





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

MCC form for period ending March 9, 

2	0	1	6
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Name of MS4 

Village of Horseheads
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SPDES ID  

N	Y	R	2	0	A	1	0	3
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**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 

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 Last Name 

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Title 

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City 

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 State 

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 Zip 

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eMail 

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Phone 

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 County 

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MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Horseheads

SPDES ID  
N Y R 2 0 A 1 0 3

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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  
P a t r i c k      H i n m a n

Title  
C o d e   E n f o r c e m e n t   O f f i c e r

Address  
2 0 2   S .   M a i n   S t r e e t

City State Zip  
H o r s e h e a d s      N Y      1 4 8 4 5 -

eMail

Phone County  
( 6 0 7 ) 7 3 9 - 5 6 9 1      C h e m u n g



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Name of MS4

SPDES ID  

N	Y	R	2	0	A	1	0	3
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**Section 3 - Partner Information**

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C	h	e	m	u	n	g		C	o	u	n	t	y		S	t	o	r	m	w	a	t	e	r										
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Partner/Coalition Name (cont.)

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SPDES Partner ID - If applicable

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Address

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City

H	o	r	s	e	h	e	a	d	s																									
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State

N	Y
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Zip

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eMail

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Phone

( 6 0 7 ) 7 9 6 - 2 2 1 6

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

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

- MM1 

M	u	l	t	i	p	l	e		T	a	s	k	s	-	S	e	e		S	W	M	P													
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- MM2 

M	u	l	t	i	p	l	e		T	a	s	k	s	-	S	e	e		S	W	M	P													
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- MM3 

M	u	l	t	i	p	l	e		T	a	s	k	s	-	S	e	e		S	W	M	P													
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- MM4 

M	u	l	t	i	p	l	e		T	a	s	k	s	-	S	e	e		S	W	M	P													
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- MM5 

M	u	l	t	i	p	l	e		T	a	s	k	s	-	S	e	e		S	W	M	P													
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- MM6 

M	u	l	t	i	p	l	e		T	a	s	k	s	-	S	e	e		S	W	M	P													
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Additional tasks/responsibilities

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

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Name of MS4 

Village of Horseheads
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SPDES ID

N	Y	R	2	0	A	1	0	3
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**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.

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
L o u i s e		M c I n t o s h

**Title** (Clearly print title of individual signing report)

M a y o r
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**Signature**

<i>Louise McIntosh</i>
------------------------

**Date**

0	4	/	1	3	/	2	0	1	6
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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





### MS4 Annual Report Form

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

2	0	1	6
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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:**

- Construction Site Operators Trained # Trained 

		1	4	4
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- Direct Mailings # Mailings 

		2	0	8
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- Kiosks or Other Displays # Locations 

				8
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- List-Serves # In List 

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- Mailing List # In List 

8	9	6	5	0
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- Newspaper Ads or Articles # Days Run 

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- Public Events/Presentations # Attendees 

		9	1	5
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- School Program # Attendees 

		9	1	5
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- TV Spot/Program # Days Run 

		2	0	3
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- Printed Materials: Total # Distributed 

	2	7	4	2
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Locations (e.g. libraries, town offices, kiosks)

A	l	l	M	S	4	m	u	n	i	c	i	.	b	l	d	g	
p	u	b	l	i	c	e	v	e	n	t	s	,	h	u	m	a	n
s	e	r	v	i	c	e	s	b	l	d	g	.					
c	o	u	n	t	y	f	a	i	r								

Other:

1	6	6	3	h	i	t	s	o	n	w	e	b	s	i	t	e
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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	b	i	g	f	l	a	t	s	n	y	.	g	o	v	/	b	u	i	l	d	i	n	g	-	c	o	d	e	
-	e	n	f	o	r	c	e	m	e	n	t	/	p	a	g	e	s	/	s	t	o	r	m	w	a	t	e	r				

URL

w	w	w	.	c	i	t	y	o	f	e	l	m	i	r	a	.	n	e	t	/	p	u	b	l	i	c	-	w	o	r	k
s	/	s	t	o	r	m	w	a	t	e	r	-	m	a	n	a	g	m	e	n	t										

**MS4 Annual Report Form**

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Name of MS4/Coalition Chemung County Stormwater Coalition

SPDES ID  
N Y R 2 0

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

URL  
http://townofelmira.com/building  
codes.php

URL  
http://elmiraheights.org/index.php?n=Main.Stormwater

URL  
http://townofhorseheads.org/post.php?pid+16

URL  
www.horseheads.org/index.php?n=D  
PW.Stormwater

URL  
www.townofsouthport.com/fireflo  
od.php

URL  
www.chemungstormwater.org

URL  
www.chemungstormwaterprojects.com

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2	0	1	6
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Name of MS4/Coalition 

Chemung County Stormwater Coalition
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SPDES ID 

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

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

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

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

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

2742 brochures were distributed at public events. There is large interest shown in rain barrels, the how to build a rain garden, composting and pet waste clean up. 157 How to Build a Rain Garden Brochures, 544 Pet waste brochures, 410 pet waste disposal bag key chains, 145 Yard Waste fliers. The educational stormwater commercials aired 203 days over this reporting year. Facebook is utilized to promote events and provide stormwater tips and facts.

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

4	2	0	1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

-Public Workshop on How to Build a Rain Garden  
-Re-design of www.chemungstormwater.org to make it more user friendly  
-Continue education on yard waste and pet waste pollution  
-Continue Rain Barrel Program  
-Implement Rain Garden Demonstration Projects/Education



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

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

URL

www.bigflatsny.gov/sites/bigflatsny/files/u101/ms4-2015.pdf

URL

www.townofhorseheads.org

URL

www.horseheads.org/uploads/DPW/stormwaterreport15part1.pdf and part2.pdf

URL

www.townofsouthport.com/fireflood.php

URL

www.chemungcounty.com/index.asp?pageId=673

URL

www.chemungstormwater.org

URL

