





**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2014

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

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

MCC form for period ending March 9, 

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Name of MS4: VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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Each MS4 must submit an MCC form.

## Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

[illegible]



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

MCC form for period ending March 9, 2014

Name of MS4 VILLAGE OF DEPEW

SPDES ID

N Y R 2 0 A 2 3 5

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

S T E V E N

MI

P

Last Name

H O F F M A N

Title

M A Y O R - V I L L A G E O F D E P E W

Address

8 5 M A N I T O U S T R E E T

City

D E P E W

State

N Y

Zip

1 4 0 4 3 -

eMail

S H O F F M A N @ V I L L A G E O F D E P E W . O R G

Phone

( 7 1 6 ) 6 8 3 - 7 4 5 1

County

E R I E



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

MCC form for period ending March 9, 2 0 1 4

Name of MS4 VILLAGE OF DEPEW

SPDES ID

N Y R 2 0 A 2 3 5

**Section 2 - Contact Information**

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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 E L I Z A B E T H MI Last Name M E L O C K

Title V I L L A G E A D M I N I S T R A T O R

Address 8 5 M A I N T O U S T R E E T

City D E P E W State N Y Zip 1 4 0 4 3 -

eMail E M E L O C K @ V I L L A G E O F D E P E W . O R G

Phone ( 7 1 6 ) 6 8 3 - 7 4 5 1 County E R I E



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

MCC form for period ending March 9, 2 0 1 4

Name of MS4 VILLAGE OF DEPEW

SPDES ID

N Y R 2 0 A 2 3 5

**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

W e s t e r n N Y S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (con't.)

c / o E r i e C o u n t y D E P

SPDES Partner ID - If applicable

N Y R 2 0

Address

9 5 F r a n k l i n S t r e e t

City

B u f f a l o

State

N Y

Zip

1 4 2 0 2 -

eMail

m a r y . r o s s i @ e r i e . g o v

Phone

( 7 1 6 ) 8 5 8 - 7 5 8 3

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? ☒ Yes ☐ No

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

☒ MM1 M u l t i p l e T a s k s

☒ MM2 M u l t i p l e T a s k s

☒ MM3 M u l t i p l e T a s k s

☒ MM4 T r a i n i n g & E d u c a t i o n

☒ MM5 T r a i n i n g & E d u c a t i o n

☒ MM6 T r a i n i n g & E d u c a t i o n

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, 2014

Name of MS4 VILLAGE OF DEPEW

SPDES ID

N Y R 2 0 A 2 3 5

**Section 4 - Certification Statement**

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

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

First Name

S T E V E N

MI

P

Last Name

H O F F M A N

Title (Clearly print title of individual signing report)

M A Y O R - V I L L A G E O F D E P E W

Signature



Date

04 / 29 / 2014

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, 2014

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

Name of MS4/Coalition	VILLAGE OF DEPEW
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SPDES ID

N	Y	R	2	0	A	2	3	5
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## Water Quality Trends

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

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

How many MS4s are contributed to this report?

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

☐ 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

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]



## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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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:

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

P	o	n	d		I	n	s	p	e	c	t	i	o	n		&		M	a	i	n	t	.		T	r	a	i	n	i	n	g
Other																																

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

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

[illegible]



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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

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

### ● Construction Site Operators Trained

# Trained			1	4	7
-----------	--	--	---	---	---

○ Direct Mailings

# Mailings				
------------	--	--	--	--

- Kiosks or Other Displays

# Locations				2	2
-------------	--	--	--	---	---

○ List-Serves

[illegible]

○ Mailing List

# In List				
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☐ Newspaper Ads or Articles

# Days Run				
------------	--	--	--	--

## ● Public Events/Presentations

# Attendees	6	2	1	3
-------------	---	---	---	---

## ● School Program

# Attendees	5	9	7
-------------	---	---	---

☐ TV Spot/Program

# Days Run					
------------	--	--	--	--	--

● **Printed Materials:**

Total # Distributed	6	8	9	6
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Locations (e.g. libraries, town offices, kiosks)

M	S	4		P	u	b	l	i	c		B	u	i	l	d	i	n	g	s
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K	i	o	s	k	s	/	P	u	b	l	i	c		E	v	e	n	t	s
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L	i	b	r	a	r	y	3	7	E	r	i	e	4	N	i	a	q
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C	O	U	N	T	Y		S	W	C	D	S									
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○ Other:

[illegible]

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

URL

w	w	w	.	e	r	i	e	.	g	o	v	/	s	t	o	r	m	w	a	t	e	r
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URL

[illegible][illegible][illegible]



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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3. Web Page con't.: Provide specific web addresses - not home page.

URL  
-----[illegible]

URL

[illegible]

URL

[illegible]

URL

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URL

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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

Identification of Pollutants of Concern; Waterbodies of Concern; Geographic Areas of Concern; Target Audiences

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

Pollutants of Concern: sediment/silt; pathogens; floatables; phosphorous  
 Waterbodies of Concern:  
 Geographic Areas of Concern:  
 Target Audiences: households; developers; contractors; small businesses

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

			4
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(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

As needed, update POCs, waterbodies of concern, geographic areas of concern and target audiences. Continue to address via public education and outreach.



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2	0	1	4
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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

Develop additional/update existing public education materials addressing stormwater pollution prevention for general public, target businesses/activities and schools. Prepare posters that can be placed within municipal buildings, libraries, and schools. Maintain a webpage to educate the public on stormwater pollution prevention, the MS4 SWMPP and involvement opportunities. Display/distribute public education materials and posters in municipal buildings and libraries.

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

Maintained records of number of educational materials distributed.  
Developed household stormwater P2 poster; developed a stormwater poster and quiz for a public education based contest.  
Implemented public transportation advertisement campaign addressing: pet waste; car washing; fertilizer use and general stormwater pollution prevention.

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

Public Transportation ads: 8 week duration of 70 bus advertisements on 20 buses, estimated reach 

6	8	9	6
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 was 735,967 at an estimated frequency of 5.2 times.

(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).**

Develop additional public education brochures - as needed.  
Continue to display public education materials in municipal buildings and libraries.  
Update webpage as needed with new educational materials.  
Continue to reinforce the messages conveyed with printed materials & displays with use of additional media when funding is available.



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Name of MS4/Coalition

VILLAGE OF DEPEW

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

Distribute Grades K-12 education packages.  
Participate in educational programming.

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

Complete direct mailing to Science Department educators on a biennial basis.  
Participated in school science fair, Niagara County Environmental Field Days, coordinated school Rain Barrel contest.

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

			0
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(ex.: samples/participants/events)

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

Teacher education packages are a bi-ennial BMP.

☒ 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).**

Education packages will be updated & distributed mid-Fall of the March 2014 - March 2015 reporting cycle as per current biennial implementation.  
Participate in school science fairs/events, Niagara County's Environmental Field Days (spring 2014).  
Conduct Rain Barrel Painting contest for schools in Erie and Niagara County (spring 2014).



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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

Utilize public education display for outreach & education for at least two community events and mount a permanent wall plaque in a prominent location in a municipal building or set up public education display and permanent wall plaque in prominent locations in a municipal building frequented by the public.  
Utilize public education display for outreach & education at regional community events.

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

Set up public education display for outreach & education at two community events/locations within the MS4 community and/or set up public education display and mount wall plaque in prominent locations in a municipal building frequented by the public.  
Set up public education for outreach & education at a variety of regional community events.

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

		2	2
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(ex.: samples/participants/events)

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

Plan to use public education display at two community events/locations by March 9, 2015 and/or public education display and permanently mounted wall plaque are in prominent locations in a municipal building frequented by the public.  
Plan to use public education display at 15 regional community events by March 9, 2015.



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Name of MS4/Coalition 

VILLAGE OF DEPEW
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SPDES ID

N	Y	R	2	0	A	2	3	5
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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

Post video and PSAs on WNY Stormwater Coalition webpage.  
Use video and PSAs at public meetings, in school programs and at community events as appropriate.

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

Video & PSAs on webpage ([www.erie.gov/stormwater](http://www.erie.gov/stormwater)).  
Run the video and PSAs at public meetings, in school programs and at community events where possible.

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

At events 

			3
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Continue to promote video/PSAs addressing stormwater pollution and water quality protection in WNY. Use video and/or PSAs at public education venues. Continue to pursue funding opportunities to use local media outlets to educate the public.



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Name of MS4/Coalition VILLAGE OF DEPEW

SPDES ID

N Y R 2 0 A 2 3 5

**Minimum Control Measure 2. Public Involvement/Participation**

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

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

How many MS4s contributed to this report?   

**1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:**

- ☒ Cleanup Events # Events     2
- ☒ Comments on SWMP Received # Comments     0
- ☐ Community Hotlines Phone # (    )   -      
 Phone # (    )   -      
 Phone # (    )   -      
 Phone # (    )   -      
 Phone # (    )   -      
 Phone # (    )   -
- ☒ Community Meetings (All WNYSC meetings open to public) # Attendees   1 1 7
- ☐ Plantings Sq. Ft.
- ☐ Storm Drain Markings # Drains
- ☐ Stakeholder Meetings # Attendees
- ☐ Volunteer Monitoring # Events
- ☒ Other: H o u s e h o l d H a z a r d o u s W a s t e E v e n t 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: O u t r e a c h a t P u b l i c L i b r a r i e s

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



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition VILLAGE OF DEPEW

SPDES ID

N Y R 2 0 A 2 3 5

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

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

URL

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Name of MS4/Coalition	VILLAGE OF DEPEW
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## URL

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**MS4 Annual Report Form**

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Name of MS4/Coalition VILLAGE OF DEPEW

SPDES ID

N Y R 2 0 A 2 3 5

**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

C L E R K - T R E A S U R E R O F F I C E

Address

8 5 M A N I T O U S T R E E T

City

D E P E W

Zip

N Y

1 4 0 4 3 -

Phone

( 7 1 6 ) 6 8 3 - 7 4 5 1

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

City

Zip

-

Phone

( ) -

☐ Other

☐ Annual Report ☒ SWMP Plan ☒ Comments

Address

9 5 F r a n k l i n S t r e e t R o o m 1 0 7 6

City

B u f f a l o

Zip

N Y

1 4 2 0 2 -

Phone

( 7 1 6 ) 8 5 8 - 7 5 8 3

☒ Web Page URL:

☐ Annual Report ☒ SWMP Plan ☐ Comments

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

☒ eMail

☐ Comments

m a r y . r o s s i @ e r i e . g o v



**MS4 Annual Report Form**

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

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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

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

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

0	5
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1	3
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**4.b. For how many days was/will this report be posted?**

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

**5.a. Was an Annual Report public meeting held in this reporting period?**
☒ Yes ☐ No

If Yes, what was the date of the meeting?

0	5
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 / 

1	3
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 / 

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If No, is one planned?

☒ Yes ☐ No
**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?** WNY Stormwater Coalition - April 2014 ☒ Yes ☐ No

If No, is one planned for each?

☐ Yes ☐ No
**6. Were comments received during this reporting period?**
☐ Yes ☒ No

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



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

Identify key individuals and groups who are interested in/or affected by the permitting program. Groups identified include: Erie County Environmental Management Council; Niagara County Environmental Management Council; municipal Conservation Advisory Committees; Buffalo Niagara Riverkeeper; Erie and Niagara County's Soil & Water Conservation Districts; Citizens Campaign for the Environment; Erie County Water Quality Committee.

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

Periodic reports to Erie/Niagara County Environmental Management Councils; MS4 Conservation Advisory Committees; Erie County Water Quality Committee. Participation of Buffalo Niagara Riverkeeper (4); Erie County Soil & Water Conservation District (6); and, Erie County Water Quality Committee (5) in WNYSC monthly meetings, SWMP and Annual Report review, trainings and activities. Formal presentation to Erie County EMC (1).

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

		1	6
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(ex.: samples/participants/events)

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

Continue periodic reports to Erie/Niagara County Environmental Management Councils; MS4 Conservation Advisory Committees; Erie County Water Quality Committee. Continue to encourage participation of Buffalo Niagara Riverkeeper; Erie County Soil & Water Conservation District; Niagara County Soil & Water Conservation District and MS4 Conservation Advisory Committee members in WNYSC monthly meetings, trainings & activities.



**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

VILLAGE OF DEPEW
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SPDES ID

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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

Provide public with an ongoing opportunity to inspect Stormwater Management Program Plan (SWMPP). Present the draft Annual Report at a meeting that is open to the public and/or on the internet to solicit public review and comment.  
Provide public notice about the presentation in accordance with State Open Meetings Law or other local public notice requirements.

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

Number of known SWMPP reviews (0).  
Number of attendees at public meeting (TBD).  
Number of known webpage reviews (0).

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

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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Continue to provide public with an ongoing opportunity to inspect SWMPP.  
Continue to present the draft Annual Report at a meeting that is open to the public and/or on the internet to solicit public review and comment.



**MS4 Annual Report Form**

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

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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

Inform and encourage residents about opportunities to participate in community clean up initiatives such as Household Hazardous Waste collections, Great American Clean Ups; Buffalo Niagara Riverkeepers Spring/Fall Shoreline Clean Up, Keep America Beautiful Fall Beach Sweep; Adopt-A-Highway.

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

Number of Household Hazardous Waste collections (6); number of participants (3,674)  
Number of clean up events (2); number of participants (2,260)

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

5	9	3	4
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(ex.: samples/participants/events)

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

Erie County: Publish a notice in local paper & Erie County Household Hazardous Waste webpage (May, June 2014) to notify residents of the Collection events.  
Niagara County: Educate residents on options for disposal of household hazardous waste, location, schedule and guidelines for facilities accepting the waste (year-round; ongoing).  
Continue to track community clean up events.



**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

VILLAGE OF DEPEW
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SPDES ID

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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

Incorporate feedback mechanism into WNYSC and/or MS4 webpage

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

Number of responses received.

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

			0
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Continue to provide feedback option on webpage in the form of a name/contact number and public comment forms.



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

Identify Contact Person for Stormwater Program

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

Stormwater Management Officer appointed/designated and listed in SWMPP.  
Stormwater Management Officer listed in MS4 Reference Guide on WNY Stormwater Coalition webpage.

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

N/A
-----

(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).**

Identify Stormwater Management Officer in SWMPP, update as needed.  
Identify Stormwater Management Officer in MS4 Reference Guide on WNY Stormwater Coalition webpage, update as needed.



**MS4 Annual Report Form**

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

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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

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### **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: 

		1	1	4	#
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1	0	0	%
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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?**

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

☐ Other:

☐ None

○ Sewersheds:



## MS4 Annual Report Form

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

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

Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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**3.b. What types of illicit discharges have been found during this reporting period?**

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

[illegible]

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

		0
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**5. How many illicit discharges have been confirmed during this reporting period?**

		0
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6. How many illicit discharges/illegal connections have been eliminated during this reporting period? □ □

		0
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**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
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Storm sewer mapping project: Spring 2012-Spring 2015

**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

[illegible]

URL

[illegible]



**MS4 Annual Report Form**

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

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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

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

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

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

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

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

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

1	0	0	$\frac{8}{8}$
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**MS4 Annual Report Form**

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Name of MS4/Coalition

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SPDES ID

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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

Update outfall data and map as needed.

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

Outfall inspections according to schedule.  
New outfalls added as located or at time of completion.  
Timely updates to outfall data.  
Current GIS outfall map.

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

			0
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(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

Continue outfall inspections according to schedule.  
Continue to update existing information/add new outfalls as needed.  
Continue to maintain and update GIS outfall map.



**MS4 Annual Report Form**

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Name of MS4/Coalition 

VILLAGE OF DEPEW
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SPDES ID

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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

Outfall Reconnaissance Inventory (ORI) - routine dry weather visual inspections of outfalls.

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

Number of outfall inspections completed. (25 inspections)

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

		2	5
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Plan to inspect at least 20% of outfalls.



**MS4 Annual Report Form**

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**12. Evaluating Progress Toward Measurable Goals MCM 3**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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.**

Pollutant source tracking procedures to detect and address non-stormwater discharges, including illegal dumping, as needed in response to public complaints or by scheduled inspection of outfalls.

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

Number of outfalls sampled/trackdown investigations conducted. (1 investigated)

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

Plan to sample outfalls discharging during dry weather to determine presence of pollutants.  
Plan to conduct trackdown sampling/investigation as needed.



**MS4 Annual Report Form**

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

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

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

How many MS4s contributed to this report? 

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

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

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

☐ 09/2004 ☒ 03/2006 ☐ NT

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

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

		0
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☒ Yes ☐ No ☐ NT

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

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

Via NYS 4 Hour Erosion & Sediment Control Training



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

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



**MS4 Annual Report Form**

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

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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

			0
--	--	--	---
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

			0
--	--	--	---
  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, 2014

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

Name of MS4/Coalition VILLAGE OF DEPEW

SPDES ID

N Y R 2 0 A 2 3 5

**6. con't.:**

Submit additional pages as needed.

**● MS4/Coalition Office**

Department

D E P A R T M E N T O F P U B L I C W O R K S

Address

2 0 0 R U T H E R F O R D P L A C E

City

D E P E W

N Y

Zip

1 4 0 4 3 -

Phone

( 7 1 6 ) 6 8 3 - 5 7 0 0

**○ Library**

Address

City

Zip

-

Phone

( ) -

**○ Other**

Address

City

Zip

-

Phone

( ) -

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

URL

URL



**MS4 Annual Report Form**

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

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

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

Conduct SWPPP review for all permitted construction sites to ensure consistency with State and local erosion and sediment control requirements and NYS Design Standards.

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

Number of SWPPPs approved.

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

			0
--	--	--	---

(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 conduct SWPPP review for all permitted construction sites to ensure consistency with State and local erosion and sediment control requirements and NYS Design Standards.



**MS4 Annual Report Form**

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

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

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

Conduct inspections of permitted construction sites that discharge stormwater to the MS4 as often as needed to ensure compliance with GP-0-10-001.  
Issue enforcement actions to owners and operators of permitted construction sites that are not in compliance with GP-0-10-001.

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

Number of active construction sites and inspections performed for each.  
Number and type of enforcement actions.

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

			0
--	--	--	---

(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 conduct inspections of permitted construction sites that discharge stormwater to the MS4 as often as needed to ensure compliance with GP-0-10-001.  
Continue to issue enforcement actions to owners and operators of permitted construction sites that are not in compliance with GP-0-10-001.



**MS4 Annual Report Form**

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

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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

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

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

Provide the public with an opportunity to review and comment on proposed design plans and construction projects.

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

Number of projects presented for public review and comment.

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

			0
--	--	--	---

(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 provide the public with an opportunity to review and comment on proposed design plans and construction projects.







**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

		0
--	--	---

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

		0
--	--	---

 %



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition: 

VILLAGE OF DEPEW
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SPDES ID

N	Y	R	2	0	A	2	3	5
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

Develop an inventory and inspection program for post-construction stormwater management practices.

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

Inventory of post-construction stormwater management practices created.  
Number of post-construction stormwater management practices inspected.

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

			0
--	--	--	---

(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).**

Maintain inventory of all post-construction stormwater management practices.  
Plan to inspect 20% of post-construction stormwater management practices per year.



**MS4 Annual Report Form**

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID6

N	Y	R	2	0	A	2	3	5
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

Conduct maintenance on post-construction stormwater management practices as needed.

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

Number and type of post-construction stormwater management practices maintained.

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

			0
--	--	--	---

(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 conduct maintenance on post-construction stormwater management practices as needed.



**MS4 Annual Report Form**

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

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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

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



**MS4 Annual Report Form**

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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**2. Provide the following information about municipal operations good housekeeping programs:**

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

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

		2	0	4
--	--	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary # 

	1	4	7	3
--	---	---	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- ☐ 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?**

				6
--	--	--	--	---

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

0	2
---	---

 / 

1	9
---	---

 / 

2	0	1	4
---	---	---	---

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

		0
--	--	---

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

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

 %



**MS4 Annual Report Form**

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

2	0	1	4
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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

Inspect catch basins and clean as needed.

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

Number of catch basins inspected. (1473 inspected)

Number of catch basins cleaned. (1473 cleaned)

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

1	4	7	3
---	---	---	---

(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 inspect catch basins and clean as needed.



**MS4 Annual Report Form**

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

2	0	1	4
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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

Conduct street sweeping.

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

Number of miles of street swept. (204 MILES)

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

			4
--	--	--	---

(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 sweep streets.



**MS4 Annual Report Form**

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2	0	1	4
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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

Create an inventory of operations/activities/facilities that are subject to environmental assessment requirement.

Conduct environmental assessment of each operation/activity/facility every three years.

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

Number of environmental assessments performed.

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

			0
--	--	--	---

(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).**

Conduct environmental assessment of each operation/activity/facility every three years.



**MS4 Annual Report Form**

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Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N Y R 2 0 A 2 3 5

**Additional Watershed Improvement Strategy Best Management Practices** N/A

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

☐ On behalf of an individual MS4☐ On behalf of a coalitionHow 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	1,2,7a-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, 

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

Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☐ No ☒ N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

		0
--	--	---

 %

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? 

		0
--	--	---

 %

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

--	--	--

 %

☒ No Projects Planned

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

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



**MS4 Annual Report Form**

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

2	0	1	4
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

VILLAGE OF DEPEW

SPDES ID

N	Y	R	2	0	A	2	3	5
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9. Has your MS4/Coalition developed and implemented a program of native planting?

☐ Yes ☒ No ☐ N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

☐ Yes ☒ No ☐ N/A

11. Does your MS4/Coalition have a pet waste bag program?

☐ Yes ☒ No ☐ N/A

12. Does your MS4/Coalition have a program to manage goose populations?

☐ Yes ☒ No ☐ N/A





303 BREW RD  
BERGEN NY 14416

**February 17 2014**

**Industrial Stormwater General Permit Coordinator  
NYSDEC  
Bureau of Water Permits  
625 Broadway  
Albany, New York 12233-3505**

**RE: Discharge Monitoring Reports for monitoring year 2013  
Permit I.D. No.: NYR00A625  
Facility Name: Waste Management of NY**

**Dear Sirs:**

Waste Management of New York, LLC, is submitting the enclosed Discharge Monitoring Report for stormwater compliance in accordance with the New York State Department of Environmental Conservation SPDES Multi-Sector General Permit for Stormwater Discharges associated with Industrial Activity (Permit No. GP-0-06-002) for the above referenced site. Also enclosed is the Annual Certification report.

If you have any questions or require further information, please do not hesitate to contact at 585-512-2458.

Regards,

A handwritten signature in cursive script, appearing to read "Sandy DiSalvo".

*Sandy DiSalvo*

Enc

CC V OF DEPEW MS4



**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: WASTE MANAGEMENT OF NEW YORK LLC  
ADDRESS: 3327 WALDEN AVE  
DEPEW, NY 14043  
FACILITY: DEPEW TRANSFER STATION  
LOCATION: 3327 WALDEN AVE  
DEPEW, NY 14043

NYR00A625	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/23/2013	12/31/2013

DMR Mailing ZIP CODE: 14043  
MINOR (SUBR 00)  
STORMWATER RUNOFF - BENCHMARK MONITOR  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00556 10	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
34010 10	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34030 10	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Ethylbenzene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
34371 10	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
81017 10	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Xylene [mixture of m+o+p]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
81551 10	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Sandra D. Selo EPM	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE
TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Land Transportation and Warehousing Facilities (SIC Codes 4011, 4013, 4111-4173, 4212-4231, 4311 and 5171)

SITE DOES quarterly reporting  
exceeds & corrective action form previously submitted



**Annual Certification Report  
SPDES Multi-Sector General Permit for Stormwater  
Discharges Associated with Industrial Activity (GP-12-01-001)**

The owner/operator shall complete this Annual Certification Report form by answering the following questions, describing improvements to the facility's Stormwater Pollution Prevention Plan (SWPPP), providing copies of monitoring results on appropriate Discharge Monitoring Reports forms and signing the certification at the end of this form. This completed report is to be submitted each calendar year by February 28th of the following year to:

**MSGP Permit Coordinator  
NYSDEC, Bureau of Water Compliance  
625 Broadway, Albany, NY, 12233-3506**

**SECTION I: FACILITY INFORMATION:**

Permit I.D. No.: NYR00	A	6	2	5
------------------------	---	---	---	---

Report for Calendar Year: 2013

**Owner Name**[illegible]**Facility Name**[illegible]

**SECTION II: GENERAL INFORMATION:**

1. List the number of stormwater outfalls at the facility that are from areas of industrial activity.....	0	0	1
---	---	---	---

2. Is the facility claiming any monitoring waiver(s)? ..... ☐ Yes ☒ No

**If yes, which waiver(s) are you claiming?**

- ☐ Adverse Climatic Conditions\*
- ☐ Alternate Certification of "Not Present" or "No Exposure"
- ☐ Inactive or Unstaffed Site\*
- ☐ Representative Outfall\*

**\* If you are claiming a monitoring waiver the appropriate monitoring waiver form must be included with your Discharge Monitoring Report form.**

3. Is the information provided in your original Notice of Intent (NOI) submission still accurate and up to date? If not, please submit a Notice of Modification (NOM) to update the facility information ..... ☒ Yes ☐ No

4. Has a comprehensive Site Compliance Inspection and Evaluation been conducted at the facility in the past year? ... ☒ Yes ☐ No

5. Is the facility's Stormwater Pollution Prevention Plan (SWPPP) kept up to date and modified when necessary? ..... ☒ Yes ☐ No

**SECTION III: QUARTERLY VISUAL MONITORING:**

1. Have the required quarterly visual examinations of stormwater at the facility been performed during this reporting period (See Part.IV.1.a of the MSGP)? ..... ☒ Yes ☐ No

2. Did any of the quarterly visual examinations result in observations of color, odor, clarity, floating solids, settled solids, suspended solids, foam, oil sheen, or other indicators of stormwater pollution and contamination? (If yes, question 2.A, 2.B, and 2.C below must be answered) ..... ☐ Yes ☒ No

A. Were corrective and follow up actions taken (See Part IV.B.1.a.(5) of the MSGP)? ..... ☐ Yes ☐ No

B. Has the facility's SWPPP been updated to include modification to existing BMPs or installation of new BMPs to prevent stormwater pollution and contamination from reoccurring (See Part IV.B.1.a.(5)(c) of the MSGP)?..... ☒ Yes ☐ No

C. Was a follow up visual inspection conducted to ensure corrective and follow up actions were successful (See Part IV.B.1.a.(5)(d) of the MSGP)? ..... ☐ Yes ☐ No



**SECTION IV: ANNUAL DRY WEATHER FLOW MONITORING:**

1. Was the annual dry weather flow inspection performed during this reporting period (See Part IV.B.1.b of the MSGP)? ..... ☒ Yes ☐ No
2. Were any non-stormwater dischargers or indicators of non-stormwater discharges identified? (If no, proceed to Section IV) ..... ☐ Yes ☒ No
3. Was the source of the non-stormwater discharge identified? (If no, proceed to question 5) ..... ☐ Yes ☐ No
4. Is the source an allowable non-stormwater discharge (i.e., discharge covered by another SPDES permit or an allowable non-stormwater discharge covered in Part I.C.3 of the MSGP)? (If yes, question 4.A. below must be answered; if no, proceed to question 5) ..... ☐ Yes ☐ No
- A. Has the facility's SWPPP been updated to address the newly identified allowable non-stormwater discharge(s) (See Part IV.B.1.b.(3)(d) of the MSGP)? ..... ☐ Yes ☐ No
5. Were corrective and follow up actions taken to eliminate the unauthorized non-stormwater discharge (See Part IV.B.1.b.(3) of the MSGP)? ..... ☐ Yes ☐ No
6. Were corrective and follow up actions successful in eliminating the unauthorized non-stormwater discharge? ..... ☐ Yes ☐ No

**Note:** If it is not possible to eliminate the non-authorized stormwater discharge the owner/operator must notify the Department with 14 days.

**SECTION V: STORMWATER MONITORING - BENCHMARK PARAMETERS:**

1. Is the owner/operator required to monitor stormwater at the facility for benchmark parameters (See Part IV.B.1.c)? (If no, proceed to Section V) ..... ☒ Yes ☐ No
2. Were there any monitoring problems? (Answer "Yes" if storm event criteria was not met or if the laboratory indicated quality assurance/quality control problems) ..... ☐ Yes ☒ No
3. Were any of the sampling results from this year higher than the benchmark cut-off concentrations listed in the permit? (If yes, questions 3.A and 3.B below must be answered) ..... ☒ Yes ☐ No
- A. Were corrective and follow up actions taken (See Part IV.B.1.c.(6) of the MSGP)? ..... ☒ Yes ☐ No
- B. Has the facility's SWPPP been updated to include modification to existing BMPs or installation of new BMPs to prevent the benchmark exceedance from reoccurring (See Part IV.B.1.c.(6)(c) of the MSGP)? ..... ☐ Yes ☒ No

**Note:** If you had a benchmark exceedance your Corrective Action Form with follow up sample results are due by July 31 (See Part IV.B.1.c.(6)(d)(iii) of the MSGP).

**SECTION VI: STORMWATER MONITORING - COAL PILE RUNOFF:**

1. Is the owner/operator required to conduct compliance monitoring for storm water discharges from coal piles (See Part IV.B.1.d of the MSGP)? (If no, proceed to Section VI) ..... ☐ Yes ☒ No
2. Were there any monitoring problems? (Answer "Yes" if storm event criteria was not meet or if the laboratory indicated quality insurance assurance/quality control problems) ..... ☐ Yes ☐ No
3. Were any of the sampling results from this year higher than the effluent limitations listed in Table IV-1 of the MSGP? (If yes, questions 3.A and 3.B. below must be answered) ..... ☐ Yes ☐ No
- A. Were corrective and follow up actions taken (See Part IV.B.1.d.(6) of the MSGP)? ..... ☐ Yes ☐ No
- B. Has the facility's SWPPP been updated to include modification to existing BMPs or installation of new BMPs to prevent the effluent limitation exceedance from reoccurring (See Part IV.B.1.d.(6) of the MSGP)? ..... ☐ Yes ☐ No

**Note:** If you had a effluent limitation exceedance your Corrective Action Form with follow up sample results are due by July 31 (See Part IV.B.1.e.(5)(e)(ii) of the MSGP).



**SECTION VII: STORMWATER MONITORING - COMPLIANCE MONITORING**

1. Is the owner/operator required to conduct compliance monitoring for storm water discharges subject to Point Source Category Effluent Limitations (See Part IV.B.1.e of the MSGP)? (If no, proceed to Section VII) ..... ☐ Yes ☒ No
2. Were there any monitoring problems? (Answer "Yes" if storm event criteria was not meet of if the laboratory indicated quality insurance assurance/quality control problems) ..... ☐ Yes ☐ No
3. Were any of the sampling results from this year higher than the effluent limitations listed in the permit? (If yes, questions 3.A and 3.B. below must be answered) ..... ☐ Yes ☐ No
- A. Were corrective and follow up actions taken (See Part IV.B.1.e.(5) of the MSGP)? ..... ☐ Yes ☐ No
- B. Has the facility's SWPPP been updated to include modification to existing BMPs or installation of new BMPs to prevent the effluent limitation exceeding from reoccurring (See Part IV.B.1.e.(5)(c) of the MSGP)? ..... ☐ Yes ☐ No

Note: If you had an effluent limitation exceedance your Corrective Action Form with follow up sample results are due by July 31 (See Part IV.B.1.e.(5)(e)(ii) of the MSGP).

**SECTION VIII: STORMWATER MONITORING - DISCHARGES TO IMPAIRED WATERBODIES:**

1. Is the owner/operator required to conduct compliance monitoring for discharges to impaired waterbodies (See Part IV.B.1.g of the MSGP)? (If no, proceed to Section VIII)..... ☒ Yes ☐ No
2. Were there any monitoring problems? (Answer "Yes" if storm event criteria was not meet of if the laboratory indicated quality insurance assurance/quality control problems) ..... ☐ Yes ☒ No
3. Were any of the sampling results from this year higher than the benchmark cut-off concentrations or effluent limitations listed in the permit? (If yes, questions 3.A and 3.B below must be answered). ..... ☒ Yes ☐ No
- A. Were corrective and follow up actions taken (See Part IV.B.1.g.(6) of the MSGP)? ..... ☒ Yes ☐ No
- B. Has the facility's SWPPP been updated to include modification to existing BMPs or installation of new BMPs to prevent the benchmark cutoff concentrations or effluent limitations exceedance from reoccurring (See Part IV.B.1.g.(6)(c) of the MSGP)? ..... ☐ Yes ☒ No
- C. Did the follow-up quarterly sample show the corrective and follow up actions to be successful? ..... ☒ Yes ☐ No

**SECTION IX: SUMMARY:**

Provide a brief description of any facility changes; problems identified during comprehensive compliance evaluations, quarterly visual observations or monitoring results; and actions taken to improve the quality of the stormwater discharge.

NO ISSUES. CORRECTIVE ACTIONS PREVIOUSLY REPORTED ON QUARTERLY REPORTS.

**CERTIFICATION**

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, to 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

S | A | N | D | R | A | | | | | | | | | |  
Owner/Operator First Name (please print or type)

L  
MI

0 | 2 | / | 1 | 4 | / | 2 | 0 | 1 | 4  
Date

D | I | S | A | L | V | O | | | | | | | | | |  
Owner/Operator Last Name (please print or type)

*Amaha D. J. [Signature]*  
Owner/Operator Signature



**Training and Attendance 2013-2014 MS4 Reporting Period**

**P2-Good Housekeeping/IDDE Training # 6**

Lewis Heltman

**NYSDEC 4 Hour Erosion & Sediment Control Training**

Anthony Fischione

Matt Fischione

Lewis Heltman



# CATCH BASIN AND STORM DRAIN SYSTEM CLEANING INSPECTION CHECKLIST AND REPAIR

FORM TO BE SUBMITTED TO DPW OFFICE END OF THE MONTH

March 2013-March 2014

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NO		LOCATION STREET	COMPONENTS/ ITEMS TO CHECK				PROBLEMS OBSERVED	REPAIRS NECESSARY	ACTION TAKEN	EQUIPMENT USED	PR #	EMPLOYEE PRINT NAME	DATE
			CB - Catch Basin	DS - Deterioration of Structure	RS - Repair Structure								
			DI - Drop Inlet	CI - Clogged During or after Storm	RG - Replace Grate								
			SM - Storm Manhole	DP - Deposit / Pollutants in Structure	CO - Clean Out								
					CP - Clean Pipe								
					RP - Replace Pipe								
				YES / NO									
1	190	S Bryant	CB	DS	YES	RS CO	AIR COMPRESSOR		Pyc, Morgan		04/23/2013		
2		Terrace @ Firemans Park	CB	DS	YES	RS CO	AIR COMPRESSOR		Pyc, Morgan		04/24/2013		
3		Gould @ Firemans Park	CB	DS	YES	RS CO	AIR COMPRESSOR		Pyc, Morgan		04/25/2013		
4		Albert St @ Albert Ct (1)	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan		04/26/2013		
5		Albert St @ Albert Ct (2)	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan		04/29/2013		
6		Rehm @ Patsy on E Side	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan		05/01/2013		
7		Rehm @ Patsy W Side (2)	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan		05/02/2013		
8	190	S Bryant	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan		05/02/2013		
9		Rehm @ Patsy W Side (1)	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan		05/03/2013		
10		Rehm @ Lee St	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Miechowicz		05/07/2013		
11		Terrace @ St James	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan		05/20/2013		
12		Ellicott @ Walden	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan		05/14/2013		
13	530	Penora	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan		05/17/2013		
14	453	Penora	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan		05/16/2013		

NO CATCH BASIN OR STORM DRAIN SYSTEM  
CLEANING AND REPAIRING  
March 2013-March 2014

SIGNATURE



# CATCH BASIN AND STORM DRAIN SYSTEM CLEANING INSPECTION CHECKLIST AND REPAIR

FORM TO BE SUBMITTED TO DPW OFFICE END OF THE MONTH

March 2013-March 2014

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NO CATCH BASIN OR STORM DRAIN SYSTEM CLEANING AND REPAIRING March 2013-March 2014		SIGNATURE						
LOCATION NO STREET	COMPONENTS/ ITEMS TO CHECK	PROBLEMS OBSERVED	REPAIRS NECESSARY	ACTION TAKEN	EQUIPMENT USED	PR #	EMPLOYEE PRINT NAME	DATE
15 529 Penora	CB - Catch Basin DI - Drop Inlet SM - Storm Manhole	DS - Deterioration of Structure CI - Clogged During or after Storm DP - Deposit / Pollutants in Structure	YES / NO	RS CO	AIR COMPRESSOR		Lorusso, Morgan	05/20/2013
16 Rehm @ Shor Repair	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan	05/15/2013
17 248 Rehm	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan	05/16/2013
18 Eagle Terrace	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan	05/21/2013
19 131 Albert	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan	05/14/2013
20 85 Albert	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan	05/14/2013
21 10 Michele @ Cornell	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan	05/17/2013
22 Vets Park	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan	05/15/2013
23 Rehm @ Firebox	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan	05/29/2013
24 250 Rehm @ Firebox	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan	05/31/2013
25 256 Rehm	CB	DS	YES	RS CO	AIR COMPRESSOR		Lorusso, Morgan	06/14/2013
26 River @ Terrace (West Side)	CB	DS	YES	RS CO	AIR COMPRESSOR		Mrozek, Lorusso	06/03/2013
27 River @ Terrace (East Side)	CB	DS	YES	RS CO	AIR COMPRESSOR		Mrozek, Lorusso	06/03/2013
28 330 River	CB	DS	YES	RS CO	AIR COMPRESSOR		Mrozek, Lorusso	06/03/2013



# CATCH BASIN AND STORM DRAIN SYSTEM CLEANING INSPECTION CHECKLIST AND REPAIR

FORM TO BE SUBMITTED TO DPW OFFICE END OF THE MONTH

March 2013-March 2014

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NO CATCH BASIN OR STORM DRAIN SYSTEM CLEANING AND REPAIRING March 2013-March 2014		SIGNATURE		
NO	LOCATION STREET	PR #	EMPLOYEE PRINT NAME	DATE
29	248 Rehm		Lorusso, Morgan	06/14/2013
30	56 Airview		Lorusso, Morgan	06/14/2013
31	57 Airview		Lorusso, Morgan	06/14/2013
32	Terrell @ Falcon		Lorusso, Morgan	06/14/2013
33	219 Highland		Morgan, Hottum	07/02/2013
34	221 Terrace @ Lehigh		Morgan, Hottum	07/02/2013
35	257 Terrace @ Erie		Morgan, Hottum	07/02/2013
36	Howard @ Airview		Morgan, Hottum	07/03/2013
37	89 George (S)		Sojka, Lorusso	07/09/2013
38	89 George (N)		Sojka, Lorusso	07/09/2013
39	75 George		Sojka, Lorusso	07/09/2013
40	64 Airview Ct		Sojka, Lorusso	07/11/2013
41	16 Airview		Sojka, Lorusso	07/11/2013
42	17 Airview		Sojka, Lorusso	07/11/2013

CB - Catch Basin		DS - Deterioration of Structure		RS - Repair Structure	
DI - Drop Inlet	SM - Storm Manhole	CI - Clogged During or after Storm	DP - Deposit / Pollutants in Structure	RG - Replace Grate	CO - Clean Out
COMPONENTS/ ITEMS TO CHECK		PROBLEMS OBSERVED	REPAIRS NECESSARY	ACTION TAKEN	EQUIPMENT USED
			YES / NO		



# CATCH BASIN AND STORM DRAIN SYSTEM CLEANING INSPECTION CHECKLIST AND REPAIR

FORM TO BE SUBMITTED TO DPW OFFICE END OF THE MONTH

March 2013-March 2014

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NO		LOCATION STREET	CB - Catch Basin DI - Drop Inlet SM - Storm Manhole		DS - Deterioration of Structure CI - Clogged During or after Storm DP - Deposit / Pollutants in Structure		REPAIRS NECESSARY		ACTION TAKEN		EQUIPMENT USED		PR #		EMPLOYEE PRINT NAME		DATE
			COMPONENTS/ ITEMS TO CHECK		PROBLEMS OBSERVED		YES / NO								SIGNATURE		
43		Gould @ Erie	CB		DS		YES	RS CO	AIR COMPRESSOR			Mrozek, Miechowicz		07/16/2013			
44	292	Wayside	CB		DS		YES	RS CO	AIR COMPRESSOR			Lorusso, Mrozek		07/18/2013			
45	12	Pamela	CB		DS		YES	RS CO	AIR COMPRESSOR			Lorusso, Mrozek		07/22/2013			
46	240	Seabert	CB		DS		YES	RS CO	AIR COMPRESSOR			Lorusso, Mrozek		07/23/2013			
47	29	Beverly	CB		DS		YES	RS CO	AIR COMPRESSOR			Lorusso, Mrozek		07/24/2013			
48	144	Cheryl	CB		DS		YES	RS CO	AIR COMPRESSOR			Lorusso, Mrozek		07/25/2013			
49		Sherwood & Rossiter	CB		DS		YES	RS CO	AIR COMPRESSOR			Lorusso, Mrozek		07/26/2013			
50		Sherwood @ King	CB		DS		YES	RS CO	AIR COMPRESSOR			Urbanski, Pyc, Hoffum		07/29/2013			
51		Sherwood @ Seabert	CB		DS		YES	RS CO	AIR COMPRESSOR			Miechowicz, Lorusso		07/30/2013			
52	53	Patsy	CB		DS		YES	RS CO	AIR COMPRESSOR			Spinella, Lorusso		08/05/2013			
53		Harlan @ Burlington	CB		DS		YES	RS CO	AIR COMPRESSOR			Spinella, Lorusso		08/07/2013			
54	957	Sherwood	CB		DS		YES	RS CO	AIR COMPRESSOR			Spinella, Lorusso		08/07/2013			
55	153	Albert	CB		DS		YES	RS CO	AIR COMPRESSOR			Sojka, Lorusso		08/12/2013			
56		Pamela @ French	CB		DS		YES	RS CO	AIR COMPRESSOR			Spinella, Lorusso		08/14/2013			

NO CATCH BASIN OR STORM DRAIN SYSTEM  
CLEANING AND REPAIRING  
March 2013-March 2014



# CATCH BASIN AND STORM DRAIN SYSTEM CLEANING INSPECTION CHECKLIST AND REPAIR

FORM TO BE SUBMITTED TO DPW OFFICE END OF THE MONTH

March 2013-March 2014

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NO CATCH BASIN OR STORM DRAIN SYSTEM CLEANING AND REPAIR March 2013-March 2014									
LOCATION		COMPONENTS/ ITEMS TO CHECK	PROBLEMS OBSERVED	REPAIRS NECESSARY	ACTION TAKEN	EQUIPMENT USED	PR #	EMPLOYEE PRINT NAME	DATE
NO	STREET								
57	51 Susan	CB - Catch Basin DI - Drop Inlet	DS - Deterioration of Structure CI - Clogged During or after Storm	YES	RS CO	AIR COMPRESSOR		Lorusso, Sojka	08/15/2013
58	184 Bigelow	SM - Storm Manhole	DP - Deposit / Pollutants in Structure	YES	RS CO	AIR COMPRESSOR		Thurnherr, Lebedzinski	08/16/2013
59	147 Harvard			YES	RS CO	AIR COMPRESSOR		Spinella, Lebedzinski	08/21/2013
60	20 Dean			YES	RS CO	AIR COMPRESSOR		Pyc, Morgan	08/21/2013
61	59 Harvard @ Canisius			YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	08/28/2013
62	47 Harvard			YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	08/29/2013
63	107 Harvard			YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	08/30/2013
64	151 University			YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/04/2013
65	77 Brewster			YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/06/2013
66	39 Irving			YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/09/2013
67	Brunswick by Crosswalk			YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/11/2013
68	97 Rossiter			YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/11/2013
69	Burlington @ Houston (Corner by Stop Sign)			YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/13/2013
70	Enez @ Patrick			YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/17/2013



# CATCH BASIN AND STORM DRAIN SYSTEM CLEANING INSPECTION CHECKLIST AND REPAIR

FORM TO BE SUBMITTED TO DPW OFFICE END OF THE MONTH

March 2013-March 2014

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NO		LOCATION STREET	CB - Catch Basin DI - Drop Inlet SM - Storm Manhole		DS - Deterioration of Structure CI - Clogged During or after Storm DP - Deposit / Pollutants in Structure		RS - Repair Structure RG - Replace Grate CO - Clean Out CP - Clean Pipe RP - Replace Pipe		SIGNATURE		DATE
			COMPONENTS/ ITEMS TO CHECK	PROBLEMS OBSERVED	REPAIRS NECESSARY	ACTION TAKEN	EQUIPMENT USED	PR #	EMPLOYEE PRINT NAME		
71		Enez @ Patrick	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/18/2013	
72	29	Meridian on Minden	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/18/2013	
73	22	Bryan	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/19/2013	
74	43	Muskingum	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/19/2013	
75	77	Harvard	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/20/2013	
76	94	Main St	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/24/2013	
77		Manitou (across from St Auggies)	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/25/2013	
78	95	Argus	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/27/2013	
79		Argus & Krieger	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/30/2013	
80		Dead End Rossiter at Buchanan	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	09/30/2013	
81	220	Buchanan	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	10/01/2013	
82		French & Cornell (N.Side)	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	10/01/2013	
83		Cornell & Susan	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	10/08/2013	
84		99 Ellicott (across Street)	CB	DS	YES	RS CO	AIR COMPRESSOR		Sojka, Lucarelli	10/09/2013	

NO CATCH BASIN OR STORM DRAIN SYSTEM  
CLEANING AND REPAIRING  
March 2013-March 2014



# CATCH BASIN AND STORM DRAIN SYSTEM CLEANING INSPECTION CHECKLIST AND REPAIR

FORM TO BE SUBMITTED TO DPW OFFICE END OF THE MONTH

March 2013-March 2014

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NO		LOCATION STREET	CB - Catch Basin DI - Drop Inlet SM - Storm Manhole		DS - Deterioration of Structure CI - Clogged During or after Storm DP - Deposit / Pollutants in Structure		RS - Repair Structure RG - Replace Grate CO - Clean Out CP - Clean Pipe RP - Replace Pipe		SIGNATURE		DATE
			COMPONENTS/ ITEMS TO CHECK	PROBLEMS OBSERVED	REPAIRS NECESSARY	ACTION TAKEN	EQUIPMENT USED	PR #	EMPLOYEE PRINT NAME		
85	69	Green Terrace	CB	DS	YES	RS CO	AIR COMPRESSOR		Sojka, Lucarelli	10/09/2013	
86		Claudette @ Sable Palm	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	10/11/2013	
87	194	Warsaw @ Gould	CB	DS	YES	RS CO	AIR COMPRESSOR		Morgan, Lebedzinski, Sojka	10/28/2013	
88	47	King	CB	DS	YES	RS CO	AIR COMPRESSOR		Lebedzinski, Sojka	03/01/2014	
89			CB	DS	YES	RS CO	AIR COMPRESSOR				
90			CB	DS	YES	RS CO	AIR COMPRESSOR				
91			CB	DS	YES	RS CO	AIR COMPRESSOR				
92			CB	DS	YES	RS CO	AIR COMPRESSOR				
93			CB	DS	YES	RS CO	AIR COMPRESSOR				
94			CB	DS	YES	RS CO	AIR COMPRESSOR				
95			CB	DS	YES	RS CO	AIR COMPRESSOR				
96			CB	DS	YES	RS CO	AIR COMPRESSOR				
97			CB	DS	YES	RS CO	AIR COMPRESSOR				
98			CB	DS	YES	RS CO	AIR COMPRESSOR				

NO CATCH BASIN OR STORM DRAIN SYSTEM CLEANING AND REPAIRING

March 2013-March 2014