



### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2010

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

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

MCC form for period ending March 9, 2010

Name of MS4 TOWN OF ORANGETOWN

SPDES ID  
N Y R 2 0 A 4 7 1

**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 MI Last Name  
R o n a l d C D e l o , P . E . B C E E

Title  
D i r e c t o r - D E M E

Address  
1 2 7 R o u t e 3 0 3

City State Zip  
O r a n g e b u r g N Y 1 0 9 6 2 -

eMail  
r d e l o @ o r a n g e t o w n . c o m

Phone County  
( 8 4 5 ) 3 5 9 - 6 5 0 2 R o c k l a n d

### MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: TOWN OF ORANGETOWN

SPDES ID

NYR20A471

#### 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

Partner/Coalition Name (con't.)

[Empty grid for partner name continuation]

SPDES Partner ID - If applicable

NYR20

Address

10 Patriot Hills Drive

City

Stony Point

State

NY

Zip

10980

eMail

[Empty grid for email address]

Phone

(845) 429-8667

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 Targeted Public Ed. & Outreach
- MM2
- MM3
- MM4
- MM5
- MM6

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]







### 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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**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
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program
- Printed Materials:

# Trained	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
# Mailings	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
# Locations	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>3</td></tr></table>					3
				3		
# In List	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>7</td><td>6</td></tr></table>				7	6
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# Days Run	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>2</td></tr></table>					2
				2		
# Attendees	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>3</td><td>3</td><td>8</td></tr></table>			3	3	8
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# Attendees	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>8</td><td>3</td><td>:</td></tr></table>			8	3	:
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# Days Run	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Total # Distributed	<table border="1" style="display: inline-table;"><tr><td> </td><td>5</td><td>9</td><td>1</td><td>1</td></tr></table>		5	9	1	1
	5	9	1	1		

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

D	D	F		F	e	v	d	b	u	j	p	o		D	f	o	u	f	s
l	p	n	f	o		H	b	s	e	f	o		T	i	p	x			
M	j	c	s	b	s	j	f	t											
H	b	s	e	f	o		D	f	o	u	f	s	t						

Other:

G	b	s	n	f	s	t		N	b	s	l	f	u	t					
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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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Name of MS4/Coalition 

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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.

U f g st uf wbrmbjpo jt epof jn n fejbfr r gmpx joh n ptuDDF drbtftt@fn jobst/ Jo tvdi dbtft- u f qbsjdjqbout bsf btl fe up obn f burfbt upof Cf tuN bobhf n fouQsbjdjdf u bui fz jof oe up vtf po u fjs qspqf sz/

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

Mboe tzn qptjvn gpsi jhi tdi ppntwef out .241 i jhi tdi ppntwef out pgg sfe x sjuf o f wbrmbjpot/ Tdi ppmQsphsn t . pguf 6: t wef out wjtjfe- 344 x fsf sf wjtjfe gos gmpx vq f wbrmbjpo boe ejtdvtjpo/ Sbj o Cbsf mlrjod . 73 pg311 sf tjef out pgg sfe gmpx vq sf qpst/ N T5 dpotpsjvn qsphsn t . qbsjdjqbout pgg sfe x sjuf o f wbrmbjpot jn n fejbfr r gmpx joh drbtftt/

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

			3
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

N DN \$2 . DDF x jmf n qrpz bo f evdbups up dpoevduboe f wbrmbuf f evdbjpotnrsphsn t bcpvu t upsn x bfn sn bobhf n fougps n voj djqbrn n qrpzfft x ju jo u f N T5 ejt usj dubt x f mbt qsf wjpv t qvcjrd qsphsn t boe usj o joh brsf bez jo qrbdf /  
N DN \$3 . DDF x jmf dsjjuwpmouf st boe dprtrcpsuf x ju pu fs pshboj{ bjpot up qspn puf t upsn esbo n bsl joh- rjuf s drfbvq brpoh t usf bn t boe dpoyovf rjuf si purjof

### MS4 Annual Report Form

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Name of MS4/Coalition: 

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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? 

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#### 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 

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- Comments on SWMP Received # Comments 

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- Community Hotlines
 

Phone # ( <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> ) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>														Phone # ( <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> ) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													
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- Community Meetings # Attendees 

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- Plantings Sq. Ft. 

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- Storm Drain Markings # Drains 

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- Stakeholder Meetings # Attendees 

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- Volunteer Monitoring # Events 

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- Other: 

O	Z	T	E	F	D		b	v	e	j	u		p	g		N	T	5		q	s	p	h	s		b	n				
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#### 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes No

- List-Serve # In List 

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- Newspaper Advertising # Days Run 

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- TV/Radio Notices # Days-Run 

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- Other: 

D	p	q	z		j	o		U	p	x	o		l	b	m	m		g	p	s		J	o	t		q	f	d	u	/
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Web Page URL: Enter URL(s) on the following two pages.







### MS4 Annual Report Form

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

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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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 / 

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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?

1	6
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 / 

3	6
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3	1	2	1
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If No, is one planned?

Yes  No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

Yes  No

If No, is one planned for each?

Yes  No

6. Were comments received during this reporting period?

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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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.

Bufoefft buqvcjrd n ff uoht-ovn cfspgfn bjrh sf djf wf e- sf djf qupgbvejuf qpsugpn OZTEFD

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

Op tjhojgdboujodsf btf jo qvcjrd n ff uoh bufoebdf - op fn bjmr vft uopot sf djf wf e/ Dppsf dijpot n bef cbtfe po OZTEFD bveju

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

			2
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Dpojovf usbdl joh boz dqn n fout-jor vjsjft gpn qvcjrd/ Di bohft cbtfe po OZTEFD bveju. epdvn f ojuh qvcjrd usj ojuh- qsf qbsujpo pg JEEF qspdf evsf - qsf qbsf graf st sf hbsejoh JEEF gsp rpdnvtjof tfft/







**MS4 Annual Report Form**

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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 

U	P	X	O	P	G	P	S	B	O	H	F	U	P	X	O
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Ovn cfs pgjrnjuejtdi bshft jefoujgfe- Ovn cfs pgcsp l fo ps gjrjoh tbojubsz txf fsi pvtf dpoof djpot

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

Vtf pgusbdl joh tztufn gsjrnjuejtdi bshft- Bmcspl fo boe gjrjoh tbojubsz txf fsi pvtf dpoof djpot bsf jefoujgfe boe sf qbjsf ejn n fejbfrz/ Brtp uf Upx o dpoibdu x ju pvtjef dpousdupst up uw drfibo boe ut tbojubsz n bjot boe kjout boovbmz )bqqspjyn bfrz 21-111 MGqf szf bs/\*

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

		7	9
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Dpojovf x ju bcpwf boe jodmef 31 n boi prf sfi bcjrnbjpo rpdbyjpot gsu f dpn joh zfb/

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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? 

		8
--	--	---
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? 

		1
--	--	---
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:**

- Notices of Violation # 

--	--	--	--	--

 No Authority
- Stop Work Orders # 

--	--	--	--	--

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--

 No Authority
- Other # 

--	--	--	--	--

 No Authority

**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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**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? 

		5
--	--	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		6
--	--	---
  
  3. What percent of active construction sites were inspected during this reporting period?  NT 

2	1	1
---	---	---

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

	9	1
--	---	---

 %
  
  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, 

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

Name of MS4/Coalition 

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SPDES ID  

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**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Qf sdf ouTX QQQt sf wjfx fe

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

211& TX QQQt sf wjfx fe-68& pgu f TX QQQt sf wjfx fe x fsf sf wsofe x ju dpn n fou/ Bmpgu ftf x fsf sf wsofe x ju n pejgdbjpot sf gfdjoh OZTEFD tuboebset/

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

			8
--	--	--	---

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Dpojovf sf wjfx joh bmtX QQQt jo bddpsebodf x ju Upx o rplbmMbx boe OZTEFD tuboebset/



### 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 

U	P	X		O	P	G	P	S	B	O	H	F	U	P	X		O
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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? 

--	--	--

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
--	--	---

 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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SPDES ID  

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**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.**

Ovn cf spgsf qpst pggppejoh evsjoh tpsn fwf out gpn cvtjof tt ejt usj duboe sftjef out/

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

Porz Ux p sf qpst pggppejoh evsjoh u jt sf qpsjoh zf bs/ Op sf qpst pggppejoh jo qsf wjpvtrz sf qpsfe gpe qspof bsf bt x i f sf dpsf djwf bdjpo x bt ubl fo/

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

			3
--	--	--	---

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Ui f Upx o i bt braf bez dpn qrhufe pof qspkf duup sf evdf Of rjn jobf gwusf gpejoh- eft djcf e jo tf djpo C bcpwf/ Ui f Upx o jt sftf bsdj joh dbvtft boe qpttjcrh CN QT gbstf dpoe gpejoh jodjef ou

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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SPDES ID  

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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input 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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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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**2. Provide the following information about municipal operations good housekeeping programs:**

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

				3
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		3	9	7
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		6	1	1
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				1
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

	:	4	1	1
--	---	---	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

	6	3	8	1
--	---	---	---	---
- Pesticide/Herbicide Applied # Acres 

	5	6	1	.	
--	---	---	---	---	--

  
(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
--	--	--	--	---

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

1	2
---	---

 / 

3	7
---	---

 / 

3	1	2	1
---	---	---	---

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

	2	3
--	---	---

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

	8	6
--	---	---

 %

**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 6**

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

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

Dbudi cbtjot jotqf dfe boe drfbof e/

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

Ui f Upx o l jhi x bz Ef qbsn foudpojovft up drfbo cf ux ffo 611 . 811 pvupg5111 dbudi cbtjot boovbrz/

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

6	1	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 SWMP?**

Yes  No

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

Dpojovf xju bcpwf/

### 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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### 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? 

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**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>LI 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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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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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	1	1
---	---	---

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?  Yes  No  N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?  Yes  No  N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A

7b. How many projects have been sited in this reporting period? 

--	--	--

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

--	--	--

 %

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

--	--	--

 %  
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?  Yes  No  N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  Yes  No  N/A

### MS4 Annual Report Form

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

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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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- 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