### **MS4 Annual Report Cover Page**

MCC form for period ending March 9,  $2 \mid 0 \mid 1 \mid 9$ 

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

S	PΙ	DES	ID						
]	N	Y	R	2	0	А	0	2	5

#### **Choose one:**

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

Fill in SPDES ID in upper right hand corner.

Nai	ne c	of M	S4																						
N	Y		S	t	a	t	е	С	a	n	a	1	С	0	r	р	0	r	a	t	i	0	n		

#### OR

This	report i	s being	submitted	on	behalf	of a	Single	Entity
1 1112	rcporti	s being	Submitted	UII	DCHan	oi a	Singic	Linuty

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

Name of Coalition

YR

Name of Single E	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.

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

0 | A

YR

0 A

Y R 2

# **MS4 Annual Report Cover Page**

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

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

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

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

		_	SPL	DES	ID						
Name of MS4	New York State Canal Corporation		N	Y	R	2	0	А	0	2	5

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)
- O A Joint Report

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

If J	oınt	Rep	ort,	ent	er c	oalı	tıon	nar	ne:										
_																			=
	_			_							_								
																			1
																			1
																			1

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

		SPI	DES	ID						
Name of MS4 New York State Canal Corpo	ration	N	Y	R	2	0	А	0	2	5

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ame													_	MI		Las	t Na	ame												
J	a	m	е	s												E		С	a	n	d	i	1	0	r	0	,		Р		E	•
Titl	e																															
D	i	r	е	С	t	0	r		0	f		Ε	n	V	•		Н	е	a	1	t	h		&		S	a	f	е	t	У	
Ad	dres	s																														
3	0		S	0	u	t	h		Р	е	a	r	1		S	t	r	е	е	t												
Cit	y																			S	tate		Zip	)				_				
Cit	y 1	b	а	n	У																	Y	Zip	2	2	0	7	] -				
	1	b	а	n	У																		$\overline{}$		2	0	7	<b>-</b>				
А	1	b	a e	n	У .	С	a	n	d	i	1	0	r	0	@	С	a	n	a				$\overline{}$		2	g 0	7	<b>-</b>				
A eM	l ail a					С	a	n	d	i		0	r	0	@	С		n Cou		1	1 .	Y	1	2								

MCC form for period ending March 9,  $2 \mid 0 \mid 1 \mid 9$ 

	SPI	DES	ID.						
Name of MS4 New York State Canal Corporation	N	Y	R	2	0	A	0	2	5

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 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.

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

Firs	st Na	ame														MI		Las	st N	ame												
S	е	a	n													M		W	е	1	1	m	a	n								
Titl	e																															
M	a	n	а	g	е	r	,		E	n	v	i	r	0	n	m	е	n	t	a	1		0	р	е	r	а	t	i	0	n	ន
Ado	dres	s																														
3	0		S	0	u	t	h		Р	е	a	r	1		S	t	r	е	е	t												
																				~												
Cit	У																			S	tate		Zip	)				_				
City	1	b	a	n	У															1 [		Y	2ip	2	2	0	7	] -				
	1	b	а	n	У															1 [					2	0	7	<b>-</b>				
А	1	b	a n	n	Y W	е	1	1	m	а	n	@	n	У	р	a		g	0	1 [					2	0	7	] <b>-</b>				
A eM	1 ail e					е	1	1	m	a	n	@	n	У	р	а	•	g Cou		v					2	0	7	] <b>-</b>				

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

		 SPI	DES	ID.						
Name of MS4 New	York State Canal Corporation	N	Y	R	2	0	А	0	2	5

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ame	;													MI		Las	st Na	ame	:										
Н	0	W	a	r	d													G	0	е	b	е	1								
Titl	e																														
D	е	р	u	t	У		D	i	r	е	С	t	0	r		Ε	n	g	•		a	n	d		М	a	i	n	t	•	
Add	lres	S																													
3	0		S	0	u	t	h		Р	е	a	r	1		S	t	r	е	Ф	t											
City	y																			S	tate		Zip	)							
City	y 1	b	а	n	У																	Y	Zip 1	2	2	0	7	] -			
	1	b	а	n	У																		1		2	0	7	<b>-</b>			
A	1	b	a	n	У	•	G	0	е	b	е	1	@	С	a	n	a	1	S				1		2	0	7	<b>-</b>			
A eMa	l ail					•	G	0	е	b	е	1	@	С	а	n		1 Cou			.1 .7	Y	1	2		0 v	7	<b>-</b>			

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

		SPI	DES	ID						
Name of MS4 New York State Canal Corpo	ration	N	Y	R	2	0	А	0	2	5

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

Firs	st Na	ame													_	MI	_	Las	st N	ame	:										
М	a	t	t	h	е	W										J		M	i	d	a	У									
Titl	e																														
S	е	n	i	0	r		Р	r	0	j	е	С	t		Ε	n	g	i	n	е	е	r									
Ad	lres	S																													
4	4	3		Ε	1	е	С	t	r	0	n	i	С	s		Р	а	r	k	W	а	У									
	•			•	•	•	•	•	•	•			•		•	•	•		•	•		•	•					•	-	•	 
Cit	У																			S	tate	:	Zip	)				_			
Cit	y i	V	е	r	р	0	0	1													-	Y	Zip	3	0	8	8	] <b>-</b>			
	i	V	е	r	р	0	0	1													-		$\overline{}$		0	8	8	_			
L	i	v	e	r	р	0	о В	l a	r	t	0	n	a	n	d	L	0	g	u		-		$\overline{}$		0	8 C	8	<b>-</b>			
L eM	i ail w								r	t	0	n	а	n	d	L	0		u	i	N .	Y	1	3							

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

Section 3 - Partner Information Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  • 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/CoalitionName**  Partner/CoalitionName(con't)  **SPDES Partner ID - If applicable**  **Partner/CoalitionName(con't)  **SPDES Partner ID - If applicable**  **N Y R 2 0   MY R 2 0   M
Priority  A 1 b a n y  A 1 b a
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/CoalitionName   Partner/CoalitionName (con't)
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.    AnthericoalitionName
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/CoalitionName   Partner/CoalitionName (con't)   SPDES Partner ID - If applicable   N Y R 2 0
f No, proceed to Section 4 - Certification Statement.    Contact
Partner/CoalitionName
P a r k s a n d T r a i l s N e w Y o r k  Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable  N Y R 2 0  State Zip  N Y R 1 2 0 7 - State Zip  N Y R 1 2 0 7 - State Zip  N Y R 1 2 2 0 7 - State Zip  N Y R 1 2 2 0 7 - State Zip  N Y R 2 0 7 - State Zip  N Y R 2 0 7 - State Zip  N Y R 2 0 7 - State Zip  N Y R 2 0 7 - State Zip  N Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 7 - State Zip  N R Y R 2 0 0 7 - State Zip  N R Y R Y R Y R Z R Y R Y R Y R Y R Y R Y
Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable  N Y R 2 0  Address  2 9 E 1 k S t r e e t  State Zip  N Y 1 2 2 0 7 -  Mail  p t n y @ p t n y . o r g  Phone  (5 1 8 ) 4 3 4 - 1 5 8 3  What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)  MM1  MM2  MM3  MM4  MM5  MM6
N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N Y R 2 0   N R 2   N R
Address  2 9 E 1 k S t r e e t    State   Zip   N Y 1 2 2 0 7 -
2   9   E   1   k   S   t   r   e   e   t
State   Zip   N   Y   1   2   2   0   7   -
A 1 b a n y
Phone (5 1 8) 4 3 4 - 1 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  MM2 S p o n s o r C a n a 1 C 1 e a n S w e e p  MM3  MM4  MM5  MM6
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  MM2 S p o n s o r C a n a 1 C 1 e a n S w e e p  MM3  MM4  MM6
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
What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)  MM1  MM2  S p o n s o r C a n a 1 C 1 e a n S w e e p  MM3  MM4  MM5  MM6
MM1
MM1
MM2
MM3       MM4       MM5       MM6
MM4       MM5       MM6
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.
watersheds included in Or-0-002 raft ix.

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

	SPI	DES	$\mathbf{D}$						
Name of MS4 New York State Canal Corporation	N	Y	R	2	0	A	0	2	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  J a m e s	MI E	Last Name  C a n d i l o r o , P . E .
Title (Clearly print title of individual signing report)  D i r e c t o r o f E n v	. Н	Health & Safety
Signature		Date 05/29/2019

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

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 9 & 1 \end{vmatrix}$ 

Name of MS4/Coalition New York State Canal Corporation N Y R	2	0	А	0	2	5

			f an individual MS4 f a coalition tany MS4s are contributed to this report?  MS4/Coalition produced any reports documenting water quality trends o stormwater? If not, answer No and proceed to Minimum Control Measure  O Yes  No one of the following tached to the annual report where report(s) is/are provided below																	
The info	einformation 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?  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.  O Yes  No 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  URL  URL																			
○ On be	Che 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?  I. 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, 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.																			
rela One	ited t e.	to sto	rm	wat	er?	İf	<b>no</b> 1		•	-				_		_		eas		• Nc
If Yes, o	choos	e one	of 1	the f	follo	win	ng													
○ Repor	rt(s) a	ittach	on in this section is being reported (check one):  f an individual MS4 f a coalition nany MS4s are contributed to this report?  MS4/Coalition produced any reports documenting water quality trends o stormwater? If not, answer No and proceed to Minimum Control Measure  Yes  No one of the following tached to the annual report ) where report(s) is/are provided below																	
∪ web ]	information in this section is being reported (check one):  In behalf of an individual MS4 In behalf of a coalition  How many MS4s are contributed to this report?  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.  O Yes  No es, choose one of the following eport(s) attached to the annual report  Yeb 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  URL  URL																			
	UKL																			
	UKL																			
	URL			Τ															$\Box$	
				<u> </u>							<u> </u>									
				<u> </u>															=	

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

New Y	ork State Canal Corporation	n										0	А		2 5	
Name of MS4/Coantion	-															
<u>Minimun</u>	n Control Meas	sure [	<u>1. Pu</u>	<u>bli</u>	c E	<u>luc</u>	<u>atio</u>	on a	<u>ınd</u>	<u>Oı</u>	<u>itre</u>	ac	<u>h</u>			
The information in this sect	tion is being reporte	d (che	ck one)	:												
On behalf of a coalition		to this	report	?												
1. Targeted Public Edu	ication and Outro	each I	Best M	ana	agen	ient	Pra	actio	es							
Check all topics that were	e included in Educ	ation	and Oı	ıtre	each	duri	ng ti	his r	repo	rting	g pe	rioc	1:			
O Construction Sites						•	Pes	sticid	le an	ıd F	ertili	zer	App	licat	tion	
O General Stormwater Man	nagement Information	n					Pet	Wa	ste l	Man	agen	nent	;			
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  Recycling																
• Illicit Discharge Detection	n and Elimination						Rip	aria	n Co	orrid	lor P	rote	ection	ı/Re	estoi	ation
O Infrastructure Maintenan	ce						Tra	ish N	Mana	agen	nent					
O Smart Growth						•	Vel	hicle	Wa	shir	ng					
O Storm Drain Marking						0	Wa	iter (	Cons	serva	ation					
○ Green Infrastructure/Bett	er Site Design/Low	Impa	et Deve	lop	ment	0	We	tland	d Pr	otec	tion					
• Other:	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?  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 Clicit Discharge Detection and Elimination Infrastructure Maintenance Smart Growth Storm Drain Marking Green Infrastructure/Better Site Design/Low Impact Development Other:  Other:  Specific audiences targeted during this reporting period:  Public Employees Contractors Residential Developers Businesses General Public															
	S															
2. Specific audiences ta	argeted during th	is rep	orting	pe	riod	:										
● Public Employees ○ C	Contractors															
○ Residential ○ □	Developers															
○ Businesses • C	General Public															
○ Restaurants ○ In	ndustries															
Other: OA	Agricultural	S 6	x G				Τ							_		

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 9 \end{vmatrix}$ 

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

SPDES ID

Nan	ne o	f M	S4/	Coa	litic	on_N	lew `	York	State	e Car	al C	orpo	ratio	n										N	Y	R	2	0	Α	0	2	5
3.					_			-	ur Ch							e to	a ac	chie	eve	edı	uca	tio	n a	nd	ou	tre	ach	ı <b>go</b>	als	du	ırin	ıg
$\circ$ C	Cons	stru	cti	on S	Site	Op	era	tors	s Tı	aine	ed													:	# T1	ain	ed					
$\circ$ L	ire	ct l	Ma	ilin	gs																			#	! Ma	ilin	gs					
• K	Cios	ks	or	Oth	er I	Disp	olay	'S																#]	Loc	atio	ns				3	5
$\circ$ L	ist-	Sei	ves	S																					# I	n L	ist					
$\circ$ N	<b>1</b> ail	ing	Li	st																					# I	n L	ist					
$\circ$ N	Iew	spa	ıpeı	r Ao	ds c	or A	rtic	eles																#]	Day	s Rı	ın					
P	ubl	ic	Eve	ents	/Pre	eser	ıtat	ions	S															# 1	Atte	nde	es		5	3	4	1
$\circ$ s	cho	ool	Pro	ogra	ım																			# 2	Atte	nde	es					
$\Gamma$	V	Spo	t/P	rog	ram	ì																		# ]	Day	s Rı	ın					
• P																						To	otal	# D	istri	but	ed		2	6	1	3
		_			_	brar S	ies,	tow	n off	ices	, kio	sks)																				
	F										+	1																				
											+	1																				
$\circ$ C	∟ Othe	er:																														
• v	Veb	Pa	ige:		Pro	ovid edec	le s <sub>]</sub>	pec	ific	wel	o ac	ldre	esse	s - :	not	hor	ne j	oage	e. (	Con	tinu	ie o	n ne	ext	pag	e if	ado	ditio	onal	l sp	ace	is
Γ	JRL h	t	t	р	:	/	/	w	W	W		С	a	n	а	1	s		n	У		g	0	v	/	С	0	m	m	u	n	i
L	_	У			n	v	i	r	0		m			t		1	/									_				_		
I	JRL																											,				
ĺ	JIL																															

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

																			7			SPI	DES	ID						
me of	fMS4	4/Coa	alitio	on N	New '	York	Stat	e Cai	nal C	orpo	ratio	n										N	Y	R	2	0	А	0	2	5
We													ado	lres	ses	- n	ot i	hor	ne j	pag	e.									
URL	'																													
URL				1				I				I																		
				<u> </u>																										
URL												1																		T
$\vdash$				<u> </u>																										
URL																														I
				<del>                                     </del>																										<u> </u>
URL				Τ																										Π
																												_		
																												,		
URL																														
H				+																										
				+																										
		1																												

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

If submitting	ng this form as part of a joint report on behal	f of a coalition leave SPDES ID bl	ank.
		SPDES ID	
Name of MS4/Coalition	New York State Canal Corporation	N Y R 2 0 A	. 0 2 5
4. Evaluating Pro	gress Toward Measurable Goals MCM	<b>I</b> 1	
identified in your St	ort on your progress and project plans to tormwater Management Program Plan (S itional pages as needed.		
A. Briefly summar	rize the Measurable Goal identified in	the SWMPP in this reporting	period.
materials to student such as a Canal Ac	public education and outreach measures ts during the Canal's Spring and Fall educ tivity Book are distributed to the students we can do to prevent stormwater pollution	cation programs. Educational mass which educates students grades	aterial
B. Briefly summar Goal.	rize the observations that indicated the	e overall effectiveness of this M	[easurable
	d or visited 25 to 30 schools per session (ents through multiple stations.	(one session in the Spring and or	ne in the
C. How many time	es was this observation measured or ev		od?  > 5 0  s/participants/eveni
D. Has your MS4	made progress toward this Measurable	e Goal during this reporting p	
E. Is your MS4 on	schedule to meet the deadline set fortl	h in the SWMPP?	'es O No
•	rize the stormwater activities planned ting cycle (including an implementation	S	during
	ontinue to present the Canal Activity Boonts during the Spring and Fall educations	•	n

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

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

		SPL	)ES	ID						
Name of MS4/Coalition	New York State Canal Corporation	N	Y	R	2	0	А	0	2	5

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

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

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

The Stormwater General Permit Maps continue to be used as field reference by NYSCC Staff to identify areas of concern/interest in planning routine maintenance activities and daily operations. These maps are distributed and kept available to appropriate staff.

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

Map layers include the 303(d) impaired waters listed in the GP-0-15-003 permit, TMDL watersheds, Rare Species and Natural Communities, National Register Sites and E and F Soils located within AA or AA-s waters. A printed division map in book form is kept at each of the three Canal Divisions (Albany, Syracuse, and Buffalo). A complete set of maps is available in the Environmental Service Office in Headquarters in Albany and available to staff electronically via the intranet.

C.	How many	times	was this o	observation	measured	or evalua	ted in tl	his reporting	g period?
-			**********	00001 10000		0 - 0 :			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

					1	
:	samp	les/	'par	tici,	pant	:s/events

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

Voc	$\bigcirc$ No

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

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 General Permit Maps are being reviewed by a consultant for compliance with the DRAFT MS4 General Permit GP-0-17-002. The Maps will be updated as needed and continue to be available on the intranet to aid NYSCC Staff.

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

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

		SPI	DES	ID						
Name of MS4/Coalition New York	New York State Canal Corporation	N	Y	R	2	0	A	0	2	5
·										

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

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

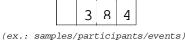
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The NYSCC continued to host the stormwater web page for the MS4 program as listed in this report, and provided educational materials. The website was updated to include the 2017-2018 annual report. The website includes downloadable files suitable for all age groups.

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

From March 10, 2018 through March 9, 2019, there were a total of 384 page views (hits).

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



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

Yes O 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 consultant was hired to review the NYSCC's existing Stormwater Management Plan and provide recommendations for modifying existing documents and/or creating new materials to expand the literature in accordance with existing and proposed new MS4 regulations.

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

If submitting this form as part of a joint report on behalf of a coal	ition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition New York State Canal Corporation	N Y R 2 0 A 0 2 5
. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward achidentified in your Stormwater Management Program Plan (SWMPP), II.C.1. Submit additional pages as needed.	2
A. Briefly summarize the Measurable Goal identified in the SWM	IPP in this reporting period.
Educational brochures were distributed. Additional efforts will be take brochures distributed during future years.	ten to track the number of
B. Briefly summarize the observations that indicated the overall of Goal.	effectiveness of this Measurable
A consultant was hired to review NYSCC's existing MS4 program to brochures to distribute along with where and how many to best educations.	* * * ·
C. How many times was this observation measured or evaluated i	n this reporting period?  (ex.: samples/participants/ev
D. Has your MS4 made progress toward this Measurable Goal du	ring this reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the S	WMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedule	e e
Hardcopy brochures are currently being evaluated by a consultant hir MS4 program. Recommendations for modifying hardcopy brochures to track the numbers distributed will be implemented.	

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

If submitting this form as p	art of a joint report on b	ehalf of a coalition	n leave SPDES	ID blank.	
			SPDES ID		
Name of MS4/Coalition New York State Can	al Corporation		N Y R 2	0 A 0	2 5
4. Evaluating Progress Toward	Measurable Goals M	ICM 1			
Use this page to report on your pro- identified in your Stormwater Man III.C.1. Submit additional pages as	agement Program Pla		-	_	Part
A. Briefly summarize the Measu	rable Goal identified	l in the SWMPP	in this repo	rting per	iod.
The NYSCC performed public edefestivals and events to showcase the today.					Trail
B. Briefly summarize the observ	rations that indicated	the overall effec	ctiveness of t	his Meas	urable
This year's event highlights included canal journey of the Corning Must materials were handed out to the p	eum of Glass GlassBa	rge, and Locktob			cross
C. How many times was this obs	servation measured o	r evaluated in th		>	3 0
D. Has your MS4 made progress	s toward this Measur	able Goal durin			rticipants/e od? O No
E. Is your MS4 on schedule to m	neet the deadline set f	orth in the SWM	MPP?	• Yes	○ No
F. Briefly summarize the stormy the next reporting cycle (inclu	-	_	oals of this N	ACM du	ring
The NYSCC will continue partner events that showcase the Canal an	•		•		and

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 9 \end{vmatrix}$ 

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

	SPI	DES	S ID						
Name of MS4/Coalition New York State Canal Corporation	N	Y	R	2	0	А	0	2	5

#### 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.

"Reimagine the Canals" was held to solicit visionary, implementable concepts and initiatives that enable the Canal System to become an engine for economic growth and world-class tourism. Winners were announced on October 3, 2018.

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

A jury of experts from a variety of related fields reviewed 145 entries, representing nine states and seven countries. The expert panel selected seven project submissions that stood above the rest. On October 3, the winners of the competition were revealed: Erie Armada and Canalside Pocket Neighborhoods. Winning submissions were published on the Canals website for the public to view.

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

			1	4	5	
(ex.:	samp	les/	'parı	tici	pant	:s/events

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

• Yes O 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 proposal led by the Madison County Planning Department to build pocket neighborhoods along the Canal received \$1.5 million, while the Erie Armada, a multiday boat race and festival that would also celebrate New York's booming craft beer industry, received \$500,000. Opportunities will be evaluated to tie in the NYSCC Stormwater Management Program into these efforts.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

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

SPDES ID

Name of MS4/Coalition New York State Canal Corporation			N	YR	2	0	A	0	2	5
Minimum Control Measure 2. Pub	lic Involv	ement	t/P	<u>artic</u>	cipa	atio	<u>n</u>			
The information in this section is being reported (check one)	):									
<ul> <li>On behalf of an individual MS4</li> <li>○ On behalf of a coalition</li> <li>How many MS4s contributed to this report</li> </ul>	?									
1. What opportunities were provided for public par development, evaluation and improvement of the (SWMP) Plan during this reporting period? Che	Stormwat	er Man	age			_	ran	n		
<ul><li>Cleanup Events</li></ul>				# Eve	nts	>	1	0	0	
Comments on SWMP Received					nts				•	0
O Community Hotlines Pho	one # (		)			_				
Phone # ( Phone # - Phone Phone # - Phone Phone # - Phone Phone # - Phone Phone Phone # - Phone Ph	one # (		)			_				
Phone # (	one # (		)			_				
Phone # (	one # (		)			_				
Phone # (	one # (		)			_				
Phone # (	one # (		)			_				
O Community Meetings			# <i>A</i>	Attend	ees					
○ Plantings				Sq.	Ft.					
O Storm Drain Markings				# Dra	ins					
O Stakeholder Meetings			# <i>A</i>	Attend	ees					
O Volunteer Monitoring				# Eve	nts					
Other:										
2. Was public notice of availability of this annual re Program (SWMP) Plan provided?	eport and S	Stormw	ate	r Ma	nag	-	ent Ye		0	No
○ List-Serve				# In L	ist					
O Newspaper Advertising			# I	Days R	lun					
○ TV/Radio Notices			# I	Days R	lun					
● Other: E n v i r o n m e n t a l N	e w s	Ви	1	1 e	t	i	n			

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

Name of MS4/Coalition New York State Canal Corporation

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

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

SPDES ID

Y R 2

0 A 0

Ple IRL		e p	rov	ride	e sp	eci	ific	ad	dre	ess(	es)	wh	ere	e no	tic	e(s	) ca	an `	be	acc	ess	ed ·	- n(	ot h	on	ie p	oag	e.		
W	W	W	•	С	a	n	a	1	s	•	n	У		g	0	V	/	С	0	m	m	u	n	i	t	У	/	е	n	V
r	0	n	m	е	n	t	a	1																						
																														T
JRL																														
IKL																														Γ
																														t
																														H
																													<u> </u>	L
JRL																														Т
																														L
																														L
RL																														
																														Ħ
· D. Y																														_
IRL																														Т
																														H
																														H
																													<u> </u>	L
IRL																														_
																													<u> </u>	L
RL					•	•		•	•				•													•	•			
																														Ť
_				<u> </u>		_	$\vdash$	<del>                                     </del>	<del></del>	<u> </u>				<u> </u>				<u> </u>	_	<u> </u>	<u> </u>							_	<u>—</u>	$\vdash$

Name of MS4/Coalition New York State Canal Corporation

# **MS4 Annual Report Form**

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

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

Y R 2

Ν

0 2 5

0 A

		e pi	rov	ade	e sp	ecı	пс	ad	are	SS(	es)	wn	ere	e no	tic	ees	car	ı be	ac	ces	sec	l - I	10t	no	me	pa	ıge.			
RL							Т										l .										Ι.	_		_
W	W	W	•	С	a	n	a	1	s	•	n	У	•	g	0	V	/	С	0	m	m	u	n	i	t	У	/	е	n	V
r	0	n	m	е	n	t	a	1																						
RL																												_		
RL																														
																														T
IRL																														
																														T
																														$\vdash$
RL																														
IKL																														
																														T
																														$\vdash$
m r																														
RL																														
																														H
																												<del> </del>		$\vdash$
RL																														Τ
																												$\vdash$		$\vdash$
					1	1	1	1	1			1	l	1		1	1	1								l	1	1	1	

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

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

SPDES ID

Name	of M	S4/C	aliti	on_ <sup>1</sup>	New	York	Stat	e Car	nal C	Corpo	ratio	n										Ν	Y	R	2	0	A	0	2	5
3. W				_						_						_							·M	ana	age	me	nt			
	_														on th															
															to in														d	
						nay	be	sut	omi	itte	a ai	tn	at 10	ocai	tion.															
• MS		oaliti artme		)TT10	e											Ann	ıua	al R	lep	ort		S	WN	1P 1	Plai	1	• (	Con	nmei	nts
		n v	j	r	0	n	m	е	n	t	а	1		A	ff	а	1	i :	r	s										
	Add																.		_											
		0	5	3 0	u	t	h		Р	е	a	r	1		St	r	<u>.                                     </u>	e	e	t										
	City	,																			Zip									
	А	1	b a	ı n	У												N	1 Z	7		1	2	2	0	7	-				
	Pho	ne																												
	(	5 1	8	)	4	4	9	-	6	0	4	6																		
• Lib	rary Add	racc													• ,	Ann	ıua	al R	lep	ort		$\circ$ S	WN	<b>1P</b> ]	Plaı	1	$\circ$	Con	nmei	nts
	4	5		D	е	1	а	w	a	r	e		A	v	e r	ıι	,	е												
	City		-				a	VV	a	_					C 1	1 (	_				 Zip									
			1 n	ı a	r												N	1 Z	7		1	2	0	5	4	_				
	Pho	ne																												
	(	5 1	8	)	4	3	9	_	9	3	1	4																		
	(	5 1	8	)	4	3	9	<b>-</b>	9	3	1	4										. ~			<b>~</b> .1			~		
Oth	([ er Add		8	)	4	3	9	_ [	9	3	1	4			0,	Ann	ıua	al R	lep	ort		S	WM	<b>1</b> P ]	Plar	1	O (	Con	nmei	nts
Oth	er Add	5 1	8	]) 	4	3	9	<b>-</b> [	9	3	1	4			0,	Ann	nua	al R	Lep	ort		S	WM	<b>1P</b> ]	Plaı	ı	0(	Con	nmei	nts
○ Oth	Add	ress	8	)	4	3	9	-	9	3	1	4			0,	Ann	nua	al R	ер				WM	ΊΡΊ	Plaı	n	0 (	Con	nmer	nts
○ Oth	er Add City	ress	8	)   	4	3	9	-	9	3	1	4			0,	Ann	nua	al R	Lep		Zip		WM	<b>1P</b> ]	Plar	n	0 (	Con	nme	nts
Oth	Add City	ress	8	]) 	4	3	9	-	9	3	1	4			0,	Ann		al R	lep				WM	<b>1P</b> ]	Plaı	n 	0 (	Con	nmer	nts
Oth	Add	ress	8	]) 	4	3	9	<b>-</b>	9	3	1	4				Ann		al R	lep				WN	1P ]	Plar	n    -		Con	nmer	nts
Oth	Add City	ress	8	])      )	4	3	9	-	9	3	1	4			0,	Ann		al R	lep				WM	<b>ИР</b> 1	Plar	n -	0(	Com	nmer	nts
○ Oth	City Pho	ne		])	4	3	9	] -	9	3	1	4						al R			Zip		WN			-			nmer	
	City Pho	ne	RL:	]) ])			9 a	] -			1 n		•	g		Ann			tep		Zip		WN	<b>ПР</b>		<b>-</b>			nmer	
	Add City Pho (	ne uge U	RL:		a		а						•	g		Ann		al R	tep	ort	Zip		WN	<b>ПР</b>	Plar	<b>-</b>		Con	nmer	nts
	Add City Pho (	ne uge U	RL:		a	n	a		S				•	g		Ann		al R	tep	ort	Zip		WN	<b>ПР</b>	Plar	<b>-</b>		Con	nmer	nts
	Add City Pho ([ w i	ne w v v	RL:	m	a e	n	a	a	s		n	У	·			Ann	nua /	al R	lep-	ort	Zip	) S	WM n	MP i	Plai t	- Y	0 (	Con	nmer	nts
	Add City Pho ([[ w] i]	ne w v v	RL:	m	a e	n	a	a	s		n	У	·		• .	Ann	nua /	al R	lep-	ort	Zip	) S	WM n	MP i	Plai t	- Y	() () / / ge.	Come	nmer n	nts v
○ We	Add City Pho ([[ w] i]	ne w v v	RL:	m	a e spe	n	a t	a	s 1		n	y ge v			o v	Anr.	nua /	al R	ac	ort	Zip	) S	WN n	IP i	Plai t	- Y	() () / / ge.	Come	nmer	nts v

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 9 & 1 \end{vmatrix}$ 

	SPE	DES II	)				
Name of MS4/Coalition New York State Canal Corporation	N	YR	. 2	0	А	0	2 5
4.a. If this report was made available on the internet, what date was	it po	sted	?				
Leave blank if this report was not posted on the internet.	6	/	1	/	2	0	1 9
4.b. For how many days was/will this report be posted?						9	9 9
If submitting a report for single MS4, answer 5.a If submitting a jo	int re	eport	, ans	swei	r 5.t	<b>).</b> .	
<b>5.a. Was an Annual Report public meeting held in this reporting per</b> If Yes, what was the date of the meeting?	iod?	, /		) ]/	Yes	s	• No
If No, is one planned?				0	Yes	S	• No
5.b. Was an Annual Report public meeting held for all MS4s contrib	utin	g to	this	rep	ort	du	ring
this reporting period?		O		-	Yes		• No
If No, is one planned for each?				0	Yes	s	• No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.				0	Yes	S	• No

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

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

		_	SPI	DES	ID						
Name of MS4/Coalition	New York State Canal Corporation		N	Y	R	2	0	А	0	2	5

#### 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.

The NYS Canal Corporation, in partnership with the Parks & Trails New York hosted the 13th Annual Canal Clean Sweep on Earth Day weekend (4/20/18 to 4/22/18).

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

More than 100 volunteer cleanup events that promote public participation where scheduled on Earth Day weekend in keeping the 524-mile Canal system and trails clean. The events included more than 2,000 volunteers. A #WhadjaFind? comepetition asked organizers to submit photos of strange finds and volunteers to win Erie Canal Trail swag. Competition categories included Best Clean Sweep Spirit, Strangest Trash Treasure Find, and Biggest Trash "Collection."

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

		>	1	0	0	
(ex.:	samp	les/	par:	tici	pant	:s/events)

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

Yes  $\bigcirc$  No

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

• Yes  $\bigcirc$  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 NYSCC continues to partner with the Parks & Trails New York and promoting the annual Clean Sweep events. The 14th Annual Canal Clean Sweep is scheduled for the weekend of April 26 to April 28 across the Canalway Trail corridor and will continue promoting the #WhadjaFind? competition.

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

If submittir	ng this form as part o	of a joint report of	n behalf of a co			•
	N. W. L. G G C.			SPDES ID N Y R		
Name of MS4/Coalition	New York State Canal Co.	orporation		N Y R	2 0 A 0	2 5
7. Evaluating Pro Use this page to rep identified in your St III.C.1. Submit addi	ort on your progrestormwater Manage	ss and project plement Program F	ans toward ac	_	_	Part
A. Briefly summar			ied in the SW	MPP in this re	porting per	iod.
NYSCC performed Fall education prog						nd
B. Briefly summar Goal.	rize the observatio	ons that indicat	ed the overal	l effectiveness o	of this Meas	surable
The program hosted Fall), rotating stude			ession (one ses	sion in the Sprin	ng and one i	n the
C. How many time	es was this observ	ation measured	l or evaluated	•	>	5 0
D. Has your MS4	made progress to	ward this meas	urable goal d		x.: samples/pa. rting perio  ● Yes	-
E. Is your MS4 on	schedule to meet	the deadline so	et forth in the	SWMPP?	• Yes	○ No
F. Briefly summan	rize the stormwate ing cycle (includin	-		0	is MCM du	ring
The NYSCC will c educate students the		_	Spring and Fa	ıll education pro	grams and	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 9 & 1 \end{vmatrix}$ 

	no puit or a joint report on outside or a	SPDES ID
Name of MS4/Coalition New Yo	rk State Canal Corporation	N Y R 2 0 A 0 2 5
7. Evaluating Progress	Foward Measurable Goals MCM 2	
	your progress and project plans toward ater Management Program Plan (SWMI pages as needed.	
A. Briefly summarize th	e Measurable Goal identified in the S	SWMPP in this reporting period.
1	information meetings to discuss proportions on the proposed projects from	1 0 \
B. Briefly summarize th Goal.	e observations that indicated the over	rall effectiveness of this Measurable
Public Meetings were hel were addressed during the	d in Little Falls, Kingsbury, Utica, and emeeting.	Herkimer County. Public comments
C. How many times was	this observation measured or evaluation	ted in this reporting period?
		3
D. Hag ways MC4 1	and another than the state of t	(ex.: samples/participants/events
D. Has your MS4 made	progress toward this measurable goal	• Yes ○ No
E. Is your MS4 on sched	ule to meet the deadline set forth in t	the SWMPP?
· ·	e stormwater activities planned to me ele (including an implementation sche	e e
The NYSCC will continu environmental effects from	e soliciting comments on proposed proj n the public.	ject's social, economic and

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 9 & 1 \end{vmatrix}$ 

		;	SPDES ID	
Name of MS4/Coalition	New York State Canal Corporation		N Y R 2 0 A 0	2 5
7. Evaluating Pro	gress Toward Measurable Goals	MCM 2		
identified in your St	ort on your progress and project platormwater Management Program Pational pages as needed.	_	•	Part
A. Briefly summar	rize the Measurable Goal identifi	ed in the SWMPP in	n this reporting peri	od.
_	d the 2017-2018 Annual Report at PDF format for the public's review.	• •	community/	
B. Briefly summar Goal.	rize the observations that indicat	ed the overall effect	iveness of this Meas	urable
No public commen	ts were received for the 2017-2018	3 Annual Report.		
C. How many time	es was this observation measured	l or evaluated in this	s reporting period?	
			(ex.: samples/par	1 ticipants/events
D. Has your MS4	made progress toward this measu	urable goal during t	this reporting period • Yes	
E. Is your MS4 on	schedule to meet the deadline se	et forth in the SWM	PP?	
-	rize the stormwater activities plaing cycle (including an implemen	_	● Yes als of this MCM dur	○ No ring
	nual Report will be posted to the Commental/ in PDF format for the pub			ented

Name of MS4/Coalition New York State Canal Corporation

# **MS4 Annual Report Form**

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

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

SPDES ID

NY

R 2

Minimum Control Measure 3. 1	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 the	his report?
1. Enter the number and approx. percent of	of outfalls mapped: 3 6 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
O Auto Recyclers	● Landscaping (Irrigation)
● Building Maintenance	○ Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	<ul> <li>Outdoor Fluid Storage</li> </ul>
O Commercial Laundry/Dry Cleaners	<ul> <li>Parking Lot Maintenance</li> </ul>
O Construction Vehicle Washouts	○ Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	○ Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	○ Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
LOCKS	
O Sewersheds:	

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

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

SPDES ID

Name of MS4/Coalition New York State Canal Corpo	ration		N	Y	R	2	0	A	0 2	2 5
3.b.What types of illicit discharges ha	ive been found duri	ng this repor	ting	, pe	rio	d?				
O Broken Lines From Sanitary Sewer	O Industrial Conn	ections								
O Cross Connections	● Inflow/Infiltration	on								
O Failing Septic Systems	O Pump Station F	ailure								
O Floor Drains Connected To Storm Sewer	s O Sanitary Sewer	Overflows								
O Illegal Dumping	O Straight Pipe Se	ewer Discharge	es							
Other:  4. How many illicit discharges/poten	O None	ans have been	n de	teci	ted	dr	ırin	og tl	lic	
reporting period?	diai megai connectio	ms nave beer	ıuc	ıccı	cu	uu	11 111	§ [1	1	
5. How many illicit discharges have	been confirmed dur	ing this repo	rtin	g p	erio	od'	?		1	
6. How many illicit discharges/illega period?	l connections have b	een eliminat	ed d	luri	ing	; th	is r	epo	rtir 1	Ť
7. Has the storm sewershed mapping	g been completed in	this reportin	g pe	erio	d?			Yes	, (	⊃ No
If No, approximately what percent v	vas completed in this	reporting per	iod?	)						%
8. Is the above information available	e in GIS?							Yes	; (	⊃ No
Is this information available on the	e web?						0	Yes		• No
If Yes, provide URL(s): Please provide specific address of pa	ge where man(s) can	he accessed -	not	hoi	me	na	σe			
URL	ge where map(s) can	be accessed	not		r	Pu	5€. ——			
				4	4	_	_	_	$\downarrow$	
				$\downarrow$	4	_	_	_	$\downarrow$	
				$\perp$	$\perp$				$\perp$	
URL				$\overline{}$	$\overline{}$	$\neg$			$\top$	
				$\dashv$	+	$\dashv$	$\dashv$	+	+	+
				$\dashv$	$\dashv$	$\dashv$	$\dashv$	$\frac{1}{1}$	+	+

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

URL( Please	(s) con'																									
	O DEOLI		•	De .			•						,	,												
RL	e provi	de s	pecil	fic a	ddr	ess	of	pag	ge v	vh€	ere	ma	p(s	s) c	an	be	acc	ess	ed	- n	ot I	non	ne j	pag	ge	
																										Т
																										L
																										Ī
																										_
RL																										Τ
		+		+	+																					Ļ
JRL																										_
KL																										
					1																					H
																										L
JRL		-			'	-										•										-
																										t
																										<u> </u>
JRL																										
					1																					H
			1 1													1							1 1			

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

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

		SPL	)ES	ID						
Name of MS4/Coalitio	New York State Canal Corporation	N	Y	R	2	0	А	0	2	5

#### 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.

Good Housekeeping Pollution Prevention posters are displayed for employees at all 10 NYSCC maintenance facilities. These posters were developed by NYSCC to provide specific examples of best management practices that should be used by NYSCC staff during their daily operations and some typical examples of illicit discharges to watch for during daily operations.

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

The posters include practices for vessel operations and maintenance, dry dock operations, hazardous waste storage, waste product storage and disposal, vehicle and equipment wash water, chemical and vehicle fluid spills and leaks, and illicit discharge reporting. Photographs of proper and improper practices, as well as example illicit discharges are also provided on the poster.

C.	How many	times	was this	observation	measured o	or evaluated	in this	reporting	period?
		,		0 10 10 0 - 1 1111- 0				I	P

			1	0	
samp	les/	/par	tici	pant	s/events

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

9 1		
	Yes	$\bigcirc$ No

(ex.:

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

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

NYSCC will continue displaying the Good Housekeeping Pollution Prevention posters at all the NYSCC maintenance facilities. The posters will be updated as needed.

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

If submitting	ng this form as part of a joint report o	n behalf of a coalition	on leave SPDES ID blank.
			SPDES ID
Name of MS4/Coalition	New York State Canal Corporation		N Y R 2 0 A 0 2 5
2. Evaluating Pro	gress Toward Measurable Goals	s MCM 3	
identified in your St	oort on your progress and project p tormwater Management Program I itional pages as needed.		=
A. Briefly summar	rize the Measurable Goal identif	ied in the SWMP	'P in this reporting period.
A consultant perfor	rmed dry weather inspections on 9	NYSCC outfalls v	within the Albany Division.
1	1		
D D 1 G			
B. Briefly summar Goal.	rize the observations that indica	ted the overall eff	ectiveness of this Measurable
the reporting period the total NYSCC of application. Outfall	as of the total 36 mapped NYSCC d. This represents 64% of the NYS utfalls. Complete data collection a l inspection documentation was proposed and further inspection activities they no longer meet the definition	SCC outfalls in the and photos are docurovided to NYSCC	Albany Division and 25% of umented via the GIS Staff for their records and use
C. How many time	es was this observation measure	d or evaluated in	this reporting period?
			9
			(ex.: samples/participants/e
D. Has your MS4	made progress toward this meas	surable goal durir	
or may your man	mue progress to ward this meas	diable gour durin	• Yes O No
E. Is your MS4 on	schedule to meet the deadline s	at farth in the SW	3/M/DD9
2. 15 your 14154 on	schedule to meet the deadline s	et for the fire 5 vv	● Yes ○ No
F. Briefly summar	rize the stormwater activities pla	anned to meet the	
the next reporti	ing cycle (including an impleme	ntation schedule).	,
	nue to perform outfall inspections Buffalo will be inspected for the ne		
		1 )	

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

If submitting this form as part of a joint report on behalf of	a coalition leave SPDES ID blank.  SPDES ID
Name of MS4/Coalition New York State Canal Corporation	N Y R 2 0 A 0 2 5
2. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward dentified in your Stormwater Management Program Plan (SWM II.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the	SWMPP in this reporting period.
An Oil Water Separator (OWS) proper use and maintenance pos- maintenance facility that uses an OWS. The poster serves as a re- the proper protocols for maintenance and inspection of oil water	eminder to staff on a daily basis of
B. Briefly summarize the observations that indicated the ove	erall effectiveness of this Measurable
The poster is displayed in a pertinent location and provides info separator. It also identifies practices related to detergents and de into an OWS, inspections and maintenance, and how it is prohib Additionally, the poster includes a diagram of an OWS for refer	egreasers, accidental product release bited to dump oil into an OWS.
C. How many times was this observation measured or evaluation	
D. Has your MS4 made progress toward this measurable go	(ex.: samples/participants/e al 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 me the next reporting cycle (including an implementation sch	neet the goals of this MCM during
The NYSCC will continue to display the poster at the Lysander updated as needed.	maintenance facility and will be
updated as needed.	

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

the next reporting cycle (including an implementation schedule).  The NYSCC MS4 program is currently under review. As part of the review, the	e Environmental
F. Briefly summarize the stormwater activities planned to meet the goals of	f this MCM during
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	● Yes ○ No
	● Yes ○ No
D. Has your MS4 made progress toward this measurable goal during this r	
	(ex.: samples/participants/ev
C. How many times was this observation measured or evaluated in this rep	
The NYSCC MS4 program is currently under evaluation and revision, therefore issued under this period. Evaluation and revision includes review of self-audit cindividual cards pertaining to activities such as vehicle washing, ditch cleaning, etc.	checklists and
3. Briefly summarize the observations that indicated the overall effectivene Goal.	
were issues under this period.	,
Environmental Reminder Cards provide reference on environmental awareness practices and considerations related to specific responsibilities as well as contact However, the NYSCC MS4 program is currently under evaluation and revision	ct information.
In the past, the NYSCC has provided Environmental Reminder Cards to NYSC	
A. Briefly summarize the Measurable Goal identified in the SWMPP in thi	s reporting period.
Jse this page to report on your progress and project plans toward achieving mea dentified in your Stormwater Management Program Plan (SWMPP), including II.C.1. Submit additional pages as needed.	_
2. Evaluating Progress Toward Measurable Goals MCM 3	
2 Evaluating Progress Toward Measurable Coals MCM 2	
Name of MS4/Coalition New York State Canal Corporation	R 2 0 A 0 2 5
New York State Canal Corporation	S ID

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

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

		SPL	)ES	ID						
Name of MS4/Coalition	New York State Canal Corporation	N	Y	R	2	0	А	0	2	5

#### 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.

A consultant developed an outline for a training course to be provided to NYSCC staff and are proposed to be held at the Albany, Syracuse, and Buffalo divisions and 7 section offices.

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

The training outline was reviewed for NYSCC approval. The outline includes identifying IDDE, pollution prevention/good housekeeping, environmental permits, BMPs, erosion and sediment control, cultural resources, invasive species, pesticides/herbicide usage, spill response, materials management, winter maintenance, vehicle washing, Oil/Water separators, air quality, and surface preparation and painting.

C.	How many	times	was this	observation	measured o	or evaluated	in this	reporting	period?
				0.0.00				F	P

			1	0	
samp	les/	/par	tici	pant	:s/events

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

Yes	○ No

(ex.:

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

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 consultant will forward the training course powerpoint slides to NYSCC and present the training courses during the next reporting year. The slides may be used as refreshers to NYSCC as needed.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 9 & 1 \end{vmatrix}$ 

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

		_	SPI	JES	ID						
Name of MS4/Coalition	New York State Canal Corporation		N	Y	R	2	0	A	0	2	5
		-									

## <u>Minimum Control Measures 4 and 5.</u> <u>Construction Site and Post-Construction Control</u>

The	e information in this section is being reported (check one):	
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?	
1a	a. 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?	<b>N</b> o
1b	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.	
2.	<b>Does your MS4/Coalition have a SWPPP review procedure in place?</b> • Yes	⊃ No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?	
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? $\bigcirc$ Yes $\bigcirc$ No	NT
	If Yes, how many public comments were received during this reporting period?	
5.	Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?	• No

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

O Notices of Violation	#					No Authority
<ul><li>Stop Work Orders</li></ul>	#		0		$\circ$	No Authority
O Criminal Actions	#					No Authority
● Termination of Contracts	#		0		$\circ$	No Authority
O Administrative Fines	#					No Authority
O Civil Penalties	#					No Authority
O Administrative Orders	#					No Authority
• Enforcement Actions or Sanctions	#		0			
Other	#				0	No Authority

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 9 & 1 \end{vmatrix}$ 

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

	S	PDE	S ID						
Name of MS4/Coalition New York State Canal Corporation		1 Y	R	2	0	A	0	2	5

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

	THIRM COME OF THE COMMENT ACTION OF THE PROPERTY ACTION	1 0011	<u> </u>
The	ne 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 aduring this reporting period?	cre or 1	more 7
2.	How many construction projects disturbing at least one acre were active in your during this reporting period?	jurisd	iction 7
3.	What percent of active construction sites were inspected during this reporting percent of active construction sites were inspected during this reporting percent of active construction sites were inspected during this reporting percent of active construction sites were inspected during this reporting percent of active construction sites were inspected during this reporting percent of active construction sites were inspected during this reporting percent of active construction sites were inspected during the construction sites were inspected during this reporting percent of active construction sites were inspected during the construction of active construction sites were inspected during the construction of active construction	eriod?	● 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 to Construction Stormwater Inspection Manual?	the NY	
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prevent (SWPPPs) of construction projects that are subject to MS4 review and approval ○ Yes	?	ans • NT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made ava public review?		
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed		

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 9 & 1 \end{vmatrix}$ 

				_															_			SPI	DES	ID						
Name	of MS4	/Coa	litio	on_1	New	York	c Stat	te Ca	nal C	Corpo	ratio	n										N	Y	R	2	0	А	0	2	5
	c <b>on't.:</b> Submit	adc	litio	ona	ıl pa	age	s as	s ne	ede	ed.																				
• MS	S4/Coal	itio	n C	Offic	ce																									
	Depart																													
	En	v	i	r	0	n	m	е	n	t	a	1		A	f	f	a	i	r	s										
	Addres	SS																												
	3 0		S	0	u	t	h		P	е	a	r	1		S	t	r	е	е	t										
	City																		$\neg$		Zip					1				
	A 1	b	a	n	У												1	1 .	Y		1	2	2	0	7	-				
	Phone			\	_				_	0	1	_																		
	( 5	1	8	)	4	4	9	-	6	0	4	6																		
O Lib																														
	Addres	SS																												
	City																				Zip									
	City																				Zip					_				
	Phone																													
	(			)				_																						
	. \			,				J					l																	
Ot!																														
	Addres	S																												
	City																				Zip									
																										_				
	Phone																													
	(			)				_																						
$\bigcirc$ W	1 D	TIE	\	,		.1		J	• 1		٠		11		1		a v	DD.	D		1			1		1				
O W	eb Page	UK	(L(	s):	P	iea	se p	rov	ıae	spe	CII1	ic a	aar	ess	wne	ere	5 W	PP	Ps (	can	be a	acce	esse	ea -	not	no	me	pag	e.	
	URL																													
	URL																													
																													_	

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

If submitting	ng this form as part of a jo	oint report on behal	f of a coalition l	eave SPDES	ID blank.	
				SPDES ID		
Name of MS4/Coalition	New York State Canal Corporation	on		N Y R 2	0 A 0	2 5
7. Evaluating Pro	gress Toward Measur	able Goals MCN	14			
dentified in your St	oort on your progress and tormwater Management itional pages as needed.	Program Plan (S	_		-	Part
A. Briefly summan	rize the Measurable G	oal identified in	the SWMPP in	n this repoi	rting peri	iod.
development is coo Design. The comple	ained its thorough SWF ordinated through a licer eted SWPPPs then rece once approved, the Chie	nsed professional ive a quality cont	environmental rol review by t	engineer in he Environr	the Offic	
B. Briefly summar Goal.	rize the observations tl	hat indicated the	overall effect	iveness of t	his Meas	urable
that proper mainten	n review and oversight plante activities are plante innate contracts due to i	ned and instituted	l. NYSCC has a	not had to is	ssue any s	
C. How many time	es was this observation	n measured or ev	aluated in this	• 0		1
D. Has your MS4	made progress toward	l this measurable	e goal during t			ticipants/eve  ?   No
E. Is your MS4 on	schedule to meet the	deadline set fort	h in the SWM	PP?	• Yes	○ No
•	rize the stormwater ac ing cycle (including an	-	_	als of this N		
	ontinue to maintain its te evaluated and updated		design, review	, and oversi	ight proce	ess.

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

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

		 SPI	DES	ID.						
Name of MS4/Coalition New York Sta	ate Canal Corporation	N	Y	R	2	0	А	0	2	5

#### 7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

The Stormwater General Permit Maps are distributed and made available to NYSCC Staff to be used for reference in the field for identifying areas of concern/interest in planning maintenance activities and daily tasks. The information within the map database were updated to reflect the most recent outfall inspection data.

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

Map layers include the 303(d) impaired waters listed in the GP-0-15-003 permit, TMDL watersheds, Rare Species and Natural Communities, National Register Sites and E and F Soils located within AA or AA-s waters. Each Canal Division (Albany, Syracuse, and Buffalo) has one printed division map in book form. Three printed maps are also available in the Albany Headquarters, and electronic versions are available to staff via the intranet.

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

				6	
samp	les/	/par	tici	pant	:s/events

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

Yes	$\circ$	No

(ex.:

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

Yes	$\bigcirc$ No
1 03	$\sim$ 110

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

The MS4 program, including the Stormwater General Permit Maps, are being reviewed and updated to reference the new GP-0-17-002 Permit. The revised Stormwater General Permit Maps will reference the most update to date 303(d) impaired waters, TMDL watersheds, Rare Species and Natural Communities, National Register Sites and E and F Soils located within AA or AA-s waters.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

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

				SPE	ES ID		
Name of MS4/Coalition	New York State Cana	l Corporation		N	Y R 2	0 A 0	2 5
<u>Minimum</u>	Control Mea	sure 5. Post	-Constructio	on Stormwa	iter Ma	nageme	e <u>nt</u>
The information in the		g reported (chec	ek one):				
<ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul>		ributed to this r	report?				
1. How many and MS4/Coalition i	what type of pos nventoried, insp					s your	
		# Inventoried	# Inspections	# Times Maintained			
O Alternative Practic	ces						
○ Filter Systems							
O Infiltration Basins							
<ul><li>Open Channels</li></ul>		1	1	1			
○ Ponds							
O Wetlands							
Other							
2. Do you use an BMPs, inspecti	electronic tool ( ions and mainta		ıbase, spreadsl	heet) to track	post-co	onstruction ● Yes	on O No
3. What types of Development/E	non-structural Better Site Desig	-		-	ow Imp	act	
O Building Codes	O Municipal C	omprehensive P	lans				
Overlay Districts	Open Space	Preservation Pro	ogram				
○ Zoning	O Local Law or	r Ordinance					
O None	O Land Use Re	egulation/Zoning	5				
O Watershed Plans	Other Compi	rehensive Plan					
Other:							

Procedure

i e w

R e v

SWPPP

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

	SPI	DES II	)				
Name of MS4/Coalition New York State Canal Corporation	N	Y	2	0 A	0	2	5
4a. Are the MS4s contributing to this report involved in a regional/water	ershed v	vide p	lanı	ning ef			No
4b. Does the MS4 have a banking and credit system for stormwater ma	nageme	nt pra	ectic	es?			
				$\circ$ Y	es		No
4c. Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormy	-				tice?	?	No
4d. How many stormwater management practices have been implement reporting period?	ted as pa	art of	this	syster	<b>n in</b>	thi	S
5. What percent of municipal officials/MS4 staff responsible for programming on Low Impace Development (LID), Better Site Design (BS Infrastructure principles in this reporting period?	_				ende 0	ed	%

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

in submitting this form as part of a joint report on behalf of a	countroll leave 51 DES 1D blank.
Name of MS4/Coalition New York State Canal Corporation	SPDES ID           N         Y         R         2         0         A         0         2         5
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The NYSCC has a draft Operations and Maintenance Plan for po	st construction controls.
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
The Operations and Maintenance Plan provides maintenance persinspection and maintenance procedures for stormwater managem NYSCC. One printed copy was distributed to the Utica maintena with a permanent stormwater control.	ent practices owned by the
C. How many times was this observation measured or evaluat	ted in this reporting period?
·	
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants, during this reporting period?  ■ Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	_
The NYSCC will continue to update the Operations and Maintennecessary. Additional copies will be provided to maintenance per	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 0 \end{vmatrix}$ 

	SPDES ID
Name of MS4/Coalition New York State Canal Corporation	N Y R 2 0 A 0 2 5
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The NYSCC continued to implement a review process for perman	nent stormwater control designs.
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
The review process ensures that post-construction control designs an outside contractor, are in compliance with the GP-0-17-002 G projects required permanent stromwater control during the report	eneral Permit. No construction
C. How many times was this observation measured or evaluate	ted in this reporting period?    1
D. Has your MS4 made progress toward this measurable goal	
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
The NYSCC will continue to implement the process, and perform required.	n reviews following the process as

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

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

		SPI	DES	ID						
Name of MS4/Coalition	New York State Canal Corporation	N	Y	R	2	0	А	0	2	5

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>	
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.

**Self-Assessment** 

**Operation/Activity/Facility** performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? vears? Street Maintenance..... • Yes ○ No ...... • Yes  $\bigcirc$  No ● No ..... ○ Yes Bridge Maintenance.... O Yes No Winter Road Maintenance.... • Yes ○ No ...... • Yes  $\bigcirc$  No Salt Storage..... • Yes ○ No ...... • Yes  $\bigcirc$  No Solid Waste Management..... • Yes ○ No ...... • Yes  $\bigcirc$  No ● No ..... ○ Yes New Municipal Construction and Land Disturbance.. O Yes No Right of Way Maintenance.... O Yes ● No ..... ○ Yes No ○ No \_\_\_\_\_ • Yes  $\bigcirc$  No Marine Operations..... • Yes Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes No Parks and Open Space..... 

Yes ○ No ...... • Yes  $\bigcirc$  No Municipal Building..... O Yes ● No ..... ○ Yes No ○ No ...... • Yes  $\bigcirc$  No Stormwater System Maintenance..... • Yes ○ No ..... • Yes  $\bigcirc$  No Vehicle and Fleet Maintenance..... • Yes ○ No ...... ○ Yes  $\bigcirc$  No Other..... O Yes

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

2 0 1 9

	SPDE	ES ID				
Name of MS4/Coalition New York State Canal Corporation	N S	Y R	2 0 7	9 0	2	5
2. Provide the following information about municipal operations go	od ho	useke	eping <sub>]</sub>	prog	ram	iS:
<ul><li>Parking Lots Swept (Number of acres X Number of times swept)</li></ul>	‡	# Acres	3	0		
• Streets Swept (Number of miles X Number of times swept)	Ŧ	# Miles	3	0		
● Catch Basins Inspected and Cleaned Where Necessary		#	!	2		
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>		#	ŧ	0		
<ul> <li>Phosphorus Applied In Chemical Fertilizer</li> </ul>		# Lbs		0		
Nitrogen Applied In Chemical Fertilizer		# Lbs		0		
<ul> <li>Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)</li> </ul>		Acres	1	5 (	).[	
3. How many stormwater management trainings have been provided	d to m	nunicij	oal em	ploy	ees	
during this reporting period?		•	3	3		
4. What was the date of the last training?	) 2	/ 2 0	) / [2	2 0	1	9
5. How many municipal employees have been trained in this reporti	ng pe	riod?		3	5	
6. What percent of municipal employees in relevant positions and destormwater management training?	epartı	nents	receiv	<b>e</b> 0		%

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

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

		SPL	<u>)ES</u>	ID						
Name of MS4/Coalition	New York State Canal Corporation	N	Y	R	2	0	А	0	2	5

#### 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.

The Stormwater General Permit Maps continue to be used as field reference by NSYCC Staff to identify areas of concern/interest in planning routine maintenance activities and daily operations. These maps are distributed and kept available to appropriate staff.

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

Map layers include the 303(d) impaired waters listed in the GP-0-15-003 permit, TMDL watersheds, Rare Species and Natural Communities, National Register Sites and E and F Soils located in AA or AA-s waters. A printed division map in book form is kept at each of the three Canal Divisions (Albany, Syracuse, and Buffalo). A complete set of maps is available in the Environmental Service Office in Headquarters in Albany and available to staff electronically via the intranet.

C.	How many	times	was this	observation	measured o	or evaluated	in this	reporting	period?
				0.0.00				F	P

				6	
samp	les/	par:	tici,	pant	s/events

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

) No

(ex.:

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

• Yes	$\circ$	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 General Permit Maps are being reviewed by a consultant for compliance with the DRAFT MS4 General Permit GP-0-17-002. The Maps will be updated as needed and continue to be available on the intranet to aid NYSCC Staff.

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

If submitting	ng this form as part	t of a joint report of	on behalf of a co		ES ID blank.	
N	New York State Canal C	 Corporation		SPDES ID  N Y R	2 0 A 0	2 5
Name of MS4/Coalition	Ц					
7. Evaluating Pro	oross Toward M	Iogeurabla Coal	s MCM 6			
. Evaluating 110	gress roward m	leasurable Goal	S IVICIVI U			
Use this page to rep				_	-	<b>D</b>
dentified in your St III.C.1. Submit addi	_	_	Plan (SWMPP	), including requi	rements in	Part
in.e.i. Suomit addi	ttionar pages as no	ccaca.				
A. Briefly summan	rize the Measura	able Goal identi	fied in the SW	MPP in this rep	orting per	iod.
A subcontractor de	veloped an outlin	ne for a training c	ourse to be pro	ovided to NYSCC	staff and a	are
proposed to be held	d at the Albany, S	Syracuse, and But	ffalo divisions	and 7 section off	ices.	
3. Briefly summai Goal.	rize the observat	tions that indica	ted the overal	l effectiveness of	f this Meas	surable
The training outline	e was reviewed for	or NYSCC appro	val. The outlin	ne includes identi	fying IDDE	Ξ,
pollution prevention	n/good housekeep	ping, environme	ntal permits, B	MPs, erosion and	sediment	
control, cultural res management, winte	sources, invasive a er maintenance, v	species, pesticide ehicle washing,	es/herbicide us Oil/Water sepa	sage, spill respon trators, air quality	se, materia , and surfa	ls ce
preparation and pai			1	, 1		
C. How many time	es was this obser	rvation measure	d or evaluated	d in this reportin	g period?	
						1 0
D. Has your MS4	made progress to	nward this mea	surable goal d		: samples/pai	
. Has your Mist	made progress to	oward this mea.	ourable goar u	uring this repor	Yes	
E. Is your MS4 on	schedule to mea	et the deadline s	et forth in the	SWMPP?		
·					• Yes	$\bigcirc$ No
F. Briefly summan the next reporti	rize the stormwa ing cycle (includ	_		_	MCM du	ring
The subcontractor v	will forward the t	training course po	owerpoint slide	es to NYSCC and	present the	e
training courses du						
needed.						

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

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

		SPDES ID									
Name of MS4/Coalition	New York State Canal Corporation		N	Y	R	2	0	А	0	2	5

nswer	Check NA	Phosphorus Phosphorus Phosphorus Phosphorus		
- -d,8a,8b,9 8a,8b,9 8b,9	- 10,11,12 5,10,11,12 3,4,5,10,11,12	Phosphorus Phosphorus		
- -d,8a,8b,9 8a,8b,9 8b,9	- 10,11,12 5,10,11,12 3,4,5,10,11,12	Phosphorus Phosphorus		
8a,8b,9 8b,9	5,10,11,12 3,4,5,10,11,12	Phosphorus		
8a,8b,9 8b,9	5,10,11,12 3,4,5,10,11,12	Phosphorus		
8b,9 -	3,4,5,10,11,12			
-	-			
		-		
	2,3,4,5,8b,10,11,12	Phosphorus		
	2,3,4,5,8b,10,11,12	Phosphorus		
	2,3,4,5,8b,10,11,12	Phosphorus		
-	-	-		
,9	2,3,5,8b,10,11,12	Phosphorus		
,9	2,3,5,8b,10,11,12	Phosphorus		
,9	2,3,5,8b,10,11,12	Phosphorus		
-	-	-		
,11,12	2,3,5,6,8a,8b	Pathogens		
,11,12	2,3,5,6,8a,8b	Pathogens		
	2,3,4,5,8a,8b,10,11,12	Pathogens		
-	-	-		
,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen		
,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen		
	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen		
-	-	-		
,9	2,3,5,8b,10,11,12	Phosphorus		
,9	2,3,5,8b,10,11,12	Phosphorus		
,9	2,3,5,8b,10,11,12	Phosphorus		
-	-	-		
		Pathogens		
		Pathogens		
education p	orogram addressing i	Pathogens  impacts of  • Yes • No •		
	-,11,12 ,11,12 ,11,12 -,10,11,12 ,10,11,12 -,9 ,9 ,9 ,9 ,9 ,9 ,9 ,9 ,9 ,9 ,9 ,9 ,9 ,	,9 2,3,5,8b,10,11,12 ,9 2,3,5,8b,10,11,12 		

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

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

						SPDES ID		
Na	me of MS4/Coalition	New York State Canal Co	orporation			N Y R 2	0 A 0	2 5
3.	Does your MS4/0 and Maintenance			Conveyance	System (i	infrastructu ○ Yes	ıre) İnsp O No	ection N/A
4.	Estimate the per and maintained	0			•		n inspec	eted %
5.	Has your MS4/C NYSDEC SPDES (GP-0-08-001) to disturb five thou	S General Permi reduce pollutan	it for Stormy its in stormw	vater Dischai	rges from	Constructi	on Activ	ities
6.	Has your MS4/C runoff from new equal to one acre Permit for Storm the New York St Standards?	development ar that provides e water Discharg	nd redevelopi quivalent pro ges from Cons	nent project otection to th struction Act	s that dist ne NYS DI tivities (G	turb greate EC SPDES P-0-08-001)	than or General , includ	•
7a	. Does your MS4/0 phosphorus/nitro		0.	program to r	educe ero	osion or ○ Yes	• No	O N/A
7b	.How many proje	ects have been si	ted in this re	porting perio	od?			0
7c	. What percent of	the projects inc	luded in 7b h	ave been cor	npleted in	this repor	ting peri	
7d	.What percent of	projects planne	d in previous	years have l	been comp	pleted?	0	%
<b>Q</b> a	.Has your MS4/C	oalition develon	ed and imnle	mented a tui	rf manage		Projects	
O.	procedures polic lands?		-		U	-	wned	○ N/A
8b	.Has your MS4/C	y that addresses	-		_	and leaves	from	
	municipally own	eu ianus?				Yes	$\bigcirc$ No	$\bigcirc$ N/A

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 9 & 1 \end{vmatrix}$ 

	SPDES ID		
Name of MS4/Coalition New York State Canal Corporation	N Y R 2	0 A C	2 5
9. Has your MS4/Coalition developed and implemented a program of	of native nlan	ting?	
7. Has your 14154/Coantion developed and implemented a program of	-	_	O N/A
	• res	O NO	$\cup$ IN/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste	a an municina	lnrono	rties and
•	-		
prohibiting goose feeding?	$\circ$ Yes	○ No	• N/A
11 Doog your MSA/Coalition have a not weets has nyegrom?	O V	○ N.	■ NT/A
11. Does your MS4/Coalition have a pet waste bag program?	○ Y es	○ No	• N/A
12. Does your MS4/Coalition have a program to manage goose			
populations?	○ Yes	○ No	● N/A
populations:	© 1 <b>C</b> 5	O 110	- 11/11