MS4 Annual Report Cover Page

This report is being submitted on behalf of a single Entity (Per Part II.E of GP-0-10-002) Name of Single Entity 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				MC	C 1	forn	n fo	r pe	riod	end	ing	Mar	ch 9	,									
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MS4 Annual Report Cover Page

MCC form for period ending March 9,

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MS4 Municipal Compliance Certification(MCC) Form

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Phone

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **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: O Principal Executive Officer/Chief Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail

County

MS4 Municipal Compliance Certification (MCC) Form

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

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Name of MS4	TOWN OF PUTNAM VALLEY	N	Y	R	2	0	А	3	4	5

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

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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

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This report is being submitted for the reporting perio	d ending March 9,
If submitting this form as part of a joint report on behalf of a	a coalition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
Minimum Control Measure 1. Public Edu	ucation 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?	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach de	uring this reporting period:
O Construction Sites	O Pesticide and Fertilizer Application
O General Stormwater Management Information	O Pet Waste Management
O Household Hazardous Waste Disposal	○ Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	O Trash Management
O Smart Growth	O Vehicle Washing
○ Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
○ Public Employees ○ Contractors	
○ Residential ○ Developers	
○ Businesses ○ General Public	
○ Restaurants ○ Industries	
○ Other: ○ Agricultural	
Other	

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. SPDES ID Name of MS4/Coalition 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: O Construction Site Operators Trained #Trained O Direct Mailings # Mailings O Kiosks or Other Displays # Locations ○ List-Serves # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run O Public Events/Presentations # Attendees O School Program # Attendees ○ TV Spot/Program # Days Run O Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) Other: O Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed. URL

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L. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward achieving medentified in your Stormwater Management Program Plan (SWMPP), including II.C.1. Submit additional pages as needed.	<u> </u>
A. Briefly summarize the Measurable Goal identified in the SWMPP in t	this reporting period.
Briefly summarize the observations that indicated the overall effective Goal.	eness of this Measurable
C. How many times was this observation measured or evaluated in this r	reporting period?
C. How many times was this observation measured or evaluated in this r	reporting period?
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C. How many times was this observation measured or evaluated in this r D. Has your MS4 made progress toward this Measurable Goal during th	(ex.: samples/participants/e
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D. Has your MS4 made progress toward this Measurable Goal during th	(ex.: samples/participants/e is reporting period? O Yes O No O Yes O No
D. Has your MS4 made progress toward this Measurable Goal during the E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP E. Briefly summarize the stormwater activities planned to meet the goals	(ex.: samples/participants/e is reporting period? O Yes O No O Yes O No
D. Has your MS4 made progress toward this Measurable Goal during the E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP E. Briefly summarize the stormwater activities planned to meet the goals	(ex.: samples/participants/e is reporting period? O Yes O No O Yes O No
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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 b	lank.	
SPDES ID Name of MS4/Coalition			
Minimum Control Measure 2. Public Involvement/Particips	atio	n	
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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 P (SWMP) Plan during this reporting period? Check all that apply:		am	
○ Cleanup Events #Events			
○ Comments on SWMP Received #Comments			
○ Community Hotlines Phone # ()] - [
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O Community Meetings # Attendees			
○ Plantings Sq. Ft.			
○ Storm Drain Markings #Drains			
○ Stakeholder Meetings # Attendees			
○ Volunteer Monitoring #Events			
Other:			
2. Was public notice of availability of this annual report and Stormwater Manager Program (SWMP) Plan provided?	_	e nt Yes	○ No
○ List-Serve # In List			
○ Newspaper Advertising # Days Run			
○ TV/Radio Notices # Days Run			
Other:			
O Web Page URL: Enter URL(s) on the following two pages.			· —

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. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page. URL URL URL URL URL URL

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. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

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. SPDES ID Name of MS4/Coalition 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 O Annual Report ○ SWMP Plan ○ Comments Department Address City Zip Phone O Library Address O Annual Report O SWMP Plan ○ Comments City Zip Phone O Annual Report O SWMP Plan ○ Comments Other Address City Zip Phone O Annual Report ○ SWMP Plan Comments O Web Page URL: Please provide specific address of page where report can be accessed - not home page. O eMail ○ Comments

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. SPDES ID Name of MS4/Coalition 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 \bigcirc No If Yes, what was the date of the meeting? If No, is one planned? ○ Yes \bigcirc No 5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ○ Yes \bigcirc No If No, is one planned for each? ○ Yes \bigcirc No 6. Were comments received during this reporting period? O Yes \bigcirc No If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

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 SP.	DES ID blank	<u> </u>
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Name of MS4/Coalition		
7. Evaluating Progress Toward Measurable Goals MCM 2		
Use this page to report on your progress and project plans toward achieving measure identified in your Stormwater Management Program Plan (SWMPP), including requilic. 1. Submit additional pages as needed.		ı Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in this re	enorting pe	riod.
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B. Briefly summarize the observations that indicated the overall effectiveness	of this Mea	surable
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C. How many times was this observation measured or evaluated in this report	ing period?	•
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D. Has your MS4 made progress toward this measurable goal during this repo	orting perio	d?
	O Yes	\bigcirc No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?		
	\bigcirc Yes	\bigcirc No
F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	nis MCM du	ıring
the next reporting eyere (including an implementation seneducly.		

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. SPDES ID Name of MS4/Coalition 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? O Auto Recyclers ○ Landscaping (Irrigation) O Building Maintenance ○ Marinas O Churches O Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Commercial Laundry/Dry Cleaners O Parking Lot Maintenance O Construction Vehicle Washouts Printing O Cross-Connections O Residential Carwashing O Distribution Centers Restaurants O Schools and Universities O Food Processing Facilities O Garbage Truck Washouts O Septic Maintenance Hospitals ○ Swimming Pools O Improper RV Waste Disposal O Vehicle Fueling O Industrial Process Water O Vehicle Maint./Repair Shops Other: O None O Sewersheds:

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. SPDES ID Name of MS4/Coalition 3.b. What types of illicit discharges have been found during this reporting period? O Broken Lines From Sanitary Sewer O Industrial Connections O Cross Connections ○ Inflow/Infiltration O Failing Septic Systems O Pump Station Failure O Floor Drains Connected To Storm Sewers O Sanitary Sewer Overflows O Illegal Dumping O Straight Pipe Sewer Discharges Other: ○ None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 5. How many illicit discharges have been confirmed during this reporting period? 6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 7. Has the storm sewershed mapping been completed in this reporting period? O Yes \bigcirc No If No, approximately what percent was completed in this reporting period? 용 8. Is the above information available in GIS? ○ Yes \bigcirc No Is this information available on the web? ○ Yes ○ No If Yes, provide URL(s): Please provide specific address of page where map(s) can be accessed - not home page. URL URL

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. SPDES ID Name of MS4/Coalition 8. URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page 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? 용

Use this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable	This report is being submitted for the reporting period en	nding I	Marc	h 9,				
2. Evaluating Progress Toward Measurable Goals MCM 3 See this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable fool. Briefly summarize the observation measured or evaluated in this reporting period? Content of the content of the summarize the summarize the summarize the deadline set forth in the SWMPP? Orea	If submitting this form as part of a joint report on behalf of a coa	alition l	eave S	SPD	ES ID) blai	nk.	
2. Evaluating Progress Toward Measurable Goals MCM 3 See this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable fool. C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes No S. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?		5	SPDES	SID				
2. Evaluating Progress Toward Measurable Goals MCM 3 See this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable fool. C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes No S. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	Name of MS4/Coalition							
See this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) D. Has your MS4 made progress toward this measurable goal during this reporting period? (Yes O No. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?		_	'		1		· ·	
dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) D. Has your MS4 made progress toward this measurable goal during this reporting period? Yes O No S. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	12. Evaluating Progress Toward Measurable Goals MCM 3							
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants)							in Pa	rt
C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) (ex.: samples/p	A. Briefly summarize the Measurable Goal identified in the SWN	MPP ir	n this	s rep	ortii	ng p	eriod	l.
C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) (ex.: samples/p								
C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) (ex.: samples/p								
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C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants) (ex.: samples/p								
O. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes • No • Yes • No • Yes • No • Steely summarize the stormwater activities planned to meet the goals of this MCM during	B. Briefly summarize the observations that indicated the overall Goal.	effecti	ivene	ess o	f this	s Me	asur	able
O. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes • No • Yes • No • Yes • No • Steely summarize the stormwater activities planned to meet the goals of this MCM during								
O. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes • No • Yes • No • Yes • No • Steely summarize the stormwater activities planned to meet the goals of this MCM during								
O. Has your MS4 made progress toward this measurable goal during this reporting period? • Yes • No • Yes • No • Yes • No • Steely summarize the stormwater activities planned to meet the goals of this MCM during								
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O. Has your MS4 made progress toward this measurable goal during this reporting period? ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Solution of the SWMPP? ○ Yes ○ No ○ Solution of the SWMPP of the Stormwater activities planned to meet the goals of this MCM during	C. How many times was this observation measured or evaluated	in this	s repo	ortii	ng pe	riod	1?	
O. Has your MS4 made progress toward this measurable goal during this reporting period? ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Solution of the SWMPP? ○ Yes ○ No ○ Solution of the SWMPP of the Stormwater activities planned to meet the goals of this MCM during								
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C. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? ○ Yes ○ No ■ Strictly summarize the stormwater activities planned to meet the goals of this MCM during	D. Has your MS4 made progress toward this measurable goal du	ıring t	his re	epoi	rting	peri	iod?	
$$\odot${\rm Yes}$$					(⊃ Ye	es (No No
$$\odot${\rm Yes}$$	E. Is your MS4 on schedule to meet the deadline set forth in the S	SWMI	PP?					
. Briefly summarize the stormwater activities planned to meet the goals of this MCM during	20 25 7041 1125 1 021 504104410 10 14100 0110 400441110 500 10101 111 4110 5	~ , , , , , ,	•			⊃ Ye	\mathbf{s}	No No
	•	_	als of	thi				

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. SPDES ID Name of MS4/Coalition 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 \bigcirc 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 \circ NT If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. \bigcirc 09/2004 \bigcirc 03/2006 \circ NT 2. Does your MS4/Coalition have a SWPPP review procedure in place? O Yes \bigcirc No 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? O Yes \bigcirc No \circ 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:

O Notices of Violation	#	O No Authority
O Stop Work Orders	#	O No Authority
O Criminal Actions	#	O No Authority
O Termination of Contracts	#	O No Authority
O Administrative Fines	#	O No Authority
O Civil Penalties	#	O No Authority
O Administrative Orders	#	O No Authority
O Enforcement Actions or Sanctions	#	
Other	#	O No Authority

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. SPDES ID Name of MS4/Coalition 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. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 3. What percent of active construction sites were inspected during this reporting period? \bigcirc NT % 4. What percent of active construction sites were inspected more than once? \circ NT % 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS **Construction Stormwater Inspection Manual?** O Yes 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 \bigcirc No \bigcirc NT If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes \bigcirc No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

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. SPDES ID Name of MS4/Coalition 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

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This report	t is being subm	itted for the r	eporting per	riod ending Ma	rch 9,
If submittir	ng this form as pa	rt of a joint rep	ort on behalf o	of a coalition leave	e SPDES ID blank.
				SPD	ES ID
Name of MS4/Coalition					
Minimum (Control Mea	sure 5. Post	-Construct	ion Stormwa	ter Management
The information in th	is section is bein	g reported (che	ck one):		
On behalf of an incOn behalf of a coal					
How m	any MS4s contr	ributed to this	report?		
1. How many and w MS4/Coalition in	• • •			_	· ·
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	es				
○ Filter Systems					
O Infiltration Basins					
Open Channels					
○ Ponds					
O Wetlands					
Other					
2. Do you use an object.3. What types of a Development/B	ons and mainta	anance? practices hav	e been used	to implement L	○ Yes ○ No
-			-	incipies.	
O Building CodesOverlay Districts	 Municipal Co Open Space l	1			
Overlay DistrictsZoning	Open Space I		ogram		
○ None	○ Local Law of		n.		
 None Watershed Plans	Other Compr		-		
Other:	o outer compr	CHOISIVE I IAII			

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. SPDES ID Name of MS4/Coalition 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? ○ Yes \bigcirc No 4b. Does the MS4 have a banking and credit system for stormwater management practices? \bigcirc 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 \bigcirc No 4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 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? %

This report is being submitted for the reporting period en	ding March	9,	
If submitting this form as part of a joint report on behalf of a coal	lition leave SPI	DES ID blan	ık.
	SPDES II)	
Name of MS4/Coalition			
6. Evaluating Progress Toward Measurable Goals MCM 5			
Use this page to report on your progress and project plans toward achidentified in your Stormwater Management Program Plan (SWMPP), III.C.1. Submit additional pages as needed.			n Part
A. Briefly summarize the Measurable Goal identified in the SWM	APP in this re	eporting pe	eriod.
		r - 8r	
3. Briefly summarize the observations that indicated the overall	effectiveness	of this Me	asurable
Goal.	0110001	01 01110 1110	
			_
C. How many times was this observation measured or evaluated in	in this report	ing period	?
	,	1 (
NI MCA I (LIP II II		ex.: samples/p	_
D. Has your MS4 made progress toward this measurable goal du	ring this repo		
		\bigcirc Ye	s O No
E. Is your MS4 on schedule to meet the deadline set forth in the S	SWMPP?		
2. 15 Jour 1120 i on senedule to meet the dedunite set for in the k		$\cap V_{\alpha}$	$\sim N_0$
		○ Yes	
	he goals of th		
F. Briefly summarize the stormwater activities planned to meet t	he goals of th		
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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 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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

		I	<u>oerformed within</u>	the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>vears?</u>	
Street Maintenance	○ Yes	○ No	O Yes	\bigcirc No
Bridge Maintenance	○ Yes	○ No	O Yes	\bigcirc No
Winter Road Maintenance	O Yes	○ No	○ Yes	\bigcirc No
Salt Storage	○ Yes	○ No	○ Yes	\bigcirc No
Solid Waste Management	○ Yes	○ No	○ Yes	○ No
New Municipal Construction and Land Disturba	nce O Yes	○ No	○ Yes	\bigcirc No
Right of Way Maintenance	○ Yes	○ No	○ Yes	\bigcirc No
Marine Operations	···· O Yes	○ No	○ Yes	\bigcirc No
Hydrologic Habitat Modification	O Yes	○ No	O Yes	\bigcirc No
Parks and Open Space	○ Yes	○ No	○ Yes	○ No
Municipal Building	_	○ No	○ Yes	\bigcirc No
Stormwater System Maintenance	○ Yes	○ No	○ Yes	○ No
Vehicle and Fleet Maintenance	○ Yes	○ No	○ Yes	\bigcirc No
Other	○ Yes	○ No	○ Yes	\bigcirc No

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.	
SPDES ID	
Name of MS4/Coalition	
2. Provide the following information about municipal operations good housekeeping program	s:
O Parking Lots Swept (Number of acres X Number of times swept) # Acres	
O Streets Swept (Number of miles X Number of times swept) # Miles	
O Catch Basins Inspected and Cleaned Where Necessary	
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #	
O Phosphorus Applied In Chemical Fertilizer # Lbs.	
O Nitrogen Applied In Chemical Fertilizer # Lbs.	
O Pesticide/Herbicide Applied # Acres (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	
3. How many stormwater management trainings have been provided to municipal employees during this reporting period?	
4. What was the date of the last training?	
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?	⁄ 0

This report is being submitted for the reporting per	iod ending	g Marc	h 9,				
If submitting this form as part of a joint report on behalf o	of a coalition	leave	SPD	ES II) bla	nk.	
		SPDES	SID				
Name of MS4/Coalition							
						-	
7. Evaluating Progress Toward Measurable Goals MCM 6	Ó						
Use this page to report on your progress and project plans toward dentified in your Stormwater Management Program Plan (SWIII.C.1. Submit additional pages as needed.							ırt
A. Briefly summarize the Measurable Goal identified in the	e SWMPP	in this	s rer	orti	ng n	erio	d.
			I		-8 F		
Desire the summarization of the standard the s	vanall affa	ativon o		f thi	M		ahla
3. Briefly summarize the observations that indicated the o	veran enec	cuvene	ess o	ı unıs	SIVIE	easur	able
Goal.							
C. How many times was this observation measured or eval	uatad in th	is ron	outii	na na	vio	19	
. How many times was this observation measured or eval	uateu iii ti	ns rep	orui	ng pe	1100	u :	
			(ex	.: sam	nples/	/part.ic	ipants
) Has your MS4 made progress toward this measurable a	aal dunina	thia n			_	_	Jipanes
D. Has your MS4 made progress toward this measurable g	oai during	uns r	epor	_	-		~ ».r
				(\bigcirc Ye	es (⊃ No
E. Is your MS4 on schedule to meet the deadline set forth i	n the SWN	ЛРР?					
20 10 70 11 11 20 1 011 00110 1110 10 1110 11				(⊃ Ye	· c) No
F. Briefly summarize the stormwater activities planned to	_	oals of	this	s MC	CM (durin	ıg
the next reporting cycle (including an implementation so	chedule).						

If submitting this form		porting period ending rt on behalf of a coalition	March 9,
	i as part of a joint repo	rt on behalf of a coalition	lasses CDDEC ID 1-11
e of MS4/Coalition			ieave SPDES ID blank.
ne of MS4/Coalition			SPDES ID
Additional Waters	hed Improvemen	nt Strategy Best Mai	nagement Practices
:	- 1:).	
information in this section is	,	cone):	
n behalf of an individual MS on behalf of a coalition	\$4		
	contributed to this re	enort?	
110W many 1VIS45	continuated to this re	port:	
S4s must answer the ques	tions or check NA a	s indicated in the table	below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed raditional Land Use	1 2 2 4 5 6 7a d 9a 9b 0	10,11,12	- Dhaanharus
raditional Non-Land Use	1,2,3,4,5,6,7a-d,8a,8b,9 1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus Phosphorus
on-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
raditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
on-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed raditional Land Use	- 1,4,6,7a-d,8a,9	2 2 5 95 10 11 12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
on-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	<u>-</u>	-	-
raditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
on-Traditional Oscawana Lake Watershed	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
	-	-	-
on-Traditional LI 27 Embayments			~ .
on-Traditional LI 27 Embayments raditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
on-Traditional LI 27 Embayments	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9	5,6,8a,8b 5,6,8a,8b 5,6,8a,8b,10,11,12	Pathogens Pathogens Pathogens

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 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? \bigcirc Yes \bigcirc No \bigcirc 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 \bigcirc No \bigcirc N/A disturb five thousand square feet or more? \bigcirc Yes 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 \bigcirc Yes \bigcirc No \bigcirc N/A Standards? 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes \bigcirc N/A \bigcirc No 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? O 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? \bigcirc Yes \bigcirc No \bigcirc 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 \bigcirc N/A

populations?

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. SPDES ID Name of MS4/Coalition 9. Has your MS4/Coalition developed and implemented a program of native planting? ○ Yes \bigcirc No \bigcirc N/A 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ○ Yes \bigcirc No \bigcirc N/A 11. Does your MS4/Coalition have a pet waste bag program? \bigcirc Yes \bigcirc No \bigcirc N/A 12. Does your MS4/Coalition have a program to manage goose

 \bigcirc Yes \bigcirc No \bigcirc N/A