

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2010

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

SPDES ID

N Y R 2 0 A 2 3 3

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

V I L L A G E O F M A M A R O N E C K

OR

☐ This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Name of Single Entity

OR

☐ This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

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SPDES ID

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2010

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

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: VILLAGE OF MAMARONECK

SPDES ID

N Y R 2 0 A

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 VILLAGE OF MAMARONECK

SPDES ID

N Y R 2 0 A 2 3 3

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name R I C H A R D MI Last Name S L I N G E R L A N D

Title V I L L A G E M A N A G E R

Address 1 2 3 M A M A R O N E C K A V E N U E

City M A M A R O N E C K State N Y Zip 1 0 5 4 3 -

eMail r s l i n g e r l a n d @ v o m n y . o r g

Phone (9 1 4) 7 7 7 - 7 7 0 3 County W E S T C H E S T E R

MS4 Municipal Compliance Certification(MCC) Form

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4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

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For each contact, select all that apply:

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

First Name: J O H N MI: Last Name: W I N T E R

Title: B U I L D I N G I N S P E C T O R

Address: 1 6 9 T M P L E A S A N T A V E N U E

City: M A M A R O N E C K State: N Y Zip: 1 0 5 4 3 -

eMail: j w i n t e r @ v o m . n y . o r g

Phone: (9 1 4) 7 7 7 - 7 7 3 1 County: W E S T C H E S T E R

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MCC form for period ending March 9, 2010

Name of MS4 VILLAGE OF MAMARONECK

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3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

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

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

For each contact, select all that apply:

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

First Name: K E I T H MI: W Last Name: F U R E Y , P . E .
 Title: V I L L A G E C O N S U L T I N G E N G I N E E R
 Address: O N E V I R G I N I A S T R E E T
 City: N E W C I T Y State: N Y Zip: 1 0 9 5 6 -
 eMail: k f u r e y @ v o m n y . o r g
 Phone: (8 4 5) 2 2 2 - 5 9 7 7 County: R O C K L A N D

MS4 Municipal Compliance Certification (MCC) Form

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Name of MS4 VILLAGE OF MAMARONECK

SPDES ID

N Y R 2 0 A

Section 3 - Partner Information

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

☐ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

City

State

Zip

eMail

Phone

() -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

☐ Yes ☐ No

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

☐ MM1☐ MM2☐ MM3☐ MM4☐ MM5☐ MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

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Name of MS4 VILLAGE OF MAMARONECK

SPDES ID

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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

R I C H A R D S L I N G E R L A N D

Title (Clearly print title of individual signing report)

V I L L A G E M A N A G E R

Signature

Richard Slingerland
Village Manager

Date

05/28/2010

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 1 0

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

Name of MS4/Coalition:

VILLAGE OF MAMARONECK

SPDES ID

N	Y	R	20
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Water Quality Trends

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

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

How many MS4s are contributed to this report?

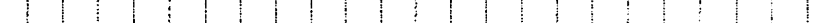
- 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.** ☐ Yes

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
☐ Web Page(s) where report(s) is/are provided below

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

URL



URL

[illegible]

URL

URL

MS4 Annual Report Form

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Name of MS4/Coalition

VILLAGE OF MAMARONECK

SPDES ID

N Y R 2 0 A 2 3 3

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

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

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

Other

2. Specific audiences targeted during this reporting period:

- | | |
|--|---|
| <input type="radio"/> Public Employees | <input checked="" type="radio"/> Contractors |
| <input checked="" type="radio"/> Residential | <input checked="" type="radio"/> Developers |
| <input type="radio"/> Businesses | <input checked="" type="radio"/> General Public |
| <input type="radio"/> Restaurants | <input type="radio"/> Industries |
| <input type="radio"/> Other: | <input type="radio"/> Agricultural |

Other

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Name of MS4/Coalition VILLAGE OF MAMARONECK

SPDES ID

N Y R 2 0 A 2 3 3

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

☐ Direct Mailings

Mailings

☒ Kiosks or Other Displays

Locations

☐ List-Serves

In List

☐ Mailing List

In List

☐ Newspaper Ads or Articles

Days Run

☒ Public Events/Presentations

Attendees

☐ School Program

Attendees

☒ TV Spot/Program

Days Run

☒ Printed Materials:

Total # Distributed

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

V I L L A G E H A L L
M A M A R O N E C K L I B R A R Y

☐ Other:

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

URL

h t t p : / / w w w . v i l l a g e . m a m a r o n e c k . n y
. u s . P a g e s / M a m a r o n e c k N Y S t o r m w a t e r
/ i n d e x

URL

h t t p : / / w w w . l i s w i c . o r g /

MS4 Annual Report Form

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Name of MS4/Coalition:

VILLAGE OF MAMARONECK

SPDES ID

N	Y	R	2	0	A	2	3	3
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3. Web Page con't.: Provide specific web addresses - not home page.

URL

[illegible]

URL

[illegible]

URL

[illegible]

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[illegible]

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[illegible]

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JRL

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Name of MS4/Coalition

VILLAGE OF MAMARONECK

SPDES ID

N Y R 2 0 A 2 3 3

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.

Brochures and educational materials in place, hot-line established, educators trained, completion of catch basin stenciling, storm water website developed, educational curricula is developed and implemented and outreach to all sectors of the Village completed

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

Building and planning applicants aware of requirements prior to submissions resulting in better initial submissions, observable reduction of yard and pet waste in storm sewers and catchbasins

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

--	--	--	--

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

Stormwater website is now completed, educational curricula to be developed by Aug 2010 for implementation in the 2010-11 school year. Increase in the outreach efforts planned with mass mailings of brochures and other materials to entire village in the summer of 2010. Village to run flood seminar for residents this summer

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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Name of MS4/Coalition

VILLAGE OF MAMARONECK

SPDES ID

NYR 20A 233

2. URL(s) con't.:

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

URL

http://www.village.mamaroneck.ny
.us.Pages/MamaroneckNYStormwater
/index

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

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Name of MS4/Coalition

VILLAGE OF MAMARONECK

SPDES ID

N	Y	R	2	0	A	2	3	3
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2. URL(s) con't.:

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

URL

[illegible]**URL**[illegible]

URL

[illegible]

URL

[illegible]

URL

A large sheet of graph paper with a grid of small squares. The grid is composed of 20 columns and 15 rows of squares. The lines are thin and grey, creating a uniform pattern across the entire page.

URL

[illegible]

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: VILLAGE OF MAMARONECK SPDES ID: NYR20A233

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

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office ☒ Annual Report ☒ SWMP Plan ☒ Comments

Department: V I L L A G E C L E R K S O F F I C E
 Address: 1 2 3 M A M A R O N E C K A V E N U E
 City: M A M A R O N E C K N Y Zip: 1 0 5 4 3 -
 Phone: () -

☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address:
 City: Zip:
 Phone: () -

☐ Other ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address:
 City: Zip:
 Phone: () -

☒ Web Page URL: ☒ Annual Report ☒ SWMP Plan ☐ Comments

h t t p : / / w w w . v i l l a g e . m a m a r o n e c k . n
 . u s . P a g e s / M a m a r o n e c k N Y
 S t o r m w a t e r / i n d e x

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

☐ eMail ☐ Comments

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition:

village of mamaroneck

SPDES ID

N Y R 2 0 A 2 3 3

4.a. If this report was made available on the internet, what date was it posted?

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

0 4 / 3 0 / 2 0 1 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 5 / 1 0 / 2 0 1 0

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

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VILLAGE OF MAMARONECK

SPDES ID

N Y R 2 0 A 2 3 3

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.

Development of detailed plans for Storm Drain Stenciling and other public participation projects, priority areas to be addressed identified. Hold Public Meetings to introduce programs and begin solicitation of volunteers and organizations to participate. Implementation of first Reforestation, Stream Clean-up and Adopt-A-Stream Programs. 5% participation of public in above activities based on total Village population. Establishment of community watch groups to monitor status of

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

Storm Drain Stencilling completed, Annual River Cleanups conducted have had increased attendance in each year

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

1

(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).

Community watch groups to be established in the next 6 months

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Name of MS4/Coalition:

VILLAGE OF MAMARONECK

SPDES ID

N Y R 2 0 A 2 3 3

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped: 1 2 2 # 9 5 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 5 2

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

☐ Auto Recyclers

☐ Landscaping (Irrigation)

☐ Building Maintenance

☒ Marinas

☐ Churches

☐ Metal Plateing Operations

☒ Commercial Carwashes

☐ Outdoor Fluid Storage

☐ Commercial Laundry/Dry Cleaners

☐ Parking Lot Maintenance

☐ Construction Vehicle Washouts

☐ Printing

☒ Cross-Connections

☐ Residential Carwashing

☐ Distribution Centers

☐ Restaurants

☐ Food Processing Facilities

☒ Schools and Universities

☒ Garbage Truck Washouts

☒ Septic Maintenance

☐ Hospitals

☐ Swimming Pools

☐ Improper RV Waste Disposal

☐ Vehicle Fueling

☐ Industrial Process Water

☒ Vehicle Maint./Repair Shops

☐ Other:

☐ None

☒ Sewersheds:

S H E L D R A K E R I V E R I N D U S T R I A L A R E A

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

VILLAGE OF MAMARONECK

SPDES ID

N	Y	R	2	0	A	2	3	3
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3.b. What types of illicit discharges have been found during this reporting period?

- Broken Lines From Sanitary Sewer
- Cross Connections
- Failing Septic Systems
- Floor Drains Connected To Storm Sewers
- Illegal Dumping
- Other:
- Industrial Connections
- Inflow/Infiltration
- Pump Station Failure
- Sanitary Sewer Overflows
- Straight Pipe Sewer Discharges
- None

[illegible]

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

071

5. How many illicit discharges have been confirmed during this reporting period?

1

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

1	8
---	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

111

8. Is the above information available in GIS?

☐ Yes ☒ No

Is this information available on the web?

☐ Yes ☒ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

A large grid of graph paper with a dashed horizontal line across the middle. The grid is composed of small squares, and the dashed line is formed by a series of small gaps in the horizontal lines.

MS4 Annual Report Form

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Name of MS4/Coalition:

VILLAGE OF MAMARONECK

SPDES ID

N	Y	R	2	0	A	2	3	3
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8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

LIRI.

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☐ Yes ☒ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

108

MS4 Annual Report Form

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Name of MS4/Coalition:

VILLAGE OF MAMARONECK

SPDES ID

NYR20A233

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.

Storm Sewer Mapping in-place; Areas using septic systems identified and addressed, ordinance in place for dye testing of all boats in Harbor; concurrent development and implementation of CMOM in accordance with timetable developed in CMOM Program Identification of potential industrial areas with illicit storm water connections, action plan in place and begin implementation of investigation work Completion of illicit Business/Industrial illicit connection identification,

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

Reduction in observable dry-weather flows from outfalls, specifically in the industrial sector.
Ongoing progress in elimination of storm connections to the sanitary sewer

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

3

(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).

Complete removal of identified storm connections to the sanitary sewer in this reporting period, continue identification of potential cross connections in known problem areas

MS4 Annual Report Form

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

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Name of MS4/Coalition

VILLAGE OF MAMARONECK

SPDES ID

N Y R 2 0 A 2 3 3

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? 3

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? 6

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

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

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td>2</td><td>0</td></tr></table>				2	0	<input type="radio"/> No Authority
			2	0				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td>1</td><td></td></tr></table>				1		<input type="radio"/> No Authority
			1					
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

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

2	0	1	0
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition:

VILLAGE OF MAMARONECK

SPDES ID

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

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?

		0
--	--	---

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

		0
--	--	---

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

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

 %

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

	7	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, 2010

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

Name of MS4/Coalition: VILLAGE OF MAMARONECK

SPDES ID

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

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

[illegible]**Address**[illegible]

City

[illegible]**Phone**
$$(914)777 - 7732$$

Library

Address[illegible]

City

[illegible]**Phone**

() -

☐ Other

Address

[illegible]

City

[illegible]**Phone**

() -

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

URL

URL

A full-page view of a blank sheet of graph paper. The grid consists of small squares formed by dotted lines. There are approximately 20 columns and 15 rows of squares across the page. The margins are consistent on all sides.

MS4 Annual Report Form

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Name of MS4/Coalition: VILLAGE OF MAMARONECK

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.

Ordinance in place, Village Construction Site Erosion and Sediment Control BMP Manual completed, begin incorporating in Planning Board Reviews Full implementation of Ordinance in Site Plan Reviews, inspections and enforcement on 100% of new construction sites.

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

Applications regularly exceed stormwater management requirements on initial submittal

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

2 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).

Stormwater equivalent Law was adopted by the Village Board of Trustees on March 23, 2010 and equivalent IDDE Language is being added to the existing IDDE law on May 10, 2010. Both have been Certified by the Village Attorney as being equivalent to the Model Laws

MS4 Annual Report Form

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Name of MS4/Coalition

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SPDES ID

N Y R 2 0 A 2 3 3

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

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

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

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?

☒ Yes ☐ No

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

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

☒ Other:

P A S S I V E I L L I C I T D I S C H A R G E I D

MS4 Annual Report Form

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Name of MS4/Coalition

VILLAGE OF MAMARONECK

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?

23

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

100 %

MS4 Annual Report Form

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Name of MS4/Coalition

VILLAGE OF MAMARONECK

SPDES ID

N Y R 2 0 A 2 3 3

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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Village Storm Water Design Manual Developed, public education to local developers, engineers and contractors about required long-term storm water approaches completed Zoning changes made to allow open space development. Combination of structural and non structural BMPs fully integrated into planning approval process

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

Contractors, developers and engineers initial submittals to Land Use Boards address stormwater management issues up-front without protracted comments or direction.

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

		5	2
--	--	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?
☐ Yes ☒ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Zoning Changes are ongoing

MS4 Annual Report Form

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Name of MS4/Coalition: VILLAGE OF MAMARONECK

SPDES ID

N Y R 2 0 A 2 3 3

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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

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

MS4 Annual Report Form

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Name of MS4/Coalition

VILLAGE OF MAMARONECK

SPDES ID

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

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

				8
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

			6	0
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		6	1	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

		2	0	0
--	--	---	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

		2	0	0
--	--	---	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

	1	0	0	.	
--	---	---	---	---	--

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

				1
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	4	/	2	0	1	0
---	---	---	---	---	---	---	---	---	---

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

		4
--	--	---

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

	6	0	%
--	---	---	---

MS4 Annual Report Form

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Name of MS4/Coalition:

VILLAGE OF MAMARONECK

SPDES ID

NYR20A233

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.

Implementation of Housekeeping BMP's by Village Departments, development of stormsewer maintenance schedule, training program for Village Employees implemented, inspection process in place to observe if local businesses are observing housekeeping BMP's and enforcement vehicle for offenders.

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

Village facilities have improved housekeeping, but still need more progress, employees receiving off-site training, but need to implement in-house training.

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

6

(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).

In-house training program to be developed in next 6 months for implementation before end of next reporting period.

MS4 Annual Report Form

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Name of MS4/Coalition VILLAGE OF MAMARONECK

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Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

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

1 5 %

Estimate what percentage was mapped in this reporting period.

1 0 %

MS4 Annual Report Form

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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☒ No ☐ N/A
4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? %
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? 3 7
- 7c. What percent of the projects included in 7b have been completed in this reporting period? 6 2 %
- 7d. What percent of projects planned in previous years have been completed? 5 %
- ☐ 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

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Name of MS4/Coalition:

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

☒ Yes ☐ No ☐ N/A

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

☒ Yes ☐ No ☐ N/A

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

☐ Yes ☒ No ☐ N/A

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

☐ Yes ☒ No ☐ N/A