## MS4 Annual Report Cover Page

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

This cover page must be completed by the report preparer. Joint reports require only one cover page.

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#### **Choose one:**

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

Fill in SPDES ID in upper right hand corner.

Name		MS4																			
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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)

Name of Single Entity			

#### 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 1 9

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

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# MS4 Municipal Compliance Certification(MCC) Form

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

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Name of MS4 TOWN OF PUTNAM VALLEY	N	Y	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  • An Annual Report for a single MS4	or accep	otance	of:				
○ 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 bi	nding ag	reem	ents	•			
If Joint Report, enter coalition name:							
			_		-	_	-

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

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

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Name of MS4	TOWN OF PUTNAM VALLEY		N	Y	R	2	0	A	3	4	5

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

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

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

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

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Name of MS4	TOWN OF PUTNAM VALLEY	И	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	MI	Last Nam	е					 		 
SAM		OLI	v	Ε	R	I	0			
Title (Clearly print title of individual signing report)								 		
SUPERVISOR										
Signature	-				Dat	e	1	]/		

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

Water Quality Trends  The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report?  1. 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.  Pyes O No If Yes, choose one of the following  Report(s) attached to the annual report  Web Page(s) where report(s) is/are provided below  Please provide specific address of page where report(s) can be accessed - not home page.  URL  N t t p : / / w w w . p u t n a m v a 1 1 e y . c o m / L a k e e 2 0 0 m o n i t o r i n g % 2 0 R e p o r t . p d f .  URL  N t t p : / / w w w . p u t n a m v a 1 1 e y . c o m / 2 0 0 8 C S L A P R e p o r t - L a k e P e e k s k i 1 1 . p d f .  URL  URL  URL  URL  URL  URL  URL  UR						,						J											SPI	DES	ID				22032		
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This report is being submitted for the reporting period ending March 9, 2 0 1 9

Name of MS4/Coalition TOWN OF PUTNAM VALLEY	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 de	uring this reporting period:
Construction Sites	O Pesticide and Fertilizer Application
O General Stormwater Management Information	O Pet Waste Management
O Household Hazardous Waste Disposal	○ Recycling
Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	O Trash Management
○ Smart Growth	O Vehicle Washing
O Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
• Other:	○ None
N O N P O I N T S O U R C E P O L L Other	UTION
2. Specific audiences targeted during this reporting period:	
O Public Employees Contractors	
Residential     Developers	
O Businesses General Public	
○ Restaurants ○ Industries	
Other: Agricultural	
Other	

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

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 9

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 9

	N Y R	2 0 A 3	4 5
Name of Wi54/Coantion			
4. Evaluating Progress Toward Measurable Goals MCM 1			
Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWMPP), includ III.C.1. Submit additional pages as needed.		_	Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in	this rep	orting peri	od.
		ā	
B. Briefly summarize the observations that indicated the overall effective Goal.	veness of	f this Meas	urable
The Town continues to comply with MCM1 by distributing direct mailings businesses. Said mailings are also posted on the Town's website.	to reside	nts and	
			vi .
C. How many times was this observation measured or evaluated in this	reportin	g period?	
			2
D. Has your MS4 made progress toward this Measurable Goal during t			ticipants/events) d <b>?</b>
2. This your Mas I made progress toward this Medistrable Goar during t	ms repo	• Yes	○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMP	P?	Yes	○ No
F. Briefly summarize the stormwater activities planned to meet the goat the next reporting cycle (including an implementation schedule).	ls of this	MCM dur	ring
The Town will continue to public on stormwater issues to maintain complia Education and Outreach requirements of the permit.	nce with	the Public	

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

If submitting this form as part of a joint r	report on behalf	of a co	alition				ID	bla	nk.		
TOWN OF BUTNAM VALLEY					DES I		_	7	2	4	F
Name of MS4/Coalition TOWN OF PUTNAM VALLEY				N	Y	R 2	U	A	3	4	5
Minimum Control Measure	2. Public II	ivolv	emen	t/P	art	icipa	tic	<u>)n</u>			
The information in this section is being reported (o	check one):										
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to the</li> </ul>	nis report?										
1. What opportunities were provided for podevelopment, evaluation and improvement (SWMP) Plan during this reporting periods.	ublic participa	mwat	er Mai	nag				ran	1		
• Cleanup Events					# E <b>v</b>	ents					1
Comments on SWMP Received				# <b>C</b>	Comm	ents					0
O Community Hotlines	Phone #	(8	4 5	)	5	2 6	-	2	3	7	7
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<ul><li>Community Meetings</li></ul>				# .	Atten	dees			3	6	0
○ Plantings					Sc	ı. Ft.					
O Storm Drain Markings					# Dr	ains					
O Stakeholder Meetings				# .	Atten	dees					
<ul><li>Volunteer Monitoring</li></ul>					# Ev	ents					1
Other:											
2. Was public notice of availability of this a Program (SWMP) Plan provided?	annual report	and S	tormw	vato	er M	lanag	3.00	ent Ye		0	No
○ List-Serve					# In	List					
O Newspaper Advertising				# :	Days	Run					
○ TV/Radio Notices				# 3	Days	Run					
• Other: Town Clerk B	u 1 1 e t	i n	В	0	a :	r d			T		

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

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

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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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 0 1 9

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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Submit additional pages as need to the programment.    Annual Report	Annual Report SWMP Plan    City  Plu T N A M V A L L E Y N Y 1 0 5 7 9 - Phone  ( 8 4 5 ) 5 2 8 - 3 2 4 2   Annual Report    Annual Report	Transport	Tropram SWMP) Plan and submit comments on those documents?  Inter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.  Address  2 6 5 0 S C A W A N A L A K E R O A D  City  P U T N A M V A L L E Y N Y 1 0 5 7 9 -  Phone  ( 8 4 5 ) 5 2 8 - 3 2 4 2  Ser Address  3 1 S O D O M R O A D  City  P U T N A M V A L L E Y N Y 1 0 5 7 9 -  Phone  ( 8 4 5 ) 5 2 8 - 3 2 4 2  Ser Address  3 1 S O D O M R O A D  City  P D T N A M V A L L E Y N Y 1 0 5 7 9 -  Phone  ( 8 4 5 ) 3 6 3 - 1 5 6 0  B Page URL:  P Annual Report SWMP Plan Comments  Annual Report SWMP Plan Comment

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

	SPI	DES II					
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 date was	s it po	osted'	?				
Leave blank if this report was not posted on the internet.	0 4	/ 2	1	1	2 0	1	8
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 submitting a j	oint r	eport,	ans	wer	5.b		
5.a. Was an Annual Report public meeting held in this reporting pe If Yes, what was the date of the meeting?	riod:	? ]/[		0	Yes	•	No
If No, is one planned?				0	Yes	•	No
5.b. Was an Annual Report public meeting held for all MS4s contri	butin	ıg to t	his	repo	ort d	uriı	ng
this reporting period?				0	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 1 9

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 2	
Use this page to report on your progress and project plans toward ac identified in your Stormwater Management Program Plan (SWMPP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SW	MPP in this reporting period.
The Town schedules Bulk Pick Up Days and Hazardous Waste pick An Earth Day Clean Up is held annually. Attendance at Town Boa Town website posts emergency phone numbers for spills and illicit else out of the ordinary that would effect water quality in the Town	ard Meetings is monitored. The discharges as well as anything
B. Briefly summarize the observations that indicated the overal Goal.	l effectiveness of this Measurable
The Building Inspector continues to provide reports/updates to the comments or concerns will be addressed and rectified, posted in To incorporated into the Town SWMP. Meetings can also be viewed of Television Channels 18 & 20.	wn minutes, Town Website and
C. How many times was this observation measured or evaluated	l in this reporting period?
·	(ex.: samples/participants/even
D. Has your MS4 made progress toward this measurable goal d	uring this reporting period?  Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the	
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu	č
The Town is at present in full compliance with the tasks required units own SWMP. The Town will continue to provide and hold event and stewardship from its residents, businesses and other organization	s which encourage involvement

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

Name of MS4/Coalition TOWN OF PUTNAM VALLEY											S II		0	A	3	4	5
Minimum Control Measure 3.	Illic	cit	Di	scł	ıaı	·ge	De	tec	<u>tio</u>	n a	nd	El	im	ina	ıtic	<u>on</u>	
The information in this section is being reported (	(che	ck	one)	):													
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to t</li> </ul>	his	rep	ort'	? [													
1. Enter the number and approx. percent	of o	uti	falls	s m	ap	pec	d: [			4	1 2	2 #	4	1	. C		)%
2. How many of these outfalls have been so reporting period (outfall reconnaissance	e inv	ver	itor	<b>y</b> )?	•						_				his		0
3.a. What types of generating sites/sewershe reporting period?	eds v	we	re t	arg	gete	ed 1	for i	ısp	ecti	ion	du	ring	g th	is			
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O Building Maintenance	0	Ma	arina	as													
○ Churches	0	Me	etal	Pla	tein	ıg (	Opera	tior	ıs								
O Commercial Carwashes	0	Ou	ıtdo	or F	lui	d S	torag	e									
O Commercial Laundry/Dry Cleaners	0	Pa	rkin	g L	ot 1	Ma	intena	ince	•								
Construction Vehicle Washouts	0	Pri	intin	g													
O Cross-Connections	0	Re	side	ntia	ıl C	Carv	washi	ng									
O Distribution Centers	0	Re	stau	ran	ts												
O Food Processing Facilities	0	Scl	hool	s a	nd	Uni	iversi	ties									
<ul> <li>Garbage Truck Washouts</li> </ul>	•	Sej	ptic	Ma	int	ena	nce										
○ Hospitals	0	Sw	/imn	ning	g P	ools	5										
O Improper RV Waste Disposal	0	Ve	hicl	e F	ueli	ing											
O Industrial Process Water	0	Ve	hicle	e M	lain	ıt./F	Repai	r Sl	nops	,							
Other:	0	No	ne					-									
PARCELS SURRO	U	N	D	I	N	G	I	ı P	K	E	S						
O Sewersheds:																	

	SPDES ID
Name of MS4/Coalition TOWN OF PUTNAM VALLEY	N Y R 2 0 A 3 4 5
3.b. What types of illicit discharges have	been found during this reporting period?
O Broken Lines From Sanitary Sewer	O Industrial Connections
O Cross Connections	Inflow/Infiltration
<ul><li>Failing Septic Systems</li></ul>	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows
<ul><li>Illegal Dumping</li></ul>	O Straight Pipe Sewer Discharges
Other:	○ None
4. How many illicit discharges/potentia	l illegal connections have been detected during this
reporting period?	5
5 How many illigit discharges have been	en confirmed during this reporting period?
5. How many mich discharges have been	en confirmed during this reporting period:
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting
7. Has the storm sewershed mapping be If No, approximately what percent was	
8. Is the above information available in Is this information available on the v If Yes, provide URL(s):	veb? • Yes • No
Please provide specific address of page URL	where map(s) can be accessed - not home page.
URL	

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

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

If submitting this form as part of a joint report on behalf of a	
TOUR OF MUTILIFIED	SPDES ID
Name of MS4/Coalition TOWN OF PUTNAM VALLEY	N Y R 2 0 A 3 4 5
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 (SWMF	PP), including requirements in Part
III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The premise of the Town's IDDE program is to focus on identifying	ing locating and eliminating illicit
discharges including the discharge of phosphorus to the East of H	
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
Goal.	
The Town Highway Superintendent, the Town Building Departm	ent and the Town Engineer
regularly, and as needed, field verify illicit discharges. The num	
eliminated is recorded. There were five (5) discharges found and	repaired or eliminated during this
reporting period.	
C. How many times was this observation measured or evaluat	ted in this reporting period?
or ration many times was this observation measured or evaluation	
	5
N 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(ex.: samples/participants/
D. Has your MS4 made progress toward this measurable goal	0 1 01
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the	
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
The Town will continue to inspect, report and repair any sources basis or as needed.	of illicit discharges on a routine

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

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

	SPL	ES	ID						
Name of MS4/Coalition TOWN OF PUTNAM VALLEY	N	Y	R	2	0	A	3	4	5

## <u>Minimum Control Measures 4 and 5.</u> Construction Site and Post-Construction Control

	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	a. Has each MS4 contributing to this report adopted a law, ordinance or other remechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?		○ No
1b	o. 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	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La	aw. 03/2006	ONT
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?	ve been	2
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of procomments related to construction SWPPPs?  • Yes	ublic 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	ıl • 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	#				O No Authority
Stop Work Orders	#		1	5	O No Authority
O Criminal Actions	#				O No Authority
○ 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

public review?

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

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

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

SPDES ID

● Yes ○ No ○ NT

O Yes

O No

Name of MS4/Coalition TOWN OF PUTNAM VALLEY N Y F	2 2	0 A 3	3 4 5
Minimum Control Measure 4. Construction Site Stormwater F	<u>tuno</u>	off Cor	<u>itrol</u>
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. How many construction projects have been authorized for disturbances of during this reporting period?	one a	acre or	more 1
2. How many construction projects disturbing at least one acre were active in during this reporting period?	ı you	r jurise	diction 0
3. What percent of active construction sites were inspected during this repor	ting <sub> </sub>	period?	ONT
4. What percent of active construction sites were inspected more than once?			0 0 % O NT 0 0 %
5. Do all inspectors working on behalf of the MS4s contributing to this repor Construction Stormwater Inspection Manual?	<b>t use</b> Yes		1 / 0

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for

con't.:		SP	DES	ID.	)					
Submit additional pages as needed.  S4/Coalition Office Department  Address  City Zip  Phone (	of MS4/Coalition TOWN OF PUTNAM VALLEY	N	Y	R	2	C	) <i>P</i>	A :	3	4
Department  Address  City Zip  Phone  (	con't.: Submit additional pages as needed.									
Department  Address  City Zip  Phone  (	S4/Coalition Office									
City Zip  Phone (										
City Zip  Phone (										
Phone (	Address	_					_			
Phone (										
City Zip  Phone  Address  T O W N B U I L D I N G D E P A R T M E N T  City Zip  Der Address  T O W N B U I L D I N G D E P A R T M E N T  City Zip  P U T N A M V A L L E Y N Y 1 0 5 7 9 -	City	)			_	7		_	-	_
City Zip  Phone  Address  T O W N B U I L D I N G D E P A R T M E N T  City Zip  Der Address  T O W N B U I L D I N G D E P A R T M E N T  City Zip  P U T N A M V A L L E Y N Y 1 0 5 7 9 -						-				
Address  City Zip  Phone  ( )	Phone									
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Phone (	Address	Т	Т		T	T	Т		Т	_
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(	Phone	1	1	_		_			_	_
Address  T O W N B U I L D I N G D E P A R T M E N T  City  P U T N A M V A L L E Y  Phone	Phone									
Address  T O W N B U I L D I N G D E P A R T M E N T  City  P U T N A M V A L L E Y  Phone										
T O W N B U I L D I N G D E P A R T M E N T  City  P U T N A M V A L L E Y N Y 1 0 5 7 9 -  Phone										
City         Zip           P U T N A M         V A L L E Y         N Y         1 0 5 7 9 -           Phone         In the state of t			I	1			_	_	1	_
P U T N A M V A L L E Y N Y 1 0 5 7 9 - Phone		_	T						_	_
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This report is being submitted for the reporting period ending March 9, 2 0 1 9

If submittin	g this form as part of a joint re	eport on behalf of a	coalition leave SPDES ID blank.	
r			SPDES ID	
Name of MS4/Coalition	TOWN OF PUTNAM VALLEY		N Y R 2 0 A 3 4	5
7. Evaluating Prog	gress Toward Measurable	Goals MCM 4		
identified in your Ste			achieving measurable goals PP), including requirements in Par	t
A. Briefly summar	ize the Measurable Goal i	dentified in the S	WMPP in this reporting period.	
included in the mos review SWPPP sub	t recent NYSDEC General l	Permit for Constru ore than one acre a	mic the protection mechanisms action Activities. The Town will as well taking special care to note	
B. Briefly summar Goal.	ize the observations that i	ndicated the over	all effectiveness of this Measura	ble
			and after significant rainfall event d during this reporting period.	s.
C. How many time	s was this observation mea	asured or evaluat	red in this reporting period?	
				2
D. Hos vour MS4 r	nada nyagyasa tawayd this	maasurahla gaal	during this reporting period?	pants/ever
D. 11as your 19154 II	nade progress toward this	illeasurable goal	Yes O	No
E. Is your MS4 on	schedule to meet the dead	line set forth in th		
J				No
•	ize the stormwater activiting cycle (including an imp	-	et the goals of this MCM during dule).	
	inue to inspect regulated cores developed for construction			

Other:

P L A N N I N G

# MS4 Annual Report Form

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

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

II Subilittii	ng uns torm as par	ι 01	a jo	,1111	ероп	t OII	UCII	all C	or a coammon		DES II		ט עוו	iaiik.		
Name of MS4/Coalition	TOWN OF PUTNAM	/ALI	EY							N	YR	$\overline{}$	0 2	3	4	5
Minimum	Control Meas	ure	<u> 5.</u>	Po	ost-C	Con	str	uct	tion Storn	nwa	ater	Ma	nag	eme	<u>nt</u>	
The information in th	nis section is being	rep	orte	ed (c	heck	one	):									
On behalf of an inc On behalf of a coa	lition						- 1									
How m	nany MS4s contri	bute	ed to	o th	is rep	port	? [									
1. How many and mS4/Coalition in	what type of post- nventoried, inspec								_	_		s ha	s you	r		
	]	Inve	# nto:	ried		Insp	# ecti	ons	# Tim Mainta							
O Alternative Practic	ees	Г		Ī		Ė				П						
• Filter Systems		1	4	3		1	4	3		2						
Infiltration Basins				2				2		1						
Open Channels																
<ul><li>Ponds</li></ul>				7				7		7						
O Wetlands																
Other																
2. Do you use an o BMPs, inspecti	electronic tool (e ons and maintai	_			atab	ase,	sp	reac	dsheet) to t	rack	k pos	t-co	nstri		n O ì	No
3. What types of a Development/B	non-structural p Better Site Desigi								•	nt I	Low I	mpa	act			
O Building Codes	Municipal Cor	npre	ehen	sive	Plar	ns										
Overlay Districts	Open Space Pr	esei	vat	ion	Progr	am										
○ Zoning	O Local Law or	Ordi	inan	ice												
○ None	O Land Use Reg	ulat	ion/	Zon	ing											
O Watershed Plans	Other Compreh	hens	ive	Pla	n											

BOARD

DIRECTION

Nar	ne of MS4/Coalition TOWN OF PUTNAM VALLEY	SPI	DES Y	ID R	2	0 .	<b>A</b> 3	3 4	5
4a.	. Are the MS4s contributing to this report involved in a regional/watersh	ed w	/ide	pla	ann	_	<b>effo</b> i Yes		No
4b.	. Does the MS4 have a banking and credit system for stormwater manag	eme	nt p	rac	tice	es?	Yes		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 stormwate					valu t pra	atio	n e?	No
4d.	How many stormwater management practices have been implemented reporting period?	as pa	ırt (	of t	his	syst	em i	n th	is
5.	What percent of municipal officials/MS4 staff responsible for program training on Low Impace Development (LID), Better Site Design (BSD) a Infrastructure principles in this reporting period?	_					ttend	ded 0	%

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

Name of MS4/Coalition TOWN OF PUTNAM VALLEY    N   Y   R   2	0 A 3 4 5
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward achieving measurable identified in your Stormwater Management Program Plan (SWMPP), including require III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in this report	rting period.
The Town encourages the use of stormwater retrofits in new development and redevel projects. The Town is a member of the East of Hudson Watershed Corporation.	opment
B. Briefly summarize the observations that indicated the overall effectiveness of t Goal.	his Measurable
The Town evaluates the effectiveness of its post construction practices with regular instructions are working to the maximum extent practicable.	spections.
C. How many times was this observation measured or evaluated in this reporting	period?
	2
D. Has your MS4 made progress toward this measurable goal during this reporting	samples/participants/events) ng period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	
F. Briefly summarize the stormwater activities planned to meet the goals of this N the next reporting cycle (including an implementation schedule).	● Yes ○ No  ICM during
The Town will continue to evaluate its post construction practices and will revise them	as needed.

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

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	Α	3	4	5

# Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?
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.

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

**Self-Assessment** 

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

	SPD	ES ID	)					
Name of MS4/Coalition TOWN OF PUTNAM VALLEY	N	YR	2	0	Α	3	4	5
2. Provide the following information about municipal operations good	od ho	ousek	еер	ing	g pr	ogı	ran	18:
<ul><li>Parking Lots Swept (Number of acres X Number of times swept)</li></ul>		# Acı	es				1	2
<ul><li>Streets Swept (Number of miles X Number of times swept)</li></ul>		# Mi	les			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		# Ll	os.					0
O Nitrogen Applied In Chemical Fertilizer		# Ll	os.					
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)		Acre	s [				].[	
3. How many stormwater management trainings have been provided	l to r	nunic	cipa	l er	mp	loy	ees	
during this reporting period?								0
4. What was the date of the last training?		1		1				
5. How many municipal employees have been trained in this reporting	ıg pe	eriod	?					
6. What percent of municipal employees in relevant positions and de stormwater management training?	part	ment	s re	ecei	ve		0	%

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

Name of MS4/Coalition TOWN OF PUTNAM VALLEY	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 achieved identified in your Stormwater Management Program Plan (SWMPP), in III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMP	PP in this reporting period.
The Good Housekeeping program addresses activities that have the pot pollutants of concern and discharge phosphorus into the East of Hudson	•
B. Briefly summarize the observations that indicated the overall eff Goal.	fectiveness of this Measurable
The Town cleaned thirty (30) catch basins during this reporting period.	
C. How many times was this observation measured or evaluated in	this reporting period?  1 2  (ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goal during	
E. Is your MS4 on schedule to meet the deadline set forth in the SW	<b>√MPP?</b> • Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule).	goals of this MCM during
The Town will continue the ongoing inspections and cleaning activities period. The Town will continue to use the best management practices assistance documents.	

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

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

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

On behalf of a coalition	MS4 4s contributed to this re	most?	
S4s must answer the que			below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	721134761	- CHECK 1772	1.00
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
raditional 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	1-1: / 2 -1: 5/5 5/5	-1.3-1.3-1.4	
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	1,0,74 4,04,5	2,5,1,5,00,10,11,12	- Thosphorus
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
Oyster Bay	1,4,0,72-0,02,7	2,5,5,60,10,11,12	Titospilotus
raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Ion-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	1,4,7a-u,9	2,3,4,3,8a,80,10,11,12	ratilogetis
raditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Ion-Traditional	1,4,7a-d,8a,9	2,3,4,5,86,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	1,4,7a-0,8a,9	2,3,4,3,80,10,11,12	r attrogens and rytrogen
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
Ion-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	1, 1,0,74-4,04,7	2,3,3,00,10,11,12	- Triospilorus
	1 2 3 4 7a-d 9 10 11 12	5 6 8a 8h	
	7		
Fraditional Land Use Fraditional Non-Land Use Non-Traditional  Does your MS4/Coaliti phosphorus/nitrogen/p			Pathogens Pathogens Pathogens

Estimate what percentage was mapped in this reporting period.

0 %

				SPDES ID		
Naı	me of MS4/Coalition TOWN OF PU	TNAM VALLEY		N Y R 2	0 A 3	4 5
3.	Does your MS4/Coalition and Maintenance Plan Pr		· Conveyance Sys	tem (infrastructu • Yes	re) Insp O No	ection ○ N/A
4.	Estimate the percentage of and maintained or rehabi		•		n inspec	
5.	Has your MS4/Coalition of NYSDEC SPDES Genera (GP-0-08-001) to reduce p disturb five thousand squ	l Permit for Stormy ollutants in stormy	water Discharges	from Construction	on Activi	ities
6.	Has your MS4/Coalition or runoff from new developmequal to one acre that pro Permit for Stormwater Di the New York State Storm Standards?	nent and redevelop vides equivalent pr scharges from Con	ment projects that otection to the Notertion Activition	at disturb greater YS DEC SPDES ies (GP-0-08-001)	than or General , includi	
7a.	. Does your MS4/Coalition phosphorus/nitrogen/path		program to redu	ce erosion or  Yes	O No	O N/A
7b.	.How many projects have	been sited in this re	porting period?			
7c.	. What percent of the proje	cts included in 7b l	nave been comple	eted in this report	ing perio	od?
7d.	.What percent of projects	planned in previou	s years have been	•	1 0	
8a.	.Has your MS4/Coalition d procedures policy that add lands?			anagement pract on municipally o		Planned  O N/A
	.Has your MS4/Coalition d procedures policy that add municipally owned lands?	dresses proper disp		•		○ N/A

Name of MS4/Coalition TOWN OF PUTNAM VALLEY	SPDES ID N Y R 2	0 A .	3 4 5
9. Has your MS4/Coalition developed and implemented a program	of native plan  Yes	_	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet was prohibiting goose feeding?			rties and O N/A
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	O No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	• Yes	O No	O N/A