

**MS4 Annual Report Cover Page**

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

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

SPDES ID  
N Y R 2 0 A 3 4 5

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

T O W N O F P U T N A M V A L L E Y

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

[Empty grid for 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.

Name of Coalition

[Empty grid for Name of Coalition]

SPDES ID  
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### 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 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name SAM MI Last Name OLIVERIO JR.

Title SUPERVISOR

Address 265 OSCAWANA LAKE ROAD

City PUTNAM VALLEY State NY Zip 10579

eMail SOLIVERO@PUTNAMVALLEY.COM

Phone (845) 526-2121 County PUTNAM

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

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

Name of MS4

SPDES ID  

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

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

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

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

Title

Address

City  State  Zip

eMail

Phone  County

**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

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- Duly Authorized Representative
- Local Stormwater Public Contact
- 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?

If Yes, complete information below.

Yes  No

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

Zip

N Y

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:

Date

05/22/2020

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

SPDES ID

### 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	0	s	c	a	w	a	n	a	%	2	0	2	0	0	9	%	2	0	A	n	n	u	a	l	%
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URL

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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: NYR20A345

### Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report? [ ][ ]

#### 1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- Construction Sites
- General Stormwater Management Information
- Household Hazardous Waste Disposal
- Illicit Discharge Detection and Elimination
- Infrastructure Maintenance
- Smart Growth
- Storm Drain Marking
- Green Infrastructure/Better Site Design/Low Impact Development
- Other:
- Pesticide and Fertilizer Application
- Pet Waste Management
- Recycling
- Riparian Corridor Protection/Restoration
- Trash Management
- Vehicle Washing
- Water Conservation
- Wetland Protection
- None

Other: NON POINT SOURCE POLLUTION

#### 2. Specific audiences targeted during this reporting period:

- Public Employees
- Residential
- Businesses
- Restaurants
- Other:
- Contractors
- Developers
- General Public
- Industries
- Agricultural

Other: [ ]

### 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. 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="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input type="radio"/> Direct Mailings                     | # Mailings          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations         | <table border="1" style="width: 100%; height: 20px;"><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="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input type="radio"/> Mailing List                        | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input type="radio"/> School Program                      | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>                             |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input checked="" type="radio"/> Printed Materials:       | Total # Distributed | <table border="1" style="width: 100%; height: 20px;"><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)

T	O	W	N		H	A	L	L		L	O	B	B	Y					
T	O	W	N		L	I	B	R	A	R	Y								
T	O	W	N		C	L	E	R	K	S		O	F	F	I	C	E		
T	O	W	N		W	E	B	S	I	T	E								

Other:

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

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URL

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o	n	t	.	h	t	m	l																										

**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

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

URL

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u a t i c % 2 0 P l a n t % 2 0 G r o w t h % 2 0 C o n t r o l

URL

- D i s t r i c t % 2 0 N e w s l e t t e r . p d f  
C o n t i n u e d f r o m a b o v e

URL

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2 0 C i v i c % 2 0 A s s o c i a t i o n % 2 0 N e w s l e t t

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e r . p d f  
C o n t i n u e d f r o m a b o v e

URL

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e % 2 0 P r o p e r t y % 2 0 O w n e r s % 2 0 A s s o c i a t

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C o n t i n u e d f r o m a b o v e

URL

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

TOWN OF PUTNAM VALLEY
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SPDES ID

N	Y	R	2	0	A	3	4	5
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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.**

--

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

<p>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.</p>
---

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

			2
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

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

T	O	W	N	O	F	P	U	T	N	A	M	V	A	L	L	E	Y
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SPDES ID  

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

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

URL

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

URL


URL


URL


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Name of MS4/Coalition <span style="float: right; border: 1px solid black; padding: 2px;">TOWN OF PUTNAM VALLEY</span>	SPDES ID
N Y R 2 0 A 3 4 5	

**3. Where can the public access copies of this annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?**

Enter 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.

- MS4/Coalition Office
  Annual Report
 SWMP Plan
 Comments

Department T O W N C L E R K

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 N Y

Zip 1 0 5 7 9 -

Phone ( 8 4 5 ) 5 2 6 - 3 2 8 0

- Library
  Annual Report
 SWMP Plan
 Comments

Address 3 0 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 N Y

Zip 1 0 5 7 9 -

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

- Other
  Annual Report
 SWMP Plan
 Comments

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

City B R E W S T E R N Y

Zip 1 0 5 0 9 -

Phone ( 8 4 5 ) 3 6 3 - 1 5 6 0

- Web Page URL:
  Annual Report
 SWMP Plan
 Comments

h t t p : / / w w w . p u t n a m v a l l e y . c o m / T P V

2 0 1 7 M S I V R E P O R T . p d f

Please provide specific address of page where report can be accessed - not home page.

- eMail
  Comments

h t t p : / / f e e d b a c k . p u t n a m v a l l e y . c o

m /



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF PUTNAM VALLEY
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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
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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

Yes  No

If Yes, what was the date of the meeting?

		/			/				
--	--	---	--	--	---	--	--	--	--

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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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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**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.

7368169291

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF PUTNAM VALLEY
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SPDES ID 

N	Y	R	2	0	A	3	4	5
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**Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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. Enter the number and approx. percent of outfalls mapped: 

		4	1	2
--	--	---	---	---

 # 

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

 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 

		0
--	--	---

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- |  |   |
|--|---|
| <input type="radio"/> Auto Recyclers                           | <input type="radio"/> Landscaping (Irrigation)      |
| <input type="radio"/> Building Maintenance                     | <input type="radio"/> Marinas                       |
| <input type="radio"/> Churches                                 | <input type="radio"/> Metal Plateing Operations     |
| <input type="radio"/> Commercial Carwashes                     | <input type="radio"/> Outdoor Fluid Storage         |
| <input type="radio"/> Commercial Laundry/Dry Cleaners          | <input type="radio"/> Parking Lot Maintenance       |
| <input checked="" type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing                      |
| <input type="radio"/> Cross-Connections                        | <input type="radio"/> Residential Carwashing        |
| <input type="radio"/> Distribution Centers                     | <input type="radio"/> Restaurants                   |
| <input type="radio"/> Food Processing Facilities               | <input type="radio"/> Schools and Universities      |
| <input checked="" type="radio"/> Garbage Truck Washouts        | <input checked="" type="radio"/> Septic Maintenance |
| <input type="radio"/> Hospitals                                | <input type="radio"/> Swimming Pools                |
| <input type="radio"/> Improper RV Waste Disposal               | <input type="radio"/> Vehicle Fueling               |
| <input type="radio"/> Industrial Process Water                 | <input type="radio"/> Vehicle Maint./Repair Shops   |
| <input checked="" type="radio"/> Other:                        | <input type="radio"/> None                          |

P	A	R	C	E	L	S		S	U	R	R	O	U	N	D	I	N	G		L	A	K	E	S					
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--

Sewersheds: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--





**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF PUTNAM VALLEY
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SPDES ID  

N	Y	R	2	0	A	3	4	5
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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
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(ex.: samples/participants/events)

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

Yes    No

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

Yes    No

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

The 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 

TOWN OF PUTNAM VALLEY
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SPDES ID  

N	Y	R	2	0	A	3	4	5
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

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

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

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

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

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

		6
--	--	---

**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"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |   |   |  | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |                                    |
| <input checked="" type="radio"/> Stop Work Orders      | # | <table border="1"><tr><td> </td><td> </td><td>1</td><td>8</td><td> </td></tr></table> |   |  | 1 | 8 |  | <input type="radio"/> No Authority |
|  |   | 1   | 8 |  |   |   |  |                                    |
| <input type="radio"/> Criminal Actions                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |   |   |  | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |                                    |
| <input type="radio"/> Termination of Contracts         | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |   |   |  | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |                                    |
| <input type="radio"/> Administrative Fines             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |   |   |  | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |                                    |
| <input type="radio"/> Civil Penalties                  | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |   |   |  | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |                                    |
| <input type="radio"/> Administrative Orders            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |   |   |  | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |                                    |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |   |   |  | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |                                    |
| <input type="radio"/> Other                            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |   |   |  | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |                                    |



### 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 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? [ ][ ] 6

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? [ ][ ] 0

3. What percent of active construction sites were inspected during this reporting period?  NT  100 %

4. What percent of active construction sites were inspected more than once?  NT  100 %

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

Phone ( ) -

Zip -

Library

Address

City

Phone ( ) -

Zip -

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

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

Zip: 1 0 5 7 9 -

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

TOWN OF PUTNAM VALLEY

SPDES ID

N	Y	R	2	0	A	3	4	5
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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?

	# Inventoried	# Inspections	# Times 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

TOWN OF PUTNAM VALLEY

SPDES ID

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

 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF PUTNAM VALLEY
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SPDES ID  

N	Y	R	2	0	A	3	4	5
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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?**

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

Name of MS4/Coalition 

TOWN OF PUTNAM VALLEY
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SPDES ID 

N	Y	R	2	0	A	3	4	5
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

- On behalf of an individual MS4
- On behalf of a 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 Operation/Activity/Facility performed within the past 3 years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF PUTNAM VALLEY
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SPDES ID  

N	Y	R	2	0	A	3	4	5
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**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

			1	2
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		1	0	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		3	5	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

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

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

					.	
--	--	--	--	--	---	--

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

				0
--	--	--	--	---

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

		/			/				
--	--	---	--	--	---	--	--	--	--

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

--	--	--

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

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

Name of MS4/Coalition 

TOWN OF PUTNAM VALLEY
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SPDES ID

N	Y	R	2	0	A	3	4	5
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP 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 SWMP?**

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

Name of MS4/Coalition

TOWN OF PUTNAM VALLEY

SPDES ID

N	Y	R	2	0	A	3	4	5
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**Additional Watershed Improvement Strategy Best Management Practices**

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

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

How many MS4s contributed to this report? 

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**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	1,2,7a-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
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

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

SPDES ID  

N	Y	R	2	0	A	3	4	5
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- 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes    No    N/A
  
- 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

	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? 

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 %
  
- 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

2404042253

**MS4 Annual Report Form**

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

2	0	2	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF PUTNAM VALLEY

SPDES ID

N	Y	R	2	0	A	3	4	5
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**9. Has your MS4/Coalition developed and implemented a program of native planting?**

Yes    No    N/A

**10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**

Yes    No    N/A

**11. Does your MS4/Coalition have a pet waste bag program?**

Yes    No    N/A

**12. Does your MS4/Coalition have a program to manage goose populations?**

Yes    No    N/A