

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2012

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

SPDES ID

NYR20A186

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

CITY OF SYRACUSE NY

OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

OR

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

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

Name of Coalition

SPDES ID

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 CITY OF SYRACUSE,

SPDES ID NYR20A186

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 STEPHANIE MI G Last Name MINER

Title MAYOR

Address 233 E WASHINGTON ST Room 203

City SYRACUSE State NY Zip 13202-

eMail

Phone (315) 448-8005 County ONONDAGA

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 CITY OF SYRACUSE, NY

SPDES ID
NYR20A186

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 MARY MI E Last Name ROBISON

Title CITY ENGINEER

Address 233 E. WASHINGTON ST ROOM 401

City SYRACUSE State NY Zip 13202

eMail mrobison@ci.syracuse.ny.us

Phone (315) 448-8200 County ONONDAGA

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, **2012**

Name of MS4 **CITY OF SYRACUSE, NY**

SPDES ID
NYR20A106

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 **DONALD** MI **H** Last Name **SPIES**

Title **FACILITIES ENGINEER**

Address **233 G WASHINGTON ST ROOM 901**

City **SYRACUSE** State **NY** Zip **13202**

eMail **dspies@ci.syracuse.ny.us**

Phone **(315) 440-8210** County **ONONDAGA**

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 CITY OF SYRACUSE, NY

SPDES ID
NYR20A186

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C 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.)

SPDES Partner ID - If applicable

NYR20

Address

1 2 6 N o r t h S a l i n a S t r e e t

City

S y r a c u s e

State

N Y

Zip

1 3 2 0 2 -

eMail

b e r t u c h @ c n y r p d b . o r g

Phone

(3 1 5) 4 2 2 - 8 2 7 6

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

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

- MM1 M u l t i p l e T a s k s
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 CITY OF SYRACUSE, NY

SPDES ID
NYR20A186

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 MARY MI E Last Name ROBINSON

Title (Clearly print title of individual signing report)
CITY ENGINEER

Signature
Mary E Robin

Date 05 / 31 / 2012

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,

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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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	2	1
--	--	---	---	---
- Direct Mailings # Mailings

				2
--	--	--	--	---
- Kiosks or Other Displays # Locations

			2	4
--	--	--	---	---
- List-Serves # In List

		6	3	0
--	--	---	---	---
- Mailing List # In List

		5	7	4
--	--	---	---	---
- Newspaper Ads or Articles # Days Run

				4
--	--	--	--	---
- Public Events/Presentations # Attendees

1	2	4	9	5
---	---	---	---	---
- School Program # Attendees

--	--	--	--	--
- TV Spot/Program # Days Run

				1
--	--	--	--	---
- Printed Materials: Total # Distributed

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

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

m	u	n	i	c	i	p	a	l		b	u	i	l	d	i	n	g	s	
e	d	u	c	a	t	i	o	n		b	o	o	t	h					
D	P	W	/	H	w	y		G	a	r	a	g	e	s					

Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

URL

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URL

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MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

3. Web Page con't.: Provide specific web addresses - not home page.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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Name of MS4/Coalition

SPDES ID

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3. Web Page con't.: Provide specific web addresses - not home page.

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Maintain regional stormwater website and information library for reference and use by regulated MS4s and the general public in the SUA.

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

The stormwater website is successfully functioning as a public education tool based on the 36,313 recorded "hits" during the current reporting period. This figure represents a 31% increase over the number of site visitors recorded previous program year (11,258). Usage of the online library held steady at 559 recorded hits, up by only 20 hits from the previous program year.

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

		2	1
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

New information will continuously be added to the regional stormwater website and dated information will be removed. Content will be restructured to facilitate improved ease of access. Additional efforts will be made to promote the website as an educational tool.

MS4 Annual Report Form

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

2	0	1	2
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Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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

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

The pullout was published on April 26, 2011. Home delivery and point of sale editions sold that day totalled 200,000. 100 additional copies were distributed in MS4 municipal buildings, and permission to reprint portions of the piece was requested by the CNY Homebuilders and Remodelers Association

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

			1
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

A similar 4-page pullout will be published in the Syracuse Post Standard on April 16, 2012 and will also be posted on the CNY stormwater website and made available in PDF format for inclusion on municipal websites or reprint and hard copy distribution.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

CNY Stormwater Coalition

SPDES ID

N	Y	R	2	0				
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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Develop three seasonally focused stormwater related articles for publication in the GreenCNY section of the Syracuse Post Standard. The articles will be focused on pollutants of concern in the SUA, stormwater processes, and offer advice on reducing negative water quality impacts through simple actions.

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

Articles were published on May 17, July 19, and November 15, 2011. Point of sale, home delivery and direct distribution totals of each edition were 277,000. 100 additional copies of the May and July, and 70 copies of the November article were requested for distribution at municipal offices. Requests for additional stormwater information were received from the general public following the May and July publications.

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

				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).

Two similar articles will be published in the Syracuse Post Standard Green CNY section in May and July, 2012. The articles will also be posted on the CNY stormwater website and made available in PDF format for inclusion on municipal websites, or for reprint and hard copy distribution.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition CITY OF SYRACUSE, NY

SPDES ID
NYR20A186

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.

05/01/2012

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

30

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

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

Yes No

If Yes, what was the date of the meeting?

 / /

If No, is one planned?

Yes No

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

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition CITY OF SYRACUSE, NY

SPDES ID

NY R20 A106

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.

AMONG THE MEASURABLE GOALS FOR THIS MCM IS THE NUMBER OF PEOPLE CLEARING DEBRIS AND BRUSH FROM STREAMS WITHIN THE CITY, THE NUMBER OF HOURS WORKED, PLUS THE AMOUNT OF DEBRIS AND BRUSH REMOVED AND PROPERLY DISPOSED OF.
ANOTHER MEASURABLE GOAL IS THE NUMBER OF COMMENTS RECEIVED ON THE ANNUAL MS4 REPORT.

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

DURING THE PAST YEAR THE "CREEK RATS" (A VOLUNTEER ORGANIZATION) SPENT 290 PERSON-HOURS REMOVING DEBRIS AND BRUSH FROM ONONDAGA CREEK. THE AGGREGATE TOTAL AMOUNTED TO 1 TRUCK-LOAD OF TRASH/DEBRIS AND 4 TRUCK-LOADS OF BRUSH ALL OF WHICH WAS TRANSPORTED AND DISPOSED OF BY THE CITY'S DPW.
NO PUBLIC COMMENTS WERE RECEIVED ON LAST YEAR'S ANNUAL REPORT.

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

1

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

THE STORMWATER SECTION OF THE DEPARTMENT OF ENGINEERING'S WEBSITE WILL BE EXPANDED TO INCLUDE INFORMATION ON PHOSPHOROUS LOADINGS AND ILLEGAL DISCHARGES.

MS4 Annual Report Form

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

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

Name of MS4/Coalition:

S	Y	R	A	C	U	S	E	,	N	Y
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SPDES ID

N	Y	R	2	0	A	1	B	6
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12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

CONTINUE TO EXPAND OUTFALL/SUBDISSECTED MAPS TO INCLUDE LOCATIONS OF STORM SEWER LINES, CONTINUE OUTFALL RECONNAISSANCE SURVEYS.

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

FIELD REPORTS FILED

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

			1
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

INCREASE RECONNAISSANCE SURVEYS.

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>5</td><td></td><td></td><td></td><td></td></tr></table> | 5 | | | | | <input type="radio"/> No Authority |
| 5 | | | | | | | | |
| <input type="radio"/> Stop Work Orders | # | <table border="1"><tr><td>0</td><td></td><td></td><td></td><td></td></tr></table> | 0 | | | | | <input type="radio"/> No Authority |
| 0 | | | | | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1"><tr><td>0</td><td></td><td></td><td></td><td></td></tr></table> | 0 | | | | | <input type="radio"/> No Authority |
| 0 | | | | | | | | |
| <input type="radio"/> Termination of Contracts | # | <table border="1"><tr><td>0</td><td></td><td></td><td></td><td></td></tr></table> | 0 | | | | | <input type="radio"/> No Authority |
| 0 | | | | | | | | |
| <input type="radio"/> Administrative Fines | # | <table border="1"><tr><td>0</td><td></td><td></td><td></td><td></td></tr></table> | 0 | | | | | <input type="radio"/> No Authority |
| 0 | | | | | | | | |
| <input type="radio"/> Civil Penalties | # | <table border="1"><tr><td>0</td><td></td><td></td><td></td><td></td></tr></table> | 0 | | | | | <input type="radio"/> No Authority |
| 0 | | | | | | | | |
| <input type="radio"/> Administrative Orders | # | <table border="1"><tr><td>0</td><td></td><td></td><td></td><td></td></tr></table> | 0 | | | | | <input type="radio"/> No Authority |
| 0 | | | | | | | | |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td>0</td><td></td><td></td><td></td><td></td></tr></table> | 0 | | | | | <input type="radio"/> No Authority |
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| <input type="radio"/> Other | # | <table border="1"><tr><td>0</td><td></td><td></td><td></td><td></td></tr></table> | 0 | | | | | <input type="radio"/> No Authority |
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition CITY OF SYRACUSE, NY

SPDES ID
NYR20A186

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

DEPARTMENT OF ENGINEERING

Address

233 E WASHINGTON ST ROOM 401

City

SYRACUSE

Zip

NY 13202

Phone

(315) 448-8210

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

Name of MS4/Coalition

C	I	T	Y		O	F		S	Y	R	A	C	U	S	E	,	N	Y
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SPDES ID

N	Y	R	2	0	A	1	8	6
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7. Evaluating Progress Toward Measurable Goals MCM 4

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

THE CITY WILL TRACK THE NUMBER OF SCWPP'S REVIEWED, PLUS THE NUMBER OF VIOLATIONS FOUND DURING SITE INSPECTIONS.

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

DISCUSSIONS WITH DESIGN PROFESSIONALS INDICATE THEY ARE AWARE OF THE CITY'S STORMWATER ORDINANCE AND ITS REQUIREMENTS FOR SCWPP'S.
TALKS WITH CONTRACTORS INDICATE MOST ARE AWARE OF THE NEED FOR SOIL EROSION AND SEDIMENT CONTROL MEASURES AND THE PROPER MAINTENANCE OF THESE MEASURES.

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

			1	2
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(ex.: samples/participants/events)

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

Yes No

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

THE CITY'S STORMWATER ORDINANCE IS TO BE REVISED TO BETTER DEFINE CONDITIONS REQUIRED A SWPP TO BE PREPARED AND TO INCLUDE GREEN INFRASTRUCTURE TECHNIQUES AS METHODS TO IMPROVE WATER QUALITY OF STORMWATER.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

C	I	T	Y	O	F	S	Y	R	A	C	U	S	E	,	N	Y
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 SPDES ID

N	Y	R	2	0	A	1	0	6
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- 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
 Yes No
- 4b. Does the MS4 have a banking and credit system for stormwater management practices?
 Yes No
- 4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
 Yes No
- 4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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

2	5
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 %

MS4 Annual Report Form

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

2	0	1	2
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Name of MS4/Coalition

C	I	T	Y	O	F	S	Y	R	A	C	S	E	,	N	E	Y
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SPDES ID

N	Y	R	2	0	A	1	E	6
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

CONTINUE TO MAINTAIN AN INVENTORY OF POST-CONSTRUCTION STORMWATER MANAGEMENT PRACTICES. CONDUCT INSPECTIONS OF THESE MANAGEMENT PRACTICES.

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

DUE TO CONSTRAINTS ON STAFF TIME AND AVAILABILITY, A REDUCED NUMBER OF INSPECTIONS WERE CONDUCTED IN THE LAST YEAR.

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

				1
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

STAFF WILL MAKE EXTRA EFFORTS TO CONDUCT AN INSPECTION PROGRAM IN THE COMING YEAR. STAFF WILL ALSO REMIND OWNERS OF MANAGEMENT FACILITIES TO SUBMIT THEIR REQUIRED ANNUAL INSPECTION REPORTS.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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Name of MS4/Coalition CITY OF SYRACUSE, NY

SPDES ID
NY R20A186

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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

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

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
- Streets Swept (Number of miles X Number of times swept) # Miles
- Catch Basins Inspected and Cleaned Where Necessary #
- 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? **4. What was the date of the last training?** **5. How many municipal employees have been trained in this reporting period?** **6. What percent of municipal employees in relevant positions and departments receive stormwater management training?** %

MS4 Annual Report Form

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Name of MS4/Coalition

CITY OF SYRACUSE, NY

SPDES ID

NYR20A186

Additional Watershed Improvement Strategy Best Management Practices

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

 On behalf of an individual MS4 On behalf of a 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)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,7a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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

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

If N/A, go to question 3.

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

 %

Estimate what percentage was mapped in this reporting period.

 %

MS4 Annual Report Form

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

2	0	1	2
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Name of MS4/Coalition

C	I	T	Y	O	F	S	Y	R	A	C	S	E	,	N	Y
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SPDES ID

M	Y	R	2	0	A	1	8	6
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? Yes No N/A

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

N	A
---	---

 %

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	1
---	---

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

3	3
---	---

 %

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

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

 %

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

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MS4 Annual Report Form

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Name of MS4/Coalition CITY OF SYRACUSE, NY

SPDES ID
NYR20A186

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

