

MS4 Annual Report Cover Page

MCC form for period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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 | 2 | 0 |
|---|---|---|---|

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 | . | | o | f | | E | n | v | . | | H | e | a | l | t | h | | a | n | d | | 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 | . | c | o | m | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|

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 2 0

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 MI Last Name

Title (Clearly print title of individual signing report)

Signature


Date / /

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 | 2 | 0 |
|---|---|---|---|

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.

.On January 6, 2020, Governor Cuomo Announced the 29th Proposal of the 2020 State of the State: \$300 Million Plan to Reimagine the Iconic Erie Canal. This initiative will repurpose the Canal to grow Regional Tourism, Reduce Flooding in Canal Communities, Improve Irrigation for Upstate Farmers, Expand Fishing Opportunities and Restore Wetlands. \$165 Million Phase One of the Plan to will begin in 2020.

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

The first phase of Reimagine the Canals includes the Erie Armada and Canalside Pocket Neighborhoods. These projects are planned to commence in 2020.

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

| | | | |
|--|--|--|---|
| | | | 2 |
|--|--|--|---|

(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).

Additional opportunities to improve environmental conditions, including stormwater management, will be evaluated during future phases of the Reimagine the Canals initiative.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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.

Public Outreach and Educational materials are provided at 27 NYS Thruway Rest Stops including stormwater brochures for the NYS Canal System.

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

Hard copy educational materials are provided at 27 NYS Thruway Rest Stop locations providing vast coverage across the State for stormwater related issues pertaining to the Canal System. Documents are replenished as necessary.

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

| | | | |
|--|--|---|---|
| | | 2 | 7 |
|--|--|---|---|

(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).

Continue to provide educational materials regarding stormwater management along the Canal System at Thruway rest stops.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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.

Provide Public Outreach and Educational material targeting children.

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

Educational material targeted for children including a Canal Activity Book were handed out at 10 events to approximately 500 children.

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).

Continue to provide early educational materials regarding stormwater management to children.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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.

Provide Public Outreach and Educational opportunities at festivals/events across the Canal System.

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

Numerous events (25+) are typically held each year across the Canal System. A detailed listing of events is provided at: <http://www.canals.ny.gov/wwwapps/news/events/calendar/calendar.aspx>. Total attendees typically exceed 50,000 people. Stormwater educational material is provided at the events through Canal Corporation kiosks and booths. The 2020 event schedule will be impacted by COVID-19.

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

| | | | |
|--|--|---|---|
| | | 2 | 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).

Continue to provide educational materials at Canal festivals and events.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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.

Provide Public Outreach and Educational opportunities for Canal Corporation Staff.

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

NYSCC staff utilize stormwater general permit maps to identify areas of concern/interest in planning routine maintenance activities. Map layers include 303(d) impaired waters, TMDL watersheds, rare species and natural communities, National Register Sites, and critical soil information. Maps are provided in book form at each of the 3 Canal Divisions (Albany, Syracuse, Buffalo), Environmental Services Office in Albany, and electronically through the Canal Corporation's 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).

Update maps as necessary and continue to provide available information on the Canal Corporation's intranet. Additional Canal Corporation staff training was scheduled for March 2020, but was postponed due to COVID-19. Evaluate opportunities to reschedule the training or to offer via a webinar.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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.

Provide Public Outreach and Educational opportunities available through NYS Canal Corporation's Environmental Stewardship web link: <https://www.canals.ny.gov/community/environmental/index.html>

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

The stormwater webpage was updated to include the 2018-2019 MS4 Annual Report. The website includes links and downloadable files pertaining to dredging, invasive species management, stormwater management, SWPPPs, MS4, Connecting the Drops educational campaign, biodiversity and endangered species.

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).

Update the website with 2019-2020 Annual Report.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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.

Connecting the Drops Campaign

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

The Corporation's "Connecting the Drops" stormwater slogan and logo have been incorporated into the Corporation's educational brochures, posters, website, and other stormwater and environmental material. The "Connecting the Drops" campaign includes collaboration with various agencies to educate the public about pollution prevention and provide information about the Corporation's stormwater management program and other environmental stewardship initiatives.

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).

Numerous Connecting the Drops brochures and educational materials are available at the Canal Corporation's environmental stewardship web link: <https://www.canals.ny.gov/community/environmental/index.html>. A consultant provided recommendations for updates to some of the brochures. Implementation of the recommendations will be evaluated in the 2020-2021 reporting year.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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. URL(s) con't.:

Please provide specific address(es) where notice(s) 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, 2020

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 | 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, 2020

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. 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: [Empty]

City: [Empty] Zip: [Empty]

Phone: ([Empty]) [Empty] - [Empty]

Other Annual Report SWMP Plan Comments

Address: [Empty]

City: [Empty] Zip: [Empty]

Phone: ([Empty]) [Empty] - [Empty]

Web Page URL: Annual Report SWMP Plan Comments

www.canals.ny.gov/community/environmental/

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 | 2 | 0 |
|---|---|---|---|

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 | 2 | 0 |
|---|---|---|---|

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 | 2 | 0 |
|---|---|---|---|

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 typically hosts an Annual Canal Clean Sweep event in April in concert with Earth Day.

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

The event typically draws several thousand volunteers at more than 100 cleanup sites throughout the 524-mile canal system. The 2020 event was scheduled for April 18, 2020 but had to be canceled due to COVID-19 restrictions.

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 event will look to be rescheduled in April 2021.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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, DeRuyter Dam Project, Embankment Maintenance Project). Additional information is made available on the Canal Corporation's website at: <https://www.canals.ny.gov/community/environmental/index.html>.

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

In addition to public information meetings, there are frequently asked questions, project updates, project overviews and project contact information listed on the Canal Corporation's website. Web hits can be tracked to evaluate effectiveness.

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 seek public input for proposed projects and will provide project information through their website.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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 2018-2019 Annual Report at: <https://www.canals.ny.gov/community/environmental/1819-canal-ar.pdf> for public review and comment.

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

No public comments were received for the 2018-2019 MS4 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 2019-2020 Annual Report will be posted to the Canal's website at <https://www.canals.ny.gov/community/environmental/index.html#annual> in PDF format for public 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 | 2 | 0 |
|---|---|---|---|

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.

Public involvement events to showcase the Canal and to provide educational opportunities.

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

Several public involvement events were scheduled for 2020 as listed at:
<http://www.canals.ny.gov/wwwapps/news/events/calendar/calendar.aspx>
 Availability for public involvement and holding these events will be subject to COVID-19 restrictions.

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).

Reinstate public events in 2020-2021 as COVID-19 restrictions allow.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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 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. Trainings were scheduled for March 2019, but had to be postponed due to COVID-19. They are intended to be conducted in 2020.

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 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 subcontractor will 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 | 2 | 0 |
|---|---|---|---|

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 performed dry weather inspections at 13 outfalls within the Buffalo Division.

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

Thirteen (13) inspections of the total 36 mapped NYSCC outfalls were conducted during the reporting period. This represents 36% of the NYSCC outfalls. Outfall inspection and maintenance reports were submitted for each location. No signs of illicit discharges were noted.

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

| | | | |
|--|--|---|---|
| | | 1 | 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).

Additional outfall inspections will be scheduled for the 2020-2021 reporting period.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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.

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 of the 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 | 2 | 0 |
|---|---|---|---|

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. 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 and use of the OWS. It identifies practices related to detergents and degreasers, accidental product release into the OWS, inspections and maintenance, and how it is prohibited to dump oil into the OWS. The posted also includes a diagram of the OWS.

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).

NYSCC will continue displaying the OWS poster at the Lysander maintenance facility. The poster will be updated as needed.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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.

The SWMP was reviewed and revised in November 2019.

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

The NYSCC is currently reviewing the revised SWMP. The revised SWMP will include updates to the IDDE program and educational information provided at the Maintenance Facilities.

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).

Finalize the updates to the SWMP including educational information for maintenance facility staff.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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?

| | | |
|--|--|---|
| | | 6 |
|--|--|---|

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; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input checked="" type="radio"/> Stop Work Orders | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> | | | | | | 0 | <input type="radio"/> No Authority |
| | | | | | 0 | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input checked="" type="radio"/> Termination of Contracts | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> | | | | | | 0 | <input type="radio"/> No Authority |
| | | | | | 0 | | | | |
| <input type="radio"/> Administrative Fines | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Civil Penalties | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Administrative Orders | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input checked="" type="radio"/> Enforcement Actions or Sanctions | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> | | | | | | 0 | |
| | | | | | 0 | | | | |
| <input type="radio"/> Other | # | <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </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 | 2 | 0 |
|---|---|---|---|

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?

| | | |
|--|---|---|
| | 1 | 3 |
|--|---|---|

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

| | | |
|--|---|---|
| | 1 | 3 |
|--|---|---|

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 | 2 | 0 |
|---|---|---|---|

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 (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 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 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 program, including the Stormwater General Permit Maps, are being reviewed and updated to reference the new GP-0-20-001 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 | 2 | 0 |
|---|---|---|---|

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 engineer in the Office of Design. The completed SWPPPs then receive a quality control review by Environmental Services. 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 and stop work orders or terminate contracts due to improper installation or maintenance of controls.

Six (6) SWPPPs were reviewed during the reporting period.

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 NYSCC will continue to maintain its thorough SWPPP design, review and oversight process. The process is outlined in the updated SWMP.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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?

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

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 | 2 | 0 |
|---|---|---|---|

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-0-20-001 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 | 2 | 0 |
|---|---|---|---|

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.

Updates to the NYSCC Operations and Maintenance Plans for post-construction controls were incorporated into the revised SWMP.

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

Guidance on the proper inspection and maintenance requirements for post-construction controls is included in the updated Operations and Maintenance Plan as part of the SWMP revisions. This information will be provided to maintenance facilities with permanent stormwater management practices upon finalizing the SWMP .

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).

Provide copies of the updated Operation and Maintenance manual to facilities with permanent stormwater management practices.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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.

Low Impact Development Training

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

A training program for NYSCC staff was developed and was scheduled for presentation in March 2020. A portion of the training will cover Low Impact Development. The training had to be postponed due to COVID-19 restrictions.

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).

Schedule training, including topics on Low Impact Development, when allowable due to COVID-19 restrictions.

MS4 Annual Report Form

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

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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 | 2 | 0 |
|---|---|---|---|

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 #

| | | | | |
|--|--|--|--|---|
| | | | | 2 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

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

| | | | | | |
|--|---|---|---|---|---|
| | 1 | 5 | 0 | . | 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?

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

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 | 2 | 0 |
|---|---|---|---|

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 subcontractor for compliance with the DRAFT MS4 General Permit GP-0-20-001. 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 | 2 | 0 |
|---|---|---|---|

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.

Pollution Prevention Training for NYSCC staff.

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

A training class including topics on pollution prevention was scheduled for NYSCC staff in March 2020. The training had to be postponed due to COVID-19 restrictions.

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).

Reschedule staff pollution prevention training when COVID-19 restrictions allow.

MS4 Annual Report Form

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

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) |
|---------------------------------|--------------------------|------------------------|------------------------|
| NYC EOH Watershed | | | |
| 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 |
| Onondaga Lake Watershed | | | |
| 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 |
| Greenwood Lake Watershed | | | |
| 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 |
| Oyster Bay | | | |
| 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 |
| Peconic Estuary | | | |
| 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 |
| Oscawana Lake Watershed | | | |
| 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 |
| LI 27 Embayments | | | |
| 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 | 2 | 0 |
|---|---|---|---|

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?

| | | |
|---|---|---|
| 1 | 0 | 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 | 0 |
|---|---|---|---|

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