## MS4 Annual Report Cover Page


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

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## Choose one:

This report is being submitted on behalf of an individual MS4.
Fill in SPDES ID in upper right hand comer.
Name of MS4


## 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
$\square$

## 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.


## MS4 Annual Report Cover Page

MCC form for period ending March $9,$|  | 0 | 2 | 2 |
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Provide SPDES ID of each permitted MS4 included in this report.

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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March $9,$|  | 0 | 2 | 2 |
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> SPDES ID

Name of MS4 Town of Putnam Valley

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Each MS4 must submit an MCC form.

## Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4

O A Single Entity (Per Part II.E of GP-0-10-002)
O A Joint Report
Joint reports may be submitted by permittees with legally binding agreements.


# MS4 Municipal Compliance Certification(MCC) Form 



SPDES ID
Name of MS4 Town or Putnarn Valley

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## 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 shect must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.
If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

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


## MS4 Municipal Compliance Certification(MCC) Form

| $\mathbf{M C C}$ form for period ending March 9, | 2 | 0 | 2 | 2 |
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Name of MS4 Town of Putnam Valley

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For each contact, select all that apply:
$O$ Principal Executive Officer/Chief Elected Official
O Duly Authorized Representative

- Local Stormwater Public Contact

O Stormwater Management Program (SWMP) Coordinator
O Reporl Preparer


Title


Address


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County


# MS4 Municipal Compliance Certification(MCC) Form 

MCC form for period ending March 9, $2 \times |$

Name of MS4
Town of Putnam Vallcy
SPDES ID

## Section 2 - Contact Information

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For each contact, select all that apply:
O Principal Executive Officer/Chief Elected Official
O Duly Authorized Representative
O Local Stornwater Public Contact

- Stormwater Management Program (SWMP) Coordinator

O Report Preparer


## Title


Address
City
eMail


# MS4 Municipal Compliance Certification(MCC) Form 



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

For each contact, select all that apply:
O Principal Executive Officer/Chief Elected Official
O Duly Authorized Representative
O Local Stormwater Public Contact
O Stormwater Management Program (SWMP) Coordinator

- Report Preparer


Title


Address


MCC Page 2

## MS4 Municipal Compliance Certification (MCC) Form

\section*{MCC form for period ending March $9,$| 2 | 0 | 2 | 2 |
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Name of MS4 Town of Putnam Vallicy
SPDES ID

## Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

- Yes O 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

Partner/Coalition Name (con't.)
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Address

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


## Additional tasks/responsibilities

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


## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 2
Name of MS4 Town of Putnam Vallicy
SPDES ID

## 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.

Title (Clearly print title of individual signing report)


$$
05 / 23 / 10122
$$

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


If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name orMS4/Coalition Town of Putaam Valley

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## 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? $\quad \square_{\square}$

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.
OYes No
If Yes, choose one of the following
O Report(s) attached to the annual report
O 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.





## MS4 Annual Report Form

This report is being submitted for the reporting period ending March $9,$|  | 0 | 2 | 2 |
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## 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? $\left[\begin{array}{l}\square\end{array}\right.$

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

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

| O Construction Sites | O Pesticide and Fertilizer Application |
| :--- | :--- |
| O General Stormwater Management Information | O Pet Waste Management |
| O Household Hazardous Waste Disposal | O Recycling |
| - Illicit Discharge Detection and Elimination | O Riparian Corridor Protection/Restoration |
| O Infrastructure Maintenance | O Trash Management |
| O Smart Growth | O Vehicle Washing |
| O Storm Drain Marking | O Water Conservation |
| O Green Infrastructure/Better Site Design/Low Impact Development | O Wetland Protection |
| Other: |  |

2. Specific audiences targeted during this reporting period:


## MS4 Annual Report Form

This report is being submitted for the reporting period ending March $9,$|  | 2 | 0 | 2 |
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Name of MS4/Coalition
Town of Putnam Valley
SPDES ID

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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:

Construction Site Operators Trained
O Direct Mailings
O Kiosks or Other Displays
O List-Serves
Mailing List
O Newspaper Ads or Articles
O Public Events/Presentations
School Program
O TV Spot/Program

- Printed Materials:

Locations (c.g. libraries, townoffices, kiosks')


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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 URL needed.


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## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \boldsymbol{2} |$|  | 2 | 2 |
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> If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID
Name of MS4/Coalition Town of Putnam Valley

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## MS4 Annuall Report Form

This report is being submitted for the reporting period ending March $9,$|  | 0 | 2 | 2 |
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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/Coaliition Town of Punam Valley

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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.I. Submit additional pages as needed.

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

The Town, in conjunction with the NYSDEC, has developed a Natural Resources Inventory to assist the Town and the the public in making informed and proactive decisions about its ecosystems.
B. Briefly sumnarize the observations that indicated the overall effectiveness of this Measurable Goal.

Maps and a detailed chapter on the streams and watersheds of the Town has been included in the Resources Inventory. The public was afforded the opportunity for comment. The chapter assists the community by detailing how pollutants travel into the drinking water system, their effects on plant, aquatic, and anirnal life, and defines flood zones for prospective homeowners and builders.
C. How many times was this observation measured or evaluated in this reporting period?

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

$$
\begin{array}{ll}
\text { Yes ONo } \\
\text { Yes } \quad \text { ONo }
\end{array}
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E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

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

Educational material covering topics such as illicit discharges, septic system maintenance, and general stormwater best practices will continue to be maintained in the Town Facilities office as well as available on the Town websites stormwater page. Materials will be updated on an as needed basis or as required by new NYSDEC permit regulations.

## MS4 Annual Report Form


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

## Minimum Control Measure 2. Public Involvement/Participation

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

- On behalf of an individual MS4

O On behalf of a coalition
How many MS4s contributed to this report? $\square \square$

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?
OLisk-Serve
O Newspaper Advertising
O TV/Radio Notices

- Other: $\mathrm{T}|\mathrm{o}| \mathrm{w}|\mathrm{n}| \mathrm{B}|\mathrm{o}| \mathrm{a}|\mathrm{r}| \mathrm{d}|\quad| \mathrm{M}|\mathrm{e}| \mathrm{e}|\mathrm{t}| \mathrm{i}|\mathrm{n}| \mathrm{g} \mid$

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


## MS4 Annual Report Form

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SPDES ID
Name of MS4/Coalition Town of Putnam Valley

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MCM 2 Page 2 of 6

## MS4 Annual Report Form


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

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

Address

 Phone

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- Annual Report O SWMP Plan Comments


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


## MS4 Annual Report Form

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

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| Name of MS4/Coalition | Town of Putnam Valley | N | $Y$ | R | 2 | 0 | A | 3 | 4 | 5 |

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.
4.b. For how many days was/will this report be posted?


If submitting a report for single MS4, answer 5.a.. If subrnitting a joint report, answer 5.b..
5.a. Was an Annual Report public meeting held in this reporting period?

If Yes, what was the date of the meeting?


If No , is one planned?

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

O Yes No
$O$ Yes No
O Yes No
6. Were comments received during this reporting period? If Yes, attach comments ${ }^{\text {® }}$ responses and changes made to SWMP in response to comments to this report.

## MS4 Annual Report Form


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

|  |  | SPDES ID |  |  |  |  |  |  |  |  |
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| Name of MS4/Coalition | Town of Putnam Vallcy | N | Y | R | 2 | 0 | A | 3 | 4 | 5 |

## 7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward 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.

Maximizing public involvement and participation.

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

 Goal.Town Board meetings are being held in-preson and via Zoom. Notice of public meetings are posted on the Town website and in the local paper. Meetings can also be viewed on the Putnam Valley TV channels of 18 and 20. Meeting attendance is typically twenty (20) people which is close to the pre pandemic attendance level. Should a large crowd be expected, the meeting is moved to the Fire House so everyone can be accommodated.
C. How many times was this observation measured or evaluated in this reporting period?

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

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

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

Public meetings will continue to be held in person and via Zoom. Meeting times and minutes will continue to be posted on the Town website and in the local paper. Meetings will continue to be televísed.

## MS4 Annual Report Form

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


## 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? $\quad \square \square$

1. Enter the number and approx. percent of outfalls mapped: 
2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

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

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## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, | 2 | 0 | 2 | 2 |
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Name of MS4/Coalition
Town of Putnam Vallcy

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3.b. What types of illicit discharges have been found during this reporting period?

| O Broken Lines From Sanitary Sewer | O Industrial Connections |
| :--- | :--- |
| O Cross Connections | O Inflow/Infiltration |
| Failing Septic Systems | O Pump Station Failure |
| O Floor Drains Connected To Storm Sewers | O Sanitary Sewer Overflows |
| O Illegal Dumping | O Straight Pipe Sewer Discharges |
| Other: |  |

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

5. How many illicit discharges have been confirmed during this reporting period?
6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

7. Has the storm sewershed mapping been completed in this reporting period? If. No, approximately what percent was completed in this reporting period?

8. Is the above information available in GIS?
(3) Yes No Is this information available on the web?

O Yes No If Yes, provide URL(s):
Please provicle specific address of page where $\operatorname{map}(s)$ can be accessed - not home page.


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## MS4 Annual Report Form

 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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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?"

- Yes O No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is
equivalent to the NYS Model IDDE Law?
11. What percent of staff in relevant positions and departments has received IDDE training?

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \boldsymbol{2} |$|  | 2 | 2 |
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| Name of MS4/Coalition | Town of Putnam Valley | N |  | R |  |  | , |  |  | 4 | 5 |

## 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.

Continue illicit discharge and detection program

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

 Goal.There were no illicit discharges found or reported. Illicit discharges are reported to the County Health Department who oversees the correction of the discharge.
C. How many times was this observation measured or evaluated in this reporting period?
fox.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goal during this reporting period?
Yes ONo
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

- Yes O 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 continues to inventory and address issues of each outfall at least once every five years. Any new outfalls constructed or discovered will be mapped and included in the Town GIS database. Illicit discharges can be reported to the Town or via the Town hotline. Discharges will continue to be referred to the County Health Department for correction.

## MS4 Annual Report Form

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


## 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? $\square$
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?

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 cerfification or using the NYSDEC Gap Analysis Workbook? Yes ONo ONT

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

## 2. Does your MS4/Coalition have a SWPPP review procedure in place? <br> - Yes O No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPPs) have been reviewed in this reporting period?
4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?
If Yes, how many public comments were received during this reporting period?

5. Does your MS4/Coalition provide education and training for contractors about the locall S'WPPP process?
6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation

- Stop Work Orders

O Criminal Actions
O Termination of Contracts
O Administrative Fines
O Civil Penalties
O Administrative OrdersEnforcement Actions or Sanctions
Other


O No Authority
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## MS4 Annual Report Form

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| Town of Putnam Valley |  | $\mathbb{N}$ | $Y$ | $R$ | 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? $\square$

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?

ONT

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5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

- Yes

O No $\qquad$
6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS 4 review and approval?

> - Yes O No ONT

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

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

## MS4 Annual Report Form

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
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Name of MS4/Coalition Town of Putnam Vallcy

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Submit additional pages as needed.
O MS4/Coalition Office
Department

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


## MS4 Annual Report Form


If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
Name of MSA/Coalition Town of Putnam Valley
SPDES ID

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## 7. Evaluating Progness Toward Measurable Goals MCM 4

Use this page to report on your piogress and project plans toward achieving measurable goals identified in your Stormwater Mennagement 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.

Site enforcement and inspection
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Two construction projects were underway during the reporting period. Town representatives and the Town Engineer's office were onsite witnessing construction activities. In four instances, construction was halted and the Contractor was advised that activities on the site were not in conformance with the approved site plans and/or required maintenance to erosion and sediment practices on the property.
C. How many times was this observation measured or evaluated in this reporting period?

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\underset{\text { (ex. : samples/participants/events) }}{|1| 2|5|}
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D. Has your MS4 made progress toward this measurable goal during this reporting period?

- Yes ONo
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
Yes ONo
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Towr 's current site inspection and enforcement practices will remain in place and will be evaluated per project, on an as needed basis, and/or per NYSDEC regulations.

## MS4 Annual Report Form


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 Valloy

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

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

- On behalf of an individual MS4

O On behalf of a coalition
How many MS4s contribuled 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?

O Alternative Practices
O Filter Systems
O Infiltration Basins
O Open Channels
O Ponds
O Wetlands
O Other


\# Times
Maintainned

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?
3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

O Building Codes O Municipal Comprehensive Plans
O Overlay Districts O Open Space Preservation Program
OZoning
O Local Law or Ordinance
O None
O Land Use Regulation/Zoning

- Watershed Plans

Other Comprehensive Plan
Other:

## MS4 Annual Report Form

| This report is being submitted for the reporting period ending March 9, | 2 | 0 | 2 | 2 |
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Name of MS4/Coalition Town of Pulnam Valley


4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

4b. Does the MS4 have a banking and credit system for stormwater management practices?
OYes 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?

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

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?


## MS4 Annual Report Form


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


## 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.

Identify existing or potential new conditions that may require a post construction structure to reduce pollutant discharges.

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

Presently there is no development being proposed in the Town which would trigger the need for a post construction stormwater practice.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/pacticipants/ovents)
D. Has your MS4 made progress toward this measurable goal during this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the SWNIPP?
Yes ONo
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 be proactive in its post constructions standards and will develop and fund post construction stromwater practices if needed.

## MS4 Annuall Report Form

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

Name of MS4/Coalilion
Town of Putnam Vallcy

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\begin{aligned}
& \text { SPDES ID } \\
& \begin{array}{|l|l|l|l|l|l|l|l|}
\hline N & Y & R & 2 & 0 & A & 3 & 4 \\
\hline
\end{array}
\end{aligned}
$$

## 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

O On behalf of a coalition
How many MS4s contributed to this report? $\square$

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.


## MS4 Annual Report Form

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

2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept)
- Streets Swept (Number of miles X Number of times swept)
- Catch Basins Inspected and Cleaned Where Necessary

- Phosphorus Applied In Chemical Fertilizer
- Nitrogen Applied In Chemical Fertilizer
- Pesticide/Herbicide Applied
(Number of acres to which pesticide/herbicide was applied X Number of
 times applied to the nearest tenth.)

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

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?


Due to COVID-19, there were no opportunities for training during the reporting period. The Town will make every effort to provide training during the 22-23 reporting period

## MS4 Annual Report Form

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

SPDES ID

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

## 7. Evaluating Frogress 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. Record and compare yearly data.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

One hundred percent $(100 \%)$ of the Town catch basins were cleaned during the reporting period.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: Samplesfarticipantsfeventis)
D. Has your MS4 made progress toward this measurable goal during this reporting period?

- Yes ONo
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
- Yes DNo
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 sweep its streets, parking areas routinely or on an as needed basis. Catch basins are cleaned twice a year. Comparison of yearly data will point out any severe changes allowing the Town to pin point trouble spots.

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \boldsymbol{2} |$|  | 2 | 2 |
| :--- | :--- | :--- |

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Nameor MS4/Coalition Town of Punam Valley

| $N$ | $Y$ | $R$ | 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? $\square$

MS4s must answer the questions or check $\mathbf{N A}$ as indicated in the table below.

| MS4 Description | Answer | Check NA | (POC) |
| :---: | :---: | :---: | :---: |
| NYC EOH Watershed | - | - | - |
| Traditional Land Use | 1,2,3,4,5,6,7a-d, 8a, 8b, 9 | 10,11,12 | Phosphorus |
| T'raditional Non-Land Use | 1,2,3,4,7a-d, 8a,8b, 9 | 5.10,11,12 | Phosphonus |
| Non-Traditional | 1,2,77a-d, 8a,8b, 9 | 3,4,5,10,11.12 | $\mathrm{P}^{\text {P }}$ hosphorus |
| Onondaga Lake Watershed | - | - | - |
| Traditional Land Use | 1,6,7a-d, $8 \mathrm{a}, 9$ | 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, 5a, 9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| Greenwood Lake Watershed | - | - | - |
| Traditional Land Use | 1,4,6,7a-d, $8 \mathrm{a}, 9$ | 2,3,5,8b, 10, 11,12 | Phosphorus |
| Traditional Non-Lary Use | 1,4,6,7a-d, $8 \mathrm{a}, 9$ | 2,3,5,86,10,11,12 | Phosphorus |
| Non-Traditional | 1,4,6,7a-d,8a,9 | 2,3,5,8b, 10, 11,12 | Phosphorus |
| Oyster Bay | - | , | - |
| Traditional I and Usc | 1,4,7a-d,9,10,11,12 | 2,3,5,6,8a,8b | Pathogens |
| Tracitional Nor-Land Use | 1,4,7a-d,9,10,11,12 | $2,3,5,6,8 \mathrm{a}, 8 \mathrm{~b}$ | Pathogens |
| Non-l'taditional | 1,4,7a-d, 9 | $2,3,4,5,8 \mathrm{a}, 8 \mathrm{~b}, 10,11,12$ | Pathogens |
| Peconic Estuary | - | - | - |
| Traditional Land Use | 1,4,7a-d, 8a, 9,10,11,12 | 2,3,5,6,8b | Pathogens and Nitrogen |
| Traditional Non-Land Use | 1,4,7a-d, 8a, $9,10,11,12$ | 2,3,5,6,8b | Pabhogens and Nitrogen |
| Non-Traditional | 1,4,7a-d,8a,9 | 2,3,4,5,8b, 10,11,12 | Pathogens and Nitrogen |
| Oscawana Lake Watershed | - | - | - |
| Traditional Land Use | 1,4,6,7a-d, 8a, 9 | 2,3,5,86,10,11,12 | Phosphorus |
| Traditional Non-Land Use | 1,4,6,7a-d, $8 \mathrm{a}, 9$ | $2,3,5,8 \mathrm{~b}, 10,11,12$ | Phosphorus |
| Non-Traditional | 1,4,6,7a-d,88,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| LI 27 Embuyments | - |  | - |
| Traditional Land Usi | $1,2,3,4,7 \mathrm{a}-\mathrm{d}, 9,10,11,12$ | 5,6,84,8b | Pathogens |
| Traditional Non-I and Use | $1,2,3,4,7 \mathrm{a}-\mathrm{d}, 9,10,11,12$ | 5,6,8e, 8 bb | Pathogens |
| Non-Traditiona! | 1,2,3,4,7a-d,9 | $5,68 \mathrm{Ba}$, $\mathrm{b}^{1} 0.11 .12$ | Pathogens |

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?

- Yes

O No
O $/ \mathrm{A}$
2. Has $100 \%$ of the MS4/Coalition conveyance system been mapped in GIS?

- Yes ONo N/A

If $N / A$, go to question 3.
If No, estimate what percentage of the conveyance system has been mapped so far.
Estimate what percentage was mapped in this reporting period.


## MS4 Annual Report Form

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

Name of MS4/Coalition Town of Putaam Valley

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\begin{aligned}
& \text { SPDES ID } \\
& \begin{array}{|l|l|l|l|l|l|l|l|}
\hline N & Y & R & 2 & 0 & A & 3 & 4
\end{array} 5 \\
& \hline
\end{aligned}
$$

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

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


- 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 ONo ON/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?

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March $9, \left.$| 2 | 0 | 2 |
| :--- | :--- | :--- | $\mathbf{2} \right\rvert\,$

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

9. Has your MS4/Coalition developed and implemented a program of native planting?

- Yes ONo ON/A

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

OYes
O No - N/A
11. Does your MS4/Coalition have a pet waste bag program?

OYes
O No
(1) $\mathrm{N} / \mathrm{A}$
12. Does your MS4/Coalition have a program to manage goose populations?

OYes
O No

- N/A


[^0]:    - Sewersheds:
    $\square$

