

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Orange County, NY

SPDES ID

N Y R 2 0 A 3 2 2

Section 2 - Contact InformationProvide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
- Executive Officer or Ranking Elected Official
 - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name	MI	Last Name
K e v i n	M	S u m n e r
Title		
D i s t r i c t M a n a g e r		
Address		
2 2 5 D o l s o n A v e n u e S u i t e 1 0 3		
City	State	Zip
M i d d l e t o w n	N Y	1 0 9 4 0 -
eMail		
k e v i n . s u m n e r @ o c s o i l . o r g		
Phone	County	
(8 4 5) 3 4 3 - 1 8 7 3	O r a n g e	

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Section 3 - Partner Information - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Yes No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.?

Yes

No

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

MM1

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

<http://www.ocsoil.org/pdf/mgmtplangeneral.pdf>

<http://www.ocsoil.org/pdf/Accomplishments.pdf>

http://www.ocsoil.org/pdf/Issue8_Fall_08.pdf

<http://www.ocsoil.org/lhccdsigns.html>

<http://www.co.orange.ny.us/orgMain.asp?storyID=618&sid=>

http://waterauthority.orangecountygov.com/DOCUMENTS/WATER_CONSERVATION_INFO/Water%20Conservation.html

MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	3	2	2
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4. Evaluating/Measuring Progress MCM 1

What indicators do you use to evaluate the overall effectiveness of your Education and Outreach Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Public phone survey

Began Tracking:

2005

(year)

Frequency:

Annual

(ex.: annual, monthly, biweekly)

#

1000

(ex.: samples/participants/events)

Results:

Increased awareness of issues related to use of fertilizers

* This indicator is provided as an example only.

Indicator:

Use of stormwater display

Began Tracking:

2008

(year)

Frequency:

Annual

(ex.: annual, monthly, biweekly)

#

3 times - County govt. center, one Town Hall and one community festival

(ex.: samples/participants/events)

Results:

Increase awareness of relationship between people's actions and water quality issues, everyone needs to assist with water quality protection, and ways they can help in protecting water quality.

Submit additional pages as needed.

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	3	2	2
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4. Evaluating/Measuring Progress MCM 1

What indicators do you use to evaluate the overall effectiveness of your Education and Outreach Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Began Tracking:

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: samples/participants/events)

Results:

** This indicator is provided as an example only.*

Indicator:

Began Tracking:

(year)

Frequency:

(ex.: annual, monthly, biweekly)

#

(ex.: sample/participants/events)

Results:

Submit additional pages as needed.

MS4 Annual Report Form

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Name of MS4/Coalition

Orange County, NY

SPDES ID

N	Y	R	2	0	A	3	2	2
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7. Evaluating/Measuring Progress MCM 4

What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency?

Example*:**Indicator:**

Percent SWPPPs reviewed

Began Tracking:

2005

*(year)***Frequency:**

Upon submission

(ex.: annual, monthly, biweekly)

#

50 SWPPPs

*(ex.: samples/participants/events)***Results:**

100% of SWPPPs were reviewed. 50% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards.

* This indicator is provided as an example only.

Indicator:

Inspection of soil erosion & sediment control measures for construction sites

Began Tracking:

2008

*(year)***Frequency:**

Weekly

(ex.: annual, monthly, biweekly)

#

12

*(ex.: samples/participants/events)***Results:**

1 construction project currently exists in an MS4 area. Soil erosion and sediment control inspections occur on a weekly basis for a total of 12 inspections within this reporting period.

Submit additional pages as needed.