

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2012

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

SPDES ID									
NYR20A	328								

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

Town of Kirkland																			
------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

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

OR

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

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

Name of Coalition

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

SPDES ID					
NYR20A					

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

SPDES ID
NYR20A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4

SPDES ID

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip -

eMail

Phone County

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4	Town of Kirkland	SPDES ID	NYR20A328
-------------	------------------	----------	-----------

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name	Oneida County SWCD
------------------------	--------------------

Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
	NYR20

Address	121 Second Street
---------	-------------------

City	Oriskany	State	NY	Zip	13424
------	----------	-------	----	-----	-------

eMail	jo-anne-humphreys@oneidaswcd.org
-------	----------------------------------

Phone	(315) 736 - 3334
-------	--------------------

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

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

- MM1 Outreach and Education
- MM2 Report & stream Cleanup
- MM3
- MM4 Training and site inspection
- MM5 Site Plan Review & training
- MM6 Facility Assessment & training

Additional tasks/responsibilities

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

--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4

SPDES ID

Section 4 - Certification Statement

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

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

First Name MI Last Name

Title (Clearly print title of individual signing report)

Signature

Date / /

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Town of Kirkland

SPDES ID

NYR20A328					
-----------	--	--	--	--	--

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 Town of Kirkland provided residents and businesses within the MS4 with ample opportunities to learn about stormwater management within the MS4. These opportunities included site visits, public meetings, printed materials including information available on our website. The Town had the SWCD present to a joint session of Kirkland and Clinton planners and the public at a public meeting on March 21, 2011.

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

SWCD Newsletter articles are provided in digital format for inclusion on website. Topics included construction site runoff control, trash/recycling issues, Smart Growth, Green Infrastructure, Pesticide/Fertilizer application, pet waste, vehicle washing, water conservation, wetland conservation and riparian buffer preservation. SWCD presented stormwater quality issues to approximately 900 students at the County Conservation Education Days in September. HOCCPP provides services to keep the MS4's Digital Towpath website up to date. HOCCPP also produced 5 videos on stormwater management issues relevant to MS4s during the reporting period. Solid Waste

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

1	5			
---	---	--	--	--

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to update the Stormwater Management portion of our website. Pass along pertinent stormwater information to residents and business owners via our newsletter, public meetings and website.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition Town of Kirkland	SPDES ID
	NYR20A328

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

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

- MS4/Coalition Office
 Annual Report
 SWMP Plan
 Comments

Department

Town Hall

 Address

3699 State Route 12B

 City

Clinton	NY	Zip	13323	-	
---------	----	-----	-------	---	--

 Phone

(315)	853	-	5082
---------	-----	---	------

- Library
 Annual Report
 SWMP Plan
 Comments

Address

--

 City

		Zip		-	
--	--	-----	--	---	--

 Phone

()		-	
--------	--	---	--

- Other
 Annual Report
 SWMP Plan
 Comments

Address

--

 City

		Zip		-	
--	--	-----	--	---	--

 Phone

()		-	
--------	--	---	--

- Web Page URL:
 Annual Report
 SWMP Plan
 Comments

http://townofkirkland.org/conte
nt/Stomwater

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

- eMail
 Comments

MS4 Annual Report Form

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

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

Name of MS4/Coalition SPDES ID

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

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

/ /

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

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

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

Yes No

If Yes, what was the date of the meeting?

/ /

If No, is one planned?

Yes No

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

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Town of Kirkland

SPDES ID

N	Y	R	2	0	A	3	2	8				
---	---	---	---	---	---	---	---	---	--	--	--	--

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 Town of Kirkland seeks to reach out to residents, business owners and contractors as well as municipal employees to ensure that they are aware of the activities within the MS4 and that they are aware of local stormwater regulations.

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

HOCCPP works with us to maintain our SWMP on our website. SWCD and HOCCPP provide information to keep the website current. Kirkland and Clinton cooperated with Clinton Central School to host a stream cleanup in the St. Mary's Brook watershed, a tributary to the Oriskany Creek. HOCCPP provided 5 power point presentations on the topics of Basic Stormwater Planning, SWPPP Review, Sewershed Mapping, Green Infrastructure and Runoff Reduction Stormwater Design.

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

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

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to update our website and reach out to the public.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Town of Kirkland

SPDES ID

N	Y	R	2	0	A	3	2	8				
---	---	---	---	---	---	---	---	---	--	--	--	--

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.

The Town of Kirkland has base mapping completed for the MS4 area.

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

Due to the persistent flooding conditions experienced by the Town in the Oriskany Creek Watershed during this reporting period, we focused our efforts on flood relief rather than mapping.

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

--	--	--	--	--

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Complete the reconnaissance and mapping of all stormwater outfalls in the Kirkland MS4 area with the assistance of the SWCD and/or HOCCPP.

MS4 Annual Report Form

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

20	12		
----	----	--	--

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

Name of MS4/Coalition

Town of Kirkland

SPDES ID

NYR20A328							
-----------	--	--	--	--	--	--	--

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

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

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

How many MS4s contributed to this report?

--	--	--

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

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

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

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

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

4		
---	--	--

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

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

--	--	--

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

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

- Notices of Violation #

0					
---	--	--	--	--	--

 ○ No Authority
- Stop Work Orders #

1					
---	--	--	--	--	--

 ○ No Authority
- Criminal Actions #

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

 ○ No Authority
- Termination of Contracts #

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

 ○ No Authority
- Administrative Fines #

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

 ○ No Authority
- Civil Penalties #

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

 ○ No Authority
- Administrative Orders #

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

 ○ No Authority
- Enforcement Actions or Sanctions #

1					
---	--	--	--	--	--

 ○ No Authority
- Other #

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

 ○ No Authority

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Town of Kirkland

SPDES ID

N	Y	R	2	0	A	3	2	8				
---	---	---	---	---	---	---	---	---	--	--	--	--

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

--	--	--

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

4		
---	--	--

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

4		
---	--	--

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

100		
-----	--	--

 %

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

50		
----	--	--

 %

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

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** Yes No NT
If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Town of Kirkland

SPDES ID

N	Y	R	2	0	A	3	2	8				
---	---	---	---	---	---	---	---	---	--	--	--	--

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.

Review all SWPPPs presented within the municipality. Review all site plans to ensure that those that need SWPPPs have them. Inspect sites to determine compliance with our local laws. Train contractors to ensure that they are aware of and practicing sound erosion and sediment control techniques on site.

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

The Town of Kirkland received 4 SWPPPs for review during this reporting period. All were reviewed by the Planning Board and the SWCD. There was one site in the Town that started land clearing operations without a permit in order to construct a pond. We visited the landowner, issued a stop work order and ensured that the disturbance was contained to less than one acre via stabilization methods. Other activities pertaining to this MCM include HOCCPP Training, SWCD Inspection training, and SWCD training of contractors.

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

1	2			
---	---	--	--	--

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to coordinate with planning board officials, contractors and codes officer to ensure that all parties affected by the regulation are aware of it and know their responsibilities.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Town of Kirkland

SPDES ID

N	Y	R	2	0	A	3	2	8				
---	---	---	---	---	---	---	---	---	--	--	--	--

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

Yes No

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

Yes No

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

Yes No

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

0		
---	--	--

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

5	0	
---	---	--

 %

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Town of Kirkland

SPDES ID

N	Y	R	2	0	A	3	2	8				
---	---	---	---	---	---	---	---	---	--	--	--	--

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Ensure maintenance of stormwater management facilities within the MS4 regulated area.

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

All SWPPPs where permanent stormwater management is proposed are reviewed to ensure that proposals meet requirements outlined in DEC regulatory documents. In addition, SWPPP content is checked to ensure that Green Infrastructure practices are being considered during the planning phase. Construction inspections are performed on all sites where at least 1 acre of ground is disturbed to ensure that permanent stormwater structures are being installed in accordance with DEC design guidance. Maintain stormwater structures as required by easements within the MS4 area.

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

6			
---	--	--	--

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Per DEC's recommendation, our MS4 will work with SWCD to inspect all stormwater management basins and determine the level of maintenance required. Maintenance needs will be communicated to the appropriate party for further action.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

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

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

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

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

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Town of Kirkland					
------------------	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	3	2	8				
---	---	---	---	---	---	---	---	---	--	--	--	--

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.

Ensure that employees are trained in Good Housekeeping methods in order to ensure proper management of our stormwater facilities and infrastructure. Specifically, ensure that employees are made aware of spill response techniques, erosion and sediment control on construction sites, and pollution prevention techniques.

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

Employees received training on spill prevention (OSHA & SWCD) and municipal facilities maintenance (DEC Region 6 staff). Training is also available to address salt/sand storage and application, ditch stabilization and drainage.

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

5				
---	--	--	--	--

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to pursue training opportunities for municipal staff.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID
NYR20

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed			
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay			
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary			
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments			
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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

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

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period. %

