



# TOWN OF PUTNAM VALLEY

## Work Session

April 8th, 2020

Town Hall 5 PM

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Meeting called to Order

Pledge of Allegiance

Supervisor's Comments

Building

1. Request to waive building permit fees for construction repairs to the North American Martyrs Church

Facilities

2. Authorize Supervisor to sign MS4 Annual Report 3/10/2019-3/9/2020

Parks and Recreation

3. Authorize Refunds

Move to Executive Session

Adjournment

**Next Town Board Meeting: Regular Town Board Meeting, Wednesday, April 15th, 2020, 6PM at Town Hall**

1

**Sam Oliverio**

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**From:** William Stanislawczyk General Contractor <wsgc96@aol.com>  
**Sent:** Wednesday, March 25, 2020 11:40 AM  
**To:** Sam Oliverio; Rich Quaglietta  
**Cc:** margaret.roche@st-columbanus.com  
**Subject:** waiver of permit fees for the North American Martyrs

Sam & Rich,

I have filed for a permit with a set of structural drawings from Cuono Engineering to remove the front entranced stair well and install C-channels on to re-enforce the existing steel I-beam. I was informed through the engineers office that the church may be except. I am requesting a waiver for the permit fees for the structural re-enforcement of the North American Martyrs Church. Let m know your thoughts.

Sincerely,  
Bill

William Stanislawczyk  
General Contractor  
375 Bellevue Ave  
Yonkers, NY 10703  
Office (914) 963-1251  
Fax (914) 963-1188  
Cell (914)589-6828

WC15314-HO4  
NYC-1068449  
Yonkers 4351  
NJ 13VH03739900  
EPA Lead Safe Certification #NAT-81152-1



2

## Town of Putnam Valley

**To:** Putnam Valley Town Board

**From:** Susan L. Manno *S. Manno*

**Date:** April 1, 2020

**Subject:** Authorize Supervisor to Sign MS4 Annual Report

I formally request that the Putnam Valley Town Board authorize the Town Supervisor to sign the MS4 Annual Report. Reporting period March 10, 2019 to March 9, 2020. Submission of the Annual Report is required by the New York State Department of Environmental Conservation.







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

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

Name of MS4 TOWN OF PUTNAM VALLEY

SPDES ID

N Y R 2 0 A 3 4 5

**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for *each* of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VILA.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name  
S A M O L I V E R I O J R .

Title  
S U P E R V I S O R

Address  
2 6 5 O S C A W A N A L A K E R O A D

City State Zip  
P U T N A M V A L L E Y N Y 1 0 5 7 9 -

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

Phone County  
( 8 4 5 ) 5 2 6 - 2 1 2 1 P U T N A M

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

MCC form for period ending March 9, 2020

Name of MS4 TOWN OF PUTNAM VALLEY

SPDES ID  
N Y R 2 0 A 3 4 5

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name S U S A N MI L Last Name M A N N O

Title M S 4 S T O R M W A T E R P U B L I C C O N T A C T

Address 2 6 5 O 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 State N Y Zip 1 0 5 7 9 -

eMail S M A N N O @ P U T N A M V A L L E Y . C O M

Phone ( 8 4 5 ) 5 2 6 - 9 1 1 4 County P U T N A M



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

MCC form for period ending March 9, 2020

Name of MS4

SPDES ID  
N Y R 2 0 A 3 4 5

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

|                                                 |    |                 |
|-------------------------------------------------|----|-----------------|
| First Name                                      | MI | Last Name       |
| L A R R Y                                       |    | C O B B         |
| Title                                           |    |                 |
| M S 4 S T O R M W A T E R C O O R D I N A T O R |    |                 |
| Address                                         |    |                 |
| 2 6 5 O S C A W A N A L A K E R O A D           |    |                 |
| City                                            |    | State Zip       |
| P U T N A M V A L L E Y                         |    | N Y 1 0 5 7 9 - |
| eMail                                           |    |                 |
| L C O B B @ P U T N A M V A L L E Y . C O M     |    |                 |
| Phone                                           |    | County          |
| ( 8 4 5 ) 5 2 6 - 3 3 3 3                       |    | P U T N A M     |

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

MCC form for period ending March 9, 2020

Name of MS4 TOWN OF PUTNAM VALLEY

SPDES ID  
N Y R 2 0 A 3 4 5

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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name T O D D MI W Last Name A T K I N S O N

Title P R O F E S S I O N A L E N G I N E E R

Address 3 1 S O D O M R O A D

City B R E W S T E R State N Y Zip 1 0 5 0 9 -

eMail t o d d . a t k i n s o n @ j r f a . c o m

Phone ( 8 4 5 ) 3 6 3 - 1 5 6 0 County P U T N A M

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

MCC form for period ending March 9, 2020

Name of MS4 TOWN OF PUTNAM VALLEY

SPDES ID  
N Y R 2 0 A 3 4 5

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  Yes  No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

E A S T O F H U D S O N W A T E R S H E D

Partner/Coalition Name (con't.)

C O R P O R A T I O N

SPDES Partner ID - If applicable  
N Y R 2 0

Address

2 N Y R O U T E 1 6 4

City

P A T T E R S O N

State

N Y

Zip

1 2 5 6 3 -

eMail

Phone

( 8 4 5 ) 3 1 9 - 6 3 4 9

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1 P U B L I C E D O N S E P T I C I S S U E S

MM2 C O M M U N I T Y M E E T I N G S

MM3 S E P T I C S O L U T I O N S A N D M A P P I N G

MM4

MM5

MM6

Additional tasks/responsibilities

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

Operation and maintenance agreements between the EOHWC and the Town continue.

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

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

Name of MS4 TOWN OF PUTNAM VALLEY

SPDES ID

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

[Signature box]

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

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition: TOWN OF PUTNAM VALLEY

SPDES ID  
N Y R 2 0 A 3 4 5

**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.

Yes  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

h t t p : / / w w w . p u t n a m v a l l e y . c o m / L a k e % 2 0 O s c a w a n a % 2 0 2 0 0 9 % 2 0 A n n u a l % 2 0 M o n i t o r i n g % 2 0 R e p o r t . p d f

URL

h t t p : / / w w w . p u t n a m v a l l 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 l l . p d f

URL

URL



### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2020**

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

Name of MS4/Coalition TOWN OF PUTNAM VALLEY

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 4 | 5 |
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |                                                           |                     |                                                                                                                                            |   |  |  |   |
|-----------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|                                                           |                     |                                                                                                                                            |   |  |  |   |
| <input type="radio"/> Direct Mailings                     | # Mailings          | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|                                                           |                     |                                                                                                                                            |   |  |  |   |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations         | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td style="text-align: center;">1</td></tr></table> |   |  |  | 1 |
|                                                           |                     |                                                                                                                                            | 1 |  |  |   |
| <input type="radio"/> List-Serves                         | # In List           | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|                                                           |                     |                                                                                                                                            |   |  |  |   |
| <input type="radio"/> Mailing List                        | # In List           | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|                                                           |                     |                                                                                                                                            |   |  |  |   |
| <input type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|                                                           |                     |                                                                                                                                            |   |  |  |   |
| <input type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|                                                           |                     |                                                                                                                                            |   |  |  |   |
| <input type="radio"/> School Program                      | # Attendees         | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|                                                           |                     |                                                                                                                                            |   |  |  |   |
| <input type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|                                                           |                     |                                                                                                                                            |   |  |  |   |
| <input checked="" type="radio"/> Printed Materials:       | Total # Distributed | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td style="text-align: center;">1</td></tr></table> |   |  |  | 1 |
|                                                           |                     |                                                                                                                                            | 1 |  |  |   |

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

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| T | O | W | N |  | C | L | E | R | K | S |   | O | F | F | I | C | E |  |
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Other:  

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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
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**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|

3. Web Page cont.: Provide specific web addresses - not home page.

URL

http://www.putnamvalley.com/August%20202009%20Lake%20Oscawana%20Aquatic%20Plant%20Growth%20Control

URL

-District%20Newsletter.pdf  
Continued from above

URL

http://www.putnamvalley.com/September%202009%20Lake%20Peekskill%20Civic%20Association%20Newslett

URL

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URL

http://www.putnamvalley.com/March%202010%20Roaring%20Brook%20Lake%20Property%20Owners%20Associat

URL

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

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Name of MS4/Coalition 

|                       |
|-----------------------|
| TOWN OF PUTNAM VALLEY |
|-----------------------|

SPDES ID  

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

[Empty text box for summarizing the Measurable Goal]

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

The Town continues to comply with MCM1 by distributing direct mailings to residents and businesses. Said mailings are also posted on the Town's website.

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 2 |
|--|--|--|---|

*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

The Town will continue to public on stormwater issues to maintain compliance with the Public Education and Outreach requirements of the permit.



**MS4 Annual Report Form**

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Name of MS4/Coalition

SPDES ID

**2. URL(s) con't.:**

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

URL

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m w a t e r - m a n a g m e n t - d o c u m e n t s

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URL

URL

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URL





### MS4 Annual Report Form

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

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|---|---|---|---|

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

Name of MS4/Coalition 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 4 | 5 |
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 4 | / | 0 | 8 | / | 2 | 0 | 2 | 0 |
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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 joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

Yes  No

If Yes, what was the date of the meeting?

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |
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If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

6. Were comments received during this reporting period?

Yes  No

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

**MS4 Annual Report Form**

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

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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Name of MS4/Coalition 

|                       |
|-----------------------|
| TOWN OF PUTNAM VALLEY |
|-----------------------|

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

The Town schedules Bulk Pick Up Days and Hazardous Waste pickups for residents and businesses. An Earth Day Clean Up is held annually. 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 observation measured or evaluated in this reporting period?**

|  |  |  |   |
|--|--|--|---|
|  |  |  | 5 |
|--|--|--|---|

(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

The Town 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 provide and hold events which encourage involvement and stewardship from its residents, businesses and other organizations in the surrounding locale.











**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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| TOWN OF PUTNAM VALLEY |
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

The premise of the Town's IDDE program is to focus on identifying, locating and eliminating illicit discharges including the discharge of phosphorus to the East of Hudson watershed.

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

The Town Highway Superintendent, the Town Building Department and the Town Engineer regularly, and as needed, field verify illicit discharges. The number of illicit discharges found and 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 evaluated in this reporting period?**

|  |  |  |   |
|--|--|--|---|
|  |  |  | 5 |
|--|--|--|---|

*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

The Town will continue to inspect, report and repair any sources of illicit discharges on a routine basis or as needed.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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| TOWN OF PUTNAM VALLEY |
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

|  |  |   |
|--|--|---|
|  |  | 6 |
|--|--|---|

**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

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

- |                                                        |   |                                                                                                                                                                                                                                                                                                                         |   |  |   |   |                                    |
|--------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|---|---|------------------------------------|
| <input type="radio"/> Notices of Violation             | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                                           |   |  |   |   | <input type="radio"/> No Authority |
|                                                        |   |                                                                                                                                                                                                                                                                                                                         |   |  |   |   |                                    |
| <input checked="" type="radio"/> Stop Work Orders      | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">8</td></tr></table> |   |  | 1 | 8 | <input type="radio"/> No Authority |
|                                                        |   | 1                                                                                                                                                                                                                                                                                                                       | 8 |  |   |   |                                    |
| <input type="radio"/> Criminal Actions                 | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                                           |   |  |   |   | <input type="radio"/> No Authority |
|                                                        |   |                                                                                                                                                                                                                                                                                                                         |   |  |   |   |                                    |
| <input type="radio"/> Termination of Contracts         | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                                           |   |  |   |   | <input type="radio"/> No Authority |
|                                                        |   |                                                                                                                                                                                                                                                                                                                         |   |  |   |   |                                    |
| <input type="radio"/> Administrative Fines             | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                                           |   |  |   |   | <input type="radio"/> No Authority |
|                                                        |   |                                                                                                                                                                                                                                                                                                                         |   |  |   |   |                                    |
| <input type="radio"/> Civil Penalties                  | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                                           |   |  |   |   | <input type="radio"/> No Authority |
|                                                        |   |                                                                                                                                                                                                                                                                                                                         |   |  |   |   |                                    |
| <input type="radio"/> Administrative Orders            | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                                           |   |  |   |   | <input type="radio"/> No Authority |
|                                                        |   |                                                                                                                                                                                                                                                                                                                         |   |  |   |   |                                    |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                                           |   |  |   |   | <input type="radio"/> No Authority |
|                                                        |   |                                                                                                                                                                                                                                                                                                                         |   |  |   |   |                                    |
| <input type="radio"/> Other                            | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>                                           |   |  |   |   | <input type="radio"/> No Authority |
|                                                        |   |                                                                                                                                                                                                                                                                                                                         |   |  |   |   |                                    |

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition

SPDES ID

**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report?

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

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

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

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

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition: TOWN OF PUTNAM VALLEY

SPDES ID: N Y R 2 0 A 3 4 5

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department

Address

City Zip

Phone ( ) -

○ Library

Address

City Zip

Phone ( ) -

● Other

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 N Y Zip: 1 0 5 7 9 -

Phone: ( 8 4 5 ) 5 2 6 - 2 3 7 7

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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| TOWN OF PUTNAM VALLEY |
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

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

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

The Town's construction site stormwater control program will mimic the protection mechanisms included in the most recent NYSDEC General Permit for Construction Activities. The Town will review SWPPP submitted for disturbance of more than one acre as well taking special care to note any possible discharges in to the East of Hudson watershed.

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

Inspections of construction sites occur weekly as well as prior to and after significant rainfall events. One hundred percent (100 %) of construction sites were inspected 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 this reporting period?**

Yes  No

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

Yes  No

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

The Town will continue to inspect regulated construction sites and evaluate the construction compliance strategies developed for construction site inspections.



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition: TOWN OF PUTNAM VALLEY

SPDES ID: N Y R 2 0 A 3 4 5

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

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

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

How many MS4s contributed to this report?

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

|                                                      | #<br>Inventoried       | #<br>Inspections       | # Times<br>Maintained  |
|------------------------------------------------------|------------------------|------------------------|------------------------|
| <input type="radio"/> Alternative Practices          | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| <input checked="" type="radio"/> Filter Systems      | 1 4 3                  | 1 4 3                  | <input type="text"/> 1 |
| <input checked="" type="radio"/> Infiltration Basins | <input type="text"/> 2 | <input type="text"/> 2 | <input type="text"/> 0 |
| <input type="radio"/> Open Channels                  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| <input checked="" type="radio"/> Ponds               | <input type="text"/> 7 | <input type="text"/> 7 | <input type="text"/> 1 |
| <input type="radio"/> Wetlands                       | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| <input type="radio"/> Other                          | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |

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

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

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

Other:

P L A N N I N G   B O A R D   D I R E C T I O N

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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| TOWN OF PUTNAM VALLEY |
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SPDES ID  

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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?  

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

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

|  |  |   |
|--|--|---|
|  |  | 0 |
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 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

The Town encourages the use of stormwater retrofits in new development and redevelopment projects. The Town is a member of the East of Hudson Watershed Corporation.

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

The Town evaluates the effectiveness of its post construction practices with regular inspections. Retrofits are working to the maximum extent practicable.

**C. How many times was this observation measured or evaluated in this 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).**

The Town will continue to evaluate its post construction practices and will revise them as needed.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID

**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.

| <u>Operation/Activity/Facility</u>                | <u>Addressed in SWMP?</u>        |                                  | <u>Self-Assessment<br/>Operation/Activity/Facility<br/>performed within the past 3<br/>years?</u> |                                  |
|---------------------------------------------------|----------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------|
|                                                   | <input type="radio"/> Yes        | <input type="radio"/> No         | <input type="radio"/> Yes                                                                         | <input type="radio"/> No         |
| Street Maintenance.....                           | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| Bridge Maintenance.....                           | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| Winter Road Maintenance.....                      | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| Salt Storage.....                                 | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| Solid Waste Management.....                       | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| New Municipal Construction and Land Disturbance.. | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| Right of Way Maintenance.....                     | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| Marine Operations.....                            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| Hydrologic Habitat Modification.....              | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| Parks and Open Space.....                         | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| Municipal Building.....                           | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| Stormwater System Maintenance.....                | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| Vehicle and Fleet Maintenance.....                | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |
| Other.....                                        | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>                                                                             | <input checked="" type="radio"/> |



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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| TOWN OF PUTNAM VALLEY |
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

The Good Housekeeping program addresses activities that have the potential to release potential pollutants of concern and discharge phosphorus into the East of Hudson Watershed.

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

The Town cleaned one hundred and thirty (130) 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 this reporting period?**

Yes  No

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

Yes  No

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

The Town will continue the ongoing inspections and cleaning activities during the next reporting period. The Town will continue to use the best management practices as defined in the NYSDEC assistance documents.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition: TOWN OF PUTNAM VALLEY

SPDES ID  
N Y R 2 0 A 3 4 5

### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?      

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

| MS4 Description                 | Answer                   | Check NA               | (POC)                  |
|---------------------------------|--------------------------|------------------------|------------------------|
| <b>NYC EOH Watershed</b>        |                          |                        |                        |
| Traditional Land Use            | 1,2,3,4,5,6,7a-d,8a,8b,9 | 10,11,12               | Phosphorus             |
| Traditional Non-Land Use        | 1,2,3,4,7a-d,8a,8b,9     | 5,10,11,12             | Phosphorus             |
| Non-Traditional                 | 1,2,77a-d,8a,8b,9        | 3,4,5,10,11,12         | Phosphorus             |
| <b>Onondaga Lake Watershed</b>  |                          |                        |                        |
| Traditional Land Use            | 1,6,7a-d,8a,9            | 2,3,4,5,8b,10,11,12    | Phosphorus             |
| Traditional Non-Land Use        | 1,6,7a-d,8a,9            | 2,3,4,5,8b,10,11,12    | Phosphorus             |
| Non-Traditional                 | 1,6,7a-d,8a,9            | 2,3,4,5,8b,10,11,12    | Phosphorus             |
| <b>Greenwood Lake Watershed</b> |                          |                        |                        |
| Traditional Land Use            | 1,4,6,7a-d,8a,9          | 2,3,5,8b,10,11,12      | Phosphorus             |
| Traditional Non-Land Use        | 1,4,6,7a-d,8a,9          | 2,3,5,8b,10,11,12      | Phosphorus             |
| Non-Traditional                 | 1,4,6,7a-d,8a,9          | 2,3,5,8b,10,11,12      | Phosphorus             |
| <b>Oyster Bay</b>               |                          |                        |                        |
| Traditional Land Use            | 1,4,7a-d,9,10,11,12      | 2,3,5,6,8a,8b          | Pathogens              |
| Traditional Non-Land Use        | 1,4,7a-d,9,10,11,12      | 2,3,5,6,8a,8b          | Pathogens              |
| Non-Traditional                 | 1,4,7a-d,9               | 2,3,4,5,8a,8b,10,11,12 | Pathogens              |
| <b>Peconic Estuary</b>          |                          |                        |                        |
| Traditional Land Use            | 1,4,7a-d,8a,9,10,11,12   | 2,3,5,6,8b             | Pathogens and Nitrogen |
| Traditional Non-Land Use        | 1,4,7a-d,8a,9,10,11,12   | 2,3,5,6,8b             | Pathogens and Nitrogen |
| Non-Traditional                 | 1,4,7a-d,8a,9            | 2,3,4,5,8b,10,11,12    | Pathogens and Nitrogen |
| <b>Oscawana Lake Watershed</b>  |                          |                        |                        |
| Traditional Land Use            | 1,4,6,7a-d,8a,9          | 2,3,5,8b,10,11,12      | Phosphorus             |
| Traditional Non-Land Use        | 1,4,6,7a-d,8a,9          | 2,3,5,8b,10,11,12      | Phosphorus             |
| Non-Traditional                 | 1,4,6,7a-d,8a,9          | 2,3,5,8b,10,11,12      | Phosphorus             |
| <b>LI 27 Embayments</b>         |                          |                        |                        |
| Traditional Land Use            | 1,2,3,4,7a-d,9,10,11,12  | 5,6,8a,8b              | Pathogens              |
| Traditional Non-Land Use        | 1,2,3,4,7a-d,9,10,11,12  | 5,6,8a,8b              | Pathogens              |
| Non-Traditional                 | 1,2,3,4,7a-d,9           | 5,6,8a,8b,10,11,12     | Pathogens              |

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?  Yes  No  N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?  Yes  No  N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.   6 0 %

Estimate what percentage was mapped in this reporting period.     0 %

### MS4 Annual Report Form

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

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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

Name of MS4/Coalition

TOWN OF PUTNAM VALLEY

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|

3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

|  |   |   |
|--|---|---|
|  | 2 | 0 |
|--|---|---|

 %

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

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

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

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

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 %

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

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %  
 No Projects Planned

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

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



**MS4 Annual Report Form**

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

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

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

Name of MS4/Coalition

TOWN OF 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 planting?  
 Yes    No    N/A
- 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?  
 Yes    No    N/A
- 11. Does your MS4/Coalition have a pet waste bag program?  
 Yes    No    N/A
- 12. Does your MS4/Coalition have a program to manage goose populations?  
 Yes    No    N/A

To: Town Board  
From: Frank DiMarco, Parks and Recreation Director  
Subject: Parks and Recreation Refunds  
Date: March 16, 2020

|                                                                     |                                                                |
|---------------------------------------------------------------------|----------------------------------------------------------------|
| Laura Del Olmo<br>46 Hanson Street<br>Lake Peekskill, NY 10537      | \$400.00<br>LPCC<br>deposit refund                             |
| Ellie Miranda<br>68 Argyle Street<br>Lake Peekskill, NY 10537       | \$650.00<br>LPCC<br>Rental fee and deposit/ cancelled          |
| Kristen Byrnes<br>15 Luigi Road<br>Putnam Valley, NY 10579          | \$700.00<br>LPCC<br>Rental fee and deposit/ cancelled          |
| Christina Leitmann<br>12 Lakefront Road<br>Putnam Valley, NY 10579  | \$60.00<br>Sports program refund<br>Hula did not run           |
| Eliana Dropkin<br>12 Perry Street<br>Cortlandt Manor, NY 10567      | \$60.00<br>Sports program refund<br>Hula did not run           |
| Joanne Wagner<br>18 Nob Hill<br>Putnam Valley, NY 10579             | \$60.00<br>Sports program refund<br>Hula did not run           |
| Deborah Moynihan<br>31 School Street<br>Cortlandt Manor, NY 10567   | \$355.25<br>Day camp deposit<br>Refund due to loss of job      |
| Crystal Hernandez<br>11 Community Place<br>Putnam Valley, NY 10579  | \$700.00<br>LPCC<br>Deposit and rental fee for<br>cancellation |
| Donald Baisley<br>115 Frederick Street<br>Cortlandt Manor, NY 10567 | \$650.00<br>LPCC<br>Deposit and rental fee for<br>Cancellation |