

MS4 Annual Report Cover Page

MCC form for period ending March 9, 

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

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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OR

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

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

Name of Single Entity

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OR

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

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

Name of Coalition

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**MS4 Annual Report Cover Page**

**MCC form for period ending March 9,**

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

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

**MCC form for period ending March 9,**

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Name of MS4 

Village of Marcellus
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

Indicate whether this MCC form is being submitted to certify endorsement 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 binding agreements.

If Joint Report, enter coalition name:


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

MCC form for period ending March 9, 

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Name of MS4 

Village of Marcellus
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SPDES ID  

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**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 

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 Last Name 

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Title 

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City 

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 State 

N	Y
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 Zip 

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eMail 

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Phone 

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 County 

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

MCC form for period ending March 9,

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.

### MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4

SPDES ID  
N Y R 2 0 A 2 7 6

### Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

O n o n d a g 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

6 6 8 0 O n o n d a g a L a k e P a r k w a y

City

State

Zip

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eMail

m b u r g e r @ o c s w c d . o r g

Phone

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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 S t o r m w a t e r H o t l i n e

MM3 O u t f a l l I n s p e c t i o n / I D D E T t a c k

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, 2022

Name of MS4 Village of Marcellus

SPDES ID  
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#### Section 4 - Certification Statement

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

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

First Name J O H N MI P Last Name C U R T I N

Title (Clearly print title of individual signing report)  
M A Y O R

Signature  


Date 05 / 27 / 2022

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,**

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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  

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### Water Quality Trends

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

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

How many MS4s are contributed to this report? 

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**1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.**

Yes     No

If Yes, choose one of the following

- Report(s) attached to the annual report
- Web Page(s) where report(s) is/are provided below

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

URL  

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### MS4 Annual Report Form

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Name of MS4/Coalition 

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

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

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

How many MS4s contributed to this report? 

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

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

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

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Other

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

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

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Other

### 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

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

- |   |  |                     |   |  |  |  |  |
|---|--|---------------------|---|--|--|--|--|
| <input type="radio"/> Construction Site Operators Trained |  | # Trained           | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr></table> |  |  |  |  |
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| <input type="radio"/> Direct Mailings                     |  | # Mailings          | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr></table> |  |  |  |  |
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| <input type="radio"/> Kiosks or Other Displays            |  | # Locations         | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr></table> |  |  |  |  |
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| <input type="radio"/> List-Serves                         |  | # In List           | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr></table> |  |  |  |  |
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| <input type="radio"/> Mailing List                        |  | # In List           | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr></table> |  |  |  |  |
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| <input type="radio"/> Newspaper Ads or Articles           |  | # Days Run          | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr></table> |  |  |  |  |
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| <input type="radio"/> Public Events/Presentations         |  | # Attendees         | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr></table> |  |  |  |  |
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| <input type="radio"/> School Program                      |  | # Attendees         | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr></table> |  |  |  |  |
|   |  |                     |   |  |  |  |  |
| <input type="radio"/> TV Spot/Program                     |  | # Days Run          | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr></table> |  |  |  |  |
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| <input type="radio"/> Printed Materials:                  |  | Total # Distributed | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr></table> |  |  |  |  |
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Locations (e.g. libraries, town offices, kiosks)


Other:

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

URL


URL




**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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SPDES ID 

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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.**

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

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

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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

**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

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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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.**

Syracuse Post Standard Stormwater Pullout: Develop a 4-page pullout to be distributed in the main section of the daily Syracuse Post Standard newspaper that focuses on stormwater processes, impacts, issues of concern, primary pollutants of concern, and citizen generated solutions.

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

The pullout was published in April 22nd of 2021. As reported by the Post Standard, the insert reached 144,000 readers in a 7 county CNY distribution area.

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

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

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

Yes    No

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

Yes    No

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

In the next year we will continue to digitally circulate the contents of this 4 page document and promote the information it contains online and through social media.

**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

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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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.**

A seasonally themed, electronic newsletter will be developed and distributed quarterly to interested individuals. The newsletter will maintain a focus on primary pollutants of concern in the SUA, stormwater processes, and will offer advice on reducing negative water quality impacts through simple actions. The newsletter will encourage participation in locally sponsored events that support stormwater management and protection efforts.

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

Gardens and Gutters was electronically distributed in 2 times in the reporting period. A distribution database averaging 170 individuals is continually updated to reflect new subscribers and current contacts. The newsletter is promoted at public events, on-line, in other hard copy materials, and through direct promotion with existing organizations and groups with a complimentary focus. Feedback indicates that the topics, graphics tone is appropriate for the target audience. Following the release of each edition of "Gardens and Gutters" new subscriptions requests and requests for

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

			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).**

Quarterly distribution of Gardens and Gutters will continue electronically in 2022. Additional efforts will be made to grow the distribution list. The newsletter will also be posted on the CNY stormwater website and made available in PDF format for inclusion on municipal websites, or for reprint and hard copy distribution. The newsletter will be promoted through social media and directly with complimentary stakeholder groups.

**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

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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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.**

CNY RPDB will conduct two training workshops for municipal representatives on topics selected to address current training and informational needs.

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

Training sessions for 2021-2022 continued to be limited to virtual sessions as a response to the Covid 19 Pandemic. Five online professional development training session were held: Post construction Stormwater Management Practices, Stormwater Filtration and infiltration Practices, Stormwater Ponds and Wetlands, Erosion and Sediment Control Practices, SWPP Preparation and Review. The CNY RPDB also maintained a membership to the Center for Watershed Protection and simulated environments of online training opportunities available through this platform. The

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

			9
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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).**

Plans to reschedule an IDDE training are in progress and the 2022 Stormwater Virtual Training series is underway and will continue. CNY Stormwater Coalition members continue to have access to trainings through the Center for Watershed Protection. The Onondaga County Soil and Water Conservation district will continue to offer Erosion and Sediment control courses. Additional training opportunities related to the new general permit for MS4 will be undertaken this year as well.





### MS4 Annual Report Form

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

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Name of MS4/Coalition 

Village of Marcellus
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SPDES ID  

N	Y	R	2	0	A	2	7	6
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |  |                     |  |  |  |  |  |  |
|--|---------------------|--|--|--|--|--|--|
| <input type="radio"/> Construction Site Operators Trained    | # Trained           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|  |                     |  |  |  |  |  |  |
| <input checked="" type="radio"/> Direct Mailings             | # Mailings          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|  |                     |  |  |  |  |  |  |
| <input type="radio"/> Kiosks or Other Displays               | # Locations         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|  |                     |  |  |  |  |  |  |
| <input type="radio"/> List-Serves                            | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|  |                     |  |  |  |  |  |  |
| <input type="radio"/> Mailing List                           | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|  |                     |  |  |  |  |  |  |
| <input type="radio"/> Newspaper Ads or Articles              | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|  |                     |  |  |  |  |  |  |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
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| <input type="radio"/> School Program                         | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|  |                     |  |  |  |  |  |  |
| <input type="radio"/> TV Spot/Program                        | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
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Locations (e.g. libraries, town offices, kiosks)

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P	u	b	l	i	c		L	i	b	r	a	r	y						

Other: 

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

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**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 

Village of Marcellus
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SPDES ID  

N	Y	R	2	0	A	2	7	6
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**3. Web Page con't.: Provide specific web addresses - not home page.**

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**MS4 Annual Report Form**

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

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Name of MS4/Coalition

Village of Marcellus
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SPDES ID

N	Y	R	2	0	A	2	7	6
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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.**

Tailor public education and outreach program to address topics related to the impacts of stormwater discharges and pollutants of concern on local water bodies via our Web site and Facebook page, and direct mailings via our newsletter. Present steps that can be taken to reduce pollutants in storm water discharges.
--

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

Direct mailing of newsletter with stormwater information and links to all Village residents. Facebook updates of relevant issues, meetings, etc. Responses to Facebook comments.
--

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

			1
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*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
 Yes    No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Continue to distribute educational material through the village hall, public library and direct mailings. Continue to update and enhance stormwater Web pages and Facebook updates. The Village stormwater web page has direct links to the CNY Stormwater Coalition website, the CNY Regional Planning and Development Board newsletter Gardens and Gutters, and other Educational Information on Stormwater.
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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2022

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 A 2 7 6

#### 2. URL(s) con't.:

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

URL

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Marcellus
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SPDES ID  

N	Y	R	2	0	A	2	7	6
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**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

V i l l a g e C l e r k

Address

6 S l o c o m b e A v e .

City

M a r c e l l u s

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Zip

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Phone

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Library  Annual Report  SWMP Plan  Comments

Address

City

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Other  Annual Report  SWMP Plan  Comments

Address

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

eMail  Comments

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Village of Marcellus									
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SPDES ID

N	Y	R	2	0	A	2	7	6
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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	6
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 / 

0	1
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 / 

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

9	9	9
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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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 / 

2	3
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 / 

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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

Village of Marcellus

SPDES ID

N	Y	R	2	0	A	2	7	6
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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 village will conduct stewardship activities that lead to reduced pollutants of concern and coordination of a village-wide litter cleanup with Marcellus Central Schools.  
The Village will coordinate community cleanup and environmental restoration of a demolished mill site into a Green Gateway Park.  
The village will track and respond to stormwater pollution complaints.

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

Due to COVID-19 many village wide events were postponed.  
No comments or complaints were received regarding the SWMP or Annual Report.

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

			1
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*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes    No

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

Yes    No

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

The village will continue to organize and monitor cleanup events and seek comments on our SWMP and Annual Report. The village will continue to encourage the use of village compost for gardening purposes.





**MS4 Annual Report Form**

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

2	0	2	2
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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 

Village of Marcellus
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SPDES ID  

N	Y	R	2	0	A	2	7	6
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**8. URL(s) con't.:**

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

URL  


URL  


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URL  


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

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

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

1	0	0
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 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Village of Marcellus

SPDES ID

N	Y	R	2	0	A	2	7	6
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

The village program will focus on the number of dry-weather flows identified through Onondaga County MS4 Assistance Program.

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

The village has chosen to evaluate the number of illicit discharges as an indicator for measuring the overall effectiveness of the compliance with the IDDE program requirements. There were no illicit discharges detected during this reporting period. In addition Onondaga County provides a stormwater hotline that is running 7 days per week, 24 hours per day. No calls were received during this reporting period.

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

			1
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*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes    No

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

Yes    No

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

Dry-weather outfall inspections will be scheduled by Onondaga County Soil & Water Conservation District to ensure all are inspected on a 5-year rotating basis. Illicit discharges will be investigated and eliminated according to the village illicit discharge law.

**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

Village of Marcellus

SPDES ID

N	Y	R	2	0	A	2	7	6
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

--	--	--

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**

Yes    No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**

Yes    No    NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004    03/2006    NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**

Yes    No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		2
--	--	---

**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**

Yes    No    NT

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

		0
--	--	---

**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**

Yes    No

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

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

**MS4 Annual Report Form**

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

2	0	2	2
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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 

Village of Marcellus
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SPDES ID  

N	Y	R	2	0	A	2	7	6
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

--	--	--

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

		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 

--	--	--

 %
  
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, 2022

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 A 2 7 6

**6. con't.:**

Submit additional pages as needed.

**● MS4/Coalition Office**

Department

V i l l a g e C l e r k

Address

6 S l o c o m b e A v e .

City

M a r c e l l u s

N Y

Zip

1 3 1 0 8 -

Phone

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

**○ Library**

Address

City

Zip

-

Phone

( ) -

**○ Other**

Address

City

Zip

-

Phone

( ) -

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

URL

URL

**MS4 Annual Report Form**

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

2	0	2	2
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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

Village of Marcellus
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SPDES ID

N	Y	R	2	0	A	2	7	6
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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 enforce local law that establishes the Village's erosion and sediment control program (requires SWPPPs for all projects disturbing one acre or more, municipal SWPPP review, maintenance and construction inspection, enforcement penalties, etc.).
---

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

Construction SWPPPS will be reviewed when they are received as an indicator for measuring overall effectiveness.
--

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

			1
--	--	--	---

*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
 Yes    No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Construction SWPPPS will be reviewed when they are received and construction sites will be monitored and the requirements of the NYS Stormwater Management Design Manual and NYS Standards and Specifications for Erosion & Sediment Control will be enforced.
--

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2022

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 A 2 7 6

**Minimum Control Measure 5. Post-Construction Stormwater Management**

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

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

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Filter Systems	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Infiltration Basins	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Open Channels	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="radio"/> Ponds	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 1
<input type="radio"/> Wetlands	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 

Village of Marcellus
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SPDES ID  

N	Y	R	2	0	A	2	7	6
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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?**

		0
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**5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?**

		0
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 %

**MS4 Annual Report Form**

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

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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

Village of Marcellus

SPDES ID

N	Y	R	2	0	A	2	7	6
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

Enforce local law that establishes the village's post construction stormwater management program (requires runoff control from new developments and redevelopment projects in accordance with state standards, SWMP review procedures incorporating water quality impact considerations and use of low impact development/better site design/green infrastructure practice, long term maintenance/inspection procedures, enforcement program, etc.).

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

Three post-construction storm water management practices were inspected this year.

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

			1
--	--	--	---

*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue to inspect and maintain storm water management practices.

**MS4 Annual Report Form**

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

2	0	2	2
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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	A	2	7	6
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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.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**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 

Village of Marcellus
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SPDES ID  

N	Y	R	2	0	A	2	7	6
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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
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

				4
--	--	--	--	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			3	0
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				3
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Pesticide/Herbicide Applied # Acres 

			0	.	
--	--	--	---	---	--

  
 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

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

**4. What was the date of the last training?**

1	1
---	---

 / 

1	6
---	---

 / 

2	0	1	7
---	---	---	---

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

		0
--	--	---

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

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

 %

**MS4 Annual Report Form**

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

2	0	2	2
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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

Village of Marcellus

SPDES ID

N	Y	R	2	0	A	2	7	6
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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.**

The village Pollution Prevention and Good Housekeeping for Municipal Operations program will address operations that collect, store or may release wastes, sediments or other potential pollutants including the sweeping of streets and parking lots, cleaning out catch basins and pick up of yard waste. Village WWTP improvements including Phosphorous removal are complete. Platt Road sewer pump station control panel had be upgraded.

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

Highway department employees continue to practice good housekeeping. WWTP compost project is a continuing success.

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

			1
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(ex.: samples/participants/events)

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

The village plans to continue annual inspection and maintenance of storm water systems, to follow Best Management Practices, and to attend pollution prevention/good housekeeping training as offered.



## MS4 Annual Report Form

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

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

Name of MS4/Coalition Village of Marcellus

SPDES ID  
N Y R 2 0 A 2 7 6

### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?      

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

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>			
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>			
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>			
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
<b>Oscawana Lake Watershed</b>			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>LI 27 Embayments</b>			
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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

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

If N/A, go to question 3.

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

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, 

2	0	2	1
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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

Village of Marcellus

SPDES ID

N	Y	R	2	0	A	2	7	6
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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? 

		0
--	--	---
- 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**

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

2	0	2	2
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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

Village of Marcellus

SPDES ID

N	Y	R	2	0	A	2	7	6
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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