



Monroe County Soil and Water Conservation District

145 Paul Road, Building #5, Rochester, NY 14624

Phone: (585) 753-7380 • Fax: (585) 753-7374

N.Y.S. D.E.C. endorsed 4 Hour Erosion and Sediment Control Required Training

March 23, 2016

8:00am – 12:00pm



Under the NYS Department of Environmental Conservation's Stormwater Permit GP-0-15-002, all developers, contractors and subcontractors must identify at least one *trained contractor* from their company that will be responsible for implementation of the SWPPP, and have at least one *trained contractor* on site on a daily basis when soil disturbance activities are being performed. Also, developers must have a *qualified inspector* conduct regular site inspections in accordance with GP-0-15-002.

4 CEC's will be given for this class for Code Enforcement Officers and Planning Board/Zoning Board of Appeals members.

* *Qualified inspectors* and *trained contractors* must have 4 hours of training in the principles and practices of erosion and sediment control endorsed by NYS DEC, SWCD, or CPESC, Inc. Training is good for 3 years. Training is **not** required for CPESC, LA, and PE certified persons. Upon completion of the course, each participant will receive a NYS DEC Stormwater Training Number on a certificate and wallet card good for 3 years.

This training does not allow contractors to conduct their own Qualified Weekly Inspections.

LOCATION: Town of Greece Town Hall – Community Rooms A & B
1 Vince Tofany Blvd.
Greece, NY 14612

COST: \$100 per person, *non-refundable*

Pre-payment required; checks must be received by **March 18th, 2016**. Please make checks payable to Monroe County Soil and Water Conservation District and mail to 145 Paul Road, Building #5, Rochester, NY 14624. We do not accept credit cards. Training materials and refreshments provided.

Free for Monroe County Municipal Staff that are members of the Stormwater Coalition of Monroe County

Registration begins at 7:30am; Photo ID Required to Register. Presentation will begin at 8:00am. Anyone arriving after 8:15am will not be allowed to attend.

PRE-REGISTRATION INFORMATION:

Space is limited and PRE-REGISTRATION IS **REQUIRED** by **March 16th, 2016**. No walk-ins.
Class filled on 1st come, 1st serve basis.

Due to assigned training numbers, no substitutions or transfers are allowed after registration date!

Must fill out the attached trainee form and send it to: Steven Popp via email:

stevenpopp@monroecounty.gov OR via Fax: 585-753-7374. In the email or on the fax cover page, please include full first and last name, affiliation, contact phone number, and contact email.

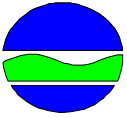
PRESENTED BY: Kelly Emerick, CPESC, CPSWQ, CMS4s - Monroe County SWCD
PJ Emerick, CPESC, CPSWQ, CMS4s- Ontario County SWCD

****More Training Available****

For scheduled training please check the NYS DEC (<http://www.dec.ny.gov/chemical/8699.html>) and Monroe County SWCD (www.monroecountyswcd.org) websites.

Special Thanks to the Town of Greece for Use of their Facility

Trainee Form for 4-Hour ESC Training



New York State Department of Environmental Conservation
 Division of Water, 625 Broadway, 4th Floor
 Albany, New York 12233-3505

SWT#

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

(for DEC or Delegate use only)

A Stormwater Trainee (SWT) identification (ID) number will be assigned to each person that completes the NYSDEC 4-hour training in the principles and practices of erosion and sediment control (ESC) to satisfy the State Pollution Discharge Elimination System (SPDES) Construction Activity General Permit #GP-0-15-002. Each trainee that wishes to obtain a wallet card with the SWT ID must provide the contact information requested below, including his/her home mailing address. The trainee must be prepared to show his/her NYS Driver License (or non-driver photo ID with proof of address) on the day of training to verify that the information below is correct. NYSDEC recommends that this form be completed as a PDF form on computer (or hand-written in blue or black ink) and sent to the training sponsor by the pre-registration deadline (in advance of the training) either by email or through the mail.

***IMPORTANT: RETURN THIS FORM TO THE TRAINING SPONSOR**

| | | |
|--------------------|----|-------------------|
| Trainee First Name | MI | Trainee Last Name |
| | | |

| | |
|---------------|-----------------------------|
| Trainee Phone | Trainee County of Residence |
| | |

Trainee Home Mailing Address 1st Line (same as NYS Driver License)

Trainee Home Mailing Address 2nd Line (if applicable)

City (same as NYS Driver License)

State Zip Code

Trainee eMail 1

Trainee eMail 2 (optional)

For DEC or Delegate Use Only

Trainer Comments

Training Location Building/Street

| | |
|------------------------|----------------|
| Training Location City | State Zip Code |
| | |

| | |
|-----------------------|-----------------------------|
| Trainee Training Date | Sponsoring County SWCD Name |
| | |

| | | | |
|--------------------|----|-------------------|----------------|
| Trainer First Name | MI | Trainer Last Name | Trainer SWT No |
| | | | |