MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

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\bigcirc This report is being sub	bmitted on behalf of an	individual MS4.
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Fill in SPDES ID in upper right hand corner.

Name of MS4	

OR

O This report is being submitted on behalf of a Single Entity

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

Name of Single Entity					

OR

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

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

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 3

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

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MCC form for period ending March 9, 2 0 2 3

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Each MS4 must submit an MCC form.									-

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- O An Annual Report for a single MS4
- O A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

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MCC form for period ending March 9, 2 0 2 3

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

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Section 2 - Contact Information

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For each contact, select all that apply:

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- Ouly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

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MCC form for period ending March 9, $\begin{bmatrix} 2 & 0 & 2 & 3 \end{bmatrix}$

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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.

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Town Supervisor										
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Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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MCC form for period ending March 9, 2 0 2 3

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The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

MISSING MCM 1&2 TO BE PROVIDED BY SWCD

MS4 Annual Report Form

This report is being submitted for the reporting peri	od ending March 9,
If submitting this form as part of a joint report on behalf of	a coalition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	N Y R 2 0
Minimum Control Measure 1. Public Ed	lucation and Outreach
The information in this section is being reported (check one):	
 ○ On behalf of an individual MS4 ○ On behalf of a coalition 	
How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach	luring this reporting period
1	and reporting period.
○ Construction Sites	O Pesticide and Fertilizer Application
O General Stormwater Management Information	O Pet Waste Management
O Household Hazardous Waste Disposal	O Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	O Trash Management
O Smart Growth	O Vehicle Washing
O Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
O Public Employees O Contractors	
○ Residential ○ Developers	
O Businesses O General Public	
○ Restaurants ○ Industries	
Other: OAgricultural	
Other	

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID 0 NYR2 Name of MS4/Coalition 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: #Trained O Construction Site Operators Trained # Mailings O Direct Mailings # Locations O Kiosks or Other Displays # In List O List-Serves # In List O Mailing List # Days Run O Newspaper Ads or Articles # Attendees O Public Events/Presentations # Attendees School Program # Days Run ○ TV Spot/Program Total # Distributed O Printed Materials: Locations (e.g. libraries, town offices, kiosks) Other: Provide specific web addresses - not home page. Continue on next page if additional space is O Web Page: needed. URL URL

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

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Evaluating Progress Toward Measurable Goals MCM 1 ethis page to report on your progress and project plans toward achieving measurable goals ntified in your Stormwater Management Program Plan (SWMPP), including requirements in Part C.1. Submit additional pages as needed. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants/storm period?	This report is being submitted for the reporting period ending March	9,
Evaluating Progress Toward Measurable Goals MCM 1 ethis page to report on your progress and project plans toward achieving measurable goals ntified in your Stormwater Management Program Plan (SWMPP), including requirements in Part C.1. Submit additional pages as needed. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. How many times was this observation measured or evaluated in this reporting period?	If submitting this form as part of a joint report on behalf of a coalition leave SI	PDES ID blank.
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Has your MS4 made progress toward this Measurable Goal during this reporting period? O Yes O No Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during		
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Has your MS4 made progress toward this Measurable Goal during this reporting period? O Yes O No Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during	. HOW many mines was once of the same of t	
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Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O Yes O No Briefly summarize the stormwater activities planned to meet the goals of this MCM during). Has your MS4 made progress toward this Measurable Goal during this r	reporting period?
Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	
	F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	this MCM during
	4 00 0	

MIS4 Annual Report Form	
This report is being submitted for the reporting period ending	
If submitting this form as part of a joint report on behalf of a coalition	
Name of MGA/Gaulia'	N Y R 2 0
Name of MS4/Coalition	
Minimum Control Measure 2. Public Involvement	nt/Participation
The information in this section is being reported (check one):	
 ○ On behalf of an individual MS4 ○ On behalf of a coalition 	
How many MS4s contributed to this report?	
1. What opportunities were provided for public participation in imp	
development, evaluation and improvement of the Stormwater Ma (SWMP) Plan during this reporting period? Check all that apply	
(5 viliti) i ian during this reporting period: Check all that apply	•
○ Cleanup Events	# Events
O Comments on SWMP Received	#Comments
O Community Hotlines Phone # ()
Phone # (0) 0 - Phone # () -
Phone # (0) 0 - Phone # (
Phone # (0) 0 - Phone # (
Phone # (0) 0 - Phone # ()
Phone # (0) 0 - Phone # (
O Community Meetings	# Attendees
○ Plantings	Sq. Ft.
O Storm Drain Markings	# Drains
O Stakeholder Meetings	# Attendees
O Volunteer Monitoring	# Events
Other:	
2. Was public notice of availability of this annual report and Stormy Program (SWMP) Plan provided?	vater Management O Yes O No
○ List-Serve	# In List
O Newspaper Advertising	# Days Run
○ TV/Radio Notices	# Days Run
Other:	
O Web Page URL: Enter URL(s) on the following two pages.	

MCM 2 Page 1 of 6

MS4 Annual Report Form This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page. URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 Name of MS4/Coalition 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. ○ Annual Report ○ SWMP Plan ○ Comments OMS4/Coalition Office Department Address Zip City Phone 0 0 O SWMP Plan O Comments O Library Address O Annual Report Zip City Phone 0 0 ○ Annual Report ○ SWMP Plan ○ Comments Other Address Zip City Phone 0 0 O SWMP Plan O Comments O Annual Report O Web Page URL: Please provide specific address of page where report can be accessed - not home page. O Comments O eMail

	THE VILLIAN IN THE POINT OF THE		
	This report is being submitted for the reporting period ending March 9,		
	If submitting this form as part of a joint report on behalf of a coalition leave SPDE	S ID blan	k.
Na	spdes identified by the second state of MS4/Coalition and second	0	
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.	1	
4.	b. For how many days was/will this report be posted?		
	If submitting a report for single MS4, answer 5.a If submitting a joint report, ans	wer 5.b	
5.	a. Was an Annual Report public meeting held in this reporting period? If Yes, what was the date of the meeting?	○ Yes	○ No
	If No, is one planned?	○ Yes	○ No
5.]	b. Was an Annual Report public meeting held for all MS4s contributing to this this reporting period?	report du ○ Yes	uring O No
	If No, is one planned for each?	○ Yes	O No
6.	Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.	○ Yes	○ No

This report is being submitted for the reporting period	d ending March 9,
If submitting this form as part of a joint report on behalf of a	coalition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	N Y R 2 0
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
B. Briefly summarize the observations that indicated the ove Goal.	rall effectiveness of this Measurable
C. How many times was this observation measured or evalua	ated in this reporting period?
	(ex.: samples/participants/eve
D. Has your MS4 made progress toward this measurable goa	
D. Has your MS4 made progress toward this measurable goa	○ Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in	the SWMPP?
F. Briefly summarize the stormwater activities planned to m	neet the goals of this MCM during
the next reporting cycle (including an implementation sch	ieuuic).

	SPDES ID
Name of MS4/Coalition Town of Lansing	N Y R 2 0 A 2 2 0
M: :	
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported	(check one):
On behalf of an individual MS4On behalf of a coalition	
How many MS4s contributed to t	this report?
1. Enter the number and approx. percent	of outfalls mapped: 5 0 4 # 8 5 %
2. How many of these outfalls have been se	creened for dry weather discharges during this
reporting period (outfall reconnaissance	e inventory)?
	eds were targeted for inspection during this
reporting period?	
O Auto Recyclers	○ Landscaping (Irrigation)
Building Maintenance	Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
Construction Vehicle Washouts	○ Printing
O Cross-Connections	Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
○ Garbage Truck Washouts	Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	○ Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
F A I L I N G S E P T I	C S Y S T E M S
O Sewersheds:	

	SPDES ID		
Name of MS4/Coalition Town of Lansing	N Y R 2 0	A 2 2	0
3.b. What types of illicit discharges have	been found during this reporting period?		
O Broken Lines From Sanitary Sewer	O Industrial Connections		
○ Cross Connections	○ Inflow/Infiltration		
Failing Septic Systems	O Pump Station Failure		
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows		
O Illegal Dumping	O Straight Pipe Sewer Discharges		
Other:	○ None		
4 How many illigit discharges/notentia	al illegal connections have been detected duri	ng this	
reporting period?	ii iiiegai comocatorio navo seria arresta		9
			_
5. How many illicit discharges have be	en confirmed during this reporting period?	1	9
period?	onnections have been eliminated during this	reporting	9
7. Has the storm sewershed mapping be If No, approximately what percent was	cen completed in this 1 op of the p	Yes • 6 5	No 용
8. Is the above information available in	n GIS?	Yes O	No
Is this information available on the	web?	Yes •	No
If Yes, provide URL(s):	where map(s) can be accessed - not home page	. .	
URL	, where map(b) can be decessed and a g		
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

If submitt	ng this form as part of a	joint report on behalf of	SPDES ID
Name of MS4/Coalitio	Town of Lansing		N Y R 2 0 A 2 2 0
12. Evaluating Pr	ogress Toward Measu	ırable Goals MCM 3	
identified in your S	port on your progress a stormwater Manageme litional pages as neede	ent Program Plan (SWM	d achieving measurable goals IPP), including requirements in Part
A. Briefly summa	rize the Measurable	Goal identified in the	SWMPP in this reporting period.
mapped outfalls d	I experience to advancuring dry and wet concesidents concerning ill	ditions and establish a n	tion techniques. Continue to inspect nore formal procedure. Respond to
D. D. '. Cl.,			
	arize the observations	s that indicated the ove	erall effectiveness of this Measurable
Mapped outfalls l	ave been inspected. S	tormwater inspection re	eports for permanent stormwater intenance items have been identified. ns County Department of Health
Mapped outfalls l systems for nine of Tracking of failing	ave been inspected. S trainage districts have g septic systems were	stormwater inspection rebeen completed and ma	eports for permanent stormwater intenance items have been identified. ns County Department of Health
Goal. Mapped outfalls l systems for nine of Tracking of failing	ave been inspected. S trainage districts have g septic systems were	stormwater inspection rebeen completed and ma	eports for permanent stormwater intenance items have been identified. In a County Department of Health stated in this reporting period?
Mapped outfalls less systems for nine of Tracking of failing. C. How many times	ave been inspected. Strainage districts have g septic systems were	stormwater inspection rebeen completed and ma reported to the Tompkin	eports for permanent stormwater intenance items have been identified. In a County Department of Health atted in this reporting period?
Mapped outfalls less systems for nine of Tracking of failing. C. How many time. D. Has your MS	ave been inspected. Salrainage districts have generally septic systems were and the salrainage districts have generally septic systems were and the salrainage districts have generally septically sep	stormwater inspection rebeen completed and ma reported to the Tompkin	eports for permanent stormwater intenance items have been identified. Ins County Department of Health Eated in this reporting period? (ex.: samples/participants/oral during this reporting period? Yes O No a the SWMPP?
Mapped outfalls is systems for nine of Tracking of failing. C. How many time. D. Has your MS E. Is your MS4 F. Briefly summ	ave been inspected. Shrainage districts have go septic systems were and the septic systems were at the stormwater.	stormwater inspection rebeen completed and mare reported to the Tompkin ion measured or evaluated this measurable go ne deadline set forth in activities planned to respect to the complete set for the contract of the contra	eports for permanent stormwater intenance items have been identified. Ins County Department of Health Lated in this reporting period? Lex.: samples/participants/color of the SWMPP? Page 1 No No In the SWMPP? Page 1 No No In the goals of this MCM during
Mapped outfalls is systems for nine of Tracking of failing. C. How many time. D. Has your MS4. E. Is your MS4. F. Briefly summe the next repo. Continue to map.	ave been inspected. Shrainage districts have go septic systems were and the septic systems were are a made progress towards arize the stormwater arting cycle (including	stormwater inspection rebeen completed and mare reported to the Tompkin ion measured or evaluated this measurable go he deadline set forth in activities planned to rean implementation sc	eports for permanent stormwater intenance items have been identified. Ins County Department of Health Lated in this reporting period? Lex.: samples/participants/color of the SWMPP? Page 1 No No In the SWMPP? Page 1 No No In the goals of this MCM during

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

	SPD	ES ID					
Name of MS4/Coalition Town of Lansing	N	YR	2	0	A 2	2	0
Minimum Control Measures 4 and 5 Construction Site and Post-Construction C	-	<u>trol</u>					
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 							
1a. Has each MS4 contributing to this report adopted a law, ordinance mechanism that provides equivalent protection to the NYS SPDES Stormwater Discharges from Construction Activities?	Gei	neral	Per	mi	t for Yes	0	No
1b. Has each Town, City and/or Village contributing to this report doc equivalent to a NYSDEC Sample Local Law for Stormwater Mana Sediment Control through either an attorney certification or using Analysis Workbook?	gem	ient a	ind DE	Ero C O	osion	wis and	d
If Yes, Towns, Cities and Villages provide date of equivalent NYS San	nple 09/20		l La		006	01	NT
2. Does your MS4/Coalition have a SWPPP review procedure in place	e?				Yes	0]	No
3. How many Construction Stormwater Pollution Prevention Plans (S reviewed in this reporting period?	WP	PPs)	hav	ve b	een		4
4. Does your MS4/Coalition have a mechanism for receipt and consider comments related to construction SWPPPs?	erat	ion o • Y	_		c No	\circ	J T
If Yes, how many public comments were received during this reporting	peri	iod?					0
5. Does your MS4/Coalition provide education and training for contra SWPPP process?	acto	rs ab	out		loca Yes) ()	Vо

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

Notices of Violation	#	0	O No Authority
Stop Work Orders	#	0	O No Authority
O Criminal Actions	#		No Authority
○ Termination of Contracts	#		No Authority
○ Administrative Fines	#		No Authority
○ Civil Penalties	#		No Authority
O Administrative Orders	#		No Authority
O Enforcement Actions or Sanctions	#		
○ Other	#		O No Authority

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 2 & 3 \end{vmatrix}$

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

SPDES ID

Na	me of MS4/Coalition Town of Lansing N Y R 2	0 A 2	2 2 0
	Minimum Control Measure 4. Construction Site Stormwater Rune	off Cor	<u>itrol</u>
Th	ne 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	0.000	
1.	during this reporting period?	acre or	more 2
2.	How many construction projects disturbing at least one acre were active in you	ır jurisd	liction
	during this reporting period?		4
3.	What percent of active construction sites were inspected during this reporting	period?	O NT
		1 0	0 %
4.	What percent of active construction sites were inspected more than once?		ONT
		1 0	0 %
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?	the NY	
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preven		O NT
•	(SWPPPs) of construction projects that are subject to MS4 review and approva	1?	
	Yes If your MS4 is Non-Traditional, are SWPPPs of construction projects made av		O NT or
	public review?	O Yes	O No
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed	1.	

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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

SPDES ID

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SA/Coalition Office Department Townofile and sing Code Enforce Address City Phone (00) 0 - P	con't.: Submit additional pages as needed. SA/Coalition Office Department Townofic Lansing Code Enforce me Address 2 9 Auburn Rd Lansing NY 1 4 8 8 2 - Phone (0)) 0 - Phone (0)) 0 - Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL

This report is being submitted for the reporting period ending March 9, 2 0 2 3

If submitting this form as part of a joint report on behalf of a coalition	n lea	ve S	PDE	ES ID	blar	ık.	
		DES			1 1		
Name of MS4/Coalition Town of Lansing	N	Y	R .	2 0	A	2 2	0
7. Evaluating Progress Toward Measurable Goals MCM 4 Use this page to report on your progress and project plans toward achieve identified in your Stormwater Management Program Plan (SWMPP), incl. III.C.1. Submit additional pages as needed.						n Par	rt
A. Briefly summarize the Measurable Goal identified in the SWMPl	in t	his	rep	ortin	g pe	riod	
All NOIs and SWPPPs will be reviewed and all sites will be inspected be Town of Lansing CEO. Discrepancies with regulations or non-complian directly addressed by CEO and SMO officer. Formal tracking of MS4 combe implemented. B. Briefly summarize the observations that indicated the overall effects.	nce on	n an ictio	y lo on ir	t wil	l be	s wil	1
Goal.					11100	ioui e	inte
All of the NOIs and SWPPPs have been reviewed by the Town of Lansin All complaints and compliance issues were also handled by the Town. S completed for active projects.	ng an ite in	d co	onsu	lting ns ha	eng	ineer een	•
C. How many times was this observation measured or evaluated in t	nis re	poi	rtin	g per	iod?		#
						2	6
							pants/ev
D. Has your MS4 made progress toward this measurable goal during	this	rep	ort				NT
E. To your MCA on schodule to meet the deadline set fouth in the CWV	/DD	0			Yes	0	No
E. Is your MS4 on schedule to meet the deadline set forth in the SWI	VIPP	?			Yes	\circ	No
F. Briefly summarize the stormwater activities planned to meet the generation the next reporting cycle (including an implementation schedule).	oals	of t	his				
Continue to review 100% of all NOIs and SWPPPs and inspect all construction inspections forms and complete with each inspections.			tes.	Impl	eme	nt	

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				SPDES ID	
Name of MS4/Coalition	Town of Lansing			N Y R 2	0 A 2 2 0
Minimum (Control Meas	ure 5. Post	-Constructio	n Stormwater Ma	<u>inagement</u>
The information in thi	s section is being	reported (chec	ck one):		
On behalf of an indOn behalf of a coalHow ma		buted to this	report?	1	
1. How many and v MS4/Coalition in	vhat type of post ventoried, inspe	cconstruction cted and mair	stormwater ma ntained in this r	nagement practices ha	is your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practice	es				
Filter Systems			6	1	
O Infiltration Basins					
Open Channels			1 0	8	
Ponds		4	2 7	0	
○ Wetlands					
Other					
BMPs, inspecti	ons and mainta non-structural	nnance? practices hav	ve been used to	heet) to track post-co implement Low Imp inciples?	● Yes ○ No
O Building Codes	Municipal Co	omprehensive 1	Plans		
Overlay Districts	Open Space	Preservation Pr	rogram		
Zoning	• Local Law on	r Ordinance			
○ None	Land Use Re	egulation/Zonin	ng		
Watershed Plans	Other Compr	rehensive Plan			
Other:					

	SPDES ID)					
Na	me of MS4/Coalition	Town of Lansing				N	YF	2	0	A 2	2 2	0
4a	. Are the MS4s con	ntributing to this	report invo	lved in a re	gional/watersh	ed v	vide p	lanr				
4b	. Does the MS4 ha	ve a banking and	l credit syste	em for storn	nwater manage	me	nt nr:	etic		Yes	C) No
					_		•		0	Yes	-	No
4c	Do the SWMP Pl and approval of l	lans for each MS4 banking and cred	4 contributi lit of alterna	ng to this re tive siting o	port include a f a stormwater	pro ma	tocol nage	for e men	val t pr	uatio actic	n e?	
							•		46.	Yes		No
4d	How many storm reporting period?	water manageme	ent practices	s have been	implemented a	s pa	rt of	this	sys	tem i	n th	is
	reporting period	•									0	
5.	What percent of a training on Low l	municipal official Impace Developm	ls/MS4 staff tent (LID).	responsible Better Site 1	e for program i Design (RSD) a	mpl	emen	tatio	on a	tteno	led	
	Infrastructure pr	inciples in this re	porting per	iod?	a (DDD) a		, the	GIE	5 11	0		%

This report is being submitted for the reporting period ending March 9, 2 0 2 3

If submittin	g this form as part of a joint report or	behalf of a coalition	leave SPDES II) blank.	
11 545-11-1			SPDES ID		
Name of MS4/Coalition	Town of Lansing		N Y R 2 0	A 2 2	2 0
Use this page to repidentified in your Still.C.1. Submit additional control of the control of th	gress Toward Measurable Goals ort on your progress and project pl ormwater Management Program P tional pages as needed.	ans toward achievin lan (SWMPP), inch	uding requirem	ents m r	
A. Briefly summa	rize the Measurable Goal identif	ied in the SWMPP	in this reporti	ng perio	d.
Track drainage distinvolved parties the NOT.	ricts currently formed and schedul roughout the permit period to gain	e planned maintena compliance and suc	nce. Partner and cessful issuance	d educate e of an	the
Goal.	rize the observations that indica				
been corrected by	ce items that were previously ident Fown Highway Staff. Additional re cheduled to be completed in 2023. I parties of stormwater maintenance	Continual outreach	or me mamage	uisuici	ive
C. How many tim	es was this observation measure	d or evaluated in t	his reporting p	period?	9
					icipants/event
D. Has your MS4	made progress toward this mea	surable goal durin	g this reportin	g period' • Yes	? ○ No
	n schedule to meet the deadline s			Yes	○ No
the next repor	arize the stormwater activities pl ting cycle (including an impleme	entation schedule).			
when a project is	with contractors/developers to gain 80% stabilized. Formally track each and costs in order to plan for larg	h dramage district a	e and issuance on the and establish further the and establish further the and establish further the and issuance of the anomalies of the ano	of an NO ture	Γ

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 3$

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

		SP	DES	ID						
Name of MS4/Coalition	Town of Lansing	N	Y	R	2	0	A	2	2	0
	136									

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?

- 17	1
	-

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

			Self-Assessment Operation/Activity/Faci			
Operation/Activity/Facility	Addressed in	n SWMP?	yea	thin the past 3		
Street Maintenance			9 Y			
Bridge Maintenance			O Y			
Winter Road Maintenance			• Y			
Salt Storage			• Yo			
Solid Waste Management			• Ye			
New Municipal Construction and Land Disturbar	ice • Yes		• Ye			
Right of Way Maintenance	9 Yes		• Ye			
Marine Operations			O Ye			
Hydrologic Habitat Modification	O Yes		O Ye			
Parks and Open Space	Yes		• Ye			
Municipal Building	• Yes	○ No	• Ye	es O No		
Stormwater System Maintenance	9 Yes		• Ye			
Vehicle and Fleet Maintenance	9 Yes		🖲 Ye			
Other	O Yes		O Ye			

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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	SPDES ID			
Name of MS4/Coalition Town of Lansing	NYR2	0 A :	2 2	0
2. Provide the following information about municipal operations g	ood housekee <mark>j</mark>	oing pro	ograi	ns:
O Parking Lots Swept (Number of acres X Number of times swept)	# Acres			1
O Streets Swept (Number of miles X Number of times swept)	# Miles			0
O Catch Basins Inspected and Cleaned Where Necessary	#		4	0
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#			4
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			0
O Nitrogen Applied In Chemical Fertilizer	# Lbs.			0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	# Acres	0 0		•
3. How many stormwater management trainings have been provide	led to municip	al emp	loyee	S
during this reporting period?				2
4. What was the date of the last training?	1 0 / 1 1		0 2	2 2
5. How many municipal employees have been trained in this report	rting period?			3
6. What percent of municipal employees in relevant positions and stormwater management training?	departments	receive	0 0	%

This report is being submitted for the reporting period ending March 9, 2 0 2 3

If submitting this form as part of a joint report on behalf of	a coalition leave SPDES ID blank
	SPDES ID
Name of MS4/Coalition Town of Lansing	N Y R 2 0 A 2 2 0
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	l achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period
Conduct annual maintenance activities (street sweeping, catch be construction practice inspection/cleaning) and document work condepartment staff in good housekeeping/pollution prevention and assessments on municipal operations.	asin inspection/cleaning, post
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Maintenance has been performed on municipal infrastructure incleated basin cleaning, and stormwater facility maintenance. Self a some municipal operations. A consultant has been selected for hig specific stormwater SWPPP.	
C. How many times was this observation measured or evaluate	ed in this reporting period?
	1 5
D. Has your MS4 made progress toward this measurable goal	
E. Is your MS4 on schedule to meet the deadline set forth in th	● Yes ○ No e SWMPP?
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	● Yes ○ No t the goals of this MCM during fule).
Implement formal self assessment procedure for municipal operation condinate with Parks department with operational procedures.	ons. Update SWMP as needed.