



TOWN OF PUTNAM VALLEY

Town Board Meeting

May 18th, 2022

Town Hall

6 PM

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### AGENDA

#### Meeting called to Order

#### Pledge of Allegiance

1. Presentation Honoring Putnam Valley High School Seniors
2. Departmental Reports
3. Supervisor's Comments
4. Legislative Reports
5. Approval of Minutes
6. Presentation by Chris Kopf, CPA - O'Connor Davies, Auditors
7. Presentation by Alan Paley/Procellacor – Lake Oscawana
8. Vote on Planning Board Submission regarding Porters Road Wireless Facility
9. Facilities: Approve MS4 Annual Report
10. Finance: Approve Audit Report
11. Discuss Parking Code Changes
12. Parks & Recreation:
  - a. May 2022 Refunds
  - b. Approve Additions/Changes to Personnel
  - c. Approve Lifeguard Personnel 2022 Summer Season
  - d. Approve Groundskeeper/Recreation Assistant
13. Highway:
  - a. Approve Changes in Personnel
  - b. Approve Seasonal Laborers
14. Approve Standard Workday Resolution
15. Approve NYS Naming of Pudding Street Overpass "Putnam Valley First Responders Bridge"
16. Public Comment
17. Audit of Monthly Bills
18. Budget Transfers and Amendments

#### Adjournment

Next Town Board Meeting: Work Session, Wednesday June 8<sup>th</sup>, 2022, 5 PM

2

# Manpower Analysis by Incident

## Putnam Valley Fire Department

Date Range: From 4/1/2022 to 4/30/2022  
Company: All Companies  
Equipment Type(s): All Equipment Types

| Incident Type                                          | Incident Count | Number Attended | Average Attended | Total Length (hrs) | Average Length (hrs) | Average Man Hours | Total Man Hours |
|--------------------------------------------------------|----------------|-----------------|------------------|--------------------|----------------------|-------------------|-----------------|
| 111-Building fire                                      | 1              | 31              | 31.00            | 12.12              | 12.12                | 375.72            | 375.72          |
| 131-Passenger vehicle fire                             | 2              | 33              | 16.50            | 2.34               | 1.17                 | 18.96             | 37.91           |
| 151-Outside rubbish, trash or waste fire               | 1              | 25              | 25.00            | 0.77               | 0.77                 | 19.25             | 19.25           |
| 300-Rescue, EMS incident, other                        | 1              | 10              | 10.00            | 0.45               | 0.45                 | 4.50              | 4.50            |
| 311-Medical assist, assist EMS crew                    | 1              | 18              | 18.00            | 0.27               | 0.27                 | 4.86              | 4.86            |
| 322-Motor vehicle accident with injuries               | 6              | 111             | 18.50            | 3.99               | 0.66                 | 12.17             | 73.05           |
| 324-Motor vehicle accident with no injuries.           | 2              | 51              | 25.50            | 1.68               | 0.84                 | 19.00             | 38.00           |
| 445-Arcing, shorted electrical equipment               | 1              | 10              | 10.00            | 0.45               | 0.45                 | 4.50              | 4.50            |
| 510-Person in distress, other                          | 1              | 18              | 18.00            | 0.15               | 0.15                 | 2.70              | 2.70            |
| 571-Cover assignment, standby, moveup                  | 1              | 37              | 37.00            | 0.55               | 0.55                 | 20.35             | 20.35           |
| 611-Dispatched & canceled en route                     | 1              | 11              | 11.00            | 0.00               | 0.00                 | 0.00              | 0.00            |
| 652-Steam, vapor, fog or dust thought to be smoke      | 1              | 19              | 19.00            | 0.25               | 0.25                 | 4.75              | 4.75            |
| 743-Smoke detector activation, no fire - unintentional | 9              | 151             | 16.78            | 1.75               | 0.19                 | 3.28              | 29.53           |
| Blank. Incident Type not Entered                       | 0              | 0               | 0.00             | 0.00               | 0.00                 |                   | 0.00            |
| Total and Averages for all Incident Types              | 28             | 525             | 18.75            | 24.77              | 0.88                 |                   | 615.12          |

Fire Department  
Report for  
April 2022

5

**RESOLUTION #R22-**

**RESOLVED** that the Town Board authorize the Supervisor to accept the Town Board Meeting Minutes from April 20<sup>th</sup> and May 11<sup>th</sup>, 2022



8

**JACQUELINE ANNABI**  
TOWN SUPERVISOR

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TO: TOWN BOARD  
FROM: JACQUELINE ANNABI, TOWN SUPERVISOR  
SUBJECT: Planning Board Submission regarding Porters Road Wireless Facility  
DATE: April 29, 2022

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RESOLVE, that the Town Board approve the submission of a planning application by Homeland Towers, LLC and T-Mobile Northeast LLC to the Town of Putnam Valley Planning Board for 30 Porters Road regarding a proposed wireless telecommunication facility, including a 150-foot monopole together with a 2,650 +/- square foot multicarrier equipment compound at the base thereof.



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## Town of Putnam Valley

**To:** Putnam Valley Town Board

**From:** Susan L. Manno

**Date:** May 21, 2022

**Subject:** Authorization to Sign MS4 Annual Report

*SJM*

I formally request that The Putnam Valley Town Board authorize the Supervisor to sign the MS4 Annual Report. Reporting period March 10, 2021 to March 9, 2022. Submission of the Annual Report is required by The New York State Department of Environmental Conservation.



**MS4 Annual Report Cover Page**

MCC form for period ending March 9,

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

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

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

Name of MS4

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  MI  Last Name

Title (Clearly print title of individual signing report)

Signature

Date  
0 / 0 /

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,** 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 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><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><td> </td></tr></table> |  |  |  |  |  |
|                                                           |                     |                                                                                                                          |  |  |  |  |  |
| <input type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |
|                                                           |                     |                                                                                                                          |  |  |  |  |  |
| <input type="radio"/> List-Serves                         | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><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><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><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><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><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><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> </td><td> </td></tr></table> |  |  |  |  |  |
|                                                           |                     |                                                                                                                          |  |  |  |  |  |

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

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| T | o | w | n |   | H | a | l | l |   |   |   |   |   |   |   |   |   |   |   |
| 2 | 6 | 5 |   | O | s | c | a | w | a | n | a |   | L | a | k | e |   | R | d |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**Other:**

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

URL

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

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

|   |   |   |   |
|---|---|---|---|
| 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 Putnam Valley

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.**

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 summarize 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 animal life, and defines flood zones for prospective homeowners and builders.

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 7 |
|--|--|--|---|

*(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).**

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**

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  

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**Minimum Control Measure 2. Public Involvement/Participation**

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

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

How many MS4s contributed to this report? 

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

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

- Cleanup Events # Events

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|
- Comments on SWMP Received # Comments

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|
- Community Hotlines
 

|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
|---------|------------------------------------------------------------------------------------------------------|---|---|--|----------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------|--|--|---------|------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------|---|---|---|----------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------|---|---|--|--|
| Phone # | ( <table border="1" style="display: inline-table;"><tr><td>0</td><td> </td><td> </td></tr></table> ) | 0 |   |  | 0                                                                                      | - | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |                                                                                                            |  |  | Phone # | ( <table border="1" style="display: inline-table;"><tr><td>8</td><td>4</td><td>5</td></tr></table> ) | 8       | 4                                                                                                    | 5 | 5 | 2 | 6                                                                                      | - | <table border="1" style="display: inline-table;"><tr><td>2</td><td>3</td><td>7</td><td>7</td></tr></table> | 2 | 3                                                                                                          | 7 | 7 |  |  |
| 0       |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
| 8       | 4                                                                                                    | 5 |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
| 2       | 3                                                                                                    | 7 | 7 |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
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| Phone # | ( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) |   |   |  | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> |   |                                                                                                            | - | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |         |                                                                                                      | Phone # | ( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) |   |   |   | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> |   |                                                                                                            | - | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
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| Phone # | ( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) |   |   |  | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> |   |                                                                                                            | - | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |         |                                                                                                      | Phone # | ( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) |   |   |   | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> |   |                                                                                                            | - | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |  |
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|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
| Phone # | ( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) |   |   |  | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> |   |                                                                                                            | - | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |         |                                                                                                      | Phone # | ( <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> ) |   |   |   | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> |   |                                                                                                            | - | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
|         |                                                                                                      |   |   |  |                                                                                        |   |                                                                                                            |   |                                                                                                            |  |  |         |                                                                                                      |         |                                                                                                      |   |   |   |                                                                                        |   |                                                                                                            |   |                                                                                                            |   |   |  |  |
- Community Meetings # Attendees

|  |  |   |   |
|--|--|---|---|
|  |  | 2 | 0 |
|--|--|---|---|
- Plantings Sq. Ft.

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Storm Drain Markings # Drains

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Stakeholder Meetings # Attendees

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Volunteer Monitoring # Events

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Other: 

|   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |
|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|
| B | o | a | r | d |  | M | e | e | t | i | n | g | s | - | P | u | b | l | i | c |  | C | o | m | m | e | n | t |
|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|

**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?**  Yes  No

- List-Serve # In List

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Newspaper Advertising # Days Run

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- TV/Radio Notices # Days Run

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- Other: 

|   |   |   |   |  |   |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| T | o | w | n |  | B | o | a | r | d |  | M | e | e | t | i | n | g |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

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

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

URL

putnamvalley.com/stormwater-management

URL

putnamvalley.com/storm-water-vid-eos

URL

putnamvalley.com/water-quality

URL

URL

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

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|---|---|---|---|---|---|---|---|---|
| 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.

|   |  |   |   |  |   |  |  |  |  |
|---|--|---|---|--|---|--|--|--|--|
| 0 |  | / | 0 |  | / |  |  |  |  |
|---|--|---|---|--|---|--|--|--|--|

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

|  |   |   |
|--|---|---|
|  | 3 | 0 |
|--|---|---|

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**
 Yes  No

If Yes, what was the date of the meeting?

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 4 | / | 2 | 1 | / | 2 | 0 | 2 | 1 |
|---|---|---|---|---|---|---|---|---|---|

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,**

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

Name of MS4/Coalition 

|                       |
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| Town of Putnam Valley |
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SPDES ID  

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**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-person 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?**

|  |  |  |   |
|--|--|--|---|
|  |  |  | 8 |
|--|--|--|---|

*(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).**

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 televised.









**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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| Town of Putnam Valley |
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SPDES ID  

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**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?**

|  |  |  |   |
|--|--|--|---|
|  |  |  | 8 |
|--|--|--|---|

*(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 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**

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

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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

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

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

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

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004  03/2006  NT

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

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

|  |  |   |
|--|--|---|
|  |  | 8 |
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**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 |
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**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:**

- Notices of Violation # 

|  |  |  |  |  |  |
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 No Authority
- Stop Work Orders # 

|  |  |  |  |   |  |
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|  |  |  |  | 4 |  |
|--|--|--|--|---|--|

 No Authority
- Criminal Actions # 

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

 No Authority
- Termination of Contracts # 

|  |  |  |  |  |  |
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|  |  |  |  |  |  |
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 No Authority
- Administrative Fines # 

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

 No Authority
- Civil Penalties # 

|  |  |  |  |  |  |
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|  |  |  |  |  |  |
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 No Authority
- Administrative Orders # 

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

 No Authority
- Enforcement Actions or Sanctions # 

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

 No Authority
- Other # 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
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 No Authority

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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| Town of Putnam Valley |
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SPDES ID  

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

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

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

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

How many MS4s contributed to this report? 

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

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

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

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

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

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

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

 %

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

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

 %

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, 2022

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

NYR20A345

**6. con't.:**

Submit additional pages as needed.

MS4/Coalition Office

Department

[Empty grid for Department]

Address

[Empty grid for Address]

City

[Empty grid for City]

Zip

0 [Empty grid for Zip]

Phone

(0 [Empty grid]) 0 [Empty grid] - [Empty grid]

Library

Address

[Empty grid for Address]

City

[Empty grid for City]

Zip

0 [Empty grid for Zip]

Phone

(0 [Empty grid]) 0 [Empty grid] - [Empty grid]

Other

Address

P l a n n i n g B o a r d O f f i c e [Empty grid]

City

P u t n a m V a l l e y [Empty grid]

Zip

NY 10579 - [Empty grid]

Phone

(845) 526 - 3740

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

URL

[Empty grid for URL]

URL

[Empty grid for 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

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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.**

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?**

|  |   |   |   |
|--|---|---|---|
|  | 1 | 2 | 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'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**

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

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

Name of MS4/Coalition 

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| Town of Putnam Valley |
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SPDES ID  

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- 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes    No
  
- 4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes    No
  
- 4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes    No
  
- 4d. How many stormwater management practices have been implemented as part of this system in this reporting period?  

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|
  
- 5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?  

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

 %

**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 Putnam Valley

SPDES ID

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

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

Use this page to report on your progress and project plans toward achieving measurable 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?**

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

*(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 be proactive in its post constructions standards and will develop and fund post construction stromwater practices if needed.

**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 Putnam Valley

SPDES ID

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

**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

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

**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

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

**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 Putnam Valley |
|-----------------------|

SPDES ID  

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

**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 # 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 2 | 0 | 0 |
|--|--|---|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 2 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

|   |   |  |  |   |   |
|---|---|--|--|---|---|
| 0 | 0 |  |  | . | 0 |
|---|---|--|--|---|---|

**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 |
|--|--|---|

 %

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 21-22 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 Putnam Valley |
|-----------------------|

SPDES ID

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

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

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

|  |   |   |   |
|--|---|---|---|
|  | 5 | 2 | 5 |
|--|---|---|---|

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

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

Yes  No

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

Yes  No

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

The Town will continue to 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 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 Putnam Valley

SPDES ID  
N Y R 2 0 A 3 4 5

### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?      

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

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

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

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

If N/A, go to question 3.

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

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, 

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|---|---|---|---|
| 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 Putnam Valley

SPDES ID

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

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

|  |   |   |
|--|---|---|
|  | 2 | 4 |
|--|---|---|

 %
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? 

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|
- 7c. What percent of the projects included in 7b have been completed in this reporting period? 

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

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

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

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

**MS4 Annual Report Form**

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

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 2 | 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 Putnam Valley

SPDES ID

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

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

Yes    No    N/A

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

Yes    No    N/A

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

Yes    No    N/A

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

Yes    No    N/A





10

---

TO: TOWN BOARD  
FROM: MARIA ANGELICO, Director of Finance  
SUBJECT: O'Connor Davies, Auditors – Financial Report  
DATE: April 12, 2022

---

RESOLVE, that the Town Board accept and approve the Report to Those Charged with Governance, dated April 18, 2022, created by O'Connor Davies, Accountants and Advisors, following their audit of all financial statements and supplementary information of the Town of Putnam Valley for the year ended December 31, 2021.

A handwritten signature in black ink, appearing to be "MRA", written over a horizontal line.



11

**JACQUELINE ANNABI**  
TOWN SUPERVISOR

---

TO: TOWN BOARD  
FROM: JACQUELINE ANNABI, TOWN SUPERVISOR  
SUBJECT: Parking Code Changes  
DATE: May 12, 2022

---

RESOLVE, that the Town Board discuss the proposed parking code changes, as recommended by the Putnam Valley Town Consultants.

12a

To: Town Board  
From: Frank DiMarco, Parks and Recreation Director  
Subject: Parks and Recreation Refunds  
Date: May refunds 2022

|                                                              |                                                |
|--------------------------------------------------------------|------------------------------------------------|
| Carolina Layton<br>96 Lake Drive<br>Lake Peekskill, NY 10537 | \$500.00<br>LPCC<br>Deposit refund             |
| Jorge Granda<br>31 Argyle Street<br>Lake Peekskill, NY 10537 | \$500.00<br>LPCC<br>Deposit refund             |
| Maeve Casado<br>36 West Avenue<br>Putnam Valley, NY 10537    | \$337.50<br>Day Camp<br>Staying with Day Care  |
| Lisa Mulzoff<br>53 Shawnee Road<br>Putnam Valley, NY 10579   | \$15.00<br>Tag sale- programs<br>cannot attend |
| Kataryna Mytych<br>9 Yonke Road<br>Mahopac, NY 10541         | \$166.50<br>Day Camp refund<br>Going to Poland |
| Edyta Bansiak<br>9 Yonke Road<br>Mahopac, NY 10541           | \$112.50<br>Day Camp refund<br>Going to Poland |

126

**To: Town Board**  
**From: Frank DiMarco, Parks and Recreation**  
**Subject: Personnel**  
**Date: May 2022**

Please approve the following additions/changes to personnel.

1. Lori Carra, Kingdom Faire Sub Bus Driver @ \$25.00 hr.
2. Jeanette Rein, Kingdom Faire Sub Bus Driver @ \$25.00 hr.

12c

To: Town Board  
Date: May 10, 2022  
From: Frank DiMarco, Parks and Recreation  
Re: Lifeguard Salaries

**Request for approval of the 2022 Lifeguard pay scale.**

**The following is a list of potential lifeguards for the 2022 season. Lifeguards will be selected pending verification of required certifications and availability.**

**Per hour salary based on number of seasons employed as a lifeguard. Starting salary is \$14.00 hr. with Jr. Guards at \$13.00 hr.**

- |                        |              |          |
|------------------------|--------------|----------|
| 1. Douglas Brown       | @\$15.00 hr. |          |
| 2. Dylan Costello      | @\$14.75 hr. |          |
| 3. Kyle Costello       | @\$14.75 hr. |          |
| 4. Nicholas Dimichele  | @\$13.00 hr. | Jr. LG   |
| 5. Jaiden Donohue      | @\$14.00 hr. | Sub only |
| 6. Austin Fabiano      | @\$15.25 hr. |          |
| 7. Katie Flor          | @\$14.00 hr. |          |
| 8. Vito Giannelli      | @\$14.00 hr. |          |
| 9. Abigail Lowder      | @\$14.75 hr. |          |
| 10. Joey Maloney       | @\$14.00 hr. |          |
| 11. Faith Marrero      | @\$14.00 hr. |          |
| 12. James Mazzarisi    | @\$15.00 hr. |          |
| 13. Jason Nikaj        | @\$14.00 hr. |          |
| 14. Amanda Orlando     | @\$15.00 hr. |          |
| 15. Leland Petrash     | @\$14.00 hr. |          |
| 16. Davin Porteus      | @\$14.00 hr. |          |
| 17. Logan Porteus      | @\$14.00 hr. |          |
| 18. Gabriella Randazzo | @\$14.00 hr. |          |
| 19. James Russo        | @\$15.00 hr. |          |
| 20. Tim Sainz          | @\$15.75 hr. |          |
| 21. Zachary Smith      | @\$15.25 hr. |          |
| 22. Hudson Sperrazza   | @\$14.00 hr. |          |
| 23. Parker Sperrazza   | @\$14.00 hr. |          |
| 24. Desiree Turtenwald | @\$16.50 hr. | Sub only |

**Day Camp Lifeguards:**

- |                |               |                                                  |
|----------------|---------------|--------------------------------------------------|
| 1. Tim Sainz   | @ \$16.50 hr. | Water Safety Instructor/<br>Lifeguard Management |
| 2. James Russo | @ \$15.00 hr. |                                                  |

12.d

**Parks and Recreation**

# Memo

**To:** Town Board  
**From:** Frank DiMarco   
**CC:** Sherry Howard  
**Date:** 5/13/2022  
**Re:** Groundskeeper/Recreation Assistant Position- Michael Fraioli

---

Town Board Members,

The Parks and Recreation Department and its Commission recommend the appointment of Michael Fraioli to Groundskeeper/Recreation Assistant at the yearly salary of \$40,690.00 beginning on May23, 2022. This would represent Step 1 of the Union Contract.

Shawn Keeler  
Highway Superintendent  
SKEELER@PUTNAMVALLEY.COM

David Conklin  
General Foreman

Margaret Bradley  
Senior Clerk Typist

Alexis Acevedo  
Part-time Clerk

265 Oscawana Lake Road  
Putnam Valley, NY 10579

(845) 526-3333 phone  
(845) 526-4729 fax

Hours of operation:  
7:00 AM - 3:30 PM

130

## Town of Putnam Valley Highway Department

May 12, 2022

### MEMORANDUM

TO: Jacquie Annabi  
Members of the Town Board

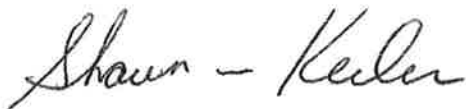
FROM: Shawn Keeler  
Highway Superintendent

RE: retirement / new employee

Charles Kuchera is retiring from the Highway Department after 31 years of service as of May 30, 2022.

Anthony Cotone will be transferring from Parks and Rec to the Highway Department on May 31, 2022 as a full time laborer at the rate of \$30.13 per hour.

Sincerely,



Shawn Keeler

Shawn Keeler  
Highway Superintendent  
SKEELER@PUTNAMVALLEY.COM

David Conklin  
General Foreman

Margaret Bradley  
Senior Clerk Typist

Alexis Acevedo  
Part-time Clerk

265 Oscawana Lake Road  
Putnam Valley, NY 10579

(845) 526-3333 phone  
(845) 526-4729 fax

Hours of operation:  
7:00 AM - 3:30 PM

136

## Town of Putnam Valley Highway Department

May 9, 2022

### MEMORANDUM

TO: Jacquie Annabi  
Members of the Town Board

FROM: Shawn Keeler  
Highway Superintendent

RE: Highway Seasonal Laborers

The following seasonal highway laborers will be working from approximately June 6, 2022 through September 2, 2022 at the rate of \$16.00 per hour with no benefits. If necessary, they may be utilized as fill in laborers after that date.

Jake Jempty, 27 Tryon Circle, Cortlandt Manor, NY 10567

William Venezia, 15 Brookfalls Court, Putnam Valley, NY 10579

Nicholas Pezzola, 6 Cindy Lane, Putnam Valley, NY 10579

Sincerely,



Shawn Keeler  
Highway Superintendent



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May 18, 2022

To: Town Board

From: Sherry Howard

Subject: Standard Workday Resolution

RESOLVED that the Town Board amend Resolution #R21-204 removing past appointed, adding newly appointed, currently appointed and elected personnel. The Town Board will establish the following standard workdays for elected and appointed officials and will report the following days worked to the New York State and Local Employees Retirement System based on the report of activities maintained and submitted by these officials to the Clerk of this body. Thank-you,

Sherry Howard

Town Clerk

Please type or print clearly  
 in blue or black ink

Employer Location Code

30095

Received Date

**Standard Work Day and  
 Reporting Resolution for  
 Elected and Appointed Officials**

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

**RS 2417-A**

(Rev. 09/18)

BE IT RESOLVED, that the Town of Putnam Valley (Name of Employer) hereby established the following standard work days for these titles and will report the officials to the New York State and Local Retirement based on their record of activities:

| Title:                      | Standard Work Day: (Hrs/day)<br>Min. 6 hrs<br>Max. 8 hrs | Name: (First and Last) | Social Security Number: (Last 4 digits) | NYS SLRS ID: | Tier 1 (Check only if member if Tier 1) | Current Term Begin & End Dates: (mm/dd/yy-mm/dd/yy) | Record of Activities Result:* | Not Submitted: (Check only if official did not submit their Record of Activities) |
|-----------------------------|----------------------------------------------------------|------------------------|-----------------------------------------|--------------|-----------------------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------|
| <b>Elected Officials:</b>   |                                                          |                        |                                         |              |                                         |                                                     |                               |                                                                                   |
| Supervisor                  | 8                                                        | Jackie Anzola          |                                         |              |                                         | 1/1/22 - 12/31/24                                   | 21.69                         | <input type="checkbox"/>                                                          |
| Town Board Member           | 6                                                        | Lorraine L... ..       |                                         |              |                                         | 1/1/20 - 12/31/23                                   | 10.48                         | <input type="checkbox"/>                                                          |
| Town Clerk                  | 8                                                        | Sherry Howard          |                                         |              |                                         | 1/1/20 - 12/31/23                                   | 21.67                         | <input type="checkbox"/>                                                          |
| <b>Appointed Officials:</b> |                                                          |                        |                                         |              |                                         |                                                     |                               |                                                                                   |
|                             |                                                          |                        |                                         |              |                                         |                                                     |                               | <input type="checkbox"/>                                                          |
|                             |                                                          |                        |                                         |              |                                         |                                                     |                               | <input type="checkbox"/>                                                          |
|                             |                                                          |                        |                                         |              |                                         |                                                     |                               | <input type="checkbox"/>                                                          |

I, Sherry Howard (Name of Secretary or Clerk), secretary/clerk of the governing body of the Town of Putnam Valley (Name of Employer) of the State of New York,

do hereby certify that I have compared the foregoing with the original resolution passed by such board at a legally convened meeting held on the 10 day of May, 2022 on file as part of the minutes of such meeting, and that same is a true copy thereof and the whole of such original.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Town of Putnam Valley on this 10<sup>th</sup> day of May, 2022

Affidavit of Posting: I, Sherry Howard (Signature of Secretary or Clerk) being duly sworn, deposes and says that the posting of the Resolution began on 5/19/2022 (Date) and continued for at least 30 days. That the Resolution was available to the public on the: Town of Putnam Valley (Name of Secretary or Clerk) Employer's website at: Town of Putnam Valley Official sign board at: Town of Putnam Valley Main entrance Secretary or Clerk's office at: Town Hall

