

**MS4 Annual Report Cover Page**

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

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

SPDES ID  
N Y R 2 0 A 3 6 1

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

C I T Y O F U T I C 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

SPDES ID  
N Y R 2 0 A  
SPDES ID  
N Y R 2 0 A  
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**MS4 Municipal Compliance Certification(MCC) Form**

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

Name of MS4 CITY OF UTICA SPDES ID N Y R 2 0 A 3 6 1

**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 D E B O R A H MI  Last Name D A Y

Title E N G I N E E R

Address O N E K E N N E D Y P L A Z A

City U T I C A State N Y Zip 1 3 5 0 2 -

eMail D D A Y @ C I T Y O F U T I C A . C O M

Phone ( 3 1 5 ) 7 9 2 - 0 1 5 2 County O N E I D A



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

MCC form for period ending March 9, 2020

Name of MS4	CITY OF UTICA	SPDES ID	N Y R 2 0 A 3 6 1
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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
R O B E R T		P A L M I E R I
Title		
M A Y O R		
Address		
O N E K E N N E D Y P L A Z A		
City	State	Zip
U T I C A	N Y	1 3 5 0 2 -
eMail		
M A Y O R @ C I T Y O F U T I C A . C O M		
Phone	County	
( 3 1 5 ) 7 9 2 - 0 1 5 2	O N E I D A	

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

MCC form for period ending March 9, 2020

Name of MS4 CITY OF UTICA SPDES ID  
N Y R 2 0 A 3 6 1

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
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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
S T E P H A N I E		W U R Z
Title		
A S S I S T A N T E N G I N E E R		
Address		
O N E K E N N E D Y P L A Z A		
City	State	Zip
U T I C A	N Y	1 3 5 0 2 -
eMail		
S W U R Z @ C I T Y O F U T I C A . C O M		
Phone	County	
( 3 1 5 ) 7 9 2 - 0 1 5 2	O N E I D A	

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

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

Name of MS4 CITY OF UTICA SPDES ID N Y R 2 0 A 3 6 1

**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  
H E R K . O N E I D A C O U N T I E S C O M P . P L A N N  
 Partner/Coalition Name (con't.) SPDES Partner ID - If applicable  
N Y R 2 0

Address  
3 2 1 M A I N S T  
 City State Zip  
U T I C A N Y 1 3 5 0 1 -

eMail  
J B R E I T E N @ O C G O V . N E T Y

Phone Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  
( 3 1 5 ) 7 9 8 - 5 7 1 0  Yes  No

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

- MM1 O U T R E A C H T O R E S I D E N T S
- MM2 S W M P W E B A P P L I C A T I O N S
- MM3 T R A I N I N G
- MM4 T R A I N I N G
- MM5 T R A I N I N G
- MM6 T R A I N I N G

Additional tasks/responsibilities

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



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

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

Name of MS4 CITY OF UTICA SPDES ID  
N Y R 2 0 A 3 6 1

**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.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name  
R U S T T O G R E E N

Partner/Coalition Name (con't.) SPDES Partner ID - If applicable  
N Y R 2 0

Address  
4 4 0 K E N N E D Y H A L L

City State Zip  
I T H A C A N Y 1 4 8 5 3 -

eMail

Phone Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  No  
( 6 0 7 ) 3 9 8 - 0 7 2 4

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

- MM1 P U B L I C O U T R E A C H G I
- MM2 P U B L I C P A R T I C I P A T I O N O N G I
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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



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

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

Name of MS4 CITY OF UTICA SPDES ID  
N Y R 2 0 A 3 6 1

**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 E I D A C O U N T Y S W C D

Partner/Coalition Name (con't.) SPDES Partner ID - If applicable  
N Y R 2 0

Address  
1 2 1 S E C O N D S T

City State Zip  
O R I S K A N Y N Y 1 3 4 2 4 -

eMail

Phone Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  
( 3 1 5 ) 7 3 6 - 3 3 3 4  Yes  No

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

- MM1 O U T R E A C H A N D E D U C A T I O N
- MM2 R E P O R T I N G A N D C L E A N U P
- MM3 I N S P E C T I O N A N D R E P O R T I N G
- MM4 T R A I N I N G P L A N R E V I E W I N S P E C T I O
- MM5 T R A I N I N G I N S P E C T I O N
- MM6 H I G H W A Y A S S E S S M E N T S & T R A I N I N G

Additional tasks/responsibilities

- 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, 2020**

Name of MS4 CITY OF UTICA SPDES ID NYR20A361

**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  
ONEIDA HERK SOLID WASTE AUTHORITY  
 Partner/Coalition Name (con't.) SPDES Partner ID - If applicable  
NYR20

Address  
1600 GENESEE ST  
 City UTICA State NY Zip 13502

eMail

Phone (315) 733-1224 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 RECYCLING & HAWASTE OUTREACH
- MM2
- MM3
- MM4
- MM5
- MM6 SOLID WASTE MGMT & RECYCLING

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, 2020

Name of MS4 CITY OF UTICA

SPDES ID  
NYR20A361

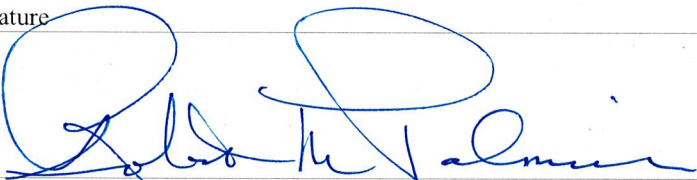
**Section 4 - Certification Statement**

"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 MI Last Name  
ROBERT M PALMIERI

Title (Clearly print title of individual signing report)  
MAYOR

Signature  


Date  
/ /

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

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



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition CITY OF UTICA

SPDES ID NYR20361

### 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

HTTP://WWW.CITYOFUTICA.COM/DEP  
ARTMENTS/ENGINEERING/STORM-WAT  
ER-MANAGEMENT/MS4/INDEX

URL

URL

URL





### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2020**

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 checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <input style="width: 100%; height: 15px;" type="text"/> |
| <input type="radio"/> Direct Mailings                                | # Mailings          | <input style="width: 100%; height: 15px;" type="text"/> |
| <input type="radio"/> Kiosks or Other Displays                       | # Locations         | <input style="width: 100%; height: 15px;" type="text"/> |
| <input type="radio"/> List-Serves                                    | # In List           | <input style="width: 100%; height: 15px;" type="text"/> |
| <input type="radio"/> Mailing List                                   | # In List           | <input style="width: 100%; height: 15px;" type="text"/> |
| <input type="radio"/> Newspaper Ads or Articles                      | # Days Run          | <input style="width: 100%; height: 15px;" type="text"/> |
| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <input style="width: 100%; height: 15px;" type="text"/> |
| <input type="radio"/> School Program                                 | # Attendees         | <input style="width: 100%; height: 15px;" type="text"/> |
| <input type="radio"/> TV Spot/Program                                | # Days Run          | <input style="width: 100%; height: 15px;" type="text"/> |
| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <input style="width: 100%; height: 15px;" type="text"/> |

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

CITY HALL

Other:

HOCCPP VIDEOS
---------------

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

URL

HTTP://OCGOV.NET/ONEIDA/PLAN

URL

HTTP://WWW.CITYOFUTICA.COM/DEP
ARTMENTS/ENGINEERING/STORM-WAT
ER-MANAGEMENT/MS4/INDEX

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2020**

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	
CITY OF UTICA	N Y R 2 0 A 3 6 1	

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

URL

H T T P : / / M O H A W K R I V E R . O R G / M A N A G E M E N  
T - P L A N

URL

H T T P : / / W W W . O H S W A . O R G /

URL

H T T P : / / W W W . O C G O V . N E T / P L A N N I N G / S C  
B I C

URL

URL

URL

URL



**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2020**

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Name of MS4/Coalition CITY OF UTICA

SPDES ID  
NYR20A361

**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 CITY OF UTICA'S STORMWATER MANAGEMENT PROGRAM OUTREACH INCLUDES SIGNIFICANT INFORMATION ABOUT OUR RUST TO GREEN EFFORTS WITH CORNELL COOPERATIVE EXTENSION AS WELL AS HOST OF SUCCESSFUL GREEN INFRASTRUCTURE PROJECTS AND SEWER SEPARATION PROJECTS FUNDED THROUGH STATE AND FEDERAL GRANTS. WE ALSO PARTICIPATE IN OPERATION RUST TO GREEN PROGRAM WHEREIN STORMWATER IS SEPARATED.

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

OUR ANNUAL REPORT IS POSTED ON OUR WEBSITE FOR VIEWING. THE SWCD WAS ABLE TO TRAIN APPROX. 140 LOCAL CONTRACTORS USING DEC'S 4HR EROSION AND SEDIMENT CONTROL COURSE. COMMENTS IN PUBLIC MEETINGS SPEAK TO POSITIVE ACTIONS OF RUST TO GREEN.

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

1 2

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

CONTINUE TO WORK WITH RESIDENTS, LANDOWNERS, AND CONTRACTORS TO ADDRESS ONGOING STORMWATER MANAGEMENT ISSUES THAT AFFECT BOTH QUANTITY AND QUALITY OF WATER. MAKE STRONG EFFORTS THROUGH PUBLIC WORKSHOPS AND PRINTED MATERIALS TO ENSURE THAT NEW DEVELOPMENT COMPLIES WITH LOCAL LAWS REGARDING STORMWATER AND EROSION SEDIMENT CONTROL.



**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2020**

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Name of MS4/Coalition CITY OF UTICA

SPDES ID  
N Y R 2 0 A 3 6 1

**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 # ( 3 1 5 ) 7 9 2 - 0 1 5 2
  - Phone # (  )  -  Phone # (  )  -
  - Phone # (  )  -  Phone # (  )  -
  - Phone # (  )  -  Phone # (  )  -
  - Phone # (  )  -  Phone # (  )  -
  - Phone # (  )  -  Phone # (  )  -
- Community Meetings # Attendees  1 0 0
- Plantings Sq. Ft.  7 5 0
- Storm Drain Markings # Drains
- Stakeholder Meetings # Attendees  1 5
- Volunteer Monitoring # Events
- Other: P E R M E A B L E P A V E R S

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

- List-Serve # In List
- Newspaper Advertising # Days Run
- TV/Radio Notices # Days Run
- Other:
- Web Page URL: Enter URL(s) on the following two pages.

**MS4 Annual Report Form**

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Name of MS4/Coalition CITY OF UTICA

SPDES ID

N Y R 2 0 A 3 6 1

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

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

URL

H T T P : / / W W W . C I T Y O F U T I C A . C O M / D E P A R  
T M E N T S / E N G I N E E R I N G / S T O R M - W A T E R - M  
A N A G E M E N T / M S 4 / I N D E X

URL

H T T P : / / W W W . O H S W A . O R G /

URL

URL

URL

URL

URL

**MS4 Annual Report Form**

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Name of MS4/Coalition CITY OF UTICA

SPDES ID

N Y R 2 0 A 3 6 1

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

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

URL

URL

URL

URL

URL

URL

URL

### MS4 Annual Report Form

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Name of MS4/Coalition	SPDES ID
CITY OF UTICA	N Y R 2 0 A 3 6 1

**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  
E N G I N E E R I N G

Address  
1 K E N N E D Y P L A Z A

City  
U T I C A

Zip  
N Y 1 3 5 0 2 -

Phone  
( 3 1 5 ) 7 9 2 - 0 1 5 2

- Library  Annual Report  SWMP Plan  Comments

Address

City

Zip

Phone  
( ) -

- Other  Annual Report  SWMP Plan  Comments

Address

City

Zip

Phone  
( ) -

- Web Page URL:  Annual Report  SWMP Plan  Comments

H T T P : / / C I T Y O F U T I C A . C O M / D E P A R T M E  
N T S / E N G I N E E R I N G / S T O R M - W A T E R - M A N  
A G E M E N T / M S 4 / I N D E X

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

- eMail  Comments



**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2020**

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

Name of MS4/Coalition CITY OF UTICA SPDES ID NYR 20A 361

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

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

     /      /     

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

365

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

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

Yes  No

If Yes, what was the date of the meeting?

     /      /     

If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

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

**MS4 Annual Report Form**

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

Name of MS4/Coalition	CITY OF UTICA	SPDES ID	
			N Y R 2 0 A 3 6 1

**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.**

DURING THIS REPORTING PERIOD, STREAM CLEAN UP EVENTS, COMMUNITY CLEAN UP, PUBLIC MEETINGS, AND ANNUAL REPORT REVIEW HAS TAKEN PLACE AS PUBLIC PARTICIPATION ACTIVITIES. THE ANNUAL REPORT AND SWMP WERE MADE AVAILABLE FOR PUBLIC VIEWING ON OUR WEBSITE.

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

THE COMMON COUNCIL REVIEWED THE MS4 REGULATIONS

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

1

(max.: samples/participants/events)

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

Yes  No

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

Yes  No

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

UTILIZE FUNDING FROM STATE AND LOCAL SOURCES TO IMPROVE STORMWATER MANAGEMENT BY USING ALTERNATIVE AND TRADITIONAL PRACTICES RANGING FROM GRASS SWALES AND RAIN BARRELS TO STORMWATER RETENTION PONDS MEETING DESIGN CRITERIA FROM STORMWATER MANAGEMENT DESIGN MANUAL. IMPROVE OUTREACH EFFORTS TO DEVELOPERS REGARDING EROSION AND SEDIMENT CONTROLS ON NEW CONSTRUCTION AND REDEVELOPMENT

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2020**

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

Name of MS4/Coalition CITY OF UTICA SPDES ID NYR 20A 361

**Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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. Enter the number and approx. percent of outfalls mapped: \_\_\_\_\_ # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? \_\_\_\_\_

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- |  |  |
|--|--|
| <input type="radio"/> Auto Recyclers                           | <input checked="" type="radio"/> Landscaping (Irrigation)    |
| <input checked="" type="radio"/> Building Maintenance          | <input type="radio"/> Marinas                                |
| <input type="radio"/> Churches                                 | <input type="radio"/> Metal Plateing Operations              |
| <input checked="" type="radio"/> Commercial Carwashes          | <input type="radio"/> Outdoor Fluid Storage                  |
| <input type="radio"/> Commercial Laundry/Dry Cleaners          | <input checked="" type="radio"/> Parking Lot Maintenance     |
| <input checked="" type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing                               |
| <input checked="" type="radio"/> Cross-Connections             | <input type="radio"/> Residential Carwashing                 |
| <input type="radio"/> Distribution Centers                     | <input type="radio"/> Restaurants                            |
| <input type="radio"/> Food Processing Facilities               | <input type="radio"/> Schools and Universities               |
| <input checked="" type="radio"/> Garbage Truck Washouts        | <input checked="" type="radio"/> Septic Maintenance          |
| <input type="radio"/> Hospitals                                | <input type="radio"/> Swimming Pools                         |
| <input type="radio"/> Improper RV Waste Disposal               | <input type="radio"/> Vehicle Fueling                        |
| <input type="radio"/> Industrial Process Water                 | <input checked="" type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other:                                   | <input type="radio"/> None                                   |

Sewersheds: \_\_\_\_\_

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition CITY OF UTICA SPDES ID NYR 20A 361

#### 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

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

0

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

0

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

0

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?

%

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

URL



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition CITY OF UTICA

SPDES ID

N Y R 2 0 A 3 6 1

**8. URL(s) con't.:**

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

URL

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\_\_\_\_\_

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?

30 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition CITY OF UTICA SPDES ID N Y R 2 0 A 3 6 1

**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.**

OUR INTENTIONS ARE TO EDUCATE RESIDENTS AND BUSINESS OWNERS ABOUT THE IMPORTANCE OF WASTE DISPOSAL. HOCPP'S VIDEOS ALSO PROVIDE TRAINING REGARDING IDDE. RICH CORIALE OF THE DEC WAS ABLE TO ALSO PROVIDE INSIGHT INTO THE WATER QUALITY ISSUES RELATED TO IDDE AND STORMWATER RUNOFF THAT AFFECT THE MOHAWK RIVER.

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

ALTHOUGH THERE WERE NO ILLICIT DISCHARGES DETECTED IN THIS REPORTING PERIOD, STAFF IS TRAINED ON HOW TO DETECT AN OCCURENCE AND ARE LOOKING FOR THESE WHILE CLEANING OUT CATCH BASINS THROUGHOUT THE CITY.

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

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

CONTINUE TO EDUCATE RESIDENTS AND LANDOWNERS ABOUT ILLICIT DISCHARGE REGULATIONS. MONITOR ILLICIT CONNECTIONS TO THE STORM SEWER SYSTEM THROUGH DRY WEATHER MONITORING. FINALIZE DETAILED SYSTEM MAPS IS STILL IN PROGRESS.

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2020**

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

Name of MS4/Coalition CITY OF UTICA SPDES ID NYR 20A 361

**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?** 13

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

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

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

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

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



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition CITY OF UTICA

SPDES ID

N Y R 2 0 A 3 6 1

**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?           13          

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?           13          

3. What percent of active construction sites were inspected during this reporting period?  NT           1 0 0 %          

4. What percent of active construction sites were inspected more than once?  NT           1 0 0 %          

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

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

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

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition CITY OF UTICA

SPDES ID

N Y R 2 0 A 3 6 1

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

E N G I N E E R I N G

Address

1 K E N N E D Y P L A Z A

City

U T I C A

Zip

N Y

1 3 5 0 2 -

Phone

( 3 1 5 ) 7 9 2 - 0 1 5 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.

URI

H T T P : / / C I T Y O F U T I C A . C O M / D E P A R T M E N T / E N G I N E E R I N G / S T O R M - W A T E R - M A N A G E M E N T / M S 4 / I N D E X

URI

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2020**

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

Name of MS4/Coalition CITY OF UTICA SPDES ID NYR20A361

**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.**

TRAINING OF STAFF FOR SITE PLAN REVIEW AND CONSTRUCTION SITE INSPECTIONS. THE CITY HAS REACHED OUT TO DEVELOPERS TO ENSURE REGULATIONS ARE FOLLOWED ON CONSTRUCTION SITES. DEVELOPERS ARE DIRECTED TO THE SWCD OFFICE TO ASK AND ANSWER QUESTIONS ABOUT E&S AND STORMWATER FOR THEIR SITES.

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

SITE PLANS ARE REVIEWED BY ENGINEERING STAFF. OUR CODES OFFICER ACTIVELY INSPECTS ALL SITES THROUGHOUT THE DURATION OF CONSTRUCTION TO ENSURE COMPLIANCE WITH STORMWATER REGULATIONS. AS OUR CITY HAS SIGNIFICANT STORMWATER RUNOFF RELATED ISSUES, WE ALSO ACTIVELY SEEK METHODS OF RETROFITTING SITES TO ADDRESS BOTH QUALITY AND QUANTITY ISSUES.

**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).**

THE CITY CONTINUES TO WORK WITH LANDOWNERS AND CONTRACTORS THROUGHOUT THE CITY TO ENACT SOUND BMPs ON CONSTRUCTION SITES.

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2020**

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

Name of MS4/Coalition CITY OF UTICA SPDES ID NYR20A361

**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="radio"/> Filter Systems			
<input checked="" type="radio"/> Infiltration Basins		1	
<input type="radio"/> Open Channels			
<input type="radio"/> Ponds			
<input type="radio"/> Wetlands			
<input type="radio"/> Other			

**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, 2 0 20**

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

Name of MS4/Coalition CITY OF UTICA

SPDES ID

N Y R 2 0 A 3 6 1

**4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?**

Yes  No

**4b. Does the MS4 have a banking and credit system for stormwater management practices?**

Yes  No

**4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?**

Yes  No

**4d. How many stormwater management practices have been implemented as part of this system in this reporting period?**

--	--

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

1 0 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition CITY OF UTICA SPDES ID N Y R 2 0 A 3 6 1

**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.**

ALL SWPPPS ARE REVIEWED BY OUR ENGINEERING DEPT TO IDENTIFY POTENTIAL ISSUES WITH E&S AND STORMWATER MANAGEMENT. OUR CODES OFFICER CONDUCTS CONSTRUCTION INSPECTIONS THROUGHOUT THE PROCESS IN ORDER TO GAUGE COMPLIANCE WITH OUR LOCAL REGULATIONS. ENSURE THAT MONITORING AND MAINTENANCE OCCUR ON SCHEDULED BASIS TO ENSURE LONGEVITY OF THE PRACTICE.

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

THE CITYS ENGINEERING DEPT COMMUNICATES WITH DEVELOPERS TO ENSURE THAT PROJECTS ARE IN COMPLIANCE WITH THE GP FOR CONSTRUCTION ACTIVITIES AND RELEVANT MS4 REGULATIONS.

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

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

ASIDE FROM LOGGING AND MONITORING ALL STORMWATER RELATED PRACTICES IN THE MS4 AND ENSURING MAINTENANCE OCCURS AT THE 50% CAPACITY OF THE PRACTICE, WE ALSO WILL BE DOING OUR SECOND PHASE OF A9.2 WITH GREEN INFRASTRUCTURE AND RAIN GARDENS.

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2020**

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

Name of MS4/Coalition CITY OF UTICA SPDES ID NYR20A361

**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? \_\_\_\_\_

**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 checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition CITY OF UTICA SPDES ID N Y R 2 0 A 3 6 1

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

- |   |         |          |                                     |
|---|---------|----------|-------------------------------------|
| <input checked="" type="radio"/> Parking Lots Swept (Number of acres X Number of times swept)   | # Acres | <u>1</u> | <u>4</u>                            |
| <input checked="" type="radio"/> Streets Swept (Number of miles X Number of times swept)  | # Miles | <u>1</u> | <u>1</u> <u>3</u> <u>8</u> <u>8</u> |
| <input checked="" type="radio"/> Catch Basins Inspected and Cleaned Where Necessary   | #       | <u>3</u> | <u>5</u> <u>0</u>                   |
| <input checked="" type="radio"/> Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary                                | #       |          | <u>1</u>                            |
| <input type="radio"/> Phosphorus Applied In Chemical Fertilizer   | # Lbs.  |          |                                     |
| <input type="radio"/> Nitrogen Applied In Chemical Fertilizer   | # Lbs.  |          |                                     |
| <input type="radio"/> Pesticide/Herbicide Applied<br>(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) | # Acres |          |                                     |

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 0

4. What was the date of the last training? 1 / 2 2 / 2 0 2 0

5. How many municipal employees have been trained in this reporting period? 2

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 2 5 %



**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9, 2020**

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

Name of MS4/Coalition CITY OF UTICA SPDES ID NYR 20A 361

**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

CONTINUE TO TRAIN MUNICIPAL EMPLOYEES, PARTICULARLY FROM PUBLIC WORKS AND PARKS DEPTS ABOUT BEST MANAGEMENT PRACTICES THAT PROTECT WATER QUALITY. SUCH PRACTICES INCLUDE SAND AND SALT STORAGE AND APPLICATION, VEHICLE WASHING, AND STREAM MAINTENANCE.

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

STREAM MANAGEMENT TRAININGS HELD DURING A PRIOR REPORTING PERIOD ADDRESSED BMPS TO RESTORE RIPARIAN BUFFERS ON ERODING STREAM BANKS AND HAVE BEEN IMPLEMENTED WHERE NECESSARY.

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

UTILIZE STATE AND LOCAL FUNDING TO INSTALL BMPS TO ADDRESS STORMWATER MANAGEMENT ON PUBLIC LANDS AND INFRASTRUCTURE. ALSO INSTALL NEW STORM SYSTEMS IN ACCORDANCE WITH OUR LONG TERM CONTROL PLAN TO REDUCE COMBINED SYSTEMS, WHILE INSTALLING CATCHBASINS WITH HOODS TO REDUCE SEDIMENT INTAKE AND INCORPORATE GREEN INFRASTRUCTURE.

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2020**

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

Name of MS4/Coalition CITY OF UTICA SPDES ID NYR20A361

**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, 2020

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

Name of MS4/Coalition CITY OF UTICA SPDES ID NYR20A361

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, 2020**

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Name of MS4/Coalition CITY OF UTICA SPDES ID NYR20A361

- 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