



CITY OF UTICA

1 KENNEDY PLAZA, UTICA, NEW YORK 13502
DEPARTMENT OF ENGINEERING
315-792-0152 FAX: 315-792-0236

ROBERT M. PALMIERI
Mayor

J. MICHAEL MAHONEY
Deputy City Engineer
mmahoney@cityofutica.com

April 6, 2021

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

To Whom It May Concern:

Enclosed please find the City of Utica's 2020 MS4 Annual Report.

Sincerely,

Stephanie Wurz
Assistant Engineer

MS4 Annual Report Cover Page

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

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
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MS4 Annual Report Cover Page

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

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

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

3855151783

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 CITY OF UTICA

SPDES ID

N Y R 2 0 A 3 6 1

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

MS4 Municipal Compliance Certification(MCC) Form

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

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

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 Zip

N Y 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, 2021

Name of MS4 CITY OF UTICA

SPDES ID

N Y R 2 0 A 3 6 1

Section 2 - Contact Information

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3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

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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 ROBERT MI Last Name PALMIERI
 Title MAYOR
 Address ONE KENNEDY PLAZA
 City UTICA State Zip NY 13502 -
 eMail MAYOR@CITYOFUTICA.COM
 Phone (315) 792-0152 County ONEIDA

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2021

Name of MS4 CITY OF UTICA

SPDES ID

N Y R 2 0 A 3 6 1

Section 2 - Contact Information

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1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

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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

S T E P H A N I E

MI Last Name

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

U T I C A

State Zip

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

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

County

O N E I D A

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2021

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?

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

HERKONEIDA COUNTIES COMP PLAN N

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

NYR20

Address

321 MAIN ST

City

UTICA

State Zip

NY 13501

eMail

JBREITEN@OCGOV.NEY

Phone

(315) 798-5710

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 OUTREACH TO RESIDENTS

● MM2 SWMP WEB APPLICATIONS

● MM3 TRAINING

● MM4 TRAINING

● MM5 TRAINING

● MM6 TRAINING

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 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

R U S T T O G R E E N

Partner/Coalition Name (cont.)

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

I T H A C A

State Zip

N Y 1 4 8 5 3 -

eMail

Phone

(6 0 7) 3 9 8 - 0 7 2 4

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.2 Yes No

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 1

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?

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

O R I S K A N Y

State Zip

N Y 1 3 4 2 4 -

eMail

Phone

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

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

What tasks/responsibilities are shared with this partner (e.g. MMI 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, 2021

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

ONEIDA HERK SOLID WASTE AUTHORITY

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable
N Y R 2 0

Address

1600 GENESEE ST

City

UTICA

State Zip

NY 13502 -

eMail

Phone

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

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

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

● MM1 RECYCLING & HA WASTE 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, 2021

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 ROBERT MI M Last Name PALMIERI

Title (Clearly print title of individual signing report)
MAYOR

Signature


Date
04/08/2021

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, 2021

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/DEPARTMENTS/ENGINEERING/STORM-WATER-MANAGEMENT/MS4/INDEX

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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
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Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report? _____

1. Targeted Public Education and Outreach Best Management Practices

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

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

Other: _____

2. Specific audiences targeted during this reporting period:

- | | |
|---|---|
| <input checked="" type="radio"/> Public Employees | <input checked="" type="radio"/> Contractors |
| <input checked="" type="radio"/> Residential | <input checked="" type="radio"/> Developers |
| <input type="radio"/> Businesses | <input type="radio"/> General Public |
| <input type="radio"/> Restaurants | <input type="radio"/> Industries |
| <input type="radio"/> Other: _____ | <input checked="" type="radio"/> Agricultural |

Other: _____

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

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 _____
- Kiosks or Other Displays # Locations _____
- List-Serves # In List _____
- Mailing List # In List _____
- Newspaper Ads or Articles # Days Run _____
- Public Events/Presentations # Attendees _____
- School Program # Attendees _____
- TV Spot Program # Days Run _____

Printed Materials: Total # Distributed _____

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

CITY HALL

Other:

HOCPP 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

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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 UICA

SPDES ID
NYR20A361

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

URI

HTTP://MOHAWKRIVER.ORG/MANAGEMENT-PLAN

URI

HTTP://WWW.OHSWA.ORG/

URI

HTTP://WWW.OCCGOV.NET/PLANNING/SCBIC

URI

URI

URI

URI

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

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?

12

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, 2021

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

SPDES ID

Name of MS4 Coalition CITY OF TICA

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 # (<u> </u>) <u> </u> - <u> </u> <u> </u>	Phone # (<u>3 1 5</u>) <u>7 9 2</u> - <u>0 1 5 2</u>
Phone # (<u> </u>) <u> </u> - <u> </u> <u> </u>	Phone # (<u> </u>) <u> </u> - <u> </u> <u> </u>
Phone # (<u> </u>) <u> </u> - <u> </u> <u> </u>	Phone # (<u> </u>) <u> </u> - <u> </u> <u> </u>
Phone # (<u> </u>) <u> </u> - <u> </u> <u> </u>	Phone # (<u> </u>) <u> </u> - <u> </u> <u> </u>
Phone # (<u> </u>) <u> </u> - <u> </u> <u> </u>	Phone # (<u> </u>) <u> </u> - <u> </u> <u> </u>
- 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? Yes No

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

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

1693183102

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

2. URL(s) con't.:

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

URI

HTTP://WWW.CITYOFUTICA.COM/DEPARTMENTS/ENGINEERING/STORM-WATER-MANAGEMENT/MS4/INDEX

URI

HTTP://WWW.OHSWA.ORG/

URI

URI

URI

URI

URI

3714183108

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021.

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

2. URL(s) con't.:

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

URI

URI

URI

URI

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URI

URI

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

SPDES ID

Name of MS4 Coalition CITY OF UTICA

NYR20A361

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- MS4/Coalition Office
 - Department: ENGINEERING
 - Address: 1 KENNEDY PLAZA
 - City: UTICA, NY Zip: 13502
 - Phone: (315) 792-0152
- Annual Report
- SWMP Plan
- Comments

- Library
 - Address
 - City
 - Phone
- Annual Report
- SWMP Plan
- Comments

- Other
 - Address
 - City
 - Phone
- Annual Report
- SWMP Plan
- Comments

- Web Page URL:
 - Annual Report
 - SWMP Plan
 - Comments

HTTP://CITYOFUTICA.COM/DEPARTMENTS/ENGINEERING/STORM-WATER-MANAGEMENT/MS4/INDEX

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, 2021

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 UICCA

SPDES ID
N Y R 2 0 A 3 6 1

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 / 12021

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

3 6 5

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

This report is being submitted for the reporting period ending March 9, 2021

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 UICA

SPDES ID

NYR20A361

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

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, 2021

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 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 Plating 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:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

- | | | | |
|--|--------------------------|--------------------------------|-------------------------------------|
| Broken Lines From Sanitary Sewer | <input type="checkbox"/> | Industrial Connections | <input checked="" type="checkbox"/> |
| Cross Connections | <input type="checkbox"/> | Inflow/Infiltration | <input checked="" type="checkbox"/> |
| Failing Septic Systems | <input type="checkbox"/> | Pump Station Failure | <input type="checkbox"/> |
| Floor Drains Connected To Storm Sewers | <input type="checkbox"/> | Sanitary Sewer Overflows | <input checked="" type="checkbox"/> |
| Illegal Dumping | <input type="checkbox"/> | Straight Pipe Sewer Discharges | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | None | <input type="checkbox"/> |

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?

0%

8. Is the above information available in GIS? Yes No
Is this information available on the web? Yes No
If Yes, provide URI(s):

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

URI

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

8. URL(s) con't.:

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

URL

URL

URL

URL

URL

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

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

11. What percent of staff in relevant positions and departments has received IDDE training?
30 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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 UTAH

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. HOCCPP'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?

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, 2021

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 Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

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

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

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

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

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

● Notices of Violation	#	0	No Authority
● Stop Work Orders	#	0	No Authority
Criminal Actions	#		No Authority
Termination of Contracts	#		No Authority
● Administrative Fines	#	0	No Authority
Civil Penalties	#		No Authority
● Administrative Orders	#	0	No Authority
● Enforcement Actions or Sanctions	#	0	
Other	#		No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

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

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

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

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

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

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

ENGINEERING

Address

1 KENNEDY PLAZA

City

UTICA

Zip

NY 13502

Phone

(315) 792-0152

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

HTTP://CITYOFUTICA.COM/DEPARTMENT/ENGINEERING/STORM-WATER-MANAGEMENT/MS4/INDEX

URI

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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 ITHACA

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?

6

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.

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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 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
Alternative Practices			
Filter Systems			
<input checked="" type="radio"/> Infiltration Basins		1	
Open Channels			
Ponds			
Wetlands			
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:

9091119257

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 CITY OF UTAH

SPDES ID

N Y R 3 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, 2021

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 I ICA

SPDES ID
NYR 20A 361

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

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?

6

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

Yes No

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

Yes No

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

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, 2021

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 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 type="radio"/> Yes	<input type="radio"/> No	<input 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"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
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"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 14
- Streets Swept (Number of miles X Number of times swept) # Miles 11388
- Catch Basins Inspected and Cleaned Where Necessary # 350
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 1
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 1/22/2020

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? 25%

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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 CHICA

SPDES ID

N Y R 2 0 A 3 6 1

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

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, 2021

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 20A361

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)
NYC EOH Watershed			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed			
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay			
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconie Estuary			
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments			
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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

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

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period. %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

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, 202

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Name of MS4 Coalition CITY OF UTICA

SPDES ID

N Y R 2 0 A 3 6 1

- 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