

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2 0 1 6

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

SPDES ID

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Choose one:

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

Fill in SPDES ID in upper right hand 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

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**MS4 Annual Report Cover Page**MCC form for period ending March 9, 

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

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## MCC form for period ending March 9, 2016

Village of Mamaroneck

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Section 1 - MCC Identification Page

- 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 6

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 2 -

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**

MCC form for period ending March 9, 2016

Name of MS4 Village of Mamaroneck

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

First Name H e r n a n e MI Last Name DeAlmeida

Title V i l l E n g i n e e r / S u p e r i n t e n d e n t D P W

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 NY Zip 1 0 5 4 3 -

eMail H D e A l m e i d a @ v o m n y . o r g

Phone ( 9 1 4 ) 7 7 7 - 7 7 4 5 County W e s t c h e s t e r



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

MCC form for period ending March 9, 2016

Name of MS4

Village of Mamaroneck

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

First Name

H e r n a n e

MI

Last Name

D e A l m e i d a

Title

V i l l E n g i n e e r / S u p e r i n t e n d e n t D P W

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

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eMail

H D e A l m e i d a @ v o m n y . o r g

Phone

( 9 1 4 ) 7 7 7 - 7 7 4 5

County

W e s t c h e s t e r



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

MCC form for period ending March 9, 2016

Name of MS4 Village of Mamaroneck

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☐ Stormwater Management Program (SWMP) Coordinator  
☒ Report Preparer

First Name

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S a r n o f f

Title

A s s i s t a n t V i l l a g e M a n a g e r

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M a m a r o n e c k

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

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Mamaroneck

SPDES ID

N Y R 2 0 A 2 3 3

**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

C n t y o f W e s t c h e s t e r P l a n n i n g D e p t

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

1 4 8 M a r t i n e A v e n u e

City

W h i t e P l a i n s

State

N Y

Zip

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eMail

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Phone

( 9 1 4 ) 9 9 5 - 3 7 8 2

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 G e n e r a l S t o r m w a t e r I n f o r m a t i o n

☐ 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**

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Mamaroneck

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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

R i c h a r d

MI

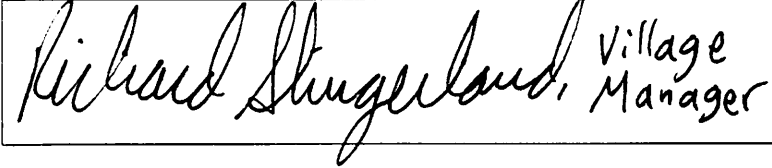
Last Name

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



Date

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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



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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
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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

☐ Yes    ☒ No

If Yes, choose one of the following

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

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

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

Village of Mamaroneck

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

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

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

How many MS4s contributed to this report? 

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

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

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

[illegible]

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

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

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**MS4 Annual Report Form**

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

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Name of MS4/Coalition

Village of Mamaroneck

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3. Web Page con't.: Provide specific web addresses - not home page.

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

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Name of MS4/Coalition

Village of Mamaroneck

SPDES ID

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

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

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

Questionnaire available for residents and businesses to comment on program. Brochures and educational materials in place, hot-line established, educators trained, stormwater website developed, educational curricula is developed and implemented and outreach to all sectors of the village completed. Implemented new leaf collection pilot program procedures for Washingtonville neighborhood that required bagging and sent targeted mailing identifying water quality benefits.

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

Literature remains available on website and hard copy at Village Hall. Website analytics confirmed 708 hits on the Village's stormwater web page. Near 100% compliance with pilot leaf collection procedures. Positive comments from residents on leaf collection program.

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

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(ex.: samples/participants/events)

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

Continue to make questionnaire available, continue with information on website and brochures at Village facilities. Distribute materials at events (i.e. annual cleanup, environmental programs). Enhance the recycling brochure with more information on water quality. Continue to work with Committee for the Environment to update them on Village initiatives including GIS capabilities, IDDE Program, I&I Program, Look at expanding leaf bagging in other residential neighborhoods.



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Name of MS4/Coalition Village of Mamaroneck

**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 coalitionHow 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     1☐ Comments on SWMP Received# Comments    ☒ Community Hotlines

Phone # ( 9 1 4 ) 7 7 7 - 7 7 0 3

Phone # (    )    -    Phone # (    )    -    Phone # (    )    -    Phone # (    )    -    Phone # (    )    -    Phone # (    )    -    Phone # (    )    -    Phone # (    )    -    Phone # (    )    -    Phone # (    )    -    ☐ Community Meetings# Attendees    ☐ PlantingsSq. Ft.    ☐ Storm Drain Markings# Drains    ☐ Stakeholder Meetings# Attendees    ☒ Volunteer Monitoring# Events     8☒ Other: F l o o d C m t e e / C m t e e f o r t h e E n v 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: C l e r k B u l l e t i n B o a r d & w e b s i t e☒ 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, 

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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
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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 notice(s) can be accessed - not home page.

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

Village of Mamaroneck

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

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

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## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2016**

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
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**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

[illegible]

Address

[illegible]

City

M	a	m	a	r	o	n	e	c	k							N	Y	1	0	5	4	3	-					
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**Phone**
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○ Library

☐ Annual Report    ☐ SWMP Plan    ☐ Comments

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☐ Other

☐ Annual Report    ☐ SWMP Plan    ☐ Comments

### Address

[illegible]

City

[illegible]**Phone**
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● Web Page URL:

☐ Annual Report    ☐ SWMP Plan    ☐ Comments

http://www.village.mamaroneck.ny

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

☐ eMail

## ○ Comments

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**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

Village of Mamaroneck

SPDES ID

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

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

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

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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

☒ Yes ☐ No

If Yes, what was the date of the meeting?

0	5
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If No, is one planned?

☐ Yes ☐ No

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

☒ Yes ☐ No

If No, is one planned for each?

☐ Yes ☐ No

**6. Were comments received during this reporting period?**

☒ Yes ☐ No

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



**MS4 Annual Report Form**

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

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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
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SPDES ID

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

Continue to hold public meetings to introduce programs and solicit volunteers and organizations to participate. Committee for Environment to assist with activities. Developed application for reporting of water quality issues with a mobile version that geo-codes reporting locations and allows reporters to submit pictures. All submissions are tracked through a database.

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

Annual River Cleanups conducted have maintained attendance from prior years. Volunteer participation with Save the Sound . Incorporated Marine Education Center Curriculum into village summer day camp (3 sessions per week). Multiple reports submitted to the Village through its water quality monitoring webs ite. Illicit Hook-ups press relase prepared by CFTE in June 2015.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Continue to work with Committee for the Environment on the Water Quality Reporting program. Continue to work with Save the Sound to encourage volunteer participation in a water quality testing program to identify areas of concern and potential illicit discharges. Enhance the Marine Education Center with more interactive and multimedia exhibits and also increase the physical space of the Center.



## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2016**

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

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### **Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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

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

How many MS4s contributed to this report?

<b>1. Enter the number and approx. percent of outfalls mapped:</b>	1	2	2	#	1	0	0	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

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

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

[illegible]

- **Sewersheds:**

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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?

	3	5
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**5. How many illicit discharges have been confirmed during this reporting period?**

		2
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6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		2
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**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?

		0
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**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

[illegible]



## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 5

**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
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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

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URL

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URL

[illegible]

URL

[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?**

1	0	0	8
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**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

Village of Mamaroneck

SPDES ID

N	Y	R	2	0	A	2	3	3
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

The Village had been subjected to EPA Administrative Order CWA-02-2011-3022 with regard to high levels of bacteria detected in the Mamaroneck and Sheldrake Rivers in the Village of Mamaroneck. To address and implement IDDE Measures, the Village has retained the services of Arcadis Engineers to perform IDDE testing, investigation and sampling upstream, and up-system. 2015 was Year 5 of the Order. The IDDE reports are available on the Village's website.

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

Conducted analytical sampling at outfalls with dry weather flow and within drainage basins to isolate sources. Letters sent to Town/Village of Harrison and City of Rye regarding elevated levels of fecal coliform entering the Village from our shared borders in August 2015. EPA released the Village from its obligations under the Administrative Order in January 2016. Westchester County discovered and repaired a softball sized hole in their sewer main in the Beaver Swamp Brook.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes   ☐ No

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

☒ Yes   ☐ No

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

Continue to track down sources of IDDE within drainage areas through dye testing, smoke testing and CCTV inspections; and correct problems once identified. Review condition of Outfall 71 and make repair as necessary. Clean outfall 10E as necessary. Send targeted mailing to properties with Septic Systems. Conduct additional IDDE investigation in vicinity of Cortland Avenue and Otter Creek as noted in Phase V IDDE Report. Develop updated maintenance program.



**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

Village of Mamaroneck

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? 

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

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

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

☐ 09/2004 ☒ 03/2006 ☐ NT

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

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

		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?

5	5	9
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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:**

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<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>5</td></tr></table>					5	
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**MS4 Annual Report Form**

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

2	0	1	6
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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
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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? 

		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	4
--	---	---

 %

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, 2016**

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
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SPDES ID

N	Y	R	2	0	A	2	3	3
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**6. con't.:**

**Submit additional pages as needed.**

● MS4/Coalition Office

Department

[illegible]

### Address

[illegible]

City

M	a	m	a	r	o	n	e	c	k	N	Y	1	0	5	4	3	-						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Zip

1	0	5	4	3	-				
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Phone

$$( \begin{array}{|c|c|c|} \hline 9 & 1 & 4 \\ \hline \end{array} ) \begin{array}{|c|c|c|} \hline 7 & 7 & 7 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 7 & 7 & 3 & 1 \\ \hline \end{array}$$

○ Library

### Address

[illegible]

City

[illegible]

**Zip**

--	--	--	--	--

 - 

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Phone

$$\left( \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} \right) \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} - \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array}$$

☐ Other

### Address

[illegible]

City

[illegible]

Zip

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

**Phone**
$$\left( \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} \right) \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array} - \begin{array}{|c|} \hline \phantom{0} \\ \hline \end{array}$$

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

URL

[illegible][illegible][illegible]

URL

[illegible][illegible][illegible]



**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.

SPDES ID

N	Y	R	2	0	A	2	3	3
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Name of MS4/Coalition 

Village of Mamaroneck
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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 (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.**

Chapter 294 of the Village Code was updated with Proposed Local Law (PLL) V-2013 to closely align with the latest NYSDEC SWDM by requiring "Green Infrastructure Practices" and "Runoff Reduction Techniques" for WQ Controls. Village Engineer will continue to implement stormwater inspections into the Building Department database software program "Municipity"

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

8 SWPPPs reviewed and approved during the reporting period. The Village issues a NYSDEC "MS4 SWPPP Acceptance Form" for each approved SWPPP.

**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 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).**

Revise Chapter 294. Improve SWPPP Monitoring procedures. Automate the inspection and reporting process for SWPPs. Finalize implementation of latest version of Municipity.



**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 9, 2016**

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

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

- ☒ On behalf of an individual MS4  
☐ 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	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Filter Systems	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input checked="" type="radio"/> Infiltration Basins	<div><div></div><div>1</div><div>1</div></div>	<div><div></div><div></div><div>5</div></div>	<div><div></div><div></div><div>5</div></div>
<input type="radio"/> Open Channels	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Ponds	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Wetlands	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<input type="radio"/> Other	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

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

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

[illegible]



**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

Village of Mamaroneck

SPDES ID

N	Y	R	2	0	A	2	3	3
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

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

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

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

		0
--	--	---

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

		0
--	--	---

 %



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Village of Mamaroneck

SPDES ID

N	Y	R	2	0	A	2	3	3
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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.**

Continue to insure BMP operation and maintenance schedules are in place. Continue to identify pre-existing BMP's, inventory and determine inspection/maintenance needs of same. Building Dept. and Village Engineer will be implementing stormwater activity tracking/reporting features in the Dept. database software program Municipity. Village engineer and Building Dept. are working with the Village GIS analyst to develop general public and Village Staff GIS web based applications.

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

8 SWPPPs reviewed and approved. Issuance of NYSDEC MS4 Acceptance forms for projects smaller than 1 acre. GIS is fully implemented and updated as needed. Implementation of new software is ongoing and should be complete within the next reporting year.

**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 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).**

Finalize implementation of Municipity (September 2016), Continue to identify pre-existing BMP's, inventory and determine inspection/maintenance needs of same (December 2016). Continue to update GIS as necessary with new information/data sets (ongoing)..



**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 

Village of Mamaroneck
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SPDES ID

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

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

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



**MS4 Annual Report Form**

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

2	0	1	6
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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
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SPDES ID

N	Y	R	2	0	A	2	3	3
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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 

			4	1
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		8	3	5
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		6	8	6
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

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

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

		2	0	0
--	--	---	---	---
- Pesticide/Herbicide Applied # Acres 

2	2	0	9	.	
---	---	---	---	---	--

  
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

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

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

0	4	/	2	2	/	2	0	1	5
---	---	---	---	---	---	---	---	---	---

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

	1	5
--	---	---

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

1	0	0	%
---	---	---	---



**MS4 Annual Report Form**

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

2	0	1	6
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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
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

Continue Stormwater Catch Basin inspection and cleaning program. Continue operation and maintenance of infrastructure per Village Stormwater Management Plan. Incorporate new work order and maintenance activity tracking system (Municipality 5) that is tied into GIS system to report and track activities at the appurtenance level. Design Project to retrofit catch basins with water quality improvements.

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

50 catch basins inspected and cleaned as needed this reporting period. Training of DPW personnel in March 2015. Began Implementation of new work order and maintenance activity tracking system (Municipality 5).

**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).**

Continue Stormwater Catch Basin inspection and cleaning program. Continue operation and maintenance of infrastructure per Village Stormwater Management Plan. Complete implementation and begin to use Municipality 5 to track maintenance activities. Design Project to retrofit catch basins with water quality improvements.



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID

N Y R 2 0

**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,**

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0				
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) 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? 

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

--	--	--

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

--	--	--

 %
- ☐ No Projects Planned
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☐ Yes ☐ 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,

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

Name of MS4/Coalition

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SPDES ID

N	Y	R	2	0					
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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