

# Annual Stormwater Report



#20

## Town of Lewiston

Stormwater Permit

#NYR20A317

Reporting Period

March 2022 to 2023

**MS4 Annual Report Cover Page**

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

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

SPDES ID

N Y R 2 0 A 3 1 7

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

T o w n o f L e w i s t o n

OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

OR

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

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

Name of Coalition

SPDES ID  
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**MS4 Annual Report Cover Page**

**MCC form for period ending March 9, 2023**

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

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

MCC form for period ending March 9, 2023

Name of MS4 Town of Lewiston

SPDES ID  
NYR20A317

**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:      Duplicate this page as needed to include information for each contact.

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

First Name C h r i s t o p h e r      MI T      Last Name M c A u l i f f e

Title S t o r m w a t e r   M a n a g e m e n t   O f f i c e r

Address 1 3 7 5   R i d g e   R d

City L e w i s t o n      State N Y      Zip 1 4 0 9 2 -

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Phone ( 7 1 6 ) 7 5 4 - 8 2 1 3      County n i a g a r a

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

MCC form for period ending March 9, 

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Name of MS4 

Village of Youngstown
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SPDES ID  

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**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 

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 Last Name 

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Title 

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City 

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 State 

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Phone 

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 County 

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

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID  

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**Section 3 - Partner Information**

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Western NY Stormwater Coalition

Partner/Coalition Name (con't.)

c/o Erie County DEP

SPDES Partner ID - If applicable

NYR20

Address

95 Franklin Street

City

Buffalo

State

NY

Zip

14202

eMail

mary.macswan@erie.gov

Phone

(716) 858-7583

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

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

- MM1 Multiple Tasks
- MM2 Multiple Tasks
- MM3 Multiple Tasks - Training & Ed
- MM4 Training & Education
- MM5 Training & Education
- MM6 Training & Education

Additional tasks/responsibilities

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

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

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID  
N Y R 2 0 A 3 1 7


**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, 

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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 

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SPDES ID  

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### Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report? 

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#### 1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- |   |   |
|---|---|
| <input checked="" type="radio"/> Construction Sites   | <input checked="" type="radio"/> Pesticide and Fertilizer Application |
| <input checked="" type="radio"/> General Stormwater Management Information                      | <input checked="" type="radio"/> Pet Waste Management                 |
| <input checked="" type="radio"/> Household Hazardous Waste Disposal                             | <input type="radio"/> Recycling                                       |
| <input checked="" type="radio"/> Illicit Discharge Detection and Elimination                    | <input type="radio"/> Riparian Corridor Protection/Restoration        |
| <input checked="" type="radio"/> Infrastructure Maintenance                                     | <input checked="" type="radio"/> Trash Management                     |
| <input type="radio"/> Smart Growth  | <input checked="" type="radio"/> Vehicle Washing                      |
| <input type="radio"/> Storm Drain Marking   | <input checked="" type="radio"/> Water Conservation                   |
| <input checked="" type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development | <input type="radio"/> Wetland Protection                              |
| <input checked="" type="radio"/> Other:   | <input type="radio"/> None  |

R	a	i	n		b	a	r	r	e	l	s		a	n	d		h	o	m	e		c	o	m	p	o	s	t	i	n	g
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Other

#### 2. Specific audiences targeted during this reporting period:

- |   |   |
|---|---|
| <input checked="" type="radio"/> Public Employees | <input checked="" type="radio"/> Contractors    |
| <input checked="" type="radio"/> Residential      | <input checked="" type="radio"/> Developers     |
| <input type="radio"/> Businesses                  | <input checked="" type="radio"/> General Public |
| <input type="radio"/> Restaurants                 | <input type="radio"/> Industries                |
| <input checked="" type="radio"/> Other:           | <input type="radio"/> Agricultural              |

H	o	m	e		O	w	n	e	r	s		A	s	s	o	c	i	a	t	i	o	n										
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Other

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition Town of Lewiston

SPDES ID  
N Y R 2 0 A 3 1 7

**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

<input checked="" type="checkbox"/> Construction Site Operators Trained	# Trained	<input type="text" value="2"/>	<input type="text" value="7"/>	<input type="text" value="1"/>	
<input type="checkbox"/> Direct Mailings	# Mailings	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input checked="" type="checkbox"/> Kiosks or Other Displays	# Locations	<input type="text" value="2"/>	<input type="text" value="4"/>		
<input type="checkbox"/> List-Serves	# In List	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Mailing List	# In List	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input checked="" type="checkbox"/> Newspaper Ads or Articles	# Days Run	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	
<input checked="" type="checkbox"/> Public Events/Presentations	# Attendees	<input type="text" value="7"/>	<input type="text" value="0"/>	<input type="text" value="4"/>	<input type="text" value="8"/>
<input checked="" type="checkbox"/> School Program	# Attendees	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="5"/>	
<input type="checkbox"/> TV Spot/Program	# Days Run	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input checked="" type="checkbox"/> Printed Materials:	Total # Distributed	<input type="text" value="2"/>	<input type="text" value="7"/>	<input type="text" value="3"/>	<input type="text" value="5"/>

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

M	S	4		P	u	b	l	i	c		B	u	i	l	d	i	n	g	s	
K	i	o	s	k	s	/	D	i	s	p	l	a	y	s						
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Other:

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

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URL


**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 3 1 7

**3. Web Page con't.: Provide specific web addresses - not home page.**

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Town of Lewiston
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SPDES ID  

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

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

Identification of Pollutants of Concern; Waterbodies of Concern; Geographic Areas of Concern; Target Audiences

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

Pollutants of Concern: sediment/silt; pathogens; floatables; phosphorous  
Waterbodies of Concern: Niagara River  
Geographic Areas of Concern: Legacy Drive, Modern Landfill, French Landing, Upper Mt Rd, Oak Run, Bridge Commission  
Target Audiences: households; developers; contractors; small businesses

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

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

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**

Yes  No

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

As needed, update POCs, waterbodies of concern, geographic areas of concern and target audiences. Continue to address via public education and outreach.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Town of Lewiston
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SPDES ID

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

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

Develop additional/update existing public education materials addressing stormwater pollution prevention for general public, target businesses/activities and schools. Prepare posters that can be placed within municipal buildings, libraries, and schools. Maintain a webpage to educate the public on stormwater pollution prevention, the MS4 SWMPP and involvement opportunities. Display/distribute public education materials and posters in municipal buildings and libraries.

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

Maintained records of number of educational materials distributed.  
Rain barrel display at Niagara County DMV site - Niagara Falls.

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

2	7	3	5
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(ex.: samples/participants/event#)

**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).**

Develop additional public education brochures - as needed.  
Continue to display public education materials in municipal buildings and libraries.  
Update webpage as needed with new educational materials.  
Continue to reinforce the messages conveyed with printed materials & displays with use of additional media when funding is available.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Lewiston

SPDES ID

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

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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 Grades K-12 teachers/youth-based community program educators with stormwater pollution prevention education materials.  
Participate in educational programming.  
Conduct annual Rain Barrel Painting Contest for schools/community groups in Erie/Niagara Counties.

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

Outreach to 472 Grade K-12 teachers/youth-based community program educators with stormwater pollution prevention education links.  
Rain Barrel Painting Contest for schools/community groups in Erie/Niagara Counties currently underway.

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

	4	7	2
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(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**

Teacher education packages are a bi-ennial BMP.

 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).**

Education resources are distributed annually to Grade K-12 teachers/youth-based community program educators.  
Participate in all scheduled school science fairs/events upon request.  
Continue annual Rain Barrel Painting Contest for K-12 schools/groups in Erie and Niagara County.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Lewiston

SPDES ID

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

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

Utilize public education display for outreach & education for at least two local community events or set up public education display in a prominent location in a municipal building. Mount a permanent wall plaque in a municipal building frequented by the public.  
Utilize public education display for outreach & education at regional community events.

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

Set up/maintain public education display and mounted wall plaque in prominent locations in a municipal building frequented by the public.

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

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

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**

Yes    No

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

Plan to use public education display at two local community events/locations by March 9, 2024 and/or continue use of public education display and permanently mounted wall plaque in prominent locations in a municipal building frequented by the public.  
Plan to use public education display at up to 25 regional community events by March 9, 2024.



**MS4 Annual Report Form**

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

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Name of MS4/Coalition

Town of Lewiston

SPDES ID

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

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

Post PSAs on WNY Stormwater Coalition webpage.  
Use PSAs at public meetings, in school programs and at community events as appropriate.

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

PSAs on webpage ([www.erie.gov/stormwater](http://www.erie.gov/stormwater)).

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

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

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**

Yes  No

**E. Is your MS4 on schedule to meet the deadline set forth in the 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 promote PSAs addressing stormwater pollution and water quality protection in WNY. Use videos and/or PSAs at public education venues. Continue to pursue funding opportunities to use local media outlets to educate the public.

MS4 Annual Report Form

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

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

Name of MS4/Coalition Town of Lewiston

SPDES ID NYR20A317

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- Cleanup Events # Events 543
Comments on SWMP Received # Comments 0
Community Hotlines
Community Meetings (All WNYSC meetings open to public) # Attendees 130
Plantings Sq. Ft.
Storm Drain Markings # Drains
Stakeholder Meetings # Attendees
Volunteer Monitoring # Events
Other: Household Hazardous Waste Disposal

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

- List-Serve # In List
Newspaper Advertising # Days Run
TV/Radio Notices # Days Run
Other:

Web Page URL: Enter URL(s) on the following two pages.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

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

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

URL

h t t p s : / / w w w . t o w n o f l e w i s t o n . u s / b u  
i l d i n g - d e p a r t m e n t

URL

w w w . e r i e . g o v / s t o r m w a t e r

URL

URL

URL

URL

URL



### MS4 Annual Report Form

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

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

Name of MS4/Coalition  SPDES ID

#### 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

Address

City  Zip  -

Phone  
(  )  -

- Library  Annual Report  SWMP Plan  Comments

Address

City  Zip  -

Phone  
(  )  -

- Other  Annual Report  SWMP Plan  Comments

Address

City  Zip   -

Phone  
(  )  -

- Web Page URL:  Annual Report  SWMP Plan  Comments

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

- eMail  Comments

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 3 1 7

**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 3 / 3 1 / 2 0 2 3

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

3 6 5

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?

0 4 / 1 0 / 2 0 2 3

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? WNY Stormwater Coalition - April 2023**

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	1	7
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Identify key individuals and groups who are interested in/or affected by the permitting program. Groups identified include: Erie County Environmental Management Council; Niagara County Environmental Management Council; municipal Conservation Advisory Committees; Buffalo Niagara Waterkeeper; Erie and Niagara County's Soil & Water Conservation Districts; Erie County Water Quality Committee.

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

Periodic reports to Erie/Niagara County Environmental Management Councils; MS4 Conservation Advisory Committees; Erie County Water Quality Committee. Participation of Erie and Niagara County Soil & Water Conservation Districts (9); Buffalo Niagara Waterkeeper (2); SWMP and Annual Report review, trainings and activities.

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

		1	1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue periodic reports to Erie/Niagara County Environmental Management Councils; MS4 Conservation Advisory Committees; Erie County Water Quality Committee. Continue to encourage participation of Buffalo Niagara Waterkeeper; Erie County Soil & Water Conservation District; Niagara County Soil & Water Conservation District, and MS4 Conservation Advisory Committee members in WNYSC monthly meetings, trainings & activities.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	1	7
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Provide public with an ongoing opportunity to inspect Stormwater Management Program Plan (SWMPP) and review/comment. Present the draft Annual Report at a meeting that is open to the public and/or on the internet to solicit public review and comment.  
 Provide public notice about the presentation in accordance with State Open Meetings Law or other local public notice requirements.

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

Number of known SWMP reviews/comments.  
 Number of attendees at public meeting (WNYSC: 21 ; MS4: 28 ).  
 Number of known Annual Report reviews/comments (0)  
 Number of known webpage reviews (0).

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

4	9		
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*(ex.: samples/participants/events)*

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

Yes    No

**E. Is your MS4 on schedule to meet the deadline set forth in the 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 public with an ongoing opportunity to inspect SWMPP and review/comment. Continue to present the draft Annual Report at a meeting that is open to the public and/or on the internet to solicit public review and comment.



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Lewiston

SPDES ID

N	Y	R	2	0	A	3	1	7
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Inform and encourage residents about opportunities to participate in stormwater pollution prevention programming including: community clean up initiatives such as Household Hazardous Waste collections, Great American Clean Ups; Buffalo Niagara Waterkeeper Spring/Fall Shoreline Clean Up and Keep America Beautiful Fall Beach Sweep; and, annual Erie-Niagara County Rain Barrel and Compost Bin Sales.

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

Number of Household Hazardous Waste collections (3 events plus continuous "by-voucher" collections in Erie & Niagara Counties); number of participants (3,501)  
 Number of clean up events (543; number of participants (2,425)  
 Number of Rain Barrels/Composters sold (282); number of participants (204)

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

Number of participants: 

6	1	3	0
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Erie County: Publish a notice in local paper & Erie County Household Hazardous Waste webpage to notify residents of the Collection events. Niagara County: Educate residents on options for disposal of household hazardous waste, location, schedule and guidelines for facilities accepting the waste (year-round;ongoing). Annual rain barrel/composter sale.  
 Continue to track community clean up events and other stormwater related community involvement.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Town of Lewiston
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SPDES ID

N	Y	R	2	0	A	3	1	7
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Incorporate feedback mechanism into WNYSC and/or MS4 webpage

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

Number of responses received. 0

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

			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 feedback option on webpage in the form of a name/contact number and public comment forms.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Town of Lewiston
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SPDES ID  

N	Y	R	2	0	A	3	1	7
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Identify Contact Person for Stormwater Program.

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

Stormwater Management Officer appointed/designated and listed in SWMPP.  
 Stormwater Management Officer listed in MS4 Reference Guide on WNY Stormwater Coalition webpage.

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

N/A
-----

*(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).**

Identify Stormwater Management Officer in SWMPP, update as needed.  
 Identify Stormwater Management Officer in MS4 Reference Guide on WNY Stormwater Coalition webpage, update as needed.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID

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

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

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

How many MS4s contributed to this report?

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

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

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

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

Sewersheds:

MS4 Annual Report Form

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

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

Name of MS4/Coalition: Town of Lewiston

SPDES ID: NYR20A317

3.b. What types of illicit discharges have been found during this reporting period?

- Broken Lines From Sanitary Sewer, Industrial Connections, Cross Connections, Inflow/Infiltration, Failing Septic Systems, Pump Station Failure, Floor Drains Connected To Storm Sewers, Sanitary Sewer Overflows, Illegal Dumping, Straight Pipe Sewer Discharges, Other: None

1 wash tub connected to storm

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

1

5. How many illicit discharges have been confirmed during this reporting period?

1

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

1

7. Has the storm sewershed mapping been completed in this reporting period? If No, approximately what percent was completed in this reporting period?

Yes No %

8. Is the above information available in GIS? Is this information available on the web? If Yes, provide URL(s):

Yes No Yes No

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

URL

https://erieny.maps.arcgis.com/apps/webappviewer/index.html?id=717984bd03e74f23b0296461e3ea9957

URL

Empty URL input fields

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Town of Lewiston
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SPDES ID  

N	Y	R	2	0	A	3	1	7
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**8. URL(s) con't.:**

Please provide specific address of page where map(s) can be accessed - not home page

URL


URL


URL


URL


URL


**9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?**      ● Yes    ○ No

**10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?**      ● Yes    ○ No    ○ NT

**11. What percent of staff in relevant positions and departments has received IDDE training?**

1	0	0
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 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Town of Lewiston
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SPDES ID  

N	Y	R	2	0	A	3	1	7
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

Update outfall data and map as needed.

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

Outfall inspections according to schedule. 22  
New outfalls added as located or at time of completion. 0  
Timely updates to outfall data. 1  
GIS outfall map is current. 1

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

24			
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue outfall inspections according to schedule.  
Continue to update existing information/add new outfalls as needed.  
Continue to maintain and update GIS outfall map.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Lewiston

SPDES ID

N	Y	R	2	0	A	3	1	7
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

Outfall Reconnaissance Inventory (ORI) - routine dry weather visual inspections of outfalls.

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

Number of outfall inspections completed. 22

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

2	2		
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Plan to inspect at least 20% of outfalls.



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	1	7
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

Pollutant source tracking procedures to detect and address non-stormwater discharges, including illegal dumping, as needed in response to public complaints or by scheduled inspection of outfalls.

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

Number of outfalls sampled/trackdown investigations conducted. 0 of 22 were discharging

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

22			
----	--	--	--

*(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).**

Plan to sample outfalls discharging during dry weather to determine presence of pollutants.  
 Plan to conduct trackdown sampling/investigation as needed.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

town of lewiston

SPDES ID

N	Y	R	2	0	A	3	1	7
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

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- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004  03/2006  NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

3		
---	--	--
- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT
- If Yes, how many public comments were received during this reporting period? 

0		
---	--	--
- 5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No
- Via NYS 4 Hour Erosion & Sediment Control Training

**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                        | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Stop Work Orders                            | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Criminal Actions                            | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Termination of Contracts                    | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Administrative Fines                        | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Civil Penalties                             | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Administrative Orders                       | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input checked="" type="radio"/> Enforcement Actions or Sanctions | # | 7                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Other                                       | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

town of lewiston
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SPDES ID

N	Y	R	2	0	A	3	1	7
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

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

1	2	
---	---	--
  3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %
  4. What percent of active construction sites were inspected more than once?  NT 

2	5	
---	---	--

 %
  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, 2023

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 3 1 7

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

L e w i s t o n B u i l d i n g

Address

1 3 7 5 R i d g e R d

City

L e w i s t o n

n y

Zip

1 4 0 9 2 -

Phone

( 7 1 6 ) 7 5 4 - 8 2 1 3

○ Library

Address

City

Zip

-

Phone

( ) -

○ Other

Address

City

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( ) -

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

URL

URL

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	3	1	7
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Conduct SWPPP review for all permitted construction sites to ensure consistency with State and local erosion and sediment control requirements and NYS Design Standards.

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

Number of SWPPPs approved. 2

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

2			
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue to conduct SWPPP review for all permitted construction sites to ensure consistency with State and local erosion and sediment control requirements and NYS Design Standards.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

town of lewiston

SPDES ID

N	Y	R	2	0	A	3	1	7
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Conduct inspections of permitted construction sites that discharge stormwater to the MS4 as often as needed to ensure compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020).

Issue enforcement actions to owners/operators of construction sites that are not in compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020).

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

Number of active construction sites (12) and inspections performed for each. (16)  
Number and type of enforcement actions. (7 enforcement actions)

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

35			
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue to conduct inspections of permitted construction sites that discharge stormwater to the MS4 as often as needed to ensure compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020). Continue to issue enforcement actions to owners/operators of construction sites that are not in compliance with GP-0-20-001 (or previous permits for projects approved prior to January 29, 2020).

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

town of lewiston

SPDES ID

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

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Provide the public with an opportunity to review and comment on proposed design plans and construction projects.

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

Number of projects presented for public review and comment. 3

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

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

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

Yes  No

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

Yes  No

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

Continue to provide the public with an opportunity to review and comment on proposed design plans and construction projects.



**MS4 Annual Report Form**

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

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Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 3 1 7

**Minimum Control Measure 5. Post-Construction Stormwater Management**

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 and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?**

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Filter Systems	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="radio"/> Infiltration Basins	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
<input type="radio"/> Open Channels	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="radio"/> Ponds	<input type="text" value="1"/> <input type="text" value="7"/>	<input type="text" value="1"/> <input type="text" value="7"/>	<input type="text" value="1"/> <input type="text" value="7"/>
<input type="radio"/> Wetlands	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?**  Yes  No

**3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- Building Codes
  - Overlay Districts
  - Zoning
  - None
  - Watershed Plans
  - Other:
- Municipal Comprehensive Plans
  - Open Space Preservation Program
  - Local Law or Ordinance
  - Land Use Regulation/Zoning
  - Other Comprehensive Plan
-

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

town of lewiston
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SPDES ID  

N	Y	R	2	0	A	3	1	7
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 

0		
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? 

0		
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 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

town of fewiston

SPDES ID

N	Y	R	2	0	A	3	1	7
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

Develop an inventory and inspection program for post-construction stormwater management practices.

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

Inventory of post-construction stormwater management practices. 19  
 Number of post-construction stormwater management practices inspected. 19

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

38			
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*(ex.: samples/participants/events)*

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

Yes     No

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

Yes     No

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

Maintain inventory of all post-construction stormwater management practices.  
 Plan to inspect 20% of post-construction stormwater management practices per year.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID6  

N	Y	R	2	0	A	3	1	7
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.**

Conduct maintenance on post-construction stormwater management practices as needed.

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

Number and type of post-construction stormwater management practices maintained. 17 ponds maintained and 2 detention basins maintained

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

19			
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue to conduct maintenance on post-construction stormwater management practices as needed.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

town of lewiston
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SPDES ID  

N	Y	R	2	0	A	3	1	7
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

**MS4 Annual Report Form**

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Name of MS4/Coalition

SPDES ID

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
- Streets Swept (Number of miles X Number of times swept) # Miles
- Catch Basins Inspected and Cleaned Where Necessary #
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres     .

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

**4. What was the date of the last training?** 03/03/2023

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

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

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

town of lewiston

SPDES ID

N	Y	R	2	0	A	3	1	7
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Inspect catch basins and clean as needed.

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

Number of catch basins inspected. 7

Number of catch basins cleaned. 7

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

14			
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue to inspect catch basins and clean as needed.

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

town of lewiston

SPDES ID

N	Y	R	2	0	A	3	1	7
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

Conduct street sweeping.

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

Number of miles of street swept. 140

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

1	4	0	
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue to sweep streets.



**MS4 Annual Report Form**

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

2	0	2	3
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Name of MS4/Coalition 

Town of Lewiston
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SPDES ID  

N	Y	R	2	0	A	3	1	7
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

Create an inventory of operations/activities/facilities that are subject to environmental assessment requirement.  
Conduct environmental assessment of each operation/activity/facility every three years.

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

Number of environmental assessments performed. 1

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

1			
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*(ex.: samples/participants/events)*

**D. Has your MS4 made progress toward this Measurable Goal during this reporting period?**

Yes    No

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

Yes    No

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

Conduct environmental assessment of each operation/activity/facility every three years.