

MS4 Annual Report Cover Page

MCC form for period ending March 9,

2	0	1	9
---	---	---	---

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 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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

- | | | | | | | | |
|--|---------------------|--|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Direct Mailings | # Mailings | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> List-Serves | # In List | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Mailing List | # In List | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td>7</td><td>5</td><td>6</td></tr></table> | | | 7 | 5 | 6 |
| | | 7 | 5 | 6 | | | |
| <input type="radio"/> School Program | # Attendees | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> TV Spot/Program | # Days Run | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td>1</td><td>6</td></tr></table> | | | 1 | 6 | |
| | | 1 | 6 | | | | |

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

A	L	L		M	T	A		B	U	S		D	E	P	O	T	S		

Other:

A	W	A	R	E	N	E	S	S		S	U	M	M	A	R	Y		
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--

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

URL

H	T	T	P	:	/	/	W	E	B	.	M	T	A	.	I	N	F	O	/	S	U	S	T	A	I	N	A	B	I	L	I
T	Y	/	I	N	D	E	X	.	H	T	M	L	?	C	=	W	A	T	E	R											

URL

MS4 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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.

Continue with employee education & training programs.

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

During the 2018-2019 reporting period, 756 employees were trained and received guidance in stormwater management and spill prevention.

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

		1	9
--	--	---	---

(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 track the stormwater training and education program.

MS4 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

2. URL(s) con't.:

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

URL

H	T	T	P	:	/	/	W	E	B	.	M	T	A	.	I	N	F	O	/	N	Y	C	T	/	S	T	O	R	M	I	N	
F	O	/	S	T	O	R	M	I	N	F	O		B	U	S	.	H	T	M													

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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.

--	--

 /

--	--

 /

--	--	--	--

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

--	--	--

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	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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.

Stimulate active involvement and commitment to the MTA Bus Company Stormwater Management Program Plan.

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

Provided opportunities for employees and the public to participate in the development and implementation of the Stormwater Pollution Prevention Program by posting stormwater information and the Annual Report for comment on the internet and intraweb sites.

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).

Continue to encourage participation through attendance at public events and promote education via internet and intraweb posting.

MS4 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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.

Report progress of outfall screening for dryweather flow and track illicit discharges.

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

13 outfalls were screened and inspected. 0 were observed to have flow.

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).

Continue screening outfalls for dryweather flow.

MS4 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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?

		0
--	--	---

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 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 checked="" 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>0</td></tr></table>						0	<input type="radio"/> No Authority
					0				

MS4 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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?**

		0
--	--	---

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

		0
--	--	---

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	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY																													
-----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

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

Address

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

City

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

Zip

--	--

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

Phone

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

Library

Address

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

City

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

Zip

--	--

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

Phone

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

Other

Address

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

City

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

Zip

--	--

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

Phone

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

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

URL

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

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

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

URL

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

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

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

MS4 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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.

Review plans for construction projects to determine if they will have the potential to contribute to stormwater pollution.

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

There were no projects with soil disturbance exceeding 1 acre during the reporting period.

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 review project plans to determine the potential impact to stormwater.

MS4 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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
--	--	---

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?

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

 %

MS4 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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.

Track post-construction practices inventoried, inspected & maintained.

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

70 post-construction practices were inspected 272 times and maintained 171 times. 0 post-construction controls were installed.

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

	4	4	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).

Continue evaluating post-construction BMPs. Continue inspecting and maintaining structural post-construction controls as necessary.

MS4 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>			
	<u>Addressed in SWMP?</u>			
	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Street Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No

MS4 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

			5	1
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- Catch Basins Inspected and Cleaned Where Necessary #

		2	8	7
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

		1	5	6
--	--	---	---	---
- 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?

				2
--	--	--	--	---

4. What was the date of the last training?

1	1	/	3	0	/	2	0	1	8
---	---	---	---	---	---	---	---	---	---

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

7	5	6
---	---	---

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

1	0	0	%
---	---	---	---

MS4 Annual Report Form

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

2	0	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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.

Track and report all spill that could potentially contribute pollutants to the MS4 system.

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

During the reporting period, 100% of spills reported were closed. Benchmark exceedances occurred at 10 of the 13 outfalls sampled.

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

		1	8
--	--	---	---

(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 follow up on spill closures. Report and respond to spills in a timely manner. Update BMPs as necessary.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 9

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

Name of MS4/Coalition MTA BUS COMPANY

SPDES ID
N Y R 2 0 A 5 0 8

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	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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?

--	--	--

7c. What percent of the projects included in 7b have been completed in this reporting period?

--	--	--

 %

7d. What percent of projects planned in previous years have been completed?

--	--	--

 %
 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	1	9
---	---	---	---

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

Name of MS4/Coalition

MTA BUS COMPANY

SPDES ID

N	Y	R	2	0	A	5	0	8
---	---	---	---	---	---	---	---	---

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