



**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2015

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

SPDES ID  
N Y R 2 0 A



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

MCC form for period ending March 9, 2015

Name of MS4

SPDES ID  
N Y R 2 0 A 1 0 3

**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, 2015

Name of MS4

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- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
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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, 2015

Name of MS4

Village of Horseheads

SPDES ID

NYR20A103

**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

Chemung County Stormwater

Partner/Coalition Name (con't.)

Coalition

SPDES Partner ID - If applicable

NYR20

Address

851 Chemung Street

City

Horseheads

State

NY

Zip

14845

eMail

jbverrigni@stny.rr.com

Phone

(607) 796-2216

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 Multiple Tasks - See SWMP
- MM2 Multiple Tasks - See SWMP
- MM3 Multiple Tasks - See SWMP
- MM4 Multiple Tasks - See SWMP
- MM5 Multiple Tasks - See SWMP
- MM6 Multiple Tasks - See SWMP

Additional tasks/responsibilities

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

Empty rectangular box for additional information.

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2015

Name of MS4: Village of Horseheads

SPDES ID  
N Y R 2 0 A 1 0 3

#### 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: WALTER MI: J Last Name: HERBST

Title (Clearly print title of individual signing report): VILLAGE MANAGER

Signature: *Dan Herbst*

Date: 03 / 30 / 2015

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	5
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: 

Chemung County Stormwater Coalition
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SPDES ID  

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

- |  |                     |  |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td>9</td><td>9</td></tr></table>    |   |   |   | 9 | 9 |
|  |                     |  | 9 | 9 |   |   |   |
| <input checked="" type="radio"/> Direct Mailings                     | # Mailings          | <table border="1" style="display: inline-table;"><tr><td></td><td>1</td><td>5</td><td>6</td><td>4</td></tr></table>  |   | 1 | 5 | 6 | 4 |
|  | 1                   | 5  | 6 | 4 |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td>2</td></tr></table>     |   |   |   |   | 2 |
|  |                     |  |   | 2 |   |   |   |
| <input type="radio"/> List-Serves                                    | # In List           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>      |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Mailing List                        | # In List           | <table border="1" style="display: inline-table;"><tr><td>1</td><td>4</td><td>1</td><td>0</td><td>0</td></tr></table> | 1 | 4 | 1 | 0 | 0 |
| 1  | 4                   | 1  | 0 | 0 |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles                      | # Days Run          | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>      |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td></td><td>1</td><td>3</td><td>8</td><td>3</td></tr></table>  |   | 1 | 3 | 8 | 3 |
|  | 1                   | 3  | 8 | 3 |   |   |   |
| <input checked="" type="radio"/> School Program                      | # Attendees         | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>7</td><td>0</td><td>4</td></tr></table>   |   |   | 7 | 0 | 4 |
|  |                     | 7  | 0 | 4 |   |   |   |
| <input checked="" type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>2</td><td>6</td><td>4</td></tr></table>   |   |   | 2 | 6 | 4 |
|  |                     | 2  | 6 | 4 |   |   |   |
| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td></td><td>2</td><td>5</td><td>0</td><td>3</td></tr></table>  |   | 2 | 5 | 0 | 3 |
|  | 2                   | 5  | 0 | 3 |   |   |   |

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

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s	e	r	v	i	c	e	s		b	l	d	g	,		c	h	e	m	u
c	o	u	n	t	y		f	a	i	r	,		e	t	c				

Other:

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

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

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

Name of MS4/Coalition 

Chemung County Stormwater Coalition
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SPDES ID  

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

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Name of MS4/Coalition

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N Y R 2 0

3. Web Page cont.: Provide specific web addresses - not home page.

URL  
www.chemungstormwater.org

URL  
www.chemungstormwaterprojects.com

URL  
www.chemungcounty.com/index.asp? page=443 and 402, 442, 453, 467, 398, 404, 403

URL  
www.facebook.com/TownofHorsehead CodeEnforcement

URL  
www.facebook.com/chemungstormwater

URL

URL

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

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

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

Maintain a stormwater education booth at the Chemung Fair. Conduct workshops on "green" yard care and composting. Produce written public education info. and distribute this information to the municipality's Town Hall, Village, or City Hall. Maintain stormwater website, including posting the MS4 annual report. Conduct youth education programs including Conservation Field Days and school programs. Maintain stormwater demonstration projects at the conservation cabin. Distribute

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

- 1598 Stormwter brochures were distributed at public events throughout the County in 2014-2015.
- 905 Yard Waste Door Hangers were distributed throught 4 MS4 neighborhoods.
- 3 MS4s included Stormwater articles in their municipal newsletters
- TV, Radio and a Scrolling Marquee at hockey arena were utilized to educate the public.
- The chemungstormwater.org had 4,805 hits this reporting year.

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

7	3	0	8
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

- Distribute brochures at public events.
- Continue to be involved in school and public events utilizing the EnviroScape or other stormwtaer demonstration models.
- Develop a Pet Waste education campaign
- Develop a How to Guide to Building Rain Gardens

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

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

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

How many MS4s contributed to this report? 

1	4
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**1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:**

<input checked="" type="radio"/> Cleanup Events	# Events	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td>3</td><td>3</td></tr></table>				3	3																
			3	3																			
<input type="radio"/> Comments on SWMP Received	# Comments	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																					
<input type="radio"/> Community Hotlines	Phone #	<table border="1" style="display: inline-table;"><tr><td>(</td><td></td><td></td><td>)</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></tr></table>	(			)					-												
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<input type="radio"/> Community Meetings	# Attendees	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																					
<input type="radio"/> Plantings	Sq. Ft.	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																					
<input type="radio"/> Storm Drain Markings	# Drains	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																					
<input checked="" type="radio"/> Stakeholder Meetings	# Attendees	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td>2</td><td>6</td><td>9</td></tr></table>			2	6	9																
		2	6	9																			
<input checked="" type="radio"/> Volunteer Monitoring	# Events	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td>7</td></tr></table>					7																
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<input type="radio"/> Other:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						

**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?**  Yes  No

<input checked="" type="radio"/> List-Serve	# In List	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td>2</td><td>9</td></tr></table>				2	9																
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<input checked="" type="radio"/> Newspaper Advertising	# Days Run	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1																
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<input type="radio"/> TV/Radio Notices	# Days Run	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																					
<input type="radio"/> Other:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						

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

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Name of MS4/Coalition Chemung County Stormwater Coalition

SPDES ID  
N Y R 2 0

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

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

URL

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p a g e I D = 3 9 5

URL

w w w . c h e m u n g c o u n t y . c o m / i n d e x . a s p ?  
p a g e I D = 4 2 5

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- e n f o r c e m e n t / p a g e s / s t o r m

URL

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URL

### MS4 Annual Report Form

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Name of MS4/Coalition Chemung County Stormwater Coalition

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2. URL(s) con't.:

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

URL  
[Grid for URL entry]

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Name of MS4/Coalition Chemung County Stormwater Coalition

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N Y R 2 0

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

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

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department  
C h e m u n g C o . S t o r m w a t e r C o a l i t i o

Address  
8 5 1 C h e m u n g S t r e e t

City  
H o r s e h e a d s N Y

Zip  
1 4 8 5 0 -

Phone  
( 6 0 7 ) 4 8 3 - 1 9 4 4

Library  Annual Report  SWMP Plan  Comments

Address

City

Zip

Phone  
( ) -

Other  Annual Report  SWMP Plan  Comments

Address  
A l l M S 4 T o w n / v i l l a g e / c i t y h a l l s

City

Zip

Phone  
( ) -

Web Page URL:  Annual Report  SWMP Plan  Comments

w w w . c h e m u n g c o u n t y . c o m / i n d e x . a s p  
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Please provide specific address of page where report can be accessed - not home page.

eMail  Comments

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