

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2023

This cover page must be completed by the report preparer.  
Joint reports require only one cover page.

SPDES ID  
N Y R 2 0 A 1 1 0

Choose one:

This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Name of MS4

T o w n o f F a r m i n g t o n

OR

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.

Name of Coalition

SPDES ID  
N Y R 2 0 A

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2023

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

SPDES ID  
N Y R 2 0 A



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

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for **each** of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip  -

eMail

Phone  County

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

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

**Section 3 - Partner Information**

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)  SPDES Partner ID - If applicable

Address

City  State  Zip

eMail

Phone

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

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

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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







### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Farmington
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SPDES ID  

N	Y	R	2	0	A	1	1	0
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

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

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

F	a	r	m	i	n	g	t	o	n		T	o	w	n		H	a	l	l
F	a	r	m	i	n	g	t	o	n		H	i	g	h	w	a	y		
S	p	r	i	n	g		C	l	e	a	n	u	p						
F	a	l	l		C	l	e	a	n	u	p								

Other:

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

URL  

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URL  

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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 1 1 0

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

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**MS4 Annual Report Form**

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

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Name of MS4/Coalition

Town of Farmington

SPDES ID

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

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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.**

Reduce stormwater pollution by educating the public on actions they can take to protect local water quality. Keep the public aware through the town newsletter and website about town events, various board and committee meetings and educational literature.

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

The Town of Farmington increased their newsletter to 6600, and their mailings went up from 6156 to 6600. The town used various public activities to offer public education and outreach, board and committee meetings, brochures, displays in town offices, town-sponsored drive-thru clean-up events, Facebook, and the annual July 3rd celebration. Links on the town's website to The Ontario-Wayne Stormwater Coalition and the NYSDEC websites also contain educational material.

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

		4	3
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(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**
 Yes    No
**E. Is your MS4 on schedule to meet the deadline set forth in the 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).**

Quarterly newsletters with stormwater tips and advice are planned for 2023. Educational materials and one-on-one Q&A will be available for the following events: July 3rd celebration, town clean-up May & October 2023, a local chicken barbecue in June 2023 and a local pig roast October 2023. Locations with informational displays will be kept stocked with brochures throughout the monitoring period. Telephone and email questions will be handled by relevant personnel.



# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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 1 1 0

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

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

URL

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URL

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URL


URL


URL


URL


URL




## MS4 Annual Report Form

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.

Name of MS4/Coalition Town of Farmington SPDES ID  
N Y R 2 0 A 1 1 0

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

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

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department  
F a r m i n g t o n T o w n H a l l

Address  
1 0 0 0 C o u n t y R o a d 8

City Zip  
F a r m i n g t o n N Y 1 4 4 2 5 -

Phone  
( 3 1 5 ) 9 8 6 - 8 1 0 0

Library  Annual Report  SWMP Plan  Comments

Address  
 

City Zip  
 

Phone  
(   )   -  

Other  Annual Report  SWMP Plan  Comments

Address  
9 8 5 H o o k R o a d

City Zip  
F a r m i n g t o n N Y 1 4 4 2 5 -

Phone  
( 3 1 5 ) 9 8 6 - 5 5 4 0

Web Page URL:  Annual Report  SWMP Plan  Comments

h t t p : / / w w w . t o w n o f f a r m i n g t o n n y . c  
o m / m s 4 s t o r m w a t e r m a n a g e m e n t i  
n f o

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

eMail  Comments

d d e l p r i o r e @ f a r m i n g t o n n y . o r g

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Farmington
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SPDES ID  

N	Y	R	2	0	A	1	1	0
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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.

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

3	6	5
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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?

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 / 

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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, 

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

Name of MS4/Coalition

Town of Farmington

SPDES ID

N	Y	R	2	0	A	1	1	0
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### 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.

Present opportunities for the public to participate in town meetings and town sponsored activities to present them an opportunity to input on stormwater management programs to improve water quality.

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

The annual report link is located on both the Town of Farmington & the Ontario-Wayne Stormwater Coalition websites. A public meeting on the annual report is held yearly in conjunction with a scheduled Town of Farmington Town Board Meeting. No public comments were observed related to the SWMP; several residential complaints were lodged related to drainage issues during heavy rain events and the need for increased attention and maintenance.

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

		5	4
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The Town of Farmington website will continue to post a link to the MS4 Annual Report and receive public comments. The MS4 will continue to find opportunities to participate in community events and make adjustments in relation to COVID-19 restrictions.

### MS4 Annual Report Form

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.

Name of MS4/Coalition

SPDES ID

### Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:  #  %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other:
- Auto Recyclers
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops
- None

Sewersheds:





## MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Farmington

SPDES ID

N	Y	R	2	0	A	1	1	0
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### 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.

Continue annual employee training and educating the public of the importance in identifying illicit discharges so that they can be investigated and eliminated.

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

The Town of Farmington held annual employee IDDE training in it's efforts to identify, investigate and eliminate illicit discharges. Information was passed out during cleanup events to educate town residents about illicit discharge. Dry weather inspections were performed on 20% of the outfalls and SWMF outfalls.

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

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(ex.: samples/participants/events)

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

Yes    No

#### E. Is your MS4 on schedule to meet the deadline set forth in the 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).

We will continue identifying, inspecting, and ranking outfalls in effort to eliminate illicit discharge. Mapping & inspection of the storm sewershed boundaries will continue as well as employee and public training & education.

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Farmington
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SPDES ID

N	Y	R	2	0	A	1	1	0
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**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? 

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**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?**

		5
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**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? 

		0
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**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:**

- Notices of Violation # 

					6
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 No Authority
- Stop Work Orders # 

--	--	--	--	--	--

 No Authority
- Criminal Actions # 

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 No Authority
- Termination of Contracts # 

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 No Authority
- Administrative Fines # 

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 No Authority
- Civil Penalties # 

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 No Authority
- Administrative Orders # 

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 No Authority
- Enforcement Actions or Sanctions # 

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 No Authority
- Other # 

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 No Authority

**MS4 Annual Report Form**

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.

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 1 1 0

**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?

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

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

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 1 1 0

### 6. con't.:

Submit additional pages as needed.

#### ● MS4/Coalition Office

Department

T o w n o f F a r m i n g t o n B u i l d i n g D e p

Address

1 0 0 0 C o u n t y R o a d 8

City

F a r m i n g t o n

Zip

N Y

1 4 4 2 5 -

Phone

( 3 1 5 ) 9 8 6 - 8 1 0 0

#### ○ Library

Address

City

Zip

-

Phone

( ) -

#### ○ Other

Address

City

Zip

-

Phone

( ) -

#### ○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

## MS4 Annual Report Form

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Name of MS4/Coalition 

Town of Farmington
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SPDES ID

N	Y	R	2	0	A	1	1	0
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### 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.

Reducing number of complaints from the contractors and the public construction sites. SWMP Plan is referenced when reviewing projects at the monthly project review committee meetings. Update SWMP whenever applicable

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

Continued attention to the construction stormwater practices frequent inspections has shown a drop in violations and increased water quality at the discharge of the stormwater management practices. Frequent inspections has made sites more compliant to DEC standards which has reduced the number of violations and public complaints.

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

	8	3	6
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(ex.: samples/participants/events)

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

Yes     No

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

Yes     No

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

We'll continue to monitor and review all project SWPPP inspection and conduct our own as required. Planning Board Meetings and project review committee meetings will be used to inform contractor of MS4 requirements and DEC standards.



**MS4 Annual Report Form**

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Name of MS4/Coalition 

Town of Farmington
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SPDES ID  

N	Y	R	2	0				
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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
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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? 

	9	5
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 %

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Farmington
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SPDES ID  

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

The Town of Farmington will continue identify, inspect, map and catalog newly implemented and existing post-construction stormwater management practices. Qualified staff will monitor and maintain post-construction SMP's. All inspection and maintenance reports will be kept on file.

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

SWMF inspections showed some problems which were documented and prioritized. Maintenance was done in the areas of highest need. Residents' attention of SMP's and drainage issues showed an increased awareness and educational opportunities.

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

		8	9
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(ex.: samples/participants/events)

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

Yes  No

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

The MS4 will will work to continue to identifying, inspect and map existing and newly implemented post-construction stormwater management practices. Maintenance will be prioritized and performed in areas of high need. Residents will continue to be informed and educated on the important need for maintaining and upkeep of SMP's.

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Farmington
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SPDES ID  

N	Y	R	2	0	A	1	1	0
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**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? 

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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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 2 3

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

Name of MS4/Coalition

Town of Farmington

SPDES ID

N Y R 2 0 A 1 1 0

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres       3 1
  - Streets Swept (Number of miles X Number of times swept) # Miles     2 5 1
  - Catch Basins Inspected and Cleaned Where Necessary #       3 0
  - Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #       2 7
  - Phosphorus Applied In Chemical Fertilizer # Lbs.
  - Nitrogen Applied In Chemical Fertilizer # Lbs.
  - Pesticide/Herbicide Applied # Acres
- (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?**                     2

**4. What was the date of the last training?** 0 2 / 1 3 / 2 0 2 3

**5. How many municipal employees have been trained in this reporting period?**                       4 0

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?** 1 0 0 %

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Farmington
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SPDES ID  

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

Continued teaching of employees and relevant personnel the need for good house keeping inspections were regularly conducted of municipal sites facilities

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

Training was Provided regarding spill prevention, hazardous materials, and hazard communication. Floor drains maintained and oil/water separator was inspected. Stored salt in enclosed facility. The amount of salt used in winter road maintenance by closely monitoring application rates. Parking lots, roads, and gutters were swept. Catch basins were inspected inspected and cleaned where necessary. SWMF's were inspected and maintained where necessary.

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

		6	3
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

The town of Farmington will continue working on good housekeeping and annual good housekeeping training; regular sweeping & cleaning of parking lots, roads, gutters & catch basins will continue and monitoring the use of road salt and inspecting outfalls will continue. The inspections and needed maintenance of Stormwater Management Practices will go on.

### MS4 Annual Report Form

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.

Name of MS4/Coalition Town of Farmington

SPDES ID

N Y R 2 0 A 1 1 0

### 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.   9 5 %

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	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Farmington

SPDES ID

N	Y	R	2	0	A	1	1	0
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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? 

	2	0
--	---	---

 %

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	2	3
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Name of MS4/Coalition

Town of Farmington

SPDES ID

N	Y	R	2	0	A	1	1	0
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- 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

