MS4 Annual Report Cover Page

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

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

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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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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Cover Page 1 of 2

MS4 Annual Report Cover Page

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

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

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MS4 Municipal Compliance Certification(MCC) Form

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

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Name of MS4 TOWN OF PHILIPSTOWN	N	Y	R	2	0	A	4	7	0

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)
- \bigcirc A Joint Report

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

If Joint Report, enter coalition name:

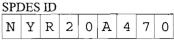
MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 TOWN OF PHILIPSTOWN

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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
- \bigcirc Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

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MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF PHILIIPSTOWN

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Section 3 - Partner Information

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

If Yes, complete information below.

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/CoalitionName Partner/Coalition Name (con't.) SPDES Partner ID - If applicable Y R 2 0 Ν Address City Zip State eMail Phone Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ○ Yes \bigcirc No What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)? O MM1 O MM2 \bigcirc MM3 O MM4 O MM5 \bigcirc 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 1

Name of MS4 TOWN OF PHILIIPSTOWN

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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 K E V I N		MI Last Name D O N O H U E
Title (Clearly print tit	le of individual signing report)	
C O D E E	N F O R C E M E N T	F O F F I C E R
Signature		Date 0 6 / 1 6 / 2 0 1 1

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

This report is being submitted for the reporting period ending March 9, 2	2 0) <u>1</u>	1	
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition TOWN OF PHILIPSTOWN

Water Quality Trends

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

• On behalf of an individual MS4

 \bigcirc 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. \bigcirc Yes

Yes 🗣 No

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- If Yes, choose one of the following
- \bigcirc 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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Water Quality Trends Page 1 of 1

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

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

Name of MS4/Coalition TOWN OF PHILIPSTOWN

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Minimum Control Measure 1. Public Education and Outreach

1

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

• On behalf of an individual MS4

 \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

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

• Construction Sites	• Pesticide and Fertilizer Application
General Stormwater Management Information	• Pet Waste Management
○ Household Hazardous Waste Disposal	• Recycling
 Illicit Discharge Detection and Elimination 	Riparian Corridor Protection/Restoration
Infrastructure Maintenance	 Trash Management
○ Smart Growth	○ Vehicle Washing
Storm Drain Marking	○ Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
• Other:	○ None
D R Y S E A S O N R E P O R T F O R Other	S T O R M D R A I N

2. Specific audiences targeted during this reporting period:

○ Public Employees	• Contractors
\bigcirc Residential	• Developers
• Businesses	• General Public
Restaurants	• Industries
○ Other:	• Agricultural
Other	

MCM 1 Page 1 of 4

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

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

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Name of MS4/Coalition	TOWN OF PHILIPSTOWN	N	Y	R	2	0	А	4	7	0	

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

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Name of MS4/Coalition TOWN OF PHILIPSTOWN

MS4 Annual Report Form

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

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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.

INCREASED AWARENESS OF THE SWMPP AND THE DISTRICT CAMPAIGN TO REDUCE POLLUTION TO STORMWATER RUNOFF. WORKING ON COUNTY BAN ON THE USE OF PHOSPHORUS.

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

PHOSPHORUS USE COMPROMISES WATER QUALITY AND THE HEALTH OF WATERS OF THESE UNITED STATES.

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

 \bigcirc No

• Yes

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

EDUCATE THE POPULATION ON STORMWATER REGULATIONS BY DIRECT MAILING, AND IN THE TOWN NEWSLETTER AND PLANNED WORKSHOPS.

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

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

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Minimum Control Measure 2. Public Involvement/Participation

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

- On behalf of an individual MS4
- \bigcirc On behalf of a coalition
 - How many MS4s contributed to this report?
- 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

• Cleanup Events	# Events		 		2
○ Comments on SWMP Received	#Comments				0
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Phone # () - Phone # ()] – [
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• Community Meetings	# Attendees			5	0
\bigcirc Plantings	Sq. Ft.				
O Storm Drain Markings	#Drains				
O Stakeholder Meetings	# Attendees				
○ Volunteer Monitoring	# Events				
O Other:				_	

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

		 _
○ List-Serve	# In List	
• Newspaper Advertising	# Days Run	7
• TV/Radio Notices	# Days Run	7
O Other:		

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

MCM 2 Page 1 of 6

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

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

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MCM 2 Page 2 of 6

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 1 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	TOWN OF PHILIPSTOWN

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Name of MS4/Coalition TOWN OF PHILIPSTOWN

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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 Department • Annual Report O SWMP Plan O Comments

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MIS4 Annual Report FO	
This report is being submitted for the reporting period	d ending March 9, 2 0 1 1
If submitting this form as part of a joint report on behalf of a	a coalition leave SPDES ID blank.
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Name of MS4/Coalition TOWN OF PHILIPSTOWN	N Y R 2 0 A 4 7 0
4.a. If this report was made available on the internet, what da	ate was it posted?
Leave blank if this report was not posted on the internet.	06/17/2011
4.b. For how many days was/will this report be posted?	3 6 5
If submitting a report for single MS4, answer 5.a If submitt	ing a joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting?	ting period? • Yes • No 0 3 3 1 2 0 1 1
If No, is one planned?	○ Yes ○ No
5.b. Was an Annual Report public meeting held for all MS4s this reporting period?	contributing to this report during ● Yes ○ No
If No, is one planned for each?	\bigcirc Yes \bigcirc No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to	⊖Yes ♥No

SWMP in response to comments to this report.

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

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

Name of MS4/Coalition TOWN OF PHILIPSTOWN

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.

N/A

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

N/A

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

Ĵ,

(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).

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

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

Name of MS4/Coalition TOWN OF PHILIPSTOWN

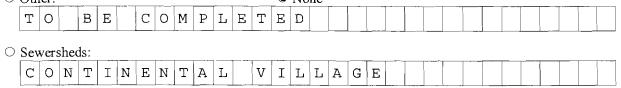
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Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

 On behalf of an individual MS4 On behalf of a coalition How many MS4s contrib 	buted to this report?
1. Enter the number and approx.	percent of outfalls mapped: 4 0 # 2 0 %
2. How many of these outfalls hav reporting period (outfall recont	e been screened for dry weather discharges during this naissance inventory)?
3.a.What types of generating sites/s reporting period?	sewersheds were targeted for inspection during this
O Auto Recyclers	\bigcirc Landscaping (Irrigation)
O Building Maintenance	\odot Marinas
○ Churches	○ Metal Plateing Operations
O Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaner	rs O Parking Lot Maintenance
\bigcirc Construction Vehicle Washouts	○ Printing
\bigcirc Cross-Connections	○ Residential Carwashing
\bigcirc Distribution Centers	\bigcirc Restaurants
\bigcirc Food Processing Facilities	\bigcirc Schools and Universities
\bigcirc Garbage Truck Washouts	○ Septic Maintenance
\bigcirc Hospitals	○ Swimming Pools
\bigcirc Improper RV Waste Disposal	\bigcirc Vehicle Fueling
\bigcirc Industrial Process Water	○ Vehicle Maint./Repair Shops
\bigcirc Other:	• None



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

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

Name of MS4/Coalition TOWN OF PHILIPSTOWN	SPDES ID N Y R 2 0 A 4 7 0
3.b.What types of illicit discharges have	e been found during this reporting period?
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections
○ Cross Connections	○ Inflow/Infiltration
O Failing Septic Systems	\bigcirc Pump Station Failure
\bigcirc Floor Drains Connected To Storm Sewers	\bigcirc Sanitary Sewer Overflows
○ Illegal Dumping	\bigcirc Straight Pipe Sewer Discharges
O Other:	None
	en confirmed during this reporting period?
7. Has the storm sewershed mapping b If No, approximately what percent was	ocen completed in this reporting period?O YesNos completed in this reporting period?4 0 %
 8. Is the above information available in Is this information available on the If Yes, provide URL(s): Please provide specific address of page URL 	

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

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

908

Name of MS4/Coalition

MS4 Annual Report Form

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

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

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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.

N/A

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

N/A

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?

 \bigcirc Yes \bigcirc 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).

N/A

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

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

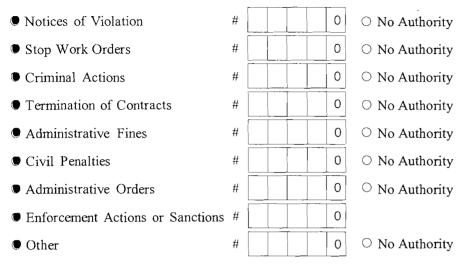
Name of MS4/Coalition	TOWN OF PHILIPSTOWN
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<u>Minimum Control Measures 4 and 5.</u> <u>Construction Site and Post-Construction Control</u>

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?			
a. Has each MS4 contributing to this report adopted a law, ordinance or oth mechanism that provides equivalent protection to the NYS SPDES Gener Stormwater Discharges from Construction Activities?	al Perm	-	O No
lb.Has each Town, City and/or Village contributing to this report document equivalent to a NYSDEC Sample Local Law for Stormwater Managemen Sediment Control through either an attorney cerfification or using the NY	ed that t and E SDEC	the lay rosion	v is
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Lo		1.	• NT
2. Does your MS4/Coalition have a SWPPP review procedure in place?	¢	9 Yes	○ No
3. How many Construction Stormwater Pollution Prevention Plans (SWPPI reviewed in this reporting period?	's) have	e been	0
4. Does your MS4/Coalition have a mechanism for receipt and consideration comments related to construction SWPPPs?	-	olic O No	○ NT
If Yes, how many public comments were received during this reporting period	?		0
5. Does your MS4/Coalition provide education and training for contractors SWPPP process?		he loca ⊃ Yes	al • 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:



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

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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 o during this reporting period?	one a	acre or 1	more1
2.	How many construction projects disturbing at least one acre were active in during this reporting period?	you	r jurisd	iction 0
3.	What percent of active construction sites were inspected during this report	ing j	period?	○ NT 0 %
4.	What percent of active construction sites were inspected more than once?			• NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report Construction Stormwater Inspection Manual?		the NY	'S
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Pr (SWPPPs) of construction projects that are subject to MS4 review and app			ans
			○ No	○ NT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects mad public review?	e av		for O No

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

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Submit additional pages as needed.

\odot MS4/Coalition Office

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Name of MS4/Coalition TOWN OF PHILIPSTOWN

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.

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

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).

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

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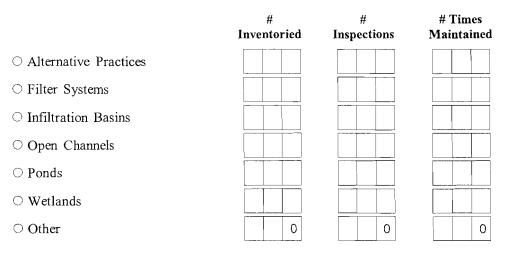
Minimum Control Measure 5. Post-Construction Stormwater Management

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

- On behalf of an individual MS4
- \bigcirc 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?



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



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

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4a. Are the MS4s contributing to this report involved in a rep	gional/watershed v	vide	e pla	ann	ing	eff	ort	?	

○ Yes ● No

• No

○ Yes

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

- 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? \bigcirc Yes • No
- 4d. How many stormwater management practices have been implemented as part of this system in this reporting period?
- 5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

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

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

Name of MS4/Coalition TOWN OF PHILIPSTOWN

SPI	DES	ID							
N	Y	R	2	0	A	4	7	0	

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

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

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?

 \bigcirc Yes \bigcirc No

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

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

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Name of MS4/Coalition TOWN OF PHILIPSTOWN

SPI	DES	D							
N	Y	R	2	0	А	4	7	0	

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?

- AS4s 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/Fa	<u>cility</u>
			<u>performed within the p</u>	<u>ast 3</u>
Operation/Activity/Facility	Addressed in	<u>n SWMP?</u>	<u>years?</u>	
Street Maintenance	• Yes	○ No	• Yes • N	0
Bridge Maintenance	• Yes	○ No	• Yes 0 N	0
Winter Road Maintenance	• Yes	○ No	• Yes 0 N	0
Salt Storage	• Yes	○ No	• Yes • N	0
Solid Waste Management	O Yes	• No	🗆 Yes 🛛 🖲 N	0
New Municipal Construction and Land Disturban	nce O Yes	• No	O Yes 🛛 🖲 N	0
Right of Way Maintenance	• Yes	○ No	• Yes 🛛 N	0
Marine Operations	O Yes	• No	• Yes • N	0
Hydrologic Habitat Modification	O Yes	• No	O Yes 🛛 👁 N	0
Parks and Open Space	• Yes	○ No	• Yes ON	0
Municipal Building	O Yes	• No	\odot Yes \bullet N	0
Stormwater System Maintenance	• Yes	○ No	• Yes \bigcirc N	0
Vehicle and Fleet Maintenance	• Yes	○ No	• Yes ON	0
Other	OYes	○ No	\odot Yes \bullet N	0

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

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Y R 2 0 A 4

2 0 1

0

7

0 3

0 5

7 0

		S	PD.	ES	ID
Name of MS4/Coalition	TOWN OF PHILIPSTOWN	1	N	Y	R

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

• Parking Lots Swept (Number of acres X Number of times swept)	# Acres	1
• Streets Swept (Number of miles X Number of times swept)	# Miles	4
Catch Basins Inspected and Cleaned Where Necessary	#	95
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#	0
Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
• Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
• Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	0.

- 3. How many stormwater management trainings have been provided to municipal employees during this reporting period?
- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

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

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Name of MS4/Coalition TOWN OF PHILIPSTOWN

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.

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

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?

 \bigcirc Yes \bigcirc No

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

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

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Name of MS4/Coalition TOWN OF PHILIPSTOWN

SPDES ID												
Ν	Y	R	2	0	А	4	7	0				

Additional Watershed Improvement Strategy Best Management Practices

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

• On behalf of an individual MS4

 \bigcirc 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?

● No O N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? • Yes

• No ON/A

4

4 0 %

0 %

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.

Additional BMPs Page 1 of 3

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

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

		SPDES ID						
Nai	me of MS4/Coalition TOWN OF PHILIPSTOWN	N Y R 2	0 A 4	7 0				
3.	Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	System (infrastructu O Yes	re) Inspe No	ection O N/A				
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report		n inspect	ed 0 %				
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Dischar (GP-0-08-001) to reduce pollutants in stormwater runoff fr disturb five thousand square feet or more?	ges from Construction	on Activi	ties				
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? 							
7a	. Does your MS4/Coalition have a retrofitting program to re phosphorus/nitrogen/pathogen loading?	educe erosion or O Yes	• No	○ N/A				
7b	.How many projects have been sited in this reporting perio	d?		0				
7c	. What percent of the projects included in 7b have been com	pleted in this report	ting perio					
7d	.What percent of projects planned in previous years have b	een completed?		0%				
		• No	Projects	Planned				
8a	Has your MS4/Coalition developed and implemented a tur procedures policy that addresses proper fertilizer applicat lands?	f management pract	ices and	○ 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? O Yes No O N/A

Additional BMPs Page 2 of 3

0 1 1

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition TOWN OF PHILIPSTOWN Y R 2 A 4 7 0 N 9. Has your MS4/Coalition developed and implemented a program of native planting? • Yes \odot No O N/A 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ○ Yes • No O N/A 11. Does your MS4/Coalition have a pet waste bag program? ○ Yes \odot N/A No 12. Does your MS4/Coalition have a program to manage goose ○ Yes • No 0 N/A populations?