







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

MCC form for period ending March 9, 2012

Name of MS4 **TOWN OF HAVERSTRAW**

SPDES ID  
N Y R 2 0 A 2 6 5

**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: P A T R I C K MI: F Last Name: B R A D Y

Title: M S 4 P R O G R A M M A N A G E R

Address: 1 R O S M A N R O A D

City: G A R N E R V I L L E State: N Y Zip: 1 0 9 2 3

eMail: P B R A D Y @ J R S B . O R G

Phone: ( 8 4 5 ) 4 2 9 - 2 2 0 0 County: R O C K L A N D

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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name  
H O W A R D T P H I L L I P S

Title  
T O W N S U P E R V I S O R

Address  
1 R O S M A N R O A D

City State Zip  
G A R N E R V I L L E N Y 1 0 9 2 3

eMail  
H P H A V E R S T R A W @ A O L . C O M

Phone County  
( 8 4 5 ) 4 2 9 - 2 2 0 0 R O C K L A N D

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name

M I C H A E L E T A M B L I N

Title

P R I N C I P A L - G H D C O N S U L T I N G E N G

Address

O N E R E M I N G T O N P A R K D R I V E

City State Zip

C A Z E N O V I A N Y 1 3 0 3 5 -

eMail

M I C H A E L . T A M B L I N @ G H D . C O M

Phone County

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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

C O R N E L L C O O P E R A T I V E E X T E N S I O N O F

Partner/Coalition Name (con't.)

R O C K L A N D C O U N T Y

SPDES Partner ID - If applicable

N Y R 2 0

Address

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City

S T O N E Y P O I N T

State

N Y

Zip

1 0 9 8 0 -

eMail

P W T 2 @ C O R N E L L . E D U

Phone

( 8 4 5 ) -

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 P U B L I C O U T R E A C H P R I N T E D M A T L .

MM2 P R E S E N T A T I O N S - P U B L I C E V E N T S

MM3

MM4

MM5

MM6 E M P L O Y E E T R A I N I N G

Additional tasks/responsibilities

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

[Empty box for additional information]

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

Name of MS4 TOWN OF HAVERSTRAW

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**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

H O W A R D

MI

T

Last Name

P H I L L I P S

Title (Clearly print title of individual signing report)

T O W N S U P E R V I S O R

Signature

Date

0 5 / 1 4 / 2 0 1 2

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, 2012

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  

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

- Construction Site Operators Trained # Trained
- Direct Mailings # Mailings
- Kiosks or Other Displays # Locations
- List-Serves # In List
- Mailing List # In List
- Newspaper Ads or Articles # Days Run
- Public Events/Presentations # Attendees
- School Program # Attendees
- TV Spot/Program # Days Run
- Printed Materials: Total # Distributed

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

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| C | C | E |   | E | D | U | C | T | A | I | O | N |   | C | E | N | T | E | R |
| H | O | M | E |   | G | A | R | D | E | N |   | S | H | O | W |   |   |   |   |

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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**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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|--------------------|
| TOWN OF HAVERSTRAW |
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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.**

The Town of Haverstraw sought to increase its public outreach efforts through the use of printed material targeted towards residents, developers and industry, as well as through web site publications.

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

The Town of Haverstraw developed and disseminated over 5,000 brochures to their target audiences focused on erosion and sediment control and waste control. Information was distributed at four locations to maximize effectiveness. The Town actively partnered with the Cornell Cooperative Extension and the Stormwater Consortium of Rockland County. The Town participated in County-wide workshops focused on water quality and maintained a stormwater web site.

**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).**

The Town is proposing to continue its public outreach efforts and expand its efforts to include an increase in quantity of printed materials and expand topics to cover green infrastructure, as well as expand target audience to include additional schools, senior centers, and homeowners.

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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.**

The Town planned to increase outreach by expanding target audience and providing an informational presentation. A target audience for the year was school groups and community colleges.

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

A draft presentation regarding the hydrological cycle and impacts of stormwater and pollutants of concern is being finalized. Discussions with North Rockland High School are underway to establish a target date for presentation.

**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).**

Present informational session with science class students at North Rockland High School. Seek additional opportunities for information sharing (i.e., youth groups, community college), focusing on green infrastructure.

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Name of MS4/Coalition 

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

The Town proposed to increase printed information and dissemination focused on local water quality issues through the additional use of a Town-wide quarterly newsletter.

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

The Town has drafted a narrative summarizing Town's current IDDE inspection efforts, which will be published in a local Town Board newsletter during the spring/summer of 2012. In addition, the Town maintained a stormwater website and frequently posted information and the most relevant MS4 Annual Report.

**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).**

Provide regular updates in local newsletter and website updates regarding Town's MS4 activities.

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**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

**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 1

Comments on SWMP Received # Comments 0

Community Hotlines

Phone # ( 8 4 5 ) 4 2 9 - 2 2 0 0 Phone # ( ) -

Phone # ( ) - Phone # ( ) -

Phone # ( ) - Phone # ( ) -

Phone # ( ) - Phone # ( ) -

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Community Meetings # Attendees

Plantings Sq. Ft.

Storm Drain Markings # Drains

Stakeholder Meetings # Attendees 1 0

Volunteer Monitoring # Events

Other: P U B L I C M E E T I N G

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

Yes  No

List-Serve # In List

Newspaper Advertising # Days Run 7

TV/Radio Notices # Days Run

Other: P U B L I C M E E T I N G S

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



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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.

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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  
S U P E R V I S O R ' S O F F I C E

Address  
1 R O S M A N R O A D

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G A R N E R V I L L E

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- Library  Annual Report  SWMP Plan  Comments

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- Other  Annual Report  SWMP Plan  Comments

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- Web Page URL:  Annual Report  SWMP Plan  Comments

H T T P : / / W W W . T O W N O F H A V E R S T R A W . U S /

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

- eMail  Comments

P B R A D Y @ J R S B . O R G

### 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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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.

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

|   |   |   |
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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?

|   |   |
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If No, is one planned?

~~XXXXXX~~

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, 

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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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**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.**

Work with adjacent MS4 communities to identify opportunities for partnering and to discuss future stormwater compliance and water quality issues.

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

Maintained active attendance at County stormwater meetings.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 1 | 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 active involvement with regional stormwater organizations.

**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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**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.**

The Town planned to increase training for staff, focusing on water quality, green infrastructure, and erosion control.

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

Staff attended various training sessions across multiple topics including fertilizer use, construction and stormwater management.

**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).**

Expand the range of training topics to include topics such as stormwater retrofitting and include more staff in training sessions.









**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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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.**

The Town of Haverstraw has refined the MS4 coverage into three storm sewersheds. The goal for the coming reporting year is to continue to develop and expand GIS geodatabase and begin implementing geodatabase for reporting purposes.

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

The Town has continued to expand and refine its stormwater GIS geodatabase by improving accuracy and adding quantified data (invert elevation, pipe diameter, etc.) to the geospatial database.

**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).**

The Town will continue to develop and refine the GIS database of stormwater infrastructure and begin implementing GIS data for reporting and maintenance activities. In addition, the Town is currently evaluating the use of mobile technology to improve IDDE field work and reporting efficiencies.

**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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**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.**

The Town proposed to increase IDDE training for staff and continue IDDE outfall inspections.

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

IDDE field inspections for dry weather screening occurred, and in total, 113 outfalls were inspected. Town staff were trained and inspected 26 of the outfalls, while an outside consultant inspected 87. Findings from inspections are documented in an IDDE inspection report.

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

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| 1 | 1 | 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 dry weather inspections of stormwater outfalls and update mapping of new outfalls identified. Once all outfalls are inspected, work to revise protocols to five-year program.

**MS4 Annual Report Form**

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

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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.**

The Town proposed to inspect and update the inventory of constructed stormwater management practices in the Town.

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

A total of five detention ponds have been monitored. Each basin was visited, photographed, and conditions documented in a brief report. The Town Highway Department has provided routine maintenance of these systems.

**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).**

The Town intends to provide routine maintenance for all post-construction stormwater control practices and update GIS mapping accordingly.

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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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?**

|  |  |   |
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**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? 

|  |  |   |
|--|--|---|
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**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"><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"/> Stop Work Orders                 | # | <table border="1"><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"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |  |   |  |  |   |                                    |
| <input type="radio"/> Termination of Contracts         | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |   |  |  |   | <input type="radio"/> No Authority |
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| <input type="radio"/> Administrative Fines             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |  |   |  |  |   |                                    |
| <input type="radio"/> Civil Penalties                  | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |  |   |  |  |   |                                    |
| <input type="radio"/> Administrative Orders            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |   |  |  |   | <input type="radio"/> No Authority |
|  |   |   |  |  |   |  |  |   |                                    |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |   |  |  |   | <input type="radio"/> No Authority |
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| <input type="radio"/> Other                            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |   |  |  |   | <input type="radio"/> No Authority |
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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 HAVERSTRAW

SPDES ID

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

|  |  |   |
|--|--|---|
|  |  | 0 |
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

|  |  |   |
|--|--|---|
|  |  | 0 |
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3. What percent of active construction sites were inspected during this reporting period?  NT 

|  |  |  |
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 %

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

|  |  |  |
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 %

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, 2012**

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 HAVERSTRAW

SPDES ID  

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**6. con't.:**

Submit additional pages as needed.

● **MS4/Coalition Office**

Department

S U P E R V I S O R ' S   O F F I C E

Address

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City

G A R N E R V I L L E

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○ **Library**

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Phone

( 8 4 5 ) 9 4 2 - 3 7 1 0

○ **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

TOWN OF HAVERSTRAW

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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.**

The Town's goals are to effectively review SWPPPs so that each project complies to the NYS Standards and to perform effective site inspections in order to avoid water quality impacts and non-compliance issues. Also, the Town intends to have staff trained annually on emerging trends. Review and implement standard project review forms.

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

For a variety of reasons, there were no major construction projects in Town, and as such, no SWPPPs were reviewed.

**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).**

Refine internal SWPPP review forms and checklists. Implement new forms when SWPPPs are submitted.

**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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**12. Evaluating Progress Toward Measurable Goals MCM 34**

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 training for staff responsible for project and SWPPP review with focus on site construction and green infrastructure.

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

Town staff from Buildings and Codes Department responsible for SWPPP review and construction site inspections, attended a variety of stormwater training events.

**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 staff training and work with local municipalities to identify other successful SWPPP review programs and protocols.



**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 HAVERSTRAW

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

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

 %

**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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| TOWN OF HAVERSTRAW |
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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.**

The goal is 100% review and compliance with inspection and recordkeeping requirements. The Town intends to increase general SWPPP training for staff with focus on the new stormwater management manual.

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

No SWPPPs were filed due to a lack of site development.

**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).**

To continue BMP inspection training for Town staff, identify and map newly installed post-construction BMPs.

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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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? 

|   |   |
|---|---|
| 0 | 1 |
|---|---|

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<br/>Operation/Activity/Facility<br/>performed within the past 3<br/>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 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 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 type="radio"/> Yes            | <input type="radio"/> No            | <input type="radio"/> Yes   | <input type="radio"/> No            |

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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| TOWN OF HAVERSTRAW |
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|---|---|---|---|---|---|---|---|---|

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

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

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 1 | 2 |
|--|--|--|---|---|
- Streets Swept (Number of miles X Number of times swept) # Miles 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 4 | 8 | 0 |
|--|--|---|---|---|
- Catch Basins Inspected and Cleaned Where Necessary # 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 9 | 0 |
|--|--|--|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 4 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 1 | 1 |
|--|--|--|---|---|
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

|  |   |   |   |   |   |
|--|---|---|---|---|---|
|  | 1 | 1 | 0 | . | 0 |
|--|---|---|---|---|---|

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

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 8 |
|--|--|--|--|---|

**4. What was the date of the last training?**

|   |   |
|---|---|
| 0 | 2 |
|---|---|

 / 

|   |   |
|---|---|
| 1 | 4 |
|---|---|

 / 

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 1 | 2 |
|---|---|---|---|

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

|  |  |   |
|--|--|---|
|  |  | 8 |
|--|--|---|

**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, 

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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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| TOWN OF HAVERSTRAW |
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SPDES ID  

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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.**

The Town of Haverstraw will conduct additional training sessions for the 11 municipal sites with individual SWPPP on monitoring, recordkeeping and reporting requirements, as well as spill response procedures. The Town will identify additional municipal operations that may require SWPPPs.

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

Town staff from Highway, Parks Department, and golf course facilities conducted inspections in accordance with Plan. Implemented plans and conducted visual observations and inspections of 11 Town-owned facilities. The Town's point person, staff, and Directors of Parks, Highway, and Town golf course actively participated in SWPPP inspections for Town facilities.

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

|  |  |   |   |
|--|--|---|---|
|  |  | 4 | 6 |
|--|--|---|---|

*(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).**

The Town aims to increase staff training on spill prevention and general awareness. Identify and evaluate a SWPPP inspection schedule, SWPPP and maintenance operations, and identify needs for operational-based SWPPPs.



**MS4 Annual Report Form**

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Name of MS4/Coalition 

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| TOWN OF HAVERSTRAW |
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SPDES ID

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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.**

Continue to evaluate new products and minimize phosphorus application.

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

Golf course staff continued using no phosphorus fertilizer.

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 1 |
|--|--|--|---|

*(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 training of appropriate personnel regarding stormwater management, fertilizer law and good housekeeping measures.

**MS4 Annual Report Form**

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Name of MS4/Coalition 

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

**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? 

|  |  |   |
|--|--|---|
|  |  | 1 |
|--|--|---|

MS4s must answer the questions or check NA as indicated in the table below.

| MS4 Description                 | Answer                   | Check NA               | (POC)                  |
|---------------------------------|--------------------------|------------------------|------------------------|
| <b>NYC EOH Watershed</b>        | -                        | -                      | -                      |
| 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             |
| <b>Onondaga Lake Watershed</b>  | -                        | -                      | -                      |
| 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             |
| <b>Greenwood Lake Watershed</b> | -                        | -                      | -                      |
| 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             |
| <b>Oyster Bay</b>               | -                        | -                      | -                      |
| 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              |
| <b>Peconic Estuary</b>          | -                        | -                      | -                      |
| 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 |
| <b>Oscawana Lake Watershed</b>  | -                        | -                      | -                      |
| 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             |
| <b>L1 27 Embayments</b>         | -                        | -                      | -                      |
| 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, 

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Name of MS4/Coalition 

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SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|

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? 

|  |  |   |
|--|--|---|
|  |  | 2 |
|--|--|---|

 %
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? 

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|
- 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**

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 2 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|

- 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