



# MS4 Annual Report Cover Page

MCC form for period ending March 9, 

2	0	1	9
---	---	---	---

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

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--

SPDES ID  

N	Y	R	2	0	A				
---	---	---	---	---	---	--	--	--	--



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

MCC form for period ending March 9, 

2	0	1	9
---	---	---	---

Name of MS4 

New	York	State	Canal	Corporation
-----	------	-------	-------	-------------

SPDES ID  

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**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 

J	a	m	e	s															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI 

E
---

 Last Name 

C	a	n	d	i	l	o	r	o	,		P	.	E	.					
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--

Title 

D	i	r	e	c	t	o	r		o	f		E	n	v	.		H	e	a	l	t	h		&		S	a	f	e	t	y					
---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	--	--	--	--	--

Address 

3	0		S	o	u	t	h		P	e	a	r	l		S	t	r	e	e	t																		
---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City 

A	l	b	a	n	y																																
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

1	2	2	0	7	-				
---	---	---	---	---	---	--	--	--	--

eMail 

J	a	m	e	s	.	C	a	n	d	i	l	o	r	o	@	c	a	n	a	l	s	.	n	y	.	g	o	v									
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Phone 

(	5	1	8	)		4	4	9	-	6	0	4	6
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County 

A	l	b	a	n	y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

MCC form for period ending March 9, 

2	0	1	9
---	---	---	---

Name of MS4 

New York State Canal Corporation
----------------------------------

SPDES ID  

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**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 

S	e	a	n																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI 

M
---

 Last Name 

W	e	l	l	m	a	n													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Title 

M	a	n	a	g	e	r	,		E	n	v	i	r	o	n	m	e	n	t	a	l		O	p	e	r	a	t	i	o	n	s
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---

Address 

3	0		S	o	u	t	h		P	e	a	r	l		S	t	r	e	e	t																			
---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City 

A	l	b	a	n	y																																	
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State 

N	Y
---	---

 Zip 

1	2	2	0	7	-				
---	---	---	---	---	---	--	--	--	--

eMail 

S	e	a	n	.	W	e	l	l	m	a	n	@	n	y	p	a	.	g	o	v																			
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone 

(	5	1	8	)	4	3	3	-	6	7	7	4
---	---	---	---	---	---	---	---	---	---	---	---	---

 County 

A	l	b	a	n	y															
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--









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

MCC form for period ending March 9, 2019

Name of MS4

SPDES ID  
N Y R 2 0 A 0 2 5

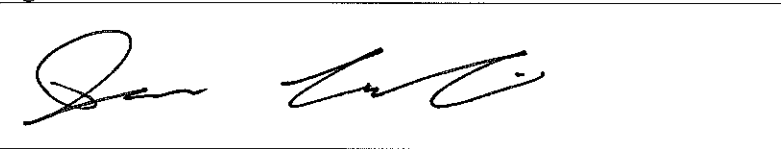
**Section 4 - Certification Statement**

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

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

First Name: J a m e s      MI: E      Last Name: C a n d i l o r o , P . E .

Title (Clearly print title of individual signing report):  
D i r e c t o r o f E n v . H e a l t h & S a f e t y

Signature: 

Date: 05/29/2019

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

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









**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition 

New York State Canal Corporation
----------------------------------

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

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

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

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

NYSCC performed public education and outreach measures that included distributing educational materials to students during the Canal's Spring and Fall education programs. Educational material such as a Canal Activity Book are distributed to the students which educates students grades 3-6 about the activities we can do to prevent stormwater pollution from entering waterways.

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

The program hosted or visited 25 to 30 schools per session (one session in the Spring and one in the Fall), rotating students through multiple stations.

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

	>	5	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).**

The NYSCC will continue to present the Canal Activity Book aimed at stormwater pollution prevention to students during the Spring and Fall educational outreach programs.

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

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

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

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

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

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

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

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

			1
--	--	--	---

*(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).**

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

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

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

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

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

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

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

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

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

	3	8	4
--	---	---	---

*(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).**

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



**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

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

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

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

Educational brochures were distributed. Additional efforts will be taken to track the number of brochures distributed during future years.

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

A consultant was hired to review NYSCC's existing MS4 program to determine what hardcopy brochures to distribute along with where and how many to best educate the public.

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

			1
--	--	--	---

*(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).**

Hardcopy brochures are currently being evaluated by a consultant hired to review NYSCC's existing MS4 program. Recommendations for modifying hardcopy brochures will be provided and a means to track the numbers distributed will be implemented.

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

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

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

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

The NYSCC performed public education and outreach activities by sponsoring more than 30 festivals and events to showcase the Canals recreational appeal of the waterway and Canalway Trail today.

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

This year's event highlights include the 20th anniversary of Cycle the Erie Canal bike tour, the cross canal journey of the Corning Museum of Glass GlassBarge, and Locktoberfest. Educational materials were handed out to the public during the events.

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

>	3	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).**

The NYSCC will continue partnering with Park & Trails New York and sponsor other festivals and events that showcase the Canal and provide educational opportunities during the events.

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition 

New York State Canal Corporation
----------------------------------

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

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

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

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

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

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

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

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

	1	4	5
--	---	---	---

*(ex.: 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).**

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



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

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  
N Y R 2 0 A 0 2 5

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

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

URL

w w w . c a n a l s . n y . g o v / c o m m u n i t y / e n v i  
r o n m e n t a l

URL

URL

URL

URL

URL

URL

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

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  

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

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

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

URL

w	w	.	c	a	n	a	l	s	.	n	y	.	g	o	v	/	c	o	m	m	u	n	i	t	y	/	e	n	v	i
r	o	n	m	e	n	t	a	l																						

URL


URL


URL


URL


URL


URL


### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

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

Name of MS4/Coalition: New York State Canal Corporation

SPDES ID: NYR20A025

### 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

Environmental Affairs

Address

30 South Pearl Street

City

Albany

NY

Zip

12207

Phone

(518) 449-6046

Library  Annual Report  SWMP Plan  Comments

Address

451 Delaware Avenue

City

Delmar

NY

Zip

12054

Phone

(518) 439-9314

Other  Annual Report  SWMP Plan  Comments

Address

City

Zip

Phone

( ) -

Web Page URL:  Annual Report  SWMP Plan  Comments

www.canals.ny.gov/community/env

ironmental/

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

eMail  Comments

MS4ARCANALS@CANALS.NY.GOV

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition 

New York State Canal Corporation									
----------------------------------	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**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.

0	6
---	---

 / 

0	1
---	---

 / 

2	0	1	9
---	---	---	---

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

9	9	9
---	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a 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	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

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

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

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

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

>	1	0	0
---	---	---	---

*(ex.: 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).**

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

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

NYSCC performed public participation and involvement measures during the Canal's Spring and Fall education programs where the NYSCC visits schools performing educational activities.

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

The program hosted or visited 25 to 30 schools per session (one session in the Spring and one in the Fall), rotating students through multiple stations.

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

	>	5	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).**

The NYSCC will continue to visit schools during the Spring and Fall education programs and educate students through multiple stations.

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

The NYSCC holds public information meetings to discuss proposed construction projects (i.e., Canalway Trail) to obtain comments on the proposed projects from individuals, groups, officials, and local agencies.

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

Public Meetings were held in Little Falls, Kingsbury, Utica, and Herkimer County. Public comments were addressed during the meeting.

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

			3
--	--	--	---

*(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).**

The NYSCC will continue soliciting comments on proposed project's social, economic and environmental effects from the public.

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

The NYSCC posted the 2017-2018 Annual Report at [www.canals.ny.gov/community/environmental/](http://www.canals.ny.gov/community/environmental/) in PDF format for the public's review.

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

No public comments were received for the 2017-2018 Annual Report.

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

			1
--	--	--	---

*(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).**

The 2018-2019 Annual Report will be posted to the Canal's website at [www.canals.ny.gov/community/environmental/](http://www.canals.ny.gov/community/environmental/) in PDF format for the public's review. All comments will be documented and addressed as received.







**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

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

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

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

**C. How many times was this observation measured 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).**

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



**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

A consultant performed dry weather inspections on 9 NYSCC outfalls within the Albany Division.

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

Nine (9) inspections of the total 36 mapped NYSCC outfalls were inspected by a consultant during the reporting period. This represents 64% of the NYSCC outfalls in the Albany Division and 25% of the total NYSCC outfalls. Complete data collection and photos are documented via the GIS application. Outfall inspection documentation was provided to NYSCC staff for their records and use in targeting maintenance and further inspection activities. Three outfalls in the Albany Division were removed last year as they no longer meet the definition of an outfall.

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

			9
--	--	--	---

*(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 SWMP?**

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).**

NYSCC will continue to perform outfall inspections in accordance with the permit during Year 17. The 13 outfalls in Buffalo will be inspected for the next reporting year.

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

An Oil Water Separator (OWS) proper use and maintenance poster is displayed at the Lysander maintenance facility that uses an OWS. The poster serves as a reminder to staff on a daily basis of the proper protocols for maintenance and inspection of oil water separators.

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

The poster is displayed in a pertinent location and provides information on the purpose of the separator. It also identifies practices related to detergents and degreasers, accidental product release into an OWS, inspections and maintenance, and how it is prohibited to dump oil into an OWS. Additionally, the poster includes a diagram of an OWS for reference.

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

			1
--	--	--	---

(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).**

The NYSCC will continue to display the poster at the Lysander maintenance facility and will be updated as needed.

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

In the past, the NYSCC has provided Environmental Reminder Cards to NYSCC staff. The Environmental Reminder Cards provide reference on environmental awareness, best management practices and considerations related to specific responsibilities as well as contact information. However, the NYSCC MS4 program is currently under evaluation and revision, therefore no cards were issued under this period.

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

The NYSCC MS4 program is currently under evaluation and revision, therefore, no cards were issued under this period. Evaluation and revision includes review of self-audit checklists and individual cards pertaining to activities such as vehicle washing, ditch cleaning, stream protection, etc.

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

			1
--	--	--	---

(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).**

The NYSCC MS4 program is currently under review. As part of the review, the Environmental Reminder Cards will be reviewed and enhancements/updates recommended.

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

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

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

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

**C. How many times was this observation measured 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).**

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

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition 

New York State Canal Corporation																													
----------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**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?**

	7	
--	---	--

**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:**

- |   |   |   |  |   |  |  |   |
|---|---|---|--|---|--|--|---|
| <input type="radio"/> Notices of Violation                        | # | <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>                      |  |   |  |  | <input checked="" type="radio"/> No Authority |
|   |   |   |  |   |  |  |   |
| <input checked="" type="radio"/> Stop Work Orders                 | # | <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px; text-align: center;">0</td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> |  | 0 |  |  | <input type="radio"/> No Authority            |
|   | 0 |   |  |   |  |  |   |
| <input type="radio"/> Criminal Actions                            | # | <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>                      |  |   |  |  | <input checked="" type="radio"/> No Authority |
|   |   |   |  |   |  |  |   |
| <input checked="" type="radio"/> Termination of Contracts         | # | <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px; text-align: center;">0</td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> |  | 0 |  |  | <input type="radio"/> No Authority            |
|   | 0 |   |  |   |  |  |   |
| <input type="radio"/> Administrative Fines                        | # | <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>                      |  |   |  |  | <input checked="" type="radio"/> No Authority |
|   |   |   |  |   |  |  |   |
| <input type="radio"/> Civil Penalties                             | # | <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>                      |  |   |  |  | <input checked="" type="radio"/> No Authority |
|   |   |   |  |   |  |  |   |
| <input type="radio"/> Administrative Orders                       | # | <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>                      |  |   |  |  | <input checked="" type="radio"/> No Authority |
|   |   |   |  |   |  |  |   |
| <input checked="" type="radio"/> Enforcement Actions or Sanctions | # | <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px; text-align: center;">0</td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> |  | 0 |  |  |   |
|   | 0 |   |  |   |  |  |   |
| <input type="radio"/> Other                                       | # | <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>                      |  |   |  |  | <input type="radio"/> No Authority            |
|   |   |   |  |   |  |  |   |

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition 

New York State Canal Corporation
----------------------------------

SPDES ID  

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**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? 

	7	
--	---	--

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

	7	
--	---	--

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

--	--	--

 %

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

--	--	--

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use 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	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

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

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

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

The NYSCC maintained its thorough SWPPP design, review, and oversight process. All SWPPP development is coordinated through a licensed professional environmental engineer in the Office of Design. The completed SWPPPs then receive a quality control review by the Environmental Services Bureau. Once approved, the Chief Engineer signs off on the SWPPP.

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

NYSCC's thorough review and oversight process ensures the correct controls are being selected and that proper maintenance activities are planned and instituted. NYSCC has not had to issue any stop work orders or terminate contracts due to improper installation or maintenance of controls.

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

			1
--	--	--	---

*(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).**

The NYSCC will continue to maintain its thorough SWPPP design, review, and oversight process. The process will be evaluated and updated as warranted.

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

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

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

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

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

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

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

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

			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).**

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



**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition 

New York State Canal Corporation																			
----------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**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?**

0
---

 %

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

The NYSCC has a draft Operations and Maintenance Plan for post construction controls.

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

The Operations and Maintenance Plan provides maintenance personnel guidance on the proper inspection and maintenance procedures for stormwater management practices owned by the NYSCC. One printed copy was distributed to the Utica maintenance facility as it is the only facility with a permanent stormwater control.

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

	1		
--	---	--	--

*(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).**

The NYSCC will continue to update the Operations and Maintenance Plan and distribute as necessary. Additional copies will be provided to maintenance personnel as needed.

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

The NYSCC continued to implement a review process for permanent stormwater control designs.

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

The review process ensures that post-construction control designs, whether developed by NYSCC or an outside contractor, are in compliance with the GP-0-17-002 General Permit. No construction projects required permanent stormwater control during the reporting period.

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

	1		
--	---	--	--

*(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).**

The NYSCC will continue to implement the process, and perform reviews following the process as required.

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition 

New York State Canal Corporation
----------------------------------

SPDES ID 

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**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>Addressed in SWMP?</u>		<u>Self-Assessment 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"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition 

New York State Canal Corporation
----------------------------------

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

		0		
--	--	---	--	--
- Streets Swept (Number of miles X Number of times swept) # Miles 

		0		
--	--	---	--	--
- Catch Basins Inspected and Cleaned Where Necessary # 

		2		
--	--	---	--	--
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

		0		
--	--	---	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

		0		
--	--	---	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

		0		
--	--	---	--	--
- Pesticide/Herbicide Applied # Acres 

	1	5	0	.	
--	---	---	---	---	--

  
(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?**

	3	3		
--	---	---	--	--

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

0	2	/	2	0	/	2	0	1	9
---	---	---	---	---	---	---	---	---	---

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

	3	5	
--	---	---	--

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

	7	0		%
--	---	---	--	---



**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

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

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

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

**C. How many times was this observation measured 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).**

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

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

New York State Canal Corporation

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

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

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

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

**C. How many times was this observation measured 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).**

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

### MS4 Annual Report Form

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

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

Name of MS4/Coalition New York State Canal Corporation

SPDES ID  
N Y R 2 0 A 0 2 5

### 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)
<b>NYC EOH Watershed</b>			
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
<b>Onondaga Lake Watershed</b>			
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
<b>Greenwood Lake Watershed</b>			
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
<b>Oyster Bay</b>			
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
<b>Peconic Estuary</b>			
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
<b>Oscawana Lake Watershed</b>			
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
<b>LI 27 Embayments</b>			
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.       %

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition 

New York State Canal Corporation
----------------------------------

SPDES ID  

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

--	--	--

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?  Yes  No  N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?  Yes  No  N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A

7b. How many projects have been sited in this reporting period? 

	0	
--	---	--

7c. What percent of the projects included in 7b have been completed in this reporting period? 

	0	
--	---	--

 %

7d. What percent of projects planned in previous years have been completed? 

	0	
--	---	--

 %  
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?  Yes  No  N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  Yes  No  N/A

**MS4 Annual Report Form**

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition 

New York State Canal Corporation
----------------------------------

SPDES ID

N	Y	R	2	0	A	0	2	5
---	---	---	---	---	---	---	---	---

**9. Has your MS4/Coalition developed and implemented a program of native planting?**

Yes  No  N/A

**10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**

Yes  No  N/A

**11. Does your MS4/Coalition have a pet waste bag program?**

Yes  No  N/A

**12. Does your MS4/Coalition have a program to manage goose populations?**

Yes  No  N/A