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

MCC form for period ending March 9, 2 0 1 6

This	cover	page must	be completed	by the i	report	preparer
Join	t repor	ts require	only one cover	r page.		

SPL	DES	ID						
N	Y	R	2	0	А	3	4	5

#### **Choose one:**

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

Fill in SPDES ID in upper right hand corner.

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#### **OR**

## ○ This report is being submitted on behalf of a Single Entity

(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.

Name of Coalition		
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## MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 5

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

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MCC form for period ending March 9, 2 0 1 6

	SPDES ID	
Name of MS4 TOWN OF PUTNAM VALLEY	N Y R 2 0 A 3	4 5
Each MS4 must submit an MCC form.		
Section 1 - MCC Identification Page		
Indicate whether this MCC form is being submitted to certify endorsement	or acceptance of:	
● An Annual Report for a single MS4		
○ A Single Entity (Per Part II.E of GP-0-10-002)		
○ A Joint Report		
Joint reports may be submitted by permittees with legally bin	nding agreements.	
If Joint Report, enter coalition name:		<del></del>

MCC form for period ending March 9, 2 0 1 6

V	SPI	DES	ID						
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## **Section 4 - Certification Statement**

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

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

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Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

MCC form for period ending March 9, 2 0 1 6

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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:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- 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 1 6

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- O Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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MCC form for period ending March 9, 2 0 1 6

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MCC form for period ending March 9, 2 0 1 6

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Partner/Co	No, proceed to Section 4 - Certification Statement.  rtner/CoalitionName  U T N A M C O U N T Y S T O R M W A T E R A D V I S O R Y																													
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Additional tasks/responsibilities

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

A second retrofit, the Wood Street Drainage Basin Stormwater Retrofit, has been completed.

MCC form for period ending March 9, 2 0 1 6

	<u> </u>									
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Name of MS4 TOWN OF PUTNAM VALLEY		N	Y	R	2	0	A	3	4	5
Section 4 - Certification Statement										

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

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

First Name S A M	MI	Last Name O L I V E R I O
Title (Clearly print title of individual signing report)		
S U P E R V I S O R		
Signature		Date

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

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On bel	How many MS4s are contributed to this report?  Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Yes, choose one of the following  Report(s) attached to the annual report  Web Page(s) where report(s) is/are provided below																													
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 6 & 1 \end{vmatrix}$ 

Name of MS4/Coalition TOWN OF PUTNAM VALLEY	SPDES ID           N         Y         R         2         0         A         3         4         5
Minimum Control Measure 1. Public Ed	ucation and Outreach
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. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
<ul><li>Construction Sites</li></ul>	<ul> <li>Pesticide and Fertilizer Application</li> </ul>
General Stormwater Management Information	O Pet Waste Management
Household Hazardous Waste Disposal	O Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	<ul><li>Trash Management</li></ul>
○ Smart Growth	• Vehicle Washing
O Storm Drain Marking	O Water Conservation
○ Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
• Other:	○ None
PHOSPHORUS Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ■ Contractors	
<ul><li>Residential</li><li>Developers</li></ul>	
● Businesses ● General Public	
○ Restaurants ○ Industries	
Other: Agricultural	
Other	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  6

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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This report is being submitted for the reporting period ending March 9, 2 0 1 6

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,  $2 \mid 0 \mid 1 \mid 6$ 

			SPDES ID	
Name of MS4/Coalition	TOWN OF PUTNAM VALLEY		N Y R 2 0	A 3 4 5
4. Evaluating Pro	gress Toward Measurable Goals MC	CM 1		
identified in your St	ort on your progress and project plans formwater Management Program Plan tional pages as needed.			
A. Briefly summar	rize the Measurable Goal identified i	n the SWMPP i	n this reportin	g period.
Increase the awarer	ness of stormwater BMP's throughout t	he Town, especi	ally in the lake	districts.
B. Briefly summar Goal.	rize the observations that indicated t	he overall effect	tiveness of this	Measurable
	mwater literature were distributed via Town Hall and the Town Library.	Town mailings,	posted on the v	vebsite and
C. How many time	es was this observation measured or	evaluated in thi	-	3
D. Has your MS4	made progress toward this Measura	ble Goal during		ples/participants/event g period?
20 2202 y 0 00 1/20 1 /	P. 08- 002 00 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0			Yes O No
E. Is your MS4 on	schedule to meet the deadline set fo	rth in the SWM	IPP?	Yes O No
ū	rize the stormwater activities planne ng cycle (including an implementati	_	oals of this MC	M during
	nually added to the PV website to educes. The Town intends to continue its ry Committee.			

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR 2 TOWN OF PUTNAM VALLEY 0 A Name of MS4/Coalition Minimum Control Measure 2. Public Involvement/Participation The information in this section is being reported (check one): • On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply: Cleanup Events # Events 0 Comments on SWMP Received #Comments 5 7 7 6 O Community Hotlines Phone # 8 Phone# Phone # Phone# Phone # Phone # Phone# Phone# Phone # Phone # Phone # Community Meetings 3 2 # Attendees Plantings Sq. Ft. O Storm Drain Markings #Drains O Stakeholder Meetings # Attendees 1 # Events Volunteer Monitoring Other: 2. Was public notice of availability of this annual report and Stormwater Management Yes O No Program (SWMP) Plan provided? # In List O List-Serve O Newspaper Advertising # Days Run 0 TV/Radio Notices # Days Run

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

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• Other: Town

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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

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Name of MS4/Coalition TOWN OF PUTNAM VALLEY

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

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

3. Where can the public access copies of this annual report, Stormwater Management

Program SWMP) Plan and submit comments on those documents?

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 PUTNAM VALLEY		N	YR	2	0	A	3	4	5
4.a. If this report was made available on the internet, what da	ite was it	po	sted?	)					
Leave blank if this report was not posted on the internet.	0	4	/ 2	2	/	2	0	1	6
4.b. For how many days was/will this report be posted?								3	0
If submitting a report for single MS4, answer 5.a If submitti	ing a join	t re	eport,	ans	we	r 5.	.b		
5.a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting?	]/	Y	es	•	No				
If No, is one planned?					C	Y	es	•	No
5.b. Was an Annual Report public meeting held for all MS4s	contribu	tin	g to t	his	rej	por	t d	uri	ng
this reporting period?						) <b>Y</b>	es	0	No
If No, is one planned for each?						<b>Y</b>	es	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.						Y	es	•	No

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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 PUTNAM VALLEY		N	Y	R	2	0	Α	3	4	5
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

The Town schedules Bulk Pick Up Days and Hazardous Waste pickups for residents and businesses. An Earth Day Clean Up is held annually. A Litter Patrol was held on Peekskill Hollow Road on 9/25/2015. Attendance at Town Board Meetings is monitored. The Town website posts emergency phone numbers for spills and illicit discharges as well as anything else out of the ordinary that would effect water quality in the Town.

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

The Building Inspector continues to provide reports/updates to the Town Board and the public. Any comments or concerns will be addressed and rectified, posted in Town minutes, Town Website and incorporated into the Town SWMP. Meetings can also be viewed on the Putnam Valley Community Television Channels 18 & 20.

C	How many	times was	this obser	vation me	asured or e	evaluated in	this reporting	neriod?
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(ex.: samples/participants/events)

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

Yes	$\bigcirc$ No
<b>U</b> 1 US	$\sim$ 140

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

Yes	$\circ$	No
Yes	$\circ$	No

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

The Town has undergone two audits by NYSDEC personnel and is at present in full compliance with the tasks required under the current permit as well as its own SWMP. The Town will continue to encourage involvement and participation from its residents, businesses and other organizations in the surrounding locale.

This report is being submitted for the reporting period ending March 9, 2 0 1 6

Name of MS4/Coalition TOWN OF PUTNAM VALLEY	SPDES ID  N Y R 2 0 A 3 4 5
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported ( On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to t	
1. Enter the number and approx. percent	of outfalls mapped: 4 1 2 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	<ul><li>Outdoor Fluid Storage</li></ul>
O Commercial Laundry/Dry Cleaners	<ul> <li>Parking Lot Maintenance</li> </ul>
Construction Vehicle Washouts	○ Printing
<ul><li>Cross-Connections</li></ul>	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	• Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	<ul><li>Vehicle Fueling</li></ul>
O Industrial Process Water	<ul><li>Vehicle Maint./Repair Shops</li></ul>
• Other:	○ None
PARCELS SURRO	U N D I N G L A K E S
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

	SPDES ID	1 7	
Name of MS4/Coalition TOWN OF PUTNAM VALLEY	N Y R 2	0 A 3	4 5
3.b. What types of illicit discharges hav	re been found during this reporting period?		
O Broken Lines From Sanitary Sewer	O Industrial Connections		
O Cross Connections	<ul><li>Inflow/Infiltration</li></ul>		
• Failing Septic Systems	O Pump Station Failure		
$\bigcirc$ Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows		
• Illegal Dumping	O Straight Pipe Sewer Discharges		
Other:	○ None		
-	al illegal connections have been detected du	ring this	
reporting period?			3
5 How many illicit discharges have be	een confirmed during this reporting period	,	3
3. How many miert discharges have be	cen commined during this reporting period	•	
•	connections have been eliminated during th	is report	ing
maniad9			
period?			3
7. Has the storm sewershed mapping b	been completed in this reporting period?	• Yes	O No
•	• • • • • • • • • • • • • • • • • • • •	• Yes	
7. Has the storm sewershed mapping b	as completed in this reporting period?		○ No
<ul> <li>7. Has the storm sewershed mapping in the storm sewer</li></ul>	in GIS?	1 0	○ No 0 %
<ul> <li>7. Has the storm sewershed mapping in the storm sewershed mapping in the store in the store information available in the store information available on the store information available in</li></ul>	in GIS?	1 0 ● Yes ○ Yes	○ No  0 %  ○ No
<ul> <li>7. Has the storm sewershed mapping to If No, approximately what percent wa</li> <li>8. Is the above information available in Is this information available on the If Yes, provide URL(s):</li> </ul>	in GIS? web?	1 0 ● Yes ○ Yes	○ No  0 %  ○ No
<ul> <li>7. Has the storm sewershed mapping in the storm sewershed mapping in the store in the store information available in the store information available on the store information available in</li></ul>	in GIS? web?	1 0 ● Yes ○ Yes	○ No  0 %  ○ No
<ul> <li>7. Has the storm sewershed mapping in the storm sewershed mapping in the store in the store information available in the store information available on the store information available in</li></ul>	in GIS? web?	1 0 ● Yes ○ Yes	○ No  0 %  ○ No
<ul> <li>7. Has the storm sewershed mapping in the storm sewershed mapping in the store in the store information available in the store information available on the store information available in</li></ul>	in GIS? web?	1 0 ● Yes ○ Yes	○ No  0 %  ○ No
7. Has the storm sewershed mapping in If No, approximately what percent was 8. Is the above information available in Is this information available on the If Yes, provide URL(s):  Please provide specific address of page URL	in GIS? web?	1 0 ● Yes ○ Yes	○ No  0 %  ○ No
7. Has the storm sewershed mapping in If No, approximately what percent was 8. Is the above information available in Is this information available on the If Yes, provide URL(s):  Please provide specific address of page URL	in GIS? web?	1 0 ● Yes ○ Yes	○ No  0 %  ○ No

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 6 & 1 \end{vmatrix}$ 

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	ival														8			1							Yes		ON		(

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

-			SPDES ID	agents and the same of the sam
Name of MS4/Coalition	TOWN OF PUTNAM VALLEY		N Y R 2 0	A 3 4 5
12. Evaluating Prog	gress Toward Measurable Go	oals MCM 3		
identified in your Sto	ort on your progress and project ormwater Management Progra tional pages as needed.	•	-	
A. Briefly summar	ize the Measurable Goal ide	ntified in the SWM	<b>IPP</b> in this reportin	g period.
	for illicit discharges specifical rus from effected lakes.	lly discharges that d	lirectly affect the lak	es, begin
B. Briefly summar Goal.	ize the observations that ind	icated the overall o	effectiveness of this	Measurable
After careful inspec	tions throughout the year, thre	e illicit discharges	were found and elim	inated.
C. How many time	s was this observation measu	ıred or evaluated i	in this reporting pe	riod?
			(ex · sam	3 ples/participants/events,
D. Has your MS4 n	nade progress toward this m	easurable goal du	ring this reporting	
E. Is your MS4 on	schedule to meet the deadlin	e set forth in the S	SWMPP?	
•	ize the stormwater activities	•	he goals of this MC	
The Town will contibasis or as needed.	inue to inspect, report and rep	air any sources of il	llicit discharges on a	routine

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 6 & 1 \end{vmatrix}$ 

Nar	me of MS4/Coalition TOWN OF PUTNAM VALLEY  SPDES ID  N Y R 2	0 A 3	4 5
	Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control		
Th	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a	. Has each MS4 contributing to this report adopted a law, ordinance or other reg mechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?		○ No
1b	Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDEC Analysis Workbook?	Erosion	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La ○ 09/2004 ● 0	w. 3/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	e been	1
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of purcomments related to construction SWPPPs?  • Yes	ıblic O No	O NT
	If Yes, how many public comments were received during this reporting period?		0
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	the loca	al ● 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	#				<ul> <li>No Authority</li> </ul>
<ul><li>Stop Work Orders</li></ul>	#		4	7	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,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 6 & 1 \end{vmatrix}$ 

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SPDES ID

Name of MS4/Coalition TOWN OF PUTNAM VALLEY	N Y R 2 0 A 3 4 5
Minimum Control Measure 4. Construction Site	Stormwater Runoff Control
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         How many MS4s contributed to this report?     </li> </ul>	
1. How many construction projects have been authorized for during this reporting period?	disturbances of one acre or more
2. How many construction projects disturbing at least one ac during this reporting period?	re were active in your jurisdiction
3. What percent of active construction sites were inspected de	uring this reporting period? ONT
4. What percent of active construction sites were inspected m	
5. Do all inspectors working on behalf of the MS4s contribut Construction Stormwater Inspection Manual?	ing to this report use the NYS  ● Yes ○ No ○ NT
6. Does your MS4/Coalition provide public access to Stormw (SWPPPs) of construction projects that are subject to MS4	
If your MS4 is Non-Traditional, are SWPPPs of constructional public review?	
If Yes, use the following page to identify location(s) where SV	WPPPs can be accessed.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

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 PUTNAM VALLEY N Y R 2 0 A 3 4 5 6. con't.: Submit additional pages as needed. O MS4/Coalition Office Department Address City Zip Phone O Library Address City Zip Phone Other Address Т OMN BU I L D IN G D E P A R TMEN Т City PUTNAM VA L L EY NY 1 0 5 7 9 Phone 8 4 5 5 2 6 2 3 7 7 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 1 6

	0		1 81		,	
If submitting th	is form as	part of a joint re	eport on behalf	of a coalition l	leave SPDES II	) blank.

	SPDES ID
Name of MS4/Coalition TOWN OF PUTNAM VALLEY	N Y R 2 0 A 3 4 5
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Continue public review of construction applications, maintain co of NYSDEC, provide training to Town MS4 staff. Annual inspections and the Town Building and Highway Departments to in conformance and the site is being properly maintained. ORI forminspections.	ections are performed by the Town asure construction practices are in
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Inspections of construction sites occur weekely as well as prior to events.	o and after significant rainfall
C. How many times was this observation measured or evalua	ted in this reporting period?
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/events
2. 2 John Mac China progress to Hara this measurable goal	• Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP?  ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	eet the goals of this MCM during
Ongoing. The Town continues to evaluate construction complian inspections and if required will revise their standards and procedular	

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

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/Coalitio	n TOWN OF PUTNAM	I VALLE	Υ						N	YR	. 2	0	A 3	3 4	1 !	5
<u>Minimum</u>	Control Mea	sure <u>:</u>	<u>5. Pos</u>	<u>t-Co</u>	nsti	ructi	on Sto	orn	<u>awa</u>	ater_	Ma	na	gem	<u>en</u>	<u>t</u>	
The information in t	his section is bein	g repor	ted (ch	eck or	ne):											
On behalf of an in On behalf of a coa How n		ibuted	to this	repo	rt?		Constitution of the Consti									
1. How many and MS4/Coalition	what type of pos inventoried, insp										s ha	s yo	ur			
		# Invent		In	# spect	ions	# ' Mai	Tim intai								
O Alternative Practic	ces															
• Filter Systems		1 4	1 3		1 4	3			2							
• Infiltration Basins			2			2			1							
Open Channels																
Ponds			7	THE AN ADDRESS OF THE PERSONS		7			7							
O Wetlands				The state of the s												
Other				TRANSPORT COLUMN TO STATE OF THE STATE OF TH												
2. Do you use an BMPs, inspect	electronic tool (			abas	se, sp	reads	sheet) 1	to t	racl	k pos	t-co		ructi Yes		O <b>N</b>	٧c
3. What types of Development/I	non-structural Better Site Desig	_					-		nt I	Low 1	mp	act				
O Building Codes	<ul><li>Municipal Co</li></ul>	ompreh	ensive ]	Plans												
Overlay Districts	Open Space l	Preserva	ation P	rogran	n											
○ Zoning	O Local Law or	Ordin	ance													
○ None	O Land Use Re	gulatio	n/Zonir	12												

IRECTION

O Land Use Regulation/Zoning

BOAR

Other Comprehensive Plan

O Watershed Plans

PLANN

I N G

• Other:

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

	SPDES ID					
Nan	me of MS4/Coalition TOWN OF PUTNAM VALLEY N Y R	2 0	А	3	4	5
	. Are the MS4s contributing to this report involved in a regional/watershed wide pl		g eff Ye			No
4b.	. Does the MS4 have a banking and credit system for stormwater management pra	ctices?		~		No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a protocol f and approval of banking and credit of alternative siting of a stormwater manager	nent p	ract	ice	?	
4d.	. How many stormwater management practices have been implemented as part of		) Y∈ sten	_		No s
	reporting period?	· <b>y</b> -			0	
5.	What percent of municipal officials/MS4 staff responsible for program implement raining on Low Impace Development (LID), Better Site Design (BSD) and other		atte	nd	ed	
	training on bow impact bevelopment (Lib), better Site besign (BSD) and other	Gicen				

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

if submitting this form as part of a joint report on behalf of a coantion		ve s DES		ما قال	Ulai	IK.	
Name of MS4/Coalition TOWN OF PUTNAM VALLEY	N	1 1	R	2 0	A	3 4	5
Name of MS4/Coalition							
6. Evaluating Progress Toward Measurable Goals MCM 5							
Use this page to report on your progress and project plans toward achievir identified in your Stormwater Management Program Plan (SWMPP), incl III.C.1. Submit additional pages as needed.	_			_		in Pa	rt
A. Briefly summarize the Measurable Goal identified in the SWMPP	' in t	his	rep	orti	ıg p	eriod	
The Town has developed procedures for site inspection and enforcement are properly maintained on construction sites.	to e	nsu	re t	hat th	e Bl	MP's	
B. Briefly summarize the observations that indicated the overall effection.	ctive	enes	ss o	f this	Me	asur	able
A review of inspection procedures and inspection logs indicates that post non-structural practices are effective.	con	ıstrı	ictio	on sti	uctu	ires a	nd
C. How many times was this observation measured or evaluated in the	his r	epo	rti	ng pe	riod	1?	
							1
D.H. MOA I A LAY II II II I	41.						ipants/events
D. Has your MS4 made progress toward this measurable goal during	gthi	s re	poi		_	10 <b>a ?</b> es (	) No
E. Is your MS4 on schedule to meet the deadline set forth in the SWN	МРР	9				,,,	- 1,0
25 25 your 1/25 . On seneduce to meet the declaring set forth in the 5 //1		•		(	<b>Y</b> e	s C	No
F. Briefly summarize the stormwater activities planned to meet the g the next reporting cycle (including an implementation schedule).	goals	s of	thi	s MC	CM o	durin	g
Ongoing. The Town's two post construction practices, the Lake Oscawan Retrofit and the Wood Street Drainage Basin Retrofit are working proper indications of post construction faultiness.						er	

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid$ 

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TOWN OF PUTNAM VALLEY N V P 2 0 A		
NI P) (CA/C1!2! 10 WIN OF LOTINGM VALLE)	2 0 A 3	4 5

#### 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

			performed within	the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	years?	
Street Maintenance	• Yes	○ No	○ Yes	No
Bridge Maintenance	○ Yes	● No	○ Yes	<ul><li>No</li></ul>
Winter Road Maintenance		○ No	○ Yes	<ul><li>No</li></ul>
Salt Storage	○ Yes	• No	○ Yes	No
Solid Waste Management	O Yes	• No	○ Yes	<ul><li>No</li></ul>
New Municipal Construction and Land Disturban		• No	∴ O Yes	<ul><li>No</li></ul>
Right of Way Maintenance	• Yes	○ No	○ Yes	No
Marine Operations		• No	○ Yes	<ul><li>No</li></ul>
Hydrologic Habitat Modification		• No	○ Yes	No
Parks and Open Space		● No	○ Yes	No
Municipal Building		○ No	○ Yes	<ul><li>No</li></ul>
Stormwater System Maintenance		○ No	○ Yes	<ul><li>No</li></ul>
Vehicle and Fleet Maintenance		• No	○ Yes	<ul><li>No</li></ul>
Other	~	• No	○ Yes	<ul><li>No</li></ul>

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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Name of MS4/Coalition TOWN OF PUTNAM VALLEY	N	YR	. 2	0	A	3	4	5
2. Duranida dha Callannian in Canada ann ann ann ann ann ann ann ann an								
2. Provide the following information about municipal operations go	oa n	ousei	keep	ung	pr	ogı	ran	18:
• Parking Lots Swept (Number of acres X Number of times swept)		# Ac	res				1	2
• Streets Swept (Number of miles X Number of times swept)		# M	iles			1	0	0
• Catch Basins Inspected and Cleaned Where Necessary			#			3	5	0
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			#					
Phosphorus Applied In Chemical Fertilizer		# L	bs.					0
O Nitrogen Applied In Chemical Fertilizer		# L	bs.					
O Pesticide/Herbicide Applied # Acres (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)						- (		
3. How many stormwater management trainings have been provide	d to	muni	cina	ıl ei	mn	lov	ees	
during this reporting period?			1					
4. What was the date of the last training?	And the last of th	/		/				
5. How many municipal employees have been trained in this report	ng p	eriod	1?					
6. What percent of municipal employees in relevant positions and d stormwater management training?	epar	tmen	ts r	ecei	ve		0	%

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

Name of MS4/Coalition TOWN OF PUTNAM VALLEY	SPDES ID    N   Y   R   2   0   A   3   4   5
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Continued catch basin cleaning, sampling, inspection and mainter parking lots, and measures to reduce the amount of phosphorus er	
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
The Town cleaned 144 catch basins during this reporting period. minimum once during the year and cleaned and repaired as neede	
C. How many times was this observation measured or evaluat	1 2
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	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	et the goals of this MCM during
Tasks under MCM 6 will remain ongoing. The Town has passed indicating that it has achieved its goals and meets NYSDEC requipractices.	

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  6

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

	SPI	DES	ID						
Name of MS4/Coalition TOWN OF PUTNAM VALLEY	N	Y	R	2	0	А	3	4	5

#### Additional Watershed Improvement Strategy Best Management Practices

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> </ul>	
How 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)
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
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
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
Greenwood Lake Watershed	-	-	-
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
Oyster Bay	-	-	-
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
Peconic Estuary	-	-	-
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
Oscawana Lake Watershed	-	-	-
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
LI 27 Embayments	-	-	-
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

l	Non-Traditional 1,2,3,4,7a-d,9 5,6,8a,8b,10,11	,12   Pat	nogens	
1.	1. Does your MS4/Coalition have an education program add phosphorus/nitrogen/pathogens on waterbodies?	ressing impacts of • Yes	○ No	0 N/A
2.	2. Has 100% of the MS4/Coalition conveyance system been n		• No	○ N/A
	If N/A, go to question 3.		- 110	- 1 11 1
	If No, estimate what percentage of the conveyance system has	been mapped so far.		5 0 %
	Estimate what percentage was mapped in this reporting period	d.		0 %

This report is being submitted for the reporting period ending March 9, 2 0 1 6

	SPDES ID
Name of MS4/Coalition TOWN OF PUTNAM VALLEY	N Y R 2 0 A 3 4 5
3. Does your MS4/Coalition have a Stormwater Conveyance Sy and Maintenance Plan Program?	estem (infrastructure) Inspection • Yes O No O N/A
4. Estimate the percentage of on-site wastewater treatment syst and maintained or rehabilitated as necessary in this reportin	
5. Has your MS4/Coalition developed a program that provides NYSDEC SPDES General Permit for Stormwater Discharges (GP-0-08-001) to reduce pollutants in stormwater runoff from disturb five thousand square feet or more?	s from Construction Activities
6. Has your MS4/Coalition developed a program to address post runoff from new development and redevelopment projects the equal to one acre that provides equivalent protection to the N Permit for Stormwater Discharges from Construction Activity the New York State Stormwater Design Manual Enhanced P Standards?	nat disturb greater than or NYS DEC SPDES General ties (GP-0-08-001), including
7a. Does your MS4/Coalition have a retrofitting program to reduphosphorus/nitrogen/pathogen loading?	uce erosion or  • Yes O No O N/A
7b. How many projects have been sited in this reporting period?	
7c. What percent of the projects included in 7b have been compl	leted in this reporting period?
7d. What percent of projects planned in previous years have bee	n completed?
8a. Has your MS4/Coalition developed and implemented a turf n procedures policy that addresses proper fertilizer application lands?	
8b.Has your MS4/Coalition developed and implemented a turf n procedures policy that addresses proper disposal of grass clip municipally owned lands?	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  6

Name of MS4/Coalition TOWN OF PUTNAM VALLEY	SPDES ID N Y R 2	0 A 3	8 4 5
9. Has your MS4/Coalition developed and implemented a pr	rogram of native plant • Yes		O N/A
10. Has your MS4/Coalition enacted a local law prohibiting prohibiting goose feeding?	pet waste on municipal • Yes	• •	
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	○ No	O N/A
12. Does your MS4/Coalition have a program to manage goos populations?	se ● Yes	○ No	O N/A