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**● This report is being submitted on behalf of an individual MS4.**

Name of MS4

[illegible]

☐ This report is being submitted on behalf of a Single Entity

Name of Single Entity

[illegible]

☐ **This is a joint report being submitted on behalf of a coalition.**

Name of Coalition

[illegible]

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**MS4 Annual Report Cover Page****MCC form for period ending March 9,**

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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, 2 0 2 2

Name of MS4 TOWN OF SAUGERTIES

SPDES ID

N Y R 2 0 A 4 2 6

**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

F R E D

MI

Last Name

C O S T E L L O

Title

S U P E R V I S O R

Address

4 H I G H S T R E E T

City

S A U G E R T I E S

State

N Y

Zip

1 2 4 7 7 -

eMail

F C O S T E L L O @ S A U G E R T I E S N Y . G O V

Phone

( 8 4 5 ) 2 4 6 - 2 8 0 0

County

U L S T E R

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

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

Name of MS4 TOWN OF SAUGERTIES

SPDES ID

N Y R 2 0 A 4 2 6

**Section 2 - Contact Information**

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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

A L V A H

MI

Last Name

W E E K S

Title

S T O R M W A T E R M A N A G E R

Address

4 H I G H S T R E E T

City

S A U G E R T I E S

State

N Y

Zip

1 2 4 7 7 -

eMail

A W E E K S @ S A U G E R T I E S N Y . G O V

Phone

( 8 4 5 ) 2 4 6 - 2 8 0 0

County

U L S T E R

**MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9, 

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Name of MS4

TOWN OF SAUGERTIES

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**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).
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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

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MI

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Last Name

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Title

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City

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State

N	Y
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Zip

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Phone

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County

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

MCC form for period ending March 9, 2022

Name of MS4 TOWN OF SAUGERTIES

SPDES ID

N Y R 2 0 A 4 2 6

**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

U L S T E R C O U N T Y D E P T O F T H E

Partner/Coalition Name (con't.)

E N V I R O N M E N T

SPDES Partner ID - If applicable

N Y R 2 0 A 3 6 7

Address

1 7 P E A R L S T R E E T

City

K I N G S T O N

State

N Y

Zip

1 2 4 0 1 -

eMail

E N V I R O N M E N T @ C O U L S T E R . N Y . U S

Phone

( 8 4 5 ) 3 3 8 - 7 2 8 7

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 B R O C H U R E D I S T R I B U T I O N

● MM2 E M P L O Y E E A N D P U B L I C E D U C A T I O N

○ 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.

NOT APPLICABLE

<b>MCC form for period ending March 9,</b>	2	0	2	2
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"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."

First Name

MI

Last Name

[illegible]

1

C	O	S	T	E	L	L	O							
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**Title** (Clearly print title of individual signing report)

[illegible]

Signature

\_\_\_\_\_

Date \_\_\_\_\_

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## Submit Form

Bureau of Water Compliance  
Division of Water  
4th Floor  
625 Broadway  
Albany, New York 12233-3505



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

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

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Name of MS4/Coalition	TOWN OF SAUGERTIES
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How many MS4s contributed to this report?

## Other

**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# Trained 

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☒ Direct Mailings# Mailings 

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☒ Kiosks or Other Displays# Locations 

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☐ List-Serves# In List 

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☐ Mailing List# In List 

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☐ Newspaper Ads or Articles# Days Run 

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☒ Public Events/Presentations# Attendees 

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☐ School Program# Attendees 

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☐ TV Spot/Program# Days Run 

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☒ Printed Materials:Total # Distributed 

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

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H	I	G	H	W	A	Y		G	A	R	A	G	E						

☒ Other:

P	u	b	l	i	c		L	i	b	r	a	r	y						
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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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URL

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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 SAUGERTIES

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**3. Web Page con't.: Provide specific web addresses - not home page.**

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**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

TOWN OF SAUGERTIES

SPDES ID

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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.**

Maintain a listing of NYSDEC endorsed 4 hour E & SC Training classes. Keep the Town Stormwater webpage updated. The Stormwater Officer to work closely with the Highway Department or Stormwater Management related issues in the Township.

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

The available NYSDEC 4 hour E & SC Training schedule were posted and made available to contractors. The Town website Stormwater Management information was regularly updated. The printed material was reviewed at the beginning of the reporting period and selected for reuse. The Stormwater Officer and Highway Superintendent communicated regularly throughout the year on matters.

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

		1	0
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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).**

Maintain a listing of NYSDEC endorsed 4 hour E & SC training classes for contractors and developers. Regularly update the Town website Stormwater Management page. The Stormwater Office will continue to work closely with the Highway Department to identify any stormwater management related issues in the township. Building Department will continue to educate public for new construction permits.

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

SPDES ID

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

- How many MS4s contributed to this report?

## # Events

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- # Comments

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## Phone #

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## # Attendees

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- Sq. Ft.


- ### # Drains


## # Attendees

			9	6

- # Events


- [illegible]

☒ Yes    ☐ No

- # In List

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- # Days Run


- # Days Run


- Other: P o s t n o t i c e a t T o w n H a l l

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

**DRAFT****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. URL(s) con't.:****Please provide specific address(es) where notice(s) can be accessed - not home page.**

URL

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

Name of MS4/Coalition TOWN OF SAUGERTIES

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

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**This report is being submitted for the reporting period ending March 9, 2022**

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☐ Annual Report    ☐ SWMP Plan    ☐ Comments

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☒ Annual Report    ☐ SWMP Plan    ☐ Comments

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☐ Annual Report    ☐ SWMP Plan    ☐ Comments

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☐ Annual Report    ☐ SWMP Plan    ☐ Comments

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○ Comments

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**DRAFT****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 SAUGERTIES

SPDES ID

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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.

0	5	/	0	5	/	2	0	2	1
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**4.b. For how many days was/will this report be posted?**

3	0	9
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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?

0	5	/	0	6	/	2	0	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.

**DRAFT****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 SAUGERTIES

SPDES ID

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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.**

Collaborate with CAC and Highway Superintendent on their activities related to Stormwater and document activities. Use the Town website to notify the public of available Stormwater information and activities so they can participate.

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

Review the objectives of the MS4 program with the Highway Superintendent and CAC. The Town website Stormwater Management page was updated throughout the reporting period.

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

			8
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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 stormwater officer will regularly collaborate with the CAC and Highway Superintendent on Stormwater matters. The Town website Stormwater Management page will be updated regularly. The annual report will be available from the Town Webpage.

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	4	2	6
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How many MS4s contributed to this report?

<b>1. Enter the number and approx. percent of outfalls mapped:</b>	8	3	#	1	0	0	%
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**2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?**

O	p	e	n		s	p	a	c	e		-		i	l	l	e	g	a	l		d	u	m	p	i	n	g			
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**This report is being submitted for the reporting period ending March 9, 2022**

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- ☐ Broken Lines From Sanitary Sewer
- ☒ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☒ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

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☒ Yes      ☐ No

			%
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☒ Yes      ☐ No

☐ Yes    ☒ No

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

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

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**Please provide specific address of page where map(s) can be accessed - not home page**

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- 11. What percent of staff in relevant positions and departments has received IDDE training?**

1	0	0	%
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**DRAFT****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 SAUGERTIES

SPDES ID

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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.**

Continue to do dry weather inspections of outfalls and document observations. Encourage municipal employees to report to the Stormwater officer any illicit discharges they observe while going about their routine duties.

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

Maintained regular communications between the Stormwater Officer and Highway Superintendent. The Highway Department is performing the dry weather outfall inspections and reports. The Town's Building Department Municipality software is being used to track any Stormwater related issues.

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

			8
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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 to do dry weather inspections of outfalls and document observations. Encourage municipal employees to report any illicit discharges they see while going about their daily duties to the Stormwater Officer.

**DRAFT****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 SAUGERTIES

SPDES ID

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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?**

		6
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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?

	1	2
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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>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>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></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></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><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></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></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></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

**DRAFT****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 SAUGERTIES

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? 

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

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

	1	5
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3. What percent of active construction sites were inspected during this reporting period? ☐ NT 

1	0	0
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 %

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

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

 %

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.

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

SPDES ID

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N	Y
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**DRAFT****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 SAUGERTIES

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 (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.**

Maintain a list of construction sites/projects with approved SWPPPs and E & SC Plans. Discuss the SWPPP requirement with Contractors whenever a building permit is issued.

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

The Planning Board has been sending a copy of the final Site Plan approval letter to the Stormwater Officer so he knows a SWPPP has been approved.  
The Building Inspector reviews stormwater management requirement with the Contractor at the start of each new project with a building permit.  
The list of active Building Permits is being used to identify sites with construction activity.

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

			8
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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).**

Planning Board to notify Stormwater Officer of any SWPPP approvals.  
Maintain a list of construction site/projects with approved SWPPPs and Erosion and Sediment Control Plans. Require contractors to include a discussion on SWPPP procedures whenever a Building Permit is issued. Review details of the SWPPP at pre-construction meeting. Provide additional training for Town Employees.

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2022**

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 SAUGERTIES

SPDES ID

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### **Minimum Control Measure 5. Post-Construction Stormwater Management**

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. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?**

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Filter Systems	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Infiltration Basins	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Open Channels	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Ponds	<div><div></div><div>4</div><div>2</div></div>	<div><div></div><div>1</div><div>7</div></div>	<div><div></div><div></div><div>0</div></div>
<input type="radio"/> Wetlands	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Other	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☐ No

☐ Yes    ☒ No

**3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- ☐ Building Codes      ☒ Municipal Comprehensive Plans  
☒ Overlay Districts      ☒ Open Space Preservation Program  
☐ Zoning      ☐ Local Law or Ordinance  
☐ None      ☒ Land Use Regulation/Zoning  
☒ Watershed Plans      ☐ Other Comprehensive Plan

○ Other:

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**DRAFT****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 SAUGERTIES
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SPDES ID

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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?**

		4
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**5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?**

1	0	0
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 %

**DRAFT****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 SAUGERTIES

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.**

Record field observations post construction inspections and include photographic reports.  
Town is working on establishing Stormwater Districts.

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

Building inspector performed site inspections of post construction stormwater practices and recorded site conditions.  
Planning Board requiring long term goals for post and long term operation and maintenance of Stormwater procedures.

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

			8
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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).**

Prepare written documentation of inspections of post construction stormwater practices and include photographic documentation.  
Continue to work on establishing Stormwater Districts.

**DRAFT****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 SAUGERTIES

SPDES ID

N	Y	R	2	0	A	4	2	6
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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 coalitionHow 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.**

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

<b><u>Operation/Activity/Facility</u></b>	<b><u>Addressed in SWMP?</u></b>		<b><u>years?</u></b>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No



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N	Y	R	2	0	A	4	2	6
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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 

			2	3
--	--	--	---	---
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles 

			5	2
--	--	--	---	---
- ☐ Catch Basins Inspected and Cleaned Where Necessary # 

			3	5
--	--	--	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

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

				3
--	--	--	--	---
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

0	0	1	1	.	
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**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				3
--	--	--	--	---

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

02 / 22 / 2022

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

		5
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**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0	%
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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 Stormwater Officer will work closely with the Highway Department and Parks Department on Stormwater related matters. Provide a self assessment audit form to each of the departments.

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

The Highway Department continued maintaining the streets, parking areas and catch basins in proper working conditions. The salt storage facility at the Highway garage on Churchland Rd. is functioning effectively. Good communications were maintained between the Stormwater Officer and the Highway Superintendent and Parks Department Superintendent self assessment audits performed.

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

			4
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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 Stormwater officer will continue to work closely with the Highway Department and Parks Department on housekeeping procedures with checklists and forms. Update street sweeping and catch basin plans and procedures.

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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 coalitionHow many MS4s contributed to this report?   

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

MS4 Description	Answer	Check NA	(POC)
<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.

  0 %

Estimate what percentage was mapped in this reporting period.

  0 %

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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?**

1	0	0
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 %**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
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**7c. What percent of the projects included in 7b have been completed in this reporting period?**

		0
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 %**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

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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