

# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2021

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

SPDES ID

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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

T O W N O F C A N A N D A I G U A

OR

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

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

Name of Single Entity

OR

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

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

Name of Coalition

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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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TOWN OF CANANDAIGUA

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Name of MS4

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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

MI

Last Name

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State

Zip

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County

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**MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9, 

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Name of MS4 

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**Section 2 - Contact Information**

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For each contact, select all that apply:

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

First Name

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Title

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Phone

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**MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9, 

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Name of MS4 

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- ☐ Report Preparer

First Name

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<b>MCC form for period ending March 9,</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>1</b>
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Name of MS4

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- ☐ Report Preparer

First Name

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Last Name

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County

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

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

Name of MS4 TOWN OF CANANDAIGUA

SPDES ID

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**Section 3 - Partner Information**

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C A N A N D A I G U A L A K E W A T E R S H E D C O M M I S

Partner/Coalition Name (con't.)

S I O N - T Y L E R O H L E

SPDES Partner ID - If applicable

N Y R 2 0

Address

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City

C A N A N D A I G U A

State

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Zip

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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 O U T R E A C H - E D U C A T I O N

☒ MM2 A S S O C I A T I O N M E E T I N G S

☐ 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.



<b>MCC form for period ending March 9,</b>	2	0	2	1
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☒ Yes      ☐ No

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.

Partner/Coalition Name

C	A	N	A	N	D	A	I	G	U	A		L	A	K	E		W	A	T	E	R	S	H	E	D		C	O	M	M	I	S
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Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

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Address

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City

State

Zip

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eMail

[illegible]

Phone

$$\begin{pmatrix} 5 & 8 & 5 \end{pmatrix} \begin{bmatrix} 3 & 9 & 6 \end{bmatrix} - \begin{bmatrix} 9 & 7 & 1 & 6 \end{bmatrix}$$

Legally Binding Agreement in accordance  
with GP-0-08-002 Part IV.G.? ☒ Yes

☒ Yes      ☐ No

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

[illegible][illegible][illegible]

● MM4 I N S P E C T I O N S

[illegible][illegible]

### 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 2 1

Name of MS4 TOWN OF CANANDAIGUA

SPDES ID

N Y R 2 0 A 5 4 6

**Section 3 - Partner Information**

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C A N A N D A I G U A L A K E W A T E R S H E D A S S O C

Partner/Coalition Name (con't.)

N E I L A T K I N S - P R E S .

SPDES Partner ID - If applicable

N Y R 2 0

Address

P . O . B O X 3 2 3

City

C A N A N D A I G U A

State

N Y

Zip

1 4 4 2 4 -

eMail

i n f o @ c a n a n d a i g u a l a k e a s s o c . o r g

Phone

( 5 8 5 ) 3 9 4 - 5 0 3 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 - E D U C A T I O N

☒ MM2 A S S O C I A T I O N M E E T I N G S

☐ 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.

<b>MCC form for period ending March 9,</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>1</b>
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SPDES ID

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"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

C	A	T	H	Y
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MI

9

Last Name

M	E	N	I	K	O	T	Z							
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Title (Clearly print title of individual signing report)

[illegible]

Signature

Catherine Mentak

Date \_\_\_\_\_

06 / 25 / 2021

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

## Submit Form

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

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

**MS4 Annual Report Form**

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

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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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**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? 

--	--	--

**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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URL

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Name of MS4/Coalition

N	Y	R	2	0	A	5	4	6
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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 

T	O	W	N																
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SPDES ID

N	Y	R	2	0	A	5	4	6
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**☐ Construction Site Operators Trained# Trained 

--	--	--	--	--

☒ Direct Mailings# Mailings 

	4	2	1	5
--	---	---	---	---

☒ Kiosks or Other Displays# Locations 

				6
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☒ List-Serves# In List 

	1	5	0	1
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☒ Mailing List# In List 

		9	9	0
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☒ Newspaper Ads or Articles# Days Run 

				5
--	--	--	--	---

☒ Public Events/Presentations# Attendees 

		4	2	7
--	--	---	---	---

☒ School Program# Attendees 

		6	8	3
--	--	---	---	---

☒ TV Spot/Program# Days Run 

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

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

T	O	W	N		H	A	L	L											
L	I	B	R	A	R	Y													
W	A	T	E	R	S	H	E	D		O	F	F	I	C	E				

☒ Other:

W	A	T	E	R	S	H	E	D		B	O	U	N	D		S	I	G	N
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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

TOWN OF CANANDAIGUA

SPDES ID

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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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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 CANANDAIGUA

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 goals of the Public Education and Outreach are to continue to provide public presentations to local community groups, to continue the Watershed Education Program to educate school children, to update educational materials in print and on websites, and to maintain educational kiosks with information on stormwater.

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

Due to the COVID19 pandemic, the public education and outreach was limited to mostly virtual events. However, the Town of Canandaigua has continued to participate in the Lake Friendly Lawn Care Initiative with multiple partners. The Watershed Education Program provided lessons via Zoom. The educational kiosks were maintained, and the Town and the Watershed Council put more stormwater content on their websites. Virtual presentations were given on water quality.

**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).**

The Town plans to continue working on the lawn care education initiative with their partners. The Town will use its list serve to get information out to the public. The Town and Watershed Council's websites will be enhanced with more MS4 related material. Presentations will be given to the public. The school education program will continue.



## 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 CANANDAIGUA

SPDES ID

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### 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

--	--	--	--	--

☐ Comments on SWMP Received

# Comments

--	--	--	--	--

☒ Community Hotlines

Phone #

( 

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Phone # ( 

5	8	5
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3	1	5
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3	0	8	8
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Phone # ( 

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Phone # ( 

5	8	5
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Phone # ( 

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Phone # ( 

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Phone # ( 

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☒ Community Meetings

# Attendees

		4	2	7
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☐ Plantings

Sq. Ft.

--	--	--	--	--

☐ Storm Drain Markings

# Drains

--	--	--	--	--

☒ Stakeholder Meetings

# Attendees

		3	1	4
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☒ Volunteer Monitoring

# Events

			5	8
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☒ Other: 

E	C	B	,		T	O	W	N		B	O	A	R	D	,		D	R	A	I	N	A	G	E		C	O	M
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#### 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

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☐ TV/Radio Notices

# Days Run

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☒ Other: 

T	O	W	N		H	A	L	L																				
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☒ 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, 

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

Please provide specific address(es) where notice(s) can be accessed - 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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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 CANANDAIGUA
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SPDES ID

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

**Please provide specific address(es) where notices can be accessed - 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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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 CANANDAIGUA

SPDES ID

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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

T	O	W	N		D	E	V	E	L	O	P	M	E	N	T		O	F	F	I	C	E							
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Phone

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☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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City

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Zip

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Phone

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☐ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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City

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Zip

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Phone

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☒ Web Page URL:

☐ Annual Report ☐ SWMP Plan ☐ Comments

t	o	w	n	o	f	c	a	n	a	n	d	a	i	g	u	a	.	o	r	g	/	p	a	g	e	.	a	s	p	?
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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 

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SPDES ID  

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

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

0	5
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0	3
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 / 

2	0	2	1
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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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 / 

1	7
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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

TOWN OF CANANDAIGUA

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.

One goal is to maintain public involvement through various Town Boards, Committees and stakeholder groups. Additional goals were to maintain Local Stormwater Public Contacts and Coordinator, continue updating the Town website, and to continue community involvement in drain marking and clean up events.

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

The public stayed involved in stormwater management through discussions at public meetings and presentations. The Drainage Committee, consisting of residents and Town staff, continues to meet bimonthly to discuss stormwater issues. Volunteers monitored water clarity and water quality. The Watershed Program acted as a key contact for stormwater for the public. The Town website was updated.

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

		1	0
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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).

Storm drain marking will be completed in sections of the MS4. In addition, stakeholders will continue to be encouraged to discuss stormwater at Town Board meetings and to continue work in the Town Environmental Conservation Board and on the Drainage Committee. Community Hotlines will be maintained. Partnerships with the Watershed Council and Association to engage the public in volunteer events and monitoring will continue.

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2	0	2	1
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			2	3
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1	0	0	%
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	2	3
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[illegible][illegible]

# **MS4 Annual Report Form**

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

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 CANANDAIGUA

SPDES ID

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

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

[illegible]

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

		2
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**5. How many illicit discharges have been confirmed during this reporting period?**

		2
--	--	---

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

		2
--	--	---

**7. Has the storm sewershed mapping been completed in this reporting period?**

☐ Yes      ☒ No

If No, approximately what percent was completed in this reporting period?

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

**8. Is the above information available in GIS?**

☒ Yes      ☐ No

**Is this information available on the web?**

☒ Yes    ☐ No

If Yes, provide URL(s):

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

URL

t	o	w	n	o	f	c	a	n	a	n	d	a	i	g	u	a	.	o	r	g	/	p	a	g	e	.	a	s	p	?i
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----

[illegible][illegible]

URL

[illegible][illegible][illegible]



# MS4 Annual Report Form

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

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 CANANDAIGUA

SPDES ID

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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

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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 | % |
|---|---|---|---|

## 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 CANANDAIGUA

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.

Remapped and inspected outfalls based on information provided during MS4 audit. Reduced total based on guidelines of what actually is classified as an outfall. County outfalls removed from mapping.

Adopted local ordinance for inspection of wastewater systems during property transfer, all systems adjacent to lake, and all alternate systems.

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

Wastewater inspection law has provided many opportunities to inspect and repair failed systems. Compliance and inspection reports are documented and filed. Inspection notices to homeowners along lake are distributed per wastewater law.

#### 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).

Continued monitoring of outfalls. Efforts in modeling of watershed will continue. Yearly routine mailers will be sent to homeowners for wastewater system inspections. Mailer to be sent to realtors to outline wastewater inspection requirement during property transfer.

## **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 CANANDAIGUA

SPDES ID

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### **Minimum Control Measures 4 and 5.** **Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report?

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- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** ☒ Yes ☐ No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?** ☒ Yes ☐ No ☐ NT

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

☐ 09/2004 ☒ 03/2006 ☐ NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?** ☒ Yes ☐ No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		7
--	--	---
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☒ Yes ☐ No ☐ NT
- If Yes, how many public comments were received during this reporting period? 

		0
--	--	---
- 5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☒ Yes ☐ No

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

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

## 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 CANANDAIGUA

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? 

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

		7
--	--	---

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

		9
--	--	---

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

1	0	0
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 %

**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, 

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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 CANANDAIGUA

SPDES ID

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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.

The Town has a comprehensive plan/SWPPP review process which involves all partners. (Town Engineering, Watershed Council, Planning Board, Environmental Conservation Board, and development staff) The Town maintains a detailed repository of all project SWPPPS and inspection reports. Town Stormwater Management Officers routinely inspect active sites for compliance.

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

The Town has completed over 100 site inspections and received 275 third party inspection reports for review.

#### 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).

All incoming projects will be reviewed for compliance by all partners. Documentation of Town routine inspections will be increased.

7

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N	Y	R	2	0	A	5	4	6
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How many MS4s contributed to this report?		
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[illegible]



**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 CANANDAIGUA

SPDES ID

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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?

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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?

	5	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

TOWN OF CANANDAIGUA

SPDES ID

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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.**

New stormwater systems from new projects/developments have been inspected and documented. Database of stormwater facilities, inspection reports, and SWPPPs is continuously monitored and updated. Multiple inactive projects have been closed out and maintenance agreements approved and filed with County.

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

Based on field inspection of facilities, Town highway department has cleaned and maintained several structures and removed debris and overgrowth. Based on feedback during audit, Town is actively worked to close out several inactive/dormant permits.

**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).**

Staff will continue to inspect and maintain facilities. The few inactive/dormant projects will be closed out and documented. Expansion of drainage districts will be investigated to secure funding for maintenance of facilities.

## 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 CANANDAIGUA																			
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SPDES ID

N	Y	R	2	0	A	5	4	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>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input 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 type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input 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 CANANDAIGUA

SPDES ID

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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 

			5	1
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- Streets Swept (Number of miles X Number of times swept) # Miles 

		7	8	5
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			2	2
--	--	--	---	---
- 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 # Acres 

					.	
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(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
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### 4. What was the date of the last training?

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

		0
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### 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	5	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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Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

N	Y	R	2	0	A	5	4	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.

Town staff will continue to address any issues with stormwater facilities which are identified during routine inspections. Routine maintenance of roadways, parking areas, and catch basins will continue.

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

Majority of facilities which are owned and/or maintained by the Town have been inspected and any issues discovered have been addressed. Stormwater infrastructure is clean and well maintained. Town Parks and facilities are chemical/pesticide free.

#### 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).

Routine maintenance and inspection process will continue.

## 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 CANANDAIGUA

SPDES ID

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### 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)
<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.

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 %

Estimate what percentage was mapped in this reporting period.

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 %

## 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

TOWN OF CANANDAIGUA

SPDES ID

N	Y	R	2	0	A	5	4	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? 

		3
--	--	---

 %

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?

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

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 %

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

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 %

☐ 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	1
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Name of MS4/Coalition

TOWN OF CANANDAIGUA

SPDES ID

N	Y	R	2	0	A	5	4	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