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

MCC form for period ending March 9, 2 0 1 5

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Name of MS4	Town of Kirkland	N	Y	R	2	0	А	1	7	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.

For each contact, select all that apply:

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

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# MS4 Municipal Compliance Certification(MCC) Form

	SPDES ID
Name of MS4 Town of Kirkland	N Y R 2 0 A 1 7 5
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following pos	sitions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qual GP-0-08-002 Part VI.J).	ified individual (per
2. Duly Authorized Representative (Information for this contact me Authorized Representative is signing this form)	ust only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-00)	2 Part VII.A.2.c & Part VIII.A.2.c)
4. The Stormwater Management Program (SWMP) Coordinator (Ir 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 filled by the same individual. If one individual fills multiple role	e unless more than one position is
once and check all positions that apply to that individual.	s, provide the contact miorination
If a new Duly Authorized Representative is signing this report, to provided and a signature authorization form, signed by the Prince	heir contact information must be
Elected Official must be attached.	1
For each contact, select all that apply:	
<ul> <li>Principal Executive Officer/Chief Elected Official</li> </ul>	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
First Name  Robert  MI Last Name	
Robert Meel	an
Town Supervisor	
Address	
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City State	Zip
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# MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, 2 0 1 5

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	SPDES ID
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Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following p	ositions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qu GP-0-08-002 Part VI.J).	alified individual (per
2. Duly Authorized Representative (Information for this contact a Authorized Representative is signing this form)	must only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-0	102 Part VII A 2 a & Part VIII A 2 a)
4. The Stormwater Management Program (SWMP) Coordinator (coordination/implementation of SWMP).	(Individual responsible for
5. Report Preparer (Consultants may provide company name in the	20 00000 0000 110 12
A separate sheet must be submitted for each marking list 1.1	le space provided).
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If a new Duly Authorized Representative is signing this report, provided and a signature authorization form, signed by the Prin	their contact information must be
Elected Official must be attached.	lespai Executive Officer of Chief
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
Report Preparer	
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litle	
Water Qual Specialist	
Address	
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$\frac{O \Gamma 1 S K a n y  \qquad \qquad  N }{\text{Mail}}$	Y 1 3 4 2 4 -
jo-anne-humphreys@one	idaswcd.org
Phone County	ldaswcd.org
	i d a

### MS4 Municipal Compliance Certification (MCC) Form

	SPDES ID
Name of MS4 Town of Kirkland	N Y R 2 0 A 1 7 5
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all perm	it requirements during this reporting
period?	● Yes ○ No
If Yes, complete information below.	
Submit a separate sheet for each partner. Information provided i	n other formats will not be
accepted. If your MS4 cooperated with a coalition, submit one s coalition. It is not necessary to include a separate sheet for each	MS4 in the coalition
If No, proceed to Section 4 - Certification Statement.	m the countries.
Partner/Coalition Name	
C 1 i n t o n C e n t r a 1 S c h o o 1	-
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
	N Y R 2 0 A 5 2 3
Address 7 5 Chenango Ave	
C'.	
C 7 State	Zip Y 1 3 3 2 3 -
eMail	1 1 3 3 2 3 -
tacee@ccsd.edu	
Phone	Din Jim A
	Binding Agreement in accordance 0-08-002 Part IV.G.? ○ Yes No
What tasks/responsibilities are shared with this partner (e.g. MM1 S	School Programs or Multiple Tasks
	ventor i rograms or writing it is associated
MM1 outreach to student	s & teacher
MM2 stream cleanup	
O MM3	
O MM4	
O MM5	
O MM6	
Additional tasks (non-section)	
Additional tasks/responsibilities  Watershed Improvement Strategy Past Management Practices a	
Watershed Improvement Strategy Best Management Practices rewatersheds included in GP-0-08-002 Part IX.	equired for MS4s in impaired

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MCC form for period ending March 9, 2 0 1 5

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### MS4 Municipal Compliance Certification(MCC) Form

	SPDES ID
Name of MS4 Town of Kirkland	N Y R 2 0 A 1 7 5
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following pos	sitions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qual GP-0-08-002 Part VI.J).	lified individual (per
2. Duly Authorized Representative (Information for this contact m Authorized Representative is signing this form)	ust only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-00	2 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (In coordination/implementation of SWMP).	
5. Report Preparer (Consultants may provide company name in the	e space provided).
A separate sheet must be submitted for each position listed above filled by the same individual. If one individual fills multiple role once and check all positions that apply to that individual.	ve unless more than one position is
If a new Duly Authorized Representative is signing this report, t provided and a signature authorization form, signed by the Princ Elected Official must be attached.	their contact information must be cipal Executive Officer or Chief
For each contact, select all that apply:	
Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
First Name MI Last Name	
Robert Meel	a n
Title Town Supervisor	
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#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

r		SPI	DES	ID						
Name of MS4	Town of Kirkland	N	Y	R	2	0	А	1	7	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.

For each contact, select all that apply:

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

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### MS4 Municipal Compliance Certification (MCC) Form

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### MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 5

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# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 5

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Cover Page 1 of 2

### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 5

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

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### MS4 Municipal Compliance Certification(MCC) Form

	SPDES ID	
Name of MS4 TOWN OF KIRKLAND	N Y R 2 0 A 1 7	7 5
Each MS4 must submit an MCC form.		
Section 1 - MCC Identification Page		
Indicate whether this MCC form is being submitted to certify endorsement	nt or acceptance of:	
<ul> <li>An Annual Report for a single MS4</li> </ul>	•	
○ 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 be	oinding agreements	
If Joint Report, enter coalition name:	agreements.	
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# MS4 Municipal Compliance Certification(MCC) Form

Name of MS4 TOWN OF KIRKLAND	SPDES ID
Time of this i	N Y R 2 0 A 1 7 5
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following pos	sitions as indicated below.
1. Principal Executive Officer, Chief Elected Official or other qual GP-0-08-002 Part VI.J).	ified individual (per
2. Duly Authorized Representative (Information for this contact mu Authorized Representative is signing this form)	
3. The Local Stormwater Public Contact (required per GP-0-08-002	2 Part VII.A.2.c & Part VIII.A.2.c)
4. The Stormwater Management Program (SWMP) Coordinator (In coordination/implementation of SWMP).	dividual responsible for
5. Report Preparer (Consultants may provide company name in the	space provided).
A separate sheet must be submitted for each position listed above filled by the same individual. If one individual fills multiple roles once and check all positions that apply to that individual.	e unless more than and mark!
If a new Duly Authorized Representative is signing this report, the	acin acutavy i C
provided and a signature authorization form, signed by the Princi Elected Official must be attached.	pal Executive Officer or Chief
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Duly Authorized Representative	
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## MS4 Municipal Compliance Certification (MCC) Form

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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

N		SPI	DES	ID						
Name of MS4 TOWN OF KIRKLAND		N	Y	R	2	0	A	1	7	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  R O B E R T	MI	Last Name						
Title (Clearly print title of individual signing report)		M E E L A	N					
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Signature								
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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,  $2 \mid 0 \mid 1 \mid 5$ 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 TOWN OF KIRKLAND N Y R 2 0 A 1 7 5 **Water Quality Trends** The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report? 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. Yes O No If Yes, choose one of the following Report(s) attached to the annual report O 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

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix} 5$ 

	SPDES ID
Name of MS4/Coalition TOWN OF KIRKLAND	N Y R 2 0 A 1 7 5
Minimum Control Measure 1. Public E	ducation and Outreach
The information in this section is being reported (check one):	
On behalf of an individual MS4	
○ On behalf of a coalition  How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Managen	nent Practices
Check all topics that were included in Education and Outreach	during this reporting period:
• Construction Sites	<ul><li>Pesticide and Fertilizer Application</li></ul>
General Stormwater Management Information	Pet Waste Management
Household Hazardous Waste Disposal	Recycling
Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
Infrastructure Maintenance	Trash Management
<ul><li>Smart Growth</li></ul>	<ul><li>Vehicle Washing</li></ul>
O Storm Drain Marking	<ul><li>Water Conservation</li></ul>
● Green Infrastructure/Better Site Design/Low Impact Development	<ul><li>Wetland Protection</li></ul>
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
Public Employees Contractors	
● Residential • Developers	
<ul><li>Businesses</li><li>General Public</li></ul>	
○ Restaurants ○ Industries	
Other: • Agricultural	
Other	

This report is being submitted for the reporting period ending March 9, 2 0 1 5 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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This report is being submitted for the reporting period ending March 9, 2 0 1 5

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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  5

Name of MS4/Coalition TOWN OF KIRKLAND	
Name of MS4/Coalition TOWN OF KIRKLAND	SPDES ID
Traine of 1910-1/Coamion	N Y R 2 0 A 1 7 5
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward achieved in your Stormwater Management Program Plan (SWMPP), in III.C.1. Submit additional pages as needed.	eving measurable goals including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWM	(PP in this reporting period.
The Town of Kirkland maintains a website with stormwater managemour SWMP. We are in the process of developing an intermunicipal was the St. Mary's Brook watershed to address stormwater quality and quastreambank stabilization projects planned on the Oriskany Creek are in riparian buffers, a green infrastructure practice. The Mohawk River Wassership and the contraction of t	nent information presented for atershed management plan on antity issues of concern. Three intended to create improved
. Briefly summarize the observations that indicated the overall ef Goal.	
Public meetings were held with landowners and residents of the munic concerns and to provide information about stormwater management all infrastructure practices such as riparian buffers especially in the Oriska Brook watershed.	ternatives including groon
. How many times was this observation measured or evaluated in	this reporting period?
	1 2
	(ex.: samples/participants/
. Has your MS4 made progress toward this Measurable Goal dur	ring this reporting period?  • Yes O No
Is your MS4 on schedule to meet the deadline set forth in the SV	
Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule).	e goals of this MCM during

This report is being submitted for the reporting period ending March 9, 2 0 1 5

If submitting this form as part of a joint report	on behalf	of a	coali					ES II	) bl	ank	 :.	
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Minimum Control Measure 2. ]		nvo	lven	<u>ient</u>	t/ <b>P</b>	art	tici	pat	ion			
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 re</li> </ul>	port?											
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	the Storn	nw	ater I	Man	em age	ent eme	atio ent ]	n, Prog	gra	m		
Cleanup Events					i	# Ev	ents					1
O Comments on SWMP Received				#	‡Co	mm	ents	F				
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Other:					# 	Lve	lits			$\frac{1}{1}$	1	
2. Was public notice of availability of this annual Program (SWMP) Plan provided?	l report a	nd	Storn	ıwat	ter	Ma	nnaş		ent Yes		01	No.
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MCM 2 Page 1 of 6

This report is being submitted for the reporting period ending March 9, 2 0 1 5 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  5

	SPDES ID			
Name of MS4/Coalition TOWN OF KIRKLAND	N Y R 2	2 0 A 1	L 7	5
4.a. If this report was made available on the internet, what da Leave blank if this report was not posted on the internet.		7, —		
	0 5 / 3 1	_ / 2 0	)   1	5
4.b. For how many days was/will this report be posted?		3	6	5
If submitting a report for single MS4, answer 5.a If submitti	ing a joint report, an	swer 5.b		
5.a. Was an Annual Report public meeting held in this report.  If Yes, what was the date of the meeting?	ing period?	• Yes / 2 0		No 4
If No, is one planned?		○ Yes	0	No
5.b. Was an Annual Report public meeting held for all MS4s of this reporting period?	contributing to this			
		• Yes	0 ]	No
If No, is one planned for each?		O Yes	0]	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.		○ Yes	• ]	No
~ in response to comments to this report.				

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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	SPDES ID
Name of MS4/Coalition TOWN OF KIRKLAND	N Y R 2 0 A 1 7 5
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward	achiaving magazzalla 1
identified in your Stormwater Management Program Plan (SWMP	achieving measurable goals
III.C.1. Submit additional pages as needed.	P), including requirements in Part
and the desired additional pages as needed.	
A D ' C	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
	The state of the s
The Annual Report and the SWMP are made available for public	viewing on the municipal website.
In addition, we also posted newsletter articles regarding stormwat	er on our website.
B. Briefly summarize the observations that indicated the overa	
Goal.	all effectiveness of this Measurable
No comments received on the Annual Report. However, we are in	
meetings with landowners throughout the St. Monte Devol. W.	n the process of arranging
meetings with landowners throughout the St. Mary's Brook Waters	shed to establish permanent
greenspace, implement stormwater retrofits and install green infras	structure practices.
C. How many times was this observation measured or evaluate	ed in this reporting period?
	(ex.: samples/participants/eve
D. Has your MS4 made progress toward this measurable goal o	during this reporting period?
	• Yes O No
F Is your MS4 on school-le to work the least	
E. Is your MS4 on schedule to meet the deadline set forth in the	e SWMPP?
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet	t the goals of this MCM during
the next reporting cycle (including an implementation sched	ula)
Utilize funding from state and local sources to improve stormwater	management by using alternative
and traditional practices ranging from grass swales and rain barrels	to stormwater retention nanda
meeting the design criteria from the Stormwater Management Design	on Manual
5 Stormwater Management Design	gn manual.

This report is being submitted for the reporting period ending March 9, 2 0 1 5

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID TOWN OF KIRKLAND Name of MS4/Coalition N Y R 1 7 Minimum Control Measure 3. Illicit Discharge Detection and Elimination The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. Enter the number and approx. percent of outfalls mapped: 0 # 0 % 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 2 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period? O Auto Recyclers O Landscaping (Irrigation) O Building Maintenance O Marinas O Churches O Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Commercial Laundry/Dry Cleaners Parking Lot Maintenance O Construction Vehicle Washouts O Printing Cross-Connections O Residential Carwashing O Distribution Centers O Restaurants O Food Processing Facilities O Schools and Universities O Garbage Truck Washouts Septic Maintenance O Hospitals O Swimming Pools O Improper RV Waste Disposal O Vehicle Fueling Industrial Process Water Vehicle Maint./Repair Shops Other: O None O Sewersheds:

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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TOWN OF WINW AND	SPDES ID
Name of MS4/Coalition TOWN OF KIRKLAND	N Y R 2 0 A 1 7 5
3.b. What types of illicit discharges have	e been found during this reporting period?
Broken Lines From Sanitary Sewer	Industrial Connections
O Cross Connections	Inflow/Infiltration
O Failing Septic Systems	<ul><li>Pump Station Failure</li></ul>
● Floor Drains Connected To Storm Sewers	<ul> <li>Sanitary Sewer Overflows</li> </ul>
• Illegal Dumping	O Straight Pipe Sewer Discharges
Other:  4. How many illicit discharges/potential	O None
5. How many illicit discharges have been	en confirmed during this reporting period?  2  2  2  2  2  2  2  2  2  2  2  2  2
<ul> <li>7. Has the storm sewershed mapping be If No, approximately what percent was of</li> <li>8. Is the above information available in the state of the state</li></ul>	completed in this reporting period?  GIS?  Ves. O No.
If Yes, provide URL(s):	
URL URL	where map(s) can be accessed - not home page.
URL	

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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TOWN OF KIRKI AND		7	SPDES I		
e of MS4/Coalition TOWN OF KIRKLAND			N Y I	2 0	A 1 '
URL(s) con't.: Please provide specific address o	f nage where man(s) con	ho ooooss	. J	. 1	
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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 5$ 

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Name of MS4/Coalition TOWN OF KIRKLAND	N	Y	R	2	0	A	1	7	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.

The major IDDE issue is the WWTP in the hamlet of Clark Mills where work continues to repair broken lines and prevent unfiltered discharges to the Oriskany. Educate highway crews about spill prevention and cleanup as well as a multitude of Good Housekeeping Practices within municipal facilities.

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

In February of 2014, the Utica Area MS4s attended a stakeholder session where IDDE videos were viewed and discussion about stormwater issues ensued with local DEC representative Richard Coriale. Operation Ripple Effect undertaken by the Oneida County Water Pollution Control agency is educating landowners throughout the region about the benefits of rain barrels and green infrastructure around the home. They are partnering with the Master Gardeners of Cornell

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

			1	5		
(ex.:	samples/	parti	ici	pants	/event	s)

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

Yes	$\bigcirc$ No
1 65	$\sim$ 100

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

• Yes O	NIO

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

Continue to educate residents and landowners about illicit discharge regulations. Monitor illicit connections to the stormsewer system through dry weather monitoring. Finalize detailed system maps.

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Name of MS4/Coalition TOWN OF KIRKLAND	YR	2	0	A	1	7	5

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

	Construction Site and Post-Construction Control
Th	e information in this section is being reported (check one):
<ul><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>	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 cerfification 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 O 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?
	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 O 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	O No Authority
	Stop Work Orders	#			0	O No Authority
	Criminal Actions	#			0	O No Authority
	Termination of Contracts	#			0	O No Authority
	Administrative Fines	#			0	O No Authority
	Civil Penalties	#			0	O No Authority
	Administrative Orders	#			0	O No Authority
	Enforcement Actions or Sanctions	#			0	
0	Other	#				O No Authority

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	SPDES ID
Name of MS4/Coalition TOWN OF KIRKLAND	N Y R 2 0 A 1 7 5
Minimum Control Measure 4. Construction Site	Stormwater Runoff Control
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         How many MS4s contributed to this report?     </li> </ul>	
1. How many construction projects have been authorized for during this reporting period?	disturbances of one acre or more
2. How many construction projects disturbing at least one ac during this reporting period?	ere were active in your jurisdiction
3. What percent of active construction sites were inspected de	uring this reporting period? $\bigcirc$ NT
4. What percent of active construction sites were inspected m	$\begin{array}{c c} & \begin{array}{c c} & 1 & 0 & 0 & \% \\ \hline \text{aore than once?} & \begin{array}{c c} & & & & \\ & & & & \\ \end{array} & \begin{array}{c c} & & & \\ & & & & \\ \end{array} & \begin{array}{c c} & & & \\ & & & & \\ \end{array}$
5. Do all inspectors working on behalf of the MS4s contributi	1 0 0 % ing to this report use the NYS
Construction Stormwater Inspection Manual?	● Yes ○ No ○ NT
6. Does your MS4/Coalition provide public access to Stormwa (SWPPPs) of construction projects that are subject to MS4	review and approval?
If your MCA is Non True 144 and a CAMPAR	● Yes ○ No ○ NT
If your MS4 is Non-Traditional, are SWPPPs of construction public review?	on projects made available for ○ Yes ○ No

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		Г																		S	PDE	ES I	D					
Name of MS4/0	Coalit	ion	TO	WN (	OF K	KIRK	LAN	ND												1	1 2	Z	2 2	2 (	) Z	<i>Y</i> :	L	7 5
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MS4/Coali Departm		Offi	ice																									
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This report is being submitted for the reporting period ending March 9, 2 0 1 5

Name of MS4/Coalition TOWN OF KIRKLAND	SPDES ID    N   Y   R   2   0   A   1   7   5
7. Evaluating Progress Toward Measurable Goals MCM 4	
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.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Over 150 contractors and engineering staff received the 4 hour Er Training from the SWCD during the reporting period. Site plan replans have adequate erosion, sediment and stormwater management	eviews are conducted to ensure that
B. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
The Planning Board takes the lead on ensuring that sites where 1 a expected are subject to review by the SWCD and the engineering site plans for the town were reviewed for Erosion and Sediment C	company on retainer At least 3
C. How many times was this observation measured or evaluate	ed in this reporting period?
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/event
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in th	e SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	et the goals of this MCM during
Continue to work with landowners and contractors to enact sound	BMPs on construction sites.

This report is being submitted for the reporting period ending March 9, 2 0 1 5

Name of MS4/Coalitio	n TOWN OF KIRKLAI	ND		SPDES N Y	R 2 0 A 1 7 5						
Minimum	Minimum Control Measure 5. Post-Construction Stormwater Management										
The information in the	his section is being	g reported (chec	k one):								
<ul><li>On behalf of an in</li><li>On behalf of a coa</li></ul>	alition										
	nany MS4s contr										
1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?											
		# Inventoried	# Inspections	# Times Maintained							
O Alternative Practic	ces										
Filter Systems		1	1	1							
$\bigcirc$ Infiltration Basins											
Open Channels											
Ponds		3	3	3							
○ Wetlands											
Other											
2. Do you use an observation BMPs, inspection	electronic tool (	e.g. GIS, datal	oase, spreadsh	eet) to track po	ost-construction ○ Yes • No						
3. What types of a Development/B	non-structural p Better Site Desig	oractices have n/Green Infra	been used to i structure prin	mplement Low ciples?	Impact						
<ul><li>Building Codes</li></ul>	• Municipal Co	mprehensive Pla	ins								
Overlay Districts	Open Space P	reservation Prog	gram								
Zoning	• Local Law or	Ordinance									
○ None	O Land Use Reg	gulation/Zoning									
<ul><li>Watershed Plans</li></ul>	Other Compre	ehensive Plan									
Other:											

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			PL	DES I	)					
Nai	me of MS4/Coalition TOWN OF KIRKLAND		N	Y	2	0	A	1	7	5
4a	. Are the MS4s contributing to this report involved in a regional/	watershed	l w	ide p	lanı					
4b	. Does the MS4 have a banking and credit system for stormwater	· managen	ıer	ıt pr	actic		Ye	es	0	No
							Ye			No
4c.	. Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a stor	clude a pi	rot	ocol	for c	eval	uati	ion		
	and credit of afternative siting of a sto	rmwater i	na	nage	men		Ye			Nο
4d.	. How many stormwater management practices have been impler reporting period?	nented as	pa	rt of	this				- Fil 1	
	reporting period:									
5.	What percent of municipal officials/MS4 staff responsible for pr	rogram im	pl	em er	tati	on a	ıtter	nde	d	
	training on Low Impace Development (LID), Better Site Design Infrastructure principles in this reporting period?	(BSD) and	d o	ther	Gre	en				
	assi accare by methics in this reporting heriod;								5	%

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		SPDES ID										
Name of MS4/Coalition	TOWN OF KIRKLAND	N	Y	R	2	0	A	1	7	5		

#### 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.

Stormwater management in the St. Mary's Book watershed will be addressed on a watershed scale in the Town of Kirkland and the Village of Clinton starting in the Summer of 2015. One major practice proposed is the preservation of green space in the upper portion of the watershed to reduce runoff. In addition, the practices in the middle portion of the watershed will also include stormwater retrofits to provide both quantity and quality improvements.

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

The Oriskany and St. Mary's Brook watershed has received funding from NYS to implement various green infrastructure practices to combat runoff and pollution issues related to stormwater.

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

			1	2	
amn	les	'nari	ici	nant	c/evente

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).

Investigate and implement appropriate best management practices to collect and treat stormwater runoff from developed areas as well as from new construction. Continue to log and monitor all stormwater related practices in the MS4 and ensure that maintenance occurs at the 50% capacity of the practice. Consider retrofitting existing practices in order to make them more effective for filtering water pollution as well as accommodating high flows. Work with the school to address

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Name of MS4/Coalition TOWN OF KIRKLAND	SPDES ID           N         Y         R         2         0         A         1         7         5
Minimum Control Measure 6. Stormwater Manage	ement 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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

O			icu witiiii	i the past 3
<b>Operation/Activity/Facility</b>	Addressed i	n SWMP?	years?	
Street Maintenance	• Yes	○ No	. • Yes	○ No
Bridge Maintenance	• Yes	○ No		O No
Winter Road Maintenance	• Yes	○ No		O No
Salt Storage		○ No		O No
Solid Waste Management		○ No		○ No
New Municipal Construction and Land Disturbation	nce • Yes	○ No		O No
Right of Way Maintenance	• Yes	○ No		O No
Marine Operations	O Yes	● No		No
Hydrologic Habitat Modification		○ No		○ No
Parks and Open Space		○ No		O No
Municipal Building	• Yes	○ No		○ No
Stormwater System Maintenance	• Yes	○ No		○ No
Vehicle and Fleet Maintenance		○ No		○ No
Other		○ No		○ No

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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	SI	PDES ID					
Name of MS4/Coalition TOWN OF KIRKLAND		1 Y R	2	0 7	1	7	5
2. Provide the following information about municipal operat		housek	eepi	ing p	rog	ran	ıs:
Parking Lots Swept (Number of acres X Number of times swep	ot)	# Acr	es			1	0
• Streets Swept (Number of miles X Number of times swept)		# Mil	es			3	2
Catch Basins Inspected and Cleaned Where Necessary			# [			2	0
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			#				3
O Phosphorus Applied In Chemical Fertilizer		# Lb	s.				
O Nitrogen Applied In Chemical Fertilizer		# Lb	s.		$\dagger$		
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	umber of	# Acres			<u> </u>		
3. How many stormwater management trainings have been p during this reporting period?	provided to	munici	ipal	emp	oloy		4
4. What was the date of the last training?	0 3	/ 0	3	/ 2	0	1	5
5. How many municipal employees have been trained in this	reporting p	eriod?					3
6. What percent of municipal employees in relevant positions stormwater management training?	and depar	tments	rec	eive	5	0	%

This report is being submitted for the reporting period ending March 9, 2 0 1 5

Name of MS4/Coalition TOWN OF KIRKLAND SPDES ID  N Y R 2 C	) A 1 7 5					
Tvanic of ivi54/Coantion	, H   T   7   J					
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	ng period.					
Continue to train municipal employees, particularly from the public works/highway and partments about Best Management Practices that protect water quality. Practices to foo include sand and salt storage and application, vehicle washing, spill prevention and stream maintenance.	cus upon					
B. Briefly summarize the observations that indicated the overall effectiveness of this Goal.	Measurable					
Training held at the SWCD facility on March 3, 2015 to address practices in the municipal addition, a stream management workshop was held on February 25, 2015 to educate mun officials about stream management. A portion of the training included descriptions of rip buffers. Town employees also participated in an Erosion and Sediment Control training a SWCD office.	icipal parian					
C. How many times was this observation measured or evaluated in this reporting per	riod?					
(ex.: samm	ples/participants/event					
D. Has your MS4 made progress toward this measurable goal during this reporting	period?					
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	Yes O No					
	Yes O No					
F. Briefly summarize the stormwater activities planned to meet the goals of this MC the next reporting cycle (including an implementation schedule).	W during					
Utilize state and local funding to install BMPs to address stormwater management on pub and infrastructure.	lic lands					

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ame of MS4/Coalition			SPDES ID  N Y R 2 0		
Additional Wat	ershed Improveme	nt Strategy Best Ma	anagement Practices		
ne information in this section On behalf of an individual On behalf of a coalition		ek one):			
	S4s contributed to this r	eport?			
IS4s must answer the qu	uestions or check NA a	as indicated in the table	e below.		
MS4 Description	Answer	Check NA	(POC)		
NYC EOH Watershed Traditional Land Use	1224567-10-01-0	-			
Traditional Non-Land Use	1,2,3,4,5,6,7a-d,8a,8b,9 1,2,3,4,7a-d,8a,8b,9	10,11,12 5,10,11,12	Phosphorus		
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus Phosphorus		
Onondaga Lake Watershed	=	-	- Incopriorus		
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus		
Traditional Non-Land Use Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus		
Greenwood Lake Watershed	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus		
Traditional Land Use	1,4,6,7a-d,8a,9	2 2 5 9h 10 11 12	- Ni - 1		
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus		
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus		
Oyster Bay	1=1	-,-,-,-,-,1,1,12	- Incapitorus		
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 Peconic Estuary	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens		
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2 2 5 6 9h	- 12°		
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b 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 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 Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
LI 27 Embayments	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus		
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			
	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens Pathogens		

Additional BMPs Page 1 of 3

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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Naı	me of MS4/Coalition	SPDES ID  N Y R 2	0		
3.	Does your MS4/Coalition have a Stormwater Conveyance System and Maintenance Plan Program?	(infrastructu ○ Yes	ı <b>re) Ins</b> p ○ No	oection O N/A	
4.	Estimate the percentage of on-site wastewater treatment systems tand maintained or rehabilitated as necessary in this reporting per		n inspec	eted %	
5.	Has your MS4/Coalition developed a program that provides protect NYSDEC SPDES General Permit for Stormwater Discharges from (GP-0-08-001) to reduce pollutants in stormwater runoff from condisturb five thousand square feet or more?	n Constructi	on Activ	rities	
6.	Has your MS4/Coalition developed a program to address post-conrunoff from new development and redevelopment projects that disequal to one acre that provides equivalent protection to the NYS I Permit for Stormwater Discharges from Construction Activities (6) the New York State Stormwater Design Manual Enhanced Phospl Standards?	sturb greater DEC SPDES GP-0-08-001)	than or General , includi	•	
	Does your MS4/Coalition have a retrofitting program to reduce en phosphorus/nitrogen/pathogen loading?	osion or O Yes	O No	O N/A	
7b.	How many projects have been sited in this reporting period?				
7c. What percent of the projects included in 7b have been completed in this reporting period?					
7d.	What percent of projects planned in previous years have been con			%	
	Has your MS4/Coalition developed and implemented a turf manage procedures policy that addresses proper fertilizer application on manages?	gement practi		Planned  O N/A	
	Has your MS4/Coalition developed and implemented a turf manage procedures policy that addresses proper disposal of grass clipping municipally owned lands?			O N/A	

This report is being submitted for the reporting period ending March 9, 2 0 1 5

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

Name of MS4/Coalition	N Y R 2	0	
9. Has your MS4/Coalition developed and implemented a program of		ting? ○ No	○ N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste of prohibiting goose feeding?	on municipa O Yes		
11. Does your MS4/Coalition have a pet waste bag program?	O Yes	O No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	O Yes	○ No	O N/A