure practices.

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).

Utilize funding from state and local sources to improve stormwater management by using alternative and traditional practices ranging from grass swales and rain barrels to stormwater retention ponds meeting the design criteria from the Stormwater Management Design Manual.

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

TOWN OF KIRKLAND

SPDES ID

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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.

The major IDDE issue is the WWTP in the hamlet of Clark Mills where work continues to repair broken lines and prevent unfiltered discharges to the Oriskany. Educate highway crews about spill prevention and cleanup as well as a multitude of Good Housekeeping Practices within municipal facilities.

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

In February of 2014, the Utica Area MS4s attended a stakeholder session where IDDE videos were viewed and discussion about stormwater issues ensued with local DEC representative Richard Coriale. Operation Ripple Effect undertaken by the Oneida County Water Pollution Control agency is educating landowners throughout the region about the benefits of rain barrels and green infrastructure around the home. They are partnering with the Master Gardeners of Cornell University Extension.

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

		1	5
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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 educate residents and landowners about illicit discharge regulations. Monitor illicit connections to the stormsewer system through dry weather monitoring. Finalize detailed system maps.

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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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?

--	--	--

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?

--	--	--

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

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

--	--	--

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

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

- Notices of Violation #

					0
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 No Authority
- Stop Work Orders #

					0
--	--	--	--	--	---

 No Authority
- Criminal Actions #

					0
--	--	--	--	--	---

 No Authority
- Termination of Contracts #

					0
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 No Authority
- Administrative Fines #

					0
--	--	--	--	--	---

 No Authority
- Civil Penalties #

					0
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 No Authority
- Administrative Orders #

					0
--	--	--	--	--	---

 No Authority
- Enforcement Actions or Sanctions #

					0
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 No Authority
- Other #

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 No Authority

9445612573

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

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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?

		2
--	--	---

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

		2
--	--	---

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

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

 %

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

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

 %

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

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

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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

Name of MS4/Coalition TOWN OF KIRKLAND

SPDES ID
N Y R 2 0 A 1 7 5

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department
T O W N H A L L

Address
P O B O X 2 3 5

City
C L I N T O N N Y Zip
1 3 3 2 3 -

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

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
t o w n o f k i r k l a n d . o r g / c o n t e n t / s t o r
M W A T E R

URL

MS4 Annual Report Form

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

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Name of MS4/Coalition

TOWN OF KIRKLAND

SPDES ID

N	Y	R	2	0	A	1	7	5
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7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

Over 150 contractors and engineering staff received the 4 hour Erosion and Sediment Control Training from the SWCD during the reporting period. Site plan reviews are conducted to ensure that plans have adequate erosion, sediment and stormwater management controls.

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

The Planning Board takes the lead on ensuring that sites where 1 acre or more of disturbance is expected are subject to review by the SWCD and the engineering company on retainer. At least 3 site plans for the town were reviewed for Erosion and Sediment Control compliance.

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

		1	2
--	--	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the 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 work with landowners and contractors to enact sound BMPs on construction sites.

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	1	7	5
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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	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<input checked="" type="radio"/> Filter Systems	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/>
<input type="radio"/> Infiltration Basins	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<input type="radio"/> Open Channels	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<input checked="" type="radio"/> Ponds	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="3"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="3"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="3"/>
<input type="radio"/> Wetlands	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<input type="radio"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

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 Municipal Comprehensive Plans
- Overlay Districts Open Space Preservation Program
- Zoning Local Law or Ordinance
- None Land Use Regulation/Zoning
- Watershed Plans 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

TOWN OF KIRKLAND

SPDES ID

N	Y	R	2	0	A	1	7	5
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- 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
 Yes No
- 4b. Does the MS4 have a banking and credit system for stormwater management practices?
 Yes No
- 4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
 Yes No
- 4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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

		5
--	--	---

 %

MS4 Annual Report Form

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

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Name of MS4/Coalition

TOWN OF KIRKLAND

SPDES ID

N	Y	R	2	0	A	1	7	5
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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.

Stormwater management in the St. Mary's Book watershed will be addressed on a watershed scale in the Town of Kirkland and the Village of Clinton starting in the Summer of 2015. One major practice proposed is the preservation of green space in the upper portion of the watershed to reduce runoff. In addition, the practices in the middle portion of the watershed will also include stormwater retrofits to provide both quantity and quality improvements.

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

The Oriskany and St. Mary's Brook watershed has received funding from NYS to implement various green infrastructure practices to combat runoff and pollution issues related to stormwater.

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).

Investigate and implement appropriate best management practices to collect and treat stormwater runoff from developed areas as well as from new construction. Continue to log and monitor all stormwater related practices in the MS4 and ensure that maintenance occurs at the 50% capacity of the practice. Consider retrofitting existing practices in order to make them more effective for filtering water pollution as well as accommodating high flows. Work with the school to address flooding issues.

MS4 Annual Report Form

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

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Name of MS4/Coalition

TOWN OF KIRKLAND

SPDES ID

N	Y	R	2	0	A	1	7	5
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

TOWN OF KIRKLAND

SPDES ID

N	Y	R	2	0	A	1	7	5
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2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

			1	0
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

			3	2
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			2	0
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				3
--	--	--	--	---
- 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
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	3	/	2	0	1	5
---	---	---	---	---	---	---	---	---	---

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

		3
--	--	---

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

	5	0	%
--	---	---	---

MS4 Annual Report Form

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

2	0	1	5
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Name of MS4/Coalition

TOWN OF KIRKLAND

SPDES ID

N	Y	R	2	0	A	1	7	5
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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.

Continue to train municipal employees, particularly from the public works/highway and parks departments about Best Management Practices that protect water quality. Practices to focus upon include sand and salt storage and application, vehicle washing, spill prevention and stream maintenance.

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

Training held at the SWCD facility on March 3, 2015 to address practices in the municipal garage. In addition, a stream management workshop was held on February 25, 2015 to educate municipal officials about stream management. A portion of the training included descriptions of riparian buffers. Town employees also participated in an Erosion and Sediment Control training at the SWCD office.

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

			5
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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).

Utilize state and local funding to install BMPs to address stormwater management on public lands and infrastructure.

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

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

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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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
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

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.

--	--	--

 %

Estimate what percentage was mapped in this reporting period.

--	--	--

 %

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

SPDES ID

N	Y	R	2	0					
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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?

--	--	--

 %

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?

--	--	--

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

--	--	--

 %

7d. What percent of projects planned in previous years have been completed?

--	--	--

 %
 No Projects Planned

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

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

MS4 Annual Report Form

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0					
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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