

### **MS4 Annual Report Cover Page**

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

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

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(Per Part II.E of GP-0-10-002)

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#### OR

# ○ This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

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# **MS4 Annual Report Cover Page**

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

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

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

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| Name of MS4 TOWN OF SAUGERTIES  |          | N    | Y    | R   | 2    | 0 | A        | 4 | 2 | 6 |
| Each MS4 must submit an MCC form.                                       |          |      |      |     |      |   |          |   |   | • |
| Section 1 - MCC Identification Page                                     |          |      |      |     |      |   |          |   |   |   |
| Indicate whether this MCC form is being submitted to certify endorsemen | nt or ac | cept | tanc | e o | f:   |   |          |   |   |   |
| ■ An Annual Report for a single MS4                                     |          |      |      |     |      |   |          |   |   |   |
| ○ A Single Entity (Per Part II.E of GP-0-10-002)                        |          |      |      |     |      |   |          |   |   |   |
| O A Joint Report  |          |      |      |     |      |   |          |   |   |   |
| Joint reports may be submitted by permittees with legally b             | inding   | agı  | reer | mei | ıts. |   |          |   |   |   |
| If Joint Report, enter coalition name:                                  | _        |      |      |     |      |   |          |   |   |   |
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MCC form for period ending March 9, 2 0 2 2

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#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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

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

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

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| 1 7            | P     | Ε        | A        | R     | L     |     | S        | Т        | R      | E        | E    | Т    |     |          |          |      |      |          |      |            |      |      |      |             |             |          |                    |            |      |      |
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| KIN            | G     | S        | Т        | 0     | N     |     |          |          |        |          |      |      |     | <u> </u> |          |      |      | N        | Y    |            | 1    | ۷.   | 4    | 0           | 1           | _        |                    |            |      |      |
| eMail<br>E N V | I     | R        | 0        | N     | М     | E   | N        | Т        | e<br>e | С        | 0    | Ū    | L   | S        | Т        | E    | R    |          | N    | Y          |      | U    | S    |             |             |          |                    |            |      |      |
| Phone          |       |          |          |       |       |     | 1-1      |          |        |          |      |      | Щ.  |          | <u> </u> |      |      | <u> </u> |      |            |      | L    |      |             |             |          |                    |            | !    |      |
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| • MM2          | Е     | M        | Р        | L     | 0     | Y   | E        | Ε        |        | A        | N    | D    |     | Р        | U        | В    | L    | I        | С    |            | Ε    | D    | Ū    | С           | A           | Т        | Ι                  | 0          | N    |      |
| О ММ3          |       |          |          |       |       |     |          |          |        |          |      |      |     |          |          |      |      |          | •    |            |      |      |      |             |             |          |                    |            |      |      |
| ○ <b>MM</b> 4  |       |          |          |       |       |     |          | <br>     | 1      | !<br>    |      |      |     |          |          |      |      |          |      |            |      |      |      |             |             |          |                    |            |      |      |
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| ○ <b>MM</b> 5  |       |          |          |       |       |     |          |          |        |          |      |      |     |          |          |      |      |          |      |            |      |      |      |             | <u></u>     |          |                    |            |      |      |
| ○ <b>MM</b> 6  |       |          |          |       |       |     |          |          |        |          |      |      |     |          |          |      |      |          |      |            |      |      |      |             |             |          |                    |            |      |      |
| Addition       | al ta | ask      | s/r      | esn   | ons   | ibi | litic    | es       |        |          |      |      |     |          |          |      |      |          |      |            |      |      |      |             |             |          |                    |            |      |      |
| Water          |       |          |          | -     |       |     |          |          | teg    | v B c    | est. | Ma   | nas | zen      | ıen      | t Pi | raci | tice     | s re | eau        | ire  | i fo | r N  | <b>1</b> S4 | s ii        | ı in     | npa                | ire        | 1    |      |
| wate           |       |          | -        |       |       |     |          |          |        |          |      |      | -   | _        | _        | _    |      |          |      | <u>"</u>   |      | _    |      |             |             |          |                    |            |      |      |
| NOT AI         | PPL   | IC       | AΒ       | LE    |       |     |          |          |        |          |      |      |     |          |          |      |      |          | J    |            |      |      |      |             |             |          |                    |            |      |      |
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MCC form for period ending March 9, 2 0 2 2

|                                     | SPI | <br>ES II | )   |   |   |   |   |   |
|-------------------------------------|-----|-----------|-----|---|---|---|---|---|
| Name of MS4 TOWN OF SAUGERTIES      | N   | YR        | . 2 | 0 | A | 4 | 2 | 6 |
| ·                                   |     |           |     |   |   |   |   |   |
| 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   | ΜI | Last Name       |
|--|----|-----------------|
| FRED   |    | C O S T E L L O |
| Title (Clearly print title of individual signing report) |    |                 |
| TOWNSUPERVISOR   |    |                 |
| Signature  |    |                 |
|  |    |                 |
|  |    | Date            |
|  |    |                 |

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

#### **Submit Form**

If unable to submit electronically, hardcopy submissions can be sent to:

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



SPDES ID

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$ 

| Name of MS4/Coali   | tion To | OWN O          | F SAU    | GERT1    | ES       |           |            |            |      |           |            |            |      |          |    |     | N        | Y   | R   | 2    | 0   | Α         | 4    | 2  | 6   |
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| <ul><li>On behalf of an</li><li>On behalf of a</li><li>How many</li></ul> | coaliti | on             |          | ribu     | ted      | to t      | his        | rep        | port | t?        |            |            |      |          |    |     |          |     |     |      |     |           |      |    |     |
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| If Yes, choose one  | e of th | e foll         | owing    |          |          |           |            |            |      |           |            |            |      |          |    |     |          |     |     |      |     | 1.0       | rio. |    | 110 |
| O Report(s) attach  |         |                | _        |          | rt       |           |            |            |      |           |            |            |      |          |    |     |          |     |     |      |     |           |      |    |     |
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| IBI   |         |                |          |          |          |           |            |            |      | <u> </u>  |            |            |      |          |    |     |          |     |     |      |     |           |      |    |     |
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This report is being submitted for the reporting period ending March 9, 2 0 2 2

| TOWAL OF SALVOTRATION   | SPDES ID                                   |
|---|--|
| Name of MS4/Coalition TOWN OF SAUGERTIES  | N Y R 2 0 A 4 2 6                          |
| Minimum Control Measure 1. Public Ed  | ucation and Outreach                       |
| The information in this section is being reported (check one):  |  |
| ● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report? |  |
| 1. Targeted Public Education and Outreach Best Manageme   | ent Practices                              |
| Check all topics that were included in Education and Outreach d                                       | uring this reporting period:               |
| • Construction Sites  | O Pesticide and Fertilizer Application     |
| ● General Stormwater Management Information   | ● Pet Waste Management                     |
| ● Household Hazardous Waste Disposal  | <ul><li>Recycling</li></ul>                |
| ● Illicit Discharge Detection and Elimination   | O Riparian Corridor Protection/Restoration |
| ○ Infrastructure Maintenance  | ● Trash Management                         |
| ○ Smart Growth  | O Vehicle Washing                          |
| O Storm Drain Marking   | O Water Conservation                       |
| O Green Infrastructure/Better Site Design/Low Impact Development                                      | O Wetland Protection                       |
| Other:  | ○ None                                     |
| Other   |  |
| 2. Specific audiences targeted during this reporting period:  |  |
| Public Employees • Contractors  |  |
| ● Residential • Developers  |  |
| ● Businesses ● General Public   |  |
| ○ Restaurants ○ Industries  |  |
| Other: Agricultural   |  |
| Other   |  |

# DRAFT

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$ 

| Nan       | ie o | fΜ    | S4/   | Coa      | litio | n_T   | OWI   | N OI | SA   | UGE  | RTL               | ES           |               |       |      |          |          |      |      |     |      |      | į    | N    | Y     | R    | 2   | 0     | Α    | 4     | 2   | 6  |
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| 3.        |      |       |       |          |       |       |       |      |      |      | <b>S4/</b> (c all |              |               |       |      | e to     | ) a(     | chie | eve  | edi | ıca  | tio  | n a: | nd   | ou1   | tre  | ach | ı go  | als  | du    | ric | ıg |
| $\circ$   | on   | stru  | ictio | on S     | Site  | Op    | era   | tors | s Ti | rain | ed                |              |               |       |      |          |          |      |      |     |      |      |      | #    | #Tr   | ain  | ed  |       |      |       |     |    |
| • I       | Dire | ect ] | Mai   | iling    | gs    |       |       |      |      |      |                   | •            |               |       |      |          |          |      |      |     |      |      |      | #    | Ma    | ilin | gs  |       |      | 5     | 9   | 3  |
| • K       | ios  | sks   | or (  | Oth      | er I  | Disp  | olay  | S    |      |      |                   |              |               |       |      |          |          |      |      |     |      |      |      | # J  | oca   | atio | ns  |       |      |       |     | 4  |
| $\circ$ I | ist  | -Se   | rves  | 3        |       |       |       |      |      |      |                   |              |               |       |      |          |          |      |      |     |      |      |      |      | # I:  | n Li | ist |       |      |       |     |    |
| $\circ$ N | /Iai | ling  | , Li  | st       |       |       |       |      |      |      |                   |              |               |       |      |          |          |      |      |     |      |      |      |      | # I:  | n Li | ist |       |      |       |     |    |
| $\circ$   | lew  | /spa  | ıpeı  | · Ac     | đs o  | r A   | rtic  | les  |      |      |                   |              |               |       |      |          |          |      |      |     |      |      |      | # I  | Day   | s Rı | ın  |       |      |       |     |    |
| ● P       | ubl  | lic   | Eve   | ents     | /Pre  | eser  | ıtati | ons  | \$   |      |                   |              |               |       |      |          |          |      |      |     |      |      |      | # #  | Atte  | nde  | es  |       |      | 2     | 4   | 4  |
| $\circ$ s | che  | ool   | Pro   | gra      | m     |       |       |      |      |      |                   |              |               |       |      |          |          |      |      |     |      |      |      | ##   | Atte  | nde  | es  |       |      |       |     |    |
| $\circ$ T | V    | Spo   | ot/P  | rog      | ram   | ı     |       |      |      |      |                   |              |               |       |      |          |          |      |      |     |      |      |      | # I  | Day:  | s Rı | ın  |       |      |       |     |    |
| • P       |      |       |       |          |       |       |       |      |      |      |                   |              |               |       |      |          |          |      |      |     |      | To   | tal  | # Di | istri | bute | ed  |       |      | 1     | 1   | 4  |
|           | Г    |       |       |          |       |       |       |      |      | - 1  | , kio             |              |               |       |      | 1        |          |      |      | Т   | _    |      |      |      |       |      |     |       |      | -     |     |    |
|           | F    | $\pm$ | 1     | $\pm$    | N     | 十     |       | _    | !    | R    |                   | S            |               |       |      | F'       | <u>_</u> | С    | E    |     |      |      |      |      |       |      |     |       |      |       |     |    |
|           | Ļ    |       | Ŭ     | $\dashv$ | _     | D     |       |      | G    |      | _                 | <del>-</del> | $\pm$         | +     | _    | $\dashv$ |          | E    | N    | Т   | 4    |      |      |      |       |      |     |       |      |       |     |    |
|           | F    | +     | -     |          | _     | $\pm$ | +     | +    | R    |      |                   | _            | $\frac{1}{1}$ | T     |      | 0        | N        |      | 1    |     | ᆜ    |      |      |      |       |      |     |       |      |       |     |    |
| •         |      | H     | I     | G        | Н     | W     | Α     | Y    |      | G    | A                 | R            | A             | G     | Ε    |          |          |      |      |     |      |      |      |      |       |      |     |       |      |       |     |    |
|           | )th∈ |       | - 1   | _ [      |       | . [   |       | Т    |      | . 1  | . 1               |              |               |       | _    |          |          |      |      |     |      |      |      |      |       |      |     |       |      |       |     |    |
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| • V       | Veb  | Pa    | ige:  |          |       |       |       | eci  | fic  | we   | b ac              | ldre         | sse           | s - 1 | ot i | hon      | ne j     | oag  | e. ( | Con | tinu | ie o | n ne | ext  | oag   | e if | ado | litic | onal | l spa | ace | is |
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SPDES ID

# **MS4 Annual Report Form**

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

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

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

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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      | ı this ı  | reporting per  | iod? |
|----|----------|-------|---|---|-------------|-------------------|-----------|----------------|------|
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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.



This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$ 

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

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| Name of MS4/Coalition TOWN OF SAUGERTIES   |                      | N Y R 2     | 0 A            | 4 | 2 6               |
| Minimum Control Measure 2.   | Public Involveme     | nt/Particip | <u>ation</u>   |   |                   |
| The information in this section is being reported (chee  | k one):              |             |                |   |                   |
| <ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>                            |                      |             |                |   |                   |
| How many MS4s contributed to this  | eport?               |             |                |   |                   |
| 1. What opportunities were provided for publication and improvement (SWMP) Plan during this reporting period | of the Stormwater Ma | nagement P  | -              | n |                   |
| ● Cleanup Events   |                      | # Events    |                |   | 6                 |
| O Comments on SWMP Received  |                      | #Comments   |                |   |                   |
| Community Hotlines   | Phone# (             | ])          | ] = [          |   |                   |
| Phone # ( 8 4 5 ) 2 4 6 - 2 8 0 0  | Phone# (             | ])          | ] - [          |   |                   |
| Phone # ( 8 4 5 ) 3 3 4 - 8 5 1 6  | Phone # (            | ) 🗍         | ] -            |   |                   |
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| Phone # ( 0 ) 0 -  | Phone # (            |             | ] <b>-</b> [   |   | $\overline{\Box}$ |
| • Community Meetings   |                      | # Attendees |                | 2 | 4 4               |
| ○ Plantings  |                      | Sq. Ft.     |                |   |                   |
| O Storm Drain Markings   |                      | #Drains     |                |   |                   |
| <ul> <li>Stakeholder Meetings</li> </ul>   |                      | # Attendees |                |   | 9 6               |
| O Volunteer Monitoring   |                      | # Events    |                |   |                   |
| Other:   |                      |             |                |   |                   |
| 2. Was public notice of availability of this and Program (SWMP) Plan provided?                               | ual report and Storm | water Mana  | gement<br>• Ye |   | ○ No              |
| ○ List-Serve   |                      | # In List   |                |   |                   |
| O Newspaper Advertising  |                      | # Days Run  |                |   |                   |
| ○ TV/Radio Notices   |                      | # Days Run  |                |   |                   |
| Other: Post notice a   | t Town F             | I a 1 1     |                |   |                   |

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



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

| Name of MS4/Coalition TOWN OF SAUGERTIES |      |              |      |     |             |           |     |      |    |     |       |          | ,   |      |             | SPI  | DES      | ID   |      |      |              |     |    |     |           |    |      |     |     |   |   |      |
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| ЛRL            |                |  |   |              |              |  |          |          |  |          |          |          |          |             |          |          |  |              |  |              |     |          |          |          |  |          |               |          |
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|                |                |  | +-  | <del> </del> |              |  | <u> </u> |          |  |          | <u> </u> |          |          | $\vdash$    |          | _        |  |              |  |              |     |          |          |          |  |          |               |          |
|                |                | <u> </u>   | <u> </u>                                      |              | <u> </u>     |  |          | <u> </u> |  |          | <u> </u> |          |          |             |          |          |  | <u> </u>     |  |              |     |          |          |          | <u>L</u>   |          |               |          |
|                |                |  |   |              |              |  |          |          |  |          |          |          |          |             |          |          |  |              |  |              |     |          |          |          |  |          |               |          |
| JRL            |                |  |   |              | 1            |  |          | 1        |  |          |          |          |          |             |          |          |  |              |  |              |     |          |          |          |  |          |               |          |
| )KL            |                |  | Т   |              |              |  |          |          |  |          |          | 1        |          |             |          |          |  |              |  |              |     |          |          |          | Γ  |          |               |          |
|                |                | <u> </u>   | <u> </u>                                      |              |              |  |          |          |  |          |          |          |          |             |          | <u> </u> |  |              |  |              |     |          |          |          |  |          |               |          |
|                |                |  |   |              |              |  |          |          |  |          |          |          |          |             |          |          |  |              |  |              |     |          |          |          |  |          |               |          |
|                |                | İ  | Ħ   |              |              |  | <u>.</u> |          |  |          |          |          |          |             |          | <u> </u> |  | <del> </del> |  |              |     |          |          |          | <u> </u>   |          |               |          |
|                |                |  |   |              |              |  |          |          |  |          |          |          |          |             |          |          |  |              |  |              |     |          |          |          |  |          |               |          |
| JRL            |                |  |   |              | ,            |  | ,        |          |  |          | ,        |          |          |             | ,        |          |  |              |  |              |     |          |          |          |  |          |               |          |
|                |                |  |   |              |              |  |          |          |  |          |          |          |          |             |          |          |  |              |  |              |     |          |          |          |  |          |               |          |
|                |                | +  | +   | 1            | _            | <del>                                     </del> | <u> </u> |          | <u> </u>   | <u> </u> | <u> </u> |          |          | <u> </u>    | <u> </u> | -        | <u>.                                    </u> |              |  |              |     |          | <u></u>  |          | <u> </u>   | <u> </u> |               |          |
|                |                |  | <u> </u>                                      |              |              |  |          |          | <u> </u>   |          |          |          |          |             |          |          |  |              |  |              |     |          |          | <u></u>  |  |          |               |          |
|                |                |  |   |              |              |  |          |          |  |          |          |          |          |             |          |          |  |              |  |              |     |          |          |          |  |          |               |          |

Name of MS4/Coalition TOWN OF SAUGERTIES



N Y R 2 0 A 4 2 6

SPDES ID

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$ 

| 3. W  | /he<br>rog   |           |          |     | _    |     |     |      |     |     |    |          |          |     |     |     |              | _   | -    |  |     |     |              | M  | ana         | age  | me  | nt  |     |     |     |
|-------|--------------|-----------|----------|-----|------|-----|-----|------|-----|-----|----|----------|----------|-----|-----|-----|--------------|-----|------|--|-----|-----|--------------|----|-------------|------|-----|-----|-----|-----|-----|
|       | nter<br>hetl |           |          |     |      |     |     |      |     |     |    |          |          |     |     |     |              |     |      |  |     |     |              |    |             |      |     |     |     | d   |     |
| • MS  |              |           |          |     | ffic | e   | Ī   |      |     |     |    |          |          |     |     |     | ) <b>A</b>   | nnu | al I | Rep  | ort | (   | S            | WM | <b>1P</b> ] | Plar | 1   | 0   | Con | ame | nts |
|       | Dep<br>B     | artr<br>u | nen<br>i | 1   | d    | i   | n   | g    |     | a   | n  | d        |          | P   | 1.  | a   | n            | n   | i    | n  | g   |     |              |    |             | I    |     |     |     |     |     |
|       | Ado          | lres      | S        |     |      |     |     |      |     |     |    |          | !        |     |     |     |              |     |      | <u>.                                    </u> |     |     |              |    |             |      |     |     |     |     |     |
|       | 4            |           | Н        | i   | g    | h   |     | S    | t   | r   | е  | е        | t        |     |     |     |              |     |      |  |     |     |              |    |             |      |     |     |     |     |     |
|       | City         |           |          |     |      |     |     |      |     |     |    |          |          | ·   |     |     |              |     |      |  |     | Zip |              |    |             | r    |     |     |     |     |     |
|       | S            | а         | u        | g   | е    | r   | t   | i    | е   | s   |    |          |          |     |     |     |              | ]   | N .  | Y  |     |     |              |    |             |      | -   |     |     |     |     |
|       | Pho          | ne<br>8   | 4        | 5   | ı x  | 2   | 4   | 6    |     | 2   | 8  | 0        | 0        |     |     |     |              |     |      |  |     |     |              |    |             |      |     |     |     |     |     |
|       | (            |           |          | J   | )    |     | 4   | O    | _   |     | 0  | <u> </u> | 0        |     |     |     |              |     |      |  |     |     |              |    |             |      |     |     |     |     |     |
| • Lib | rary<br>Add  | lres      | S        |     |      |     |     |      |     |     |    |          |          |     |     | •   | A            | nnu | al I | Rep  | ort |     | S'           | WM | 1P ]        | Plar | 1   | 0   | Con | nme | nts |
|       | 9            | 1         |          | W   | a    | s   | h   | i    | n   | g   | t  | 0        | n        |     | Α   | v   | е            |     |      |  |     |     |              |    |             |      |     |     |     |     |     |
|       | City         | 7         |          |     |      |     |     |      |     |     |    |          |          |     |     |     |              | _   |      | _  |     | Zip |              |    |             |      |     |     |     |     |     |
|       | S            | a         | u        | g   | е    | r   | t   | i    | е   | s   |    |          |          |     |     |     |              | ]   | N.   | Y  |     |     |              |    |             |      | -   |     |     |     |     |
|       | Pho          |           |          |     | ١.   |     |     |      | ı   |     |    |          |          | ı   |     |     |              |     |      |  |     |     |              |    |             |      |     |     |     |     |     |
|       | (            | 8         | 4        | 5   | )    | 2   | 4   | 6    | -   | 4   | 3  | 1        | 7        |     |     |     |              |     |      |  |     |     |              |    |             |      |     |     |     |     |     |
| Oth   |              |           |          |     |      |     |     |      |     |     |    |          |          |     |     |     | ) <b>A</b> : | nnu | al I | Rep  | ort |     | ) <b>S</b> ' | WM | (P)         | Plar | 1   | 0 ( | Con | ame | nts |
|       | Add          | lres      | S        |     |      |     |     |      |     |     |    | Γ        |          | 1   |     |     |              |     | ı"   |  |     |     |              |    |             |      |     |     |     |     |     |
|       |              |           |          |     |      |     |     |      |     |     |    |          |          |     |     |     | _            |     |      |  |     |     |              |    |             |      |     |     |     |     |     |
|       | City         | ,<br>     |          |     |      |     | ĺ   |      |     |     |    |          |          |     |     |     |              | Г   |      | $\neg$                                       |     | Zip |              |    |             |      |     |     |     |     |     |
|       | LL.<br>Pho   | ne.       |          |     |      |     |     |      |     |     |    |          | <u> </u> |     |     |     |              | L   |      |  |     |     |              |    |             |      | _   |     |     |     |     |
|       | (            | 0         |          |     | )    | 0   |     |      | _   |     |    |          |          |     |     |     |              |     |      |  |     |     |              |    |             |      |     |     |     |     |     |
| • We  | b Pa         | ige       | UR       | L:  | , ,  |     |     |      |     |     |    |          | •        |     |     |     | ) <b>A</b> : | nnu | al I | Rep  | ort | C   | <b>S</b>     | WM | 1P ]        | Plar | 1   | 0   | Con | nme | nts |
|       | h            | η.        | t        | р   | s    | :   | /   | /    | t   | 0   | W  | n        | ន        | a   | u   | g   | е            | r   | t    | i  | ø   | s   | ,            | d  | i           | g    | i   | t   | a   | 1   | t   |
|       | w            | р         | a        | t   | h    |     | 0   | r    | g   | :   | 1  | 0        | 2        | 3   | 4   | /   | С            | 0   | n    | t  | е   | n   | t            | /  | G           | е    | n   | е   | r   | i   | С   |
|       | 7            | V         | i        | е   | w    | /   | 1   | 4    |     |     |    |          |          |     |     |     |              |     |      |  |     |     |              |    |             |      |     |     |     |     |     |
|       | Ple          | ase       | pr       | ovi | de   | spe | cif | ic a | ddı | ess | of | pa       | ge v     | whe | ere | rep | ort          | car | ı be | ac   | ces | sec | l - r        | ot | hoi         | ne   | pag | je. |     |     |     |
| • eM  |              |           |          |     |      |     |     |      |     |     |    |          |          |     |     |     |              |     |      |  |     |     |              |    |             |      |     |     | Con | nme | nts |
|       | a            | W         | е        | е   | k    | s   | @   | s    | a   | u   | g  | е        | r        | t   | i   | е   | 5            | n   | У    |  | g   | 0   | v            |    |             |      |     |     |     |     |     |
|       |              |           |          |     |      |     |     |      |     |     |    |          |          |     |     |     |              |     |      |  |     |     |              |    |             |      |     |     |     |     |     |



This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$ 

|  |           | SPI             | DES ID     | 1   |            |            |      |         |
|--|-----------|-----------------|------------|-----|------------|------------|------|---------|
| Name of MS4/Coalition TOWN OF SAUGERTIES   |           | N               | YR         | 2   | 0          | A 4        | 2    | 6       |
| 4.a. If this report was made available on the internet, what da  | ıte was i | t po            | sted?      | )   |            |            |      |         |
| Leave blank if this report was not posted on the internet.   | 0         | 5               | <b>/</b> 0 | 5   | /          | 2 0        | 2    | 1       |
| 4.b. For how many days was/will this report be posted?   |           |                 |            |     |            | 3          | 0    | 9       |
| If submitting a report for single MS4, answer 5.a If submitt   | ing a joi | nt re           | eport,     | ans | wer        | 5.b        | ı    |         |
| 5.a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting?   | ing peri  | <b>od?</b><br>5 | / 0        | 6   | •<br>  / [ | Yes<br>2 0 | 2    | No<br>1 |
| If No, is one planned?   |           |                 |            |     | 0          | Yes        | 0    | No      |
| 5.b. Was an Annual Report public meeting held for all MS4s   | contribi  | ıtin            | g to t     | his | rep        | ort d      | urii | ng      |
| this reporting period?   |           |                 |            |     | •          | Yes        | 0    | No      |
| If No, is one planned for each?  |           |                 |            |     | 0          | Yes        | 0    | No      |
| 6. Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |           |                 |            |     | 0          | Yes        |      | No      |



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

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

|                            |  | SPDES ID                                       |
|----------------------------|--|--|
| Name of MS4/Coalition      | TOWN OF SAUGERTIES   | N Y R 2 0 A 4 2 6                              |
| 7. Evaluating Pro          | gress Toward Measurable Goals MCM 2  |  |
| identified in your St      | oort on your progress and project plans toward<br>tormwater Management Program Plan (SWN<br>itional pages as needed. |  |
| A. Briefly summai          | rize the Measurable Goal identified in the   | SWMPP in this reporting period.                |
|                            | AC and Highway Superintendent on their ac<br>s. Use the Town website to notify the public<br>ey can participate.     |  |
| B. Briefly summar<br>Goal. | rize the observations that indicated the over  | erall effectiveness of this Measurable         |
| •                          | ves of the MS4 program with the Highway S<br>r Management page was updated throughout                                | -  |
| C. How many time           | es was this observation measured or evalu  |  |
|                            |  | (ex.: samples/participants/eve                 |
| D. Has your MS4            | made progress toward this measurable go  | al during this reporting period?<br>● Yes ○ No |
| E. Is your MS4 on          | schedule to meet the deadline set forth in   | the SWMPP?                                     |
|                            |  | ● Yes ○ No                                     |
| _                          | rize the stormwater activities planned to n<br>ing cycle (including an implementation scl                            |  |
|                            | icer will regularly collaborate with the CAC s. The Town website Stormwater Manageme                                 | <b>O</b> • • • • • • • • • • • • • • • • • • • |

The annual report will be available from the Town Webpage.



SPDES ID

# **MS4 Annual Report Form**

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

| Name of MS4/Coalition TOWN OF SAUGERTIES  | N Y R 2 0 A 4 2 6   |
|---|---|
| Minimum Control Measure 3.  | Illicit Discharge Detection and Elimination                     |
| The information in this section is being reported   | (check one):  |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to to</li> </ul> | this report?  |
| 1. Enter the number and approx. percent   | of outfalls mapped: 83# 100%                                    |
| 2. How many of these outfalls have been s reporting period (outfall reconnaissance  | screened for dry weather discharges during this the inventory)? |
| 3.a. What types of generating sites/sewershoreporting period?   | eds were targeted for inspection during this                    |
| O Auto Recyclers  | <ul><li>Landscaping (Irrigation)</li></ul>                      |
| ● Building Maintenance  | ○ Marinas   |
| ○ Churches  | O Metal Plateing Operations                                     |
| O Commercial Carwashes  | Outdoor Fluid Storage   |
| O Commercial Laundry/Dry Cleaners   | <ul> <li>Parking Lot Maintenance</li> </ul>                     |
| O Construction Vehicle Washouts   | ○ Printing  |
| O Cross-Connections   | O Residential Carwashing  |
| O Distribution Centers  | ○ Restaurants   |
| O Food Processing Facilities  | ○ Schools and Universities                                      |
| O Garbage Truck Washouts  | ○ Septic Maintenance  |
| ○ Hospitals   | O Swimming Pools  |
| O Improper RV Waste Disposal  | O Vehicle Fueling   |
| O Industrial Process Water  | O Vehicle Maint./Repair Shops                                   |
| • Other:  | ○ None  |
| Open space -  | i l l e g a l d u m p i n g                                     |
| O Sewersheds:   |   |



This report is being submitted for the reporting period ending March 9, 2 0 2 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

| 3.b.What types of illicit discharges have been found during this reporting period?  O Broken Lines From Sanitary Sewer  O Industrial Connections | 2 6    |
|--|--------|
| O Broken Lines From Sanitary Sewer O Industrial Connections  |        |
| -  |        |
|  |        |
| ● Cross Connections ○ Inflow/Infiltration  |        |
| ○ Failing Septic Systems ○ Pump Station Failure  |        |
| ○ Floor Drains Connected To Storm Sewers ○ Sanitary Sewer Overflows  |        |
| ● Illegal Dumping ○ Straight Pipe Sewer Discharges   |        |
| ○ Other: ○ None  |        |
| 4. How many illicit discharges/potential illegal connections have been detected during this  |        |
| reporting period?  | 2      |
| 5. How many illigit discharges have been confirmed during this reporting period?   | 2      |
| 5. How many illicit discharges have been confirmed during this reporting period?   |        |
| 6. How many illicit discharges/illegal connections have been eliminated during this reporting  | g      |
| period?  | 0      |
|  | No     |
| If No, approximately what percent was completed in this reporting period?  | 용      |
| 8. Is the above information available in GIS?  | ) No   |
|  | • No   |
| If Yes, provide URL(s):  Please provide specific address of page where map(s) can be accessed - not home page.                                   |        |
| URL  |        |
|  | $\neg$ |
|  |        |
|  |        |
|  |        |
| URL  |        |
|  |        |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

| f page | when | re ma | p(s) | can         | be a     | lcces | ssed | - n       | ot l | ion      | ie p     | pag | e        |             |
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|        | ++   | _     |      | +           | $\vdash$ |       | +    |           |      |          |          | 1   | <u> </u> | =           |
|        |      |       |      |             |          |       |      |           |      |          |          |     |          | _           |
|        |      |       |      |             |          |       |      |           |      |          |          |     |          |             |



This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$ 

|  | SPDES ID                               |
|--|--|
| Name of MS4/Coalition TOWN OF SAUGERTIES   | N Y R 2 0 A 4 2 6                      |
| 12. Evaluating Progress Toward Measurable Goals MCM 3  |  |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.                       | <del>-</del>                           |
| A. Briefly summarize the Measurable Goal identified in the   | SWMPP in this reporting period.        |
| Continue to do dry weather inspections of outfalls and documen employees to report to the Stormwater officer any illicit discharge their routine duties.                                       |  |
| B. Briefly summarize the observations that indicated the over Goal.  | erall effectiveness of this Measurable |
| Maintained regular communications between the Stormwater Of<br>The Highway Department is performing the dry weather outfall<br>Building Department Municity software is being used to track an | inspections and reports. The Town's    |
| C. How many times was this observation measured or evalua  | ated in this reporting period?         |
| ·  | (ex.: samples/participants/event.      |
| D. Has your MS4 made progress toward this measurable goa   |  |
| E. Is your MS4 on schedule to meet the deadline set forth in   | the SWMPP?                             |
| F. Briefly summarize the stormwater activities planned to m<br>the next reporting cycle (including an implementation sch   | 2                                      |
| Continue to do dry weather inspections of outfalls and documen employees to report any illicit discharges they see while going a Stormwater Officer.   |  |



This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$ 

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

|                       |                    | _ | SPI | DES | ш |   |   |   |   |   |   |
|-----------------------|--------------------|---|-----|-----|---|---|---|---|---|---|---|
| Name of MS4/Coalition | TOWN OF SAUGERTIES |   | N   | Y   | R | 2 | Ó | A | 4 | 2 | 6 |

# Minimum Control Measures 4 and 5.

|     | Construction Site and Post-Construction Control   |                |              |
|-----|---|----------------|--------------|
| The | information in this section is being reported (check one):  |                |              |
|     | n behalf of an individual MS4 n behalf of a coalition How many MS4s contributed to this report?   |                |              |
| ]   | Has each MS4 contributing to this report adopted a law, ordinance or other remechanism that provides equivalent protection to the NYS SPDES General Per<br>Stormwater Discharges from Construction Activities?                                      | _              | ○ No         |
| 1   | Has each Town, City and/or Village contributing to this report documented the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDE Analysis Workbook? | Erosion        |              |
| ,   | analysis Workbook.  | O 110          | <b>9 111</b> |
|     | If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La   | aw.<br>03/2006 | O NT         |
| 2.  | Does your MS4/Coalition have a SWPPP review procedure in place?   | • Yes          | O No         |
|     | How many Construction Stormwater Pollution Prevention Plans (SWPPPs) har reviewed in this reporting period?   | ve been        | 6            |
|     | Does your MS4/Coalition have a mechanism for receipt and consideration of pecomments related to construction SWPPPs?  • Yes   | ublic          | O NT         |
| -   | If Yes, how many public comments were received during this reporting period?  |                | 1 2          |
|     | Does your MS4/Coalition provide education and training for contractors about SWPPP process?   | the loca       | al<br>• No   |



| 6. | Identify which of the following types of enforcement actions you used during the reporting      |
|----|---|
|    | period for construction activities, indicate the number of actions, or note those for which you |
|    | do not have authority:  |

| O Notices of Violation             | # |  |  | 0 | O No Authority |
|------------------------------------|---|--|--|---|----------------|
| O Stop Work Orders                 | # |  |  | 0 | O No Authority |
| O Criminal Actions                 | # |  |  |   | O No Authority |
| O Termination of Contracts         | # |  |  |   | O No Authority |
| O Administrative Fines             | # |  |  |   | O No Authority |
| O Civil Penalties                  | # |  |  |   | O No Authority |
| O Administrative Orders            | # |  |  |   | O No Authority |
| O Enforcement Actions or Sanctions | # |  |  |   |                |
| Other                              | # |  |  |   | O No Authority |



This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 2$ 

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

| Name of M | IS4/Coalition TOWN OF SAUGERTIES   | SPDES ID N Y R 2        | 0 A 4     | 2 6           |
|-----------|--|-------------------------|-----------|---------------|
| <u>Mi</u> | nimum Control Measure 4. Construction Site Storm   | water Runo              | ff Cont   | <u>rol</u>    |
| The infor | mation in this section is being reported (check one):  |                         |           |               |
|           | alf of an individual MS4 alf of a coalition How many MS4s contributed to this report?  |                         |           |               |
|           | many construction projects have been authorized for disturb ng this reporting period?  | ances of one            | icre or m | <b>10re</b> 5 |
|           | many construction projects disturbing at least one acre were ng this reporting period?   | active in you           | r jurisdi | ction<br>1 5  |
| 3. Wha    | at percent of active construction sites were inspected during th   | nis reporting p         | eriod?    | O NT          |
|           | , the state of the |                         | 1 0       | 0 %           |
| 4. Wha    | t percent of active construction sites were inspected more tha   | n once?                 | 1 0       | O NT          |
|           | ll inspectors working on behalf of the MS4s contributing to the struction Stormwater Inspection Manual?  | his report use<br>● Yes |           | O NT          |
|           | your MS4/Coalition provide public access to Stormwater Pol<br>PPPs) of construction projects that are subject to MS4 review  | and approva             | 1?        |               |
| •         | ur MS4 is Non-Traditional, are SWPPPs of construction proj   | • Yes<br>ects made av   | ilable fo |               |
| pub       | ic 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,  $2 \mid 0 \mid 2 \mid 2$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID Name of MS4/Coalition TOWN OF SAUGERTIES 2 6 N | Y | R | 2 | 0 A 6. con't.: Submit additional pages as needed. ● MS4/Coalition Office Department | 1 | d | i | n | g a n n i n g Buli a n d Р 1 Address 4 H|i|g h S t t r е е City Zip 2 4 7 i Ν Y 7 S a u g r t е е S Phone 8 4 5 2 4 6 2 8 0 0 Library Address City Zip 0 Phone 0 0 Other Address City Zip 0 Phone 0 0 O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL



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

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

|                       |                    | SPL | )ES | ш |   |   |   |   |   |   |
|-----------------------|--------------------|-----|-----|---|---|---|---|---|---|---|
| Name of MS4/Coalition | TOWN OF SAUGERTIES | N   | Y   | R | 2 | 0 | А | 4 | 2 | 6 |
|                       |                    |     |     |   |   |   |   |   |   |   |

#### 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.

|   | TT          | 4.       | 41 .          | 1             | . "           | Y ,         | 11 · 41   |                     | 10   |
|---|-------------|----------|---------------|---------------|---------------|-------------|-----------|---------------------|------|
| • | How many    | 7 mmee v | wac thic      | nncervanan    | measurea ai   | r evalnater | ı ın tn   | IS PANAPHING HAPIAA | 11.7 |
| • | TIOM INCHES | , minos  | ALTER CITED . | ODDOL LUCIOIL | micasur ou or | . Cranuator | # XII LXX | is reporting period |      |

(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.

# DRAFT

SPDES ID

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$ 

| Name of MS4/Coalition                                  | TOWN OF SAUGERT                        | TIES             |                  | N Y R 2   | 0 A 4 2 6                 |
|--|--|------------------|------------------|---|---------------------------|
| Minimum  | Control Meas                           | sure 5. Post     | -Constructio     | on Stormwater Ma                                  | anagement                 |
|  |  |                  |                  |   |                           |
| The information in th                                  | nis section is being                   | g reported (chec | ck one):         |   |                           |
| ● On behalf of an ind<br>○ On behalf of a coa<br>How m |  | ibuted to this i | report?          |   |                           |
|  | what type of post<br>nventoried, inspe |                  |                  | magement practices ha<br>eporting period?         | ıs your                   |
|  |  | #<br>Inventoried | #<br>Inspections | # Times<br>Maintained                             |                           |
| O Alternative Practic                                  | ees                                    |                  |                  |   |                           |
| O Filter Systems                                       |  |                  |                  |   | •                         |
| ○ Infiltration Basins                                  |  |                  |                  |   |                           |
| Open Channels  |  |                  |                  |   |                           |
| • Ponds  |  | 4 2              | 1 7              | 0   |                           |
| ○ Wetlands   |  |                  |                  |   |                           |
| Other  |  |                  |                  |   |                           |
| •  | electronic tool (                      |                  | abase, spreads   | heet) to track post-co                            | onstruction<br>○ Yes • No |
|  | non-structural p<br>Better Site Desig  |                  |                  | implement Low Imp<br>nciples?                     | act                       |
| O Building Codes                                       | • Municipal Co                         | mprehensive P    | lans             |   |                           |
| Overlay Districts                                      | Open Space P                           | reservation Pro  | ogram            |   |                           |
| ○ Zoning   | O Local Law or                         | Ordinance        |                  |   |                           |
| ○ None   | Land Use Reg                           | gulation/Zoning  | 5                |   |                           |
| <ul><li>Watershed Plans</li></ul>                      | Other Compre                           | ehensive Plan    |                  |   |                           |
| Other:   |  |                  |                  | <del>, , , , , , , , , , , , , , , , , , , </del> |                           |



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

|     |   | SPDE   | SID     |       |           |   |               |          |     |
|-----|---|--------|---------|-------|-----------|---|---------------|----------|-----|
| Nan | ne of MS4/Coalition TOWN OF SAUGERTIES  | И А    | r R     | 2     | 0         | A   | 4             | 2        | 6   |
|     | Are the MS4s contributing to this report involved in a regional/watersh   | ed wic | le nl   | ann   | ina       | eff   | ort?          | <u> </u> |     |
| 74. | And the 141545 contributing to this report involved in a regional waters.   | icu wi | ic þi   | 41111 | ~         |   |               | •        | No  |
| 4b. | Does the MS4 have a banking and credit system for stormwater manag  | ement  | pra     | etic  | es?       |   |               |          |     |
|     |   |        |         |       | 0         | Yes   | S             |          | No  |
| 4c. | Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwater | _      |         |       | t pr      | acti  | ce?           |          | NT. |
|     |   |        |         |       | $\cup$    | Y es  | 3             | •        | NO  |
| 4.3 | Mary many starmwater management musting have been implemented   |        | 4 . 6 4 | .L.i. |           | Yes  Yes  Aluation  Practice?  Yes  ystem in the standard attended attended | 4 <b>L</b> .: | _        |     |
| 4d. | How many stormwater management practices have been implemented reporting period?  | as par | t of 1  | his   | sys<br>[  | tem   |               |          | 5   |
|     |   | imple  | men     | tatio | [<br>on a | Yes  Yes  Aluation  Practice?  Yes  Stem in th  4  attended                 | 4             | S        |     |



This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 2$ 

| ii buoiintti              | 119 min roum an bare or a  | omeroport on bonds | i oi a countii | in icave of DEO in  | Diunk.                                     |
|---------------------------|--|--------------------|----------------|---------------------|--|
| Name of MS4/Coalition     | TOWN OF SAUGERTIES   |                    |                | SPDES ID  N Y R 2 0 | A 4 2 6                                    |
|                           |  |                    |                | I <del></del>       |  |
| 6. Evaluating Pro         | ogress Toward Measur   | rable Goals MCM    | 15             | •                   |  |
| identified in your S      | port on your progress ar<br>stormwater Managemen<br>litional pages as needed | t Program Plan (S  |                | -                   |  |
| A. Briefly summa          | rize the Measurable G  | Goal identified in | the SWMP       | P in this reporti   | ng period.                                 |
|                           | vations post construction establishing Stormwa                               |                    | include pho    | tographic reports   | •  |
| B. Briefly summa<br>Goal. | rize the observations (  | that indicated the | overall eff    | ectiveness of this  | s Measurable                               |
| site conditions.          | performed site inspecti<br>quiring long term goals<br>lures.                 | •                  |                | -                   |  |
| C. How many tim           | nes was this observation   | n measured or ev   | aluated in 1   | this reporting pe   | eriod?                                     |
| -                         |  |                    |                |                     | 8  |
| D. Has your MS4           | made progress toward   | d this measurable  | goal durin     | g this reporting    | ples/participants/o<br>period?<br>Yes O No |
| E. Is your MS4 or         | n schedule to meet the   | deadline set fort  | h in the SW    |                     | N. ON-                                     |
| =                         | arize the stormwater acting cycle (including a                               | -                  |                |                     | Yes O No CM during                         |
| photographic docu         | cumentation of inspecti<br>mentation.<br>on establishing Stormw              | -                  | uction storm   | water practices a   | nd include                                 |



This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$ 

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

|                                  |          | SPE | ES | ID |   |   |   |   |   |   |
|----------------------------------|----------|-----|----|----|---|---|---|---|---|---|
| Name of MS4/Coalition TOWN OF SA | UGERTIES | N   | Y  | R  | 2 | 0 | Α | 4 | 2 | 6 |

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

| The information in this section is being reported (check one):  |  |
|---|--|
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul> |  |

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

|   |                    |         | periormed within | тис разга            |
|---|--------------------|---------|------------------|----------------------|
| Operation/Activity/Facility                   | <u>Addressed i</u> | n SWMP? | <u>years?</u>    | ı                    |
| Street Maintenance                            | 9 Yes              | ○ No    | • Yes            | O No                 |
| Bridge Maintenance                            | ● Yes              | ○ No    | • Yes            | O No                 |
| Winter Road Maintenance                       | ● Yes              | ○ No    | ● Yes            | $\bigcirc$ No        |
| Salt Storage                                  | • Yes              | ○ No    | • Yes            | $\bigcirc$ No        |
| Solid Waste Management                        | • Yes              | ○ No    | • Yes            | No                   |
| New Municipal Construction and Land Disturban | ice • Yes          | ○ No    | ○ Yes            | <ul><li>No</li></ul> |
| Right of Way Maintenance                      | O Yes              | ● No    | ○ Yes            | No                   |
| Marine Operations                             |                    | • No    | ○ Yes            | <ul><li>No</li></ul> |
| Hydrologic Habitat Modification               | O Yes              | ● No    | ○ Yes            | <ul><li>No</li></ul> |
| Parks and Open Space                          | ● Yes              | ○ No    | ● Yes            | $\bigcirc$ No        |
| Municipal Building                            | ● Yes              | ○ No    | ○ Yes            | <ul><li>No</li></ul> |
| Stormwater System Maintenance                 | • Yes              | ○ No    | ○ Yes            | • No                 |
| Vehicle and Fleet Maintenance                 | • Yes              | ○ No    | ● Yes            | O No                 |
| Other   | • Yes              | ○ No    | ∴ Yes            | $\bigcirc$ No        |
|   |                    |         |                  |                      |



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

|  | S          | PDES ID    |             |        |
|--|------------|------------|-------------|--------|
| Name of MS4/Coalition TOWN OF SAUGERTIES   | . [        | N Y R 2    | 2 0 A 4     | 2 6    |
| 2. Provide the following information about municipal operat  | ions good  | housekee   | ping pro    | grams: |
| O Parking Lots Swept (Number of acres X Number of times swep   | t)         | # Acres    |             | 2 3    |
| O Streets Swept (Number of miles X Number of times swept)  |            | # Miles    |             | 5 2    |
| O Catch Basins Inspected and Cleaned Where Necessary   |            | #          |             | 3 5    |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>          |            | #          |             |        |
| O Phosphorus Applied In Chemical Fertilizer  |            | # Lbs.     |             | 0      |
| O Nitrogen Applied In Chemical Fertilizer  |            | # Lbs.     |             | 3      |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.) | umber of   | # Acres    | 0 0 1       | 1.     |
| 3. How many stormwater management trainings have been p during this reporting period?  | provided t | o municip  | al emplo    | yees 3 |
| 4. What was the date of the last training?   | 03         | 2126       | 120         | 22     |
| 5. How many municipal employees have been trained in this  | reporting  | period?    |             | 5      |
| 6. What percent of municipal employees in relevant positions stormwater management training?                                     | s and depa | artments 1 | receive 1 0 | 0 %    |

catch basin plans and procedures.



# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$ 

| H Subilition   | ng mis form as par                     | .v oz a jonk ropo                   | or on bonair or                 | a countion                              |         |          | טוט כוו ט               | III.  |                |
|--|--|-------------------------------------|---------------------------------|---|---------|----------|-------------------------|-------|----------------|
|  |  |                                     |                                 | ٦                                       | SPDES   |          | -1-1-                   |       |                |
| Name of MS4/Coalition  | TOWN OF SAUGERT                        | TIES                                |                                 |   | NY      | R 2      | 2   0   A               | 4 2   | 2 6            |
| 7. Evaluating Pro  | gress Toward N                         | Aeasurable G                        | oals MCM 6                      |   |         |          |                         |       |                |
| Use this page to regidentified in your S<br>III.C.1. Submit add                                    | tormwater Mana                         | gement Progra                       |                                 |   |         |          |                         |       | rt             |
| A. Briefly summa   | rize the Measur                        | able Goal ide                       | ntified in the                  | SWMPP                                   | in this | s repo   | orting p                | eriod | ł.             |
| The Stormwater Or<br>Stormwater related  |  |                                     |                                 |   |         |          |                         |       | n.             |
| B. Briefly summa<br>Goal.  | rize the observa                       | tions that ind                      | icated the ove                  | rall effec                              | tivene  | ess of   | this M                  | easur | able           |
| The Highway Depa<br>working conditions<br>functioning effective<br>the Highway Super<br>performed. | s. The salt storage<br>vely. Good comn | e facility at the<br>nunications we | e Highway gar<br>ere maintained | age on Ch<br>between                    | turchla | and Re   | d. is<br>ater Of        | -     | -              |
| C. How many tim  | es was this obse                       | rvation measu                       | ared or evalua                  | ted in th                               | is repo | orting   | g perio                 | d?    |                |
|  |  |                                     |                                 |   |         |          |                         |       | 4              |
|  | _                                      |                                     |                                 |   |         |          | : samples               |       | ipant          |
| D. Has your MS4  | made progress 1                        | toward this m                       | ieasurable goa                  | u during                                | this r  | eport    | ing per<br>¶ <b>⊕</b> Y |       | ⊃ Nc           |
| E. Is your MS4 or  | schedule to me                         | et the deadlin                      | e set forth in                  | the SWV                                 | TPP?    |          | <b>9</b> 1              | י מע  | ∠ 1 <b>1</b> ( |
| as as your mass or   |  |                                     |                                 | - TI - TI - TI - TI - TI - TI - TI - TI |         |          | • Ye                    | es C  | ) No           |
| F. Briefly summa<br>the next report  | rize the stormwa                       |                                     | -                               | _                                       | oals of | f this ! | MCM                     | durin | ıg             |
| The Stormwater of Department on hou  |  |                                     |                                 |   | -       |          |                         |       |                |



This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 & 2 \end{vmatrix}$ 

| Name of MSA/Conlition TOWN OF SAUGERTIES N Y R 2 0 A 4 |                       |              | SPDES ID |  |   |   |   |   |   |   |   |   |
|--|-----------------------|--------------|----------|--|---|---|---|---|---|---|---|---|
| Name of Wis4/Coantion                                  | Name of MS4/Coalition | F SAUGERTIES |          |  | Y | R | 2 | 0 | A | 4 | 2 | 6 |

| On behalf of an individual on behalf of a coalition |  |                          |                        |
|---|--|--------------------------|------------------------|
| How many MS   | S4s contributed to this re                         | eport?                   |                        |
|   |  |                          |                        |
| S4s must answer the qu                              | iestions or check NA a                             | s indicated in the table | below.                 |
|   |  |                          |                        |
| MS4 Description                                     | Answer   | Check NA                 | (POC)                  |
| NYC EOH Watershed  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             |
| Ion-Traditional                                     | 1,2,77a-d,8a,8b,9                                  | 3,4,5,10,11,12           | Phosphorus             |
| Onondaga Lake Watershed                             | -  | -                        | -                      |
| raditional Land Use                                 | 1,6,7a-d,8a,9                                      | 2,3,4,5,8b,10,11,12      | Phosphorus             |
| raditional Non-Land Use                             | 1,6,7a-d,8a,9                                      | 2,3,4,5,8b,10,11,12      | Phosphorus             |
| Von-Traditional                                     | 1,6,7a-d,8a,9                                      | 2,3,4,5,8b,10,11,12      | Phosphorus             |
| Greenwood Lake Watershed Traditional Land Use       | 1,4,6,7a-d,8a,9                                    | 2,3,5,8b,10,11,12        | Phosphorus             |
| Taditional Non-Land Use                             | 1,4,6,7a-d,8a,9                                    | 2,3,5,8b,10,11,12        | Phosphorus             |
| Von-Traditional                                     | 1,4,6,7a-d,8a,9                                    | 2,3,5,8b,10,11,12        | Phosphorus             |
| Oyster Bay  | -  | -                        | -                      |
| raditional Land Use                                 | 1,4,7a-d,9,10,11,12                                | 2,3,5,6,8a,8b            | Pathogens              |
| 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              |
| Peconic Estuary  Traditional Land Use               | 1 4 7a d 9a 0 10 11 12                             | 2,3,5,6,8b               | Pathogens and Nitrogen |
| Fraditional Non-Land Use                            | 1,4,7a-d,8a,9,10,11,12<br>1,4,7a-d,8a,9,10,11,12   | 2,3,5,6,8b               | Pathogens and Nitrogen |
| Von-Traditional                                     | 1,4,7a-d,8a,9                                      | 2,3,4,5,8b,10,11,12      | Pathogens and Nitrogen |
| Oscawana Lake Watershed                             | -  | -                        | -                      |
| raditional Land Use                                 | 1,4,6,7a-d,8a,9                                    | 2,3,5,8b,10,11,12        | Phosphorus             |
| raditional Non-Land Use                             | 1,4,6,7a-d,8a,9                                    | 2,3,5,8b,10,11,12        | Phosphorus             |
| Non-Traditional                                     | 1,4,6,7a-d,8a,9                                    | 2,3,5,8b,10,11,12        | Phosphorus             |
| LI 27 Embayments Fraditional Land Use               | 10247-10101110                                     | 5 6 0 a 01.              | The Atherina           |
|   | 1,2,3,4,7a-d,9,10,11,12<br>1,2,3,4,7a-d,9,10,11,12 | 5,6,8a,8b<br>5,6,8a,8b   | Pathogens Pathogens    |
| Traditional Non-Land Use                            | 1 1.2.J.4./a=u.7.1U.11.12                          | 5,6,8a,8b,10,11,12       | Pathogens              |



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

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

|     |  | SPDES ID  |                                 |                 |
|-----|--|---|---------------------------------|-----------------|
| Na  | ame of MS4/Coalition TOWN OF SAUGERTIES  | N Y R 2   | 0 A 4                           | 4 2 6           |
| 3.  | Does your MS4/Coalition have a Stormwater Conveyance S and Maintenance Plan Program?   | system (infrastructu<br>● Yes                                   | re) Insp<br>○ No                | ection<br>O N/A |
| 4.  | Estimate the percentage of on-site wastewater treatment sys<br>and maintained or rehabilitated as necessary in this reporti  |   | n inspec                        |                 |
| 5.  | Has your MS4/Coalition developed a program that provides NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff frod disturb five thousand square feet or more?   | es from Construction  | on Activ                        | ities           |
| 6.  | Has your MS4/Coalition developed a program to address por runoff from new development and redevelopment projects to equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Activities New York State Stormwater Design Manual Enhanced Standards? | that disturb greater<br>NYS DEC SPDES (<br>rities (GP-0-08-001) | than or<br>General<br>, includi | •               |
| 7a  | a. Does your MS4/Coalition have a retrofitting program to rec<br>phosphorus/nitrogen/pathogen loading?   | duce erosion or   | • No                            | O 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 comp   | pleted in this report   | ing peri                        | od?             |
| 7d  | l. What percent of projects planned in previous years have be  | en completed?   |                                 | %               |
|     |  | • No  | Projects                        | Planned         |
| 8a  | a.Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper fertilizer application lands?  | management practi<br>on on municipally o<br>• Yes               | wned                            | O N/A           |
| 8b  | o. Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper disposal of grass claudicipally owned lands?  | ippings and leaves t  |                                 |                 |



This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$ 

|                         |  | 51             | SLDES ID |              |      |       |      |           |     |
|-------------------------|--|----------------|----------|--------------|------|-------|------|-----------|-----|
| Name of MS4/Coalition T | OWN OF SAUGERTIES                        | N              | Y        | R            | 2    | 0 A   | 4    | 2         | 6   |
|                         |  |                |          |              |      |       |      |           |     |
| 9. Has your MS4/Co      | oalition developed and implemented a     | program of n   | ativ     | e pl         | ant  | ing?  |      |           |     |
|                         |  |                |          | Y            | es   | • N   | 0    | $\circ$ N | I/A |
| 10. Has your MS4/Co     | oalition enacted a local law prohibiting | g pet waste on | mu       | nici         | ipa] | l pro | peri | ties      | and |
| prohibiting goose       | feeding?                                 |                |          | Y            | es   | O N   | 0    | $\circ$ N | [/A |
|                         |  | _              |          |              |      |       |      |           |     |
| 11. Does your MS4/C     | Coalition have a pet waste bag progran   | a?             |          | ) <b>Y</b> ( | es   | • N   | 0    | O N       | [/A |
| 12. Does vour MS4/C     | Coalition have a program to manage go    | oose           |          |              |      |       |      |           |     |
| populations?            | r  |                |          | Y            | es   | • N   | 0    | $\circ$ N | I/A |