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51479	971	Progress Re	eport for Part I	<u>X.B</u>			
Permit # MS4 Name		NYR20A374 Watershed Name Onondaga Lake					
		Town of Salina	Reporting Period E (mm/do		03/09/20		
Wate	<u>ershe</u>	d Improvement Strategy	·				
Ir	nclude	be the strategy to reduce the disc new sources that may have bee of to better address new sources.	n identified and any				
fe s a F w ir	ertilizer tormwa Senera In enha Potentia vatersh ncludin	orus loading to the lake will be redur as required by the NYS Dishwasher ater practices will continue to be imple I Permit for Discharges from MS4s. anced focus on phosphorus sources all new phosphorus loading associated are addressed by requiring all Sing reducing runoff volumes using prass in accordance with the enhanced process.	er Detergent and Fertiplemented in compliant All public education and pathways, impacts are with nonnegligible WPPPs to comply with actices identified in Ch	lizer Law. Ince with the control Ind outreate and reducted land use of the NYS In 5 and size	Municipal ne current NYSPDES ch efforts will have cion practices. changes in the B Design Manual zing all water quality		
		ucation & Outreach					
1. D	escrip	tion of the education program					
o fo p	outreac ocus or orinted	Y Regional Planning and Developm h program on behalf of the CNY Sto n phosphorus and pathogen reduction material through kiosks, displays an tional articles in regional electronic regional	rmwater Coalition. The on. The program metl d direct mailings, soo	ne prograr hods inclu sial media	n maintains a special de distribution of and website		
2. W	Who is the target audience and what is the message delivered to each target audience?						
personal BMI responsibilitie		DWNERS, GARDENERS, PET OWI al BMPs. ELECTED OFFICIALS and sibilities, POCs and BMPs. DESIGN s for meeting design requirements for	I MUNICIPAL STAFF COMMUNITY: unde	: stormwa rstanding i	ter regulations, roles, requirements of and		
	Identify how many educational materials have been developed and distributed 3 3 0 9		3 3 0 9				
	-	how many educational materials ted that focus on:	have been develop	oed and			
a.	und	erstanding the Phosphorous issu	ies		1 9 4 4		
b.	Sep	tic systems as a source of Phosp Non-Traditio			0		
C.	Pho	sphorous concerns with fertilizer	use		7 7 6		
d.		sphorous concerns with grass clering the MS4	ippings and leaves		5 8 9		

Pe	rmit	# NYR20A374						
5.	Education plan and goals for the next 6 months							
	4 1	page newspaper insert, 3 public, 1 contractor newsletter, 2	public events, 2 workshops					
<u> IIIi</u>	cit	Discharge Detection and Elimination						
		□ Non-Traditional MS4 (skip Questions 6-6e)						
	×	Onondaga Lake Watershed (skip Questions 6-6e)						
6.	cap	mber of On-Site Wastewater Treatment Systems (OWTS pacity of less than 1000gpd that are located in sewershed ed waterbody						
	a.	Number of OWTS inspected in this reporting						
	b.	Number of OWTS in need of maintenance or rehabilitation	on					
	c. Number of OWTS where maintenance or rehabilitation has been performed in this reporting period.							
	d.	State the plan for OWTS that have not been addressed	in 6c this reporting period					
	e	Describe the OWTS inspection program: Who is respon	sible for performing OWTS					
		inspections? (eg:Septage Haulers, DOH, engineer, cons Are there trends in systems that need maintenance vs sy	ultant); What methods are used?					
7.		Number of Illicit Discharges detected within sewershed of listed waterbody in this5 reporting period.						
	-	a. Number reported in 7 that have been eliminated						
	b.	List of Illicit Discharge locations that have not been elimithis reporting period and the target date for elimination	nated in					
		Location	Target Date (mmddyyyy)					
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			//					
			//					
			/					
]//					
			7 / /					

Permit # NYR20A374

Post Construction	Stormwater	Management
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8.		mber of Stormwater Management Practices (SMPs) located in sewersheds t drain to the listed waterbody					
		Number reported in 8 that have been inspected in this reporting period2					
		Number of SMPs in need of maintenance or rehabilitation					
		Number of SMPs where maintenance or rehabilitation has been performed in this reporting period.					
	d.	Number of SMPs where phosphorus pollutant problems have been identified.					
		Number reported in 8d where the pollutant problem has been addressed.					
	f.	Who is responsible for performing SMP inspections?					
	Co	Code Enforcement					
	g.	Is the criteria in Chapter 5, 6, and 10 of the NYS Stormwater Management Pesign Manual being applied? (If no, please describe any deviations)					
	h.	State procedures to identify sites with post construction controls that are not					
		functioning as designed (ie, rill erosion, pollutant bypass)					
		actices are inspected by trained personnel to look for evidence of erosion, pollutant pass, overgrown vegetation, pipe clogging/flooding and overall function.					
9.	ret	scribe the retrofit program. Include the funding sources and design description of rofits. Identify all retrofits that have been constructed and maintained during this porting period.					
	No	o program is in place as of yet. Awaiting TMDL approval.					
10.	Po	st-Construction Stormwater Management plan and goals for the next 6 months					
	No	ew staff training.					
Μu	ınio	cipal Operations Pollution Prevention/Good Housekeeping					
11.	Am app De	ount by weight in pounds of turf fertilizer containing phosphorous that was olied on municipally owned lands in this reporting period. scribe other turf management practices implemented during this reporting iod.					
	Ė	owing only.					

MS4 Semi Annual Report Form Certification

MO4 Selli Allidai Report Form Sertification
Semi Annual Report form for period ending 0 9 0 9 2 0 1 7 (MMDDYYYY)
Name of MS4 Town of Salina SPDES ID NYR20A374
<u>Certification Statement</u> - MS4 Official (Principal Executive Officer or Ranking Elected Official) or Duly Authorized Representative of the MS4 Official
"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, to 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 of 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-0-15-003 Part VI.J.
First Name M A R K N I C O T R A Title (Clearly print title of individual signing report) S U P E R V I S O R Date O 5 / 2 3 / 2 6 1 7
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